

Part I: The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center
May 26, 2021





Resource Links | May 26, 2021

Part I: The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients

Slide 1

Download the webinar slide deck here:

https://targethiv.org/sites/default/files/media/documents/2021-05/ACE_Pt1_Medicare_Basics_043021_508.pdf

Slide 6

Visit the ACE web page at <https://targethiv.org/ace>

Slide 16

Medicare eligibility calculator: <https://www.medicare.gov/eligibilitypremiumcalc>

Slide 24

What Medicare Part A covers: <https://www.medicare.gov/what-medicare-covers/what-part-a-covers>

What Medicare Part B covers: <https://www.medicare.gov/what-medicare-covers/what-part-b-covers>

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Medicare costs at a glance: <https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance>

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NASTAD ADAP directory: <https://www.nastad.org/resource/adap-coordinator-directory>

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Compare Medicare coverage options in your area: <https://www.medicare.gov/plan-compare>

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NASTAD ADAP directory: <https://www.nastad.org/resource/adap-coordinator-directory>

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ACE TA Center Medicare resources: <https://targethiv.org/ace/medicare>

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ACE blog on expanded eligibility and financial subsidies: <https://targethiv.org/blog/american-rescue-plan-affordable-insurance>

Sign up for our mailing list, download tools and resources, and more: <https://targethiv.org/ace>

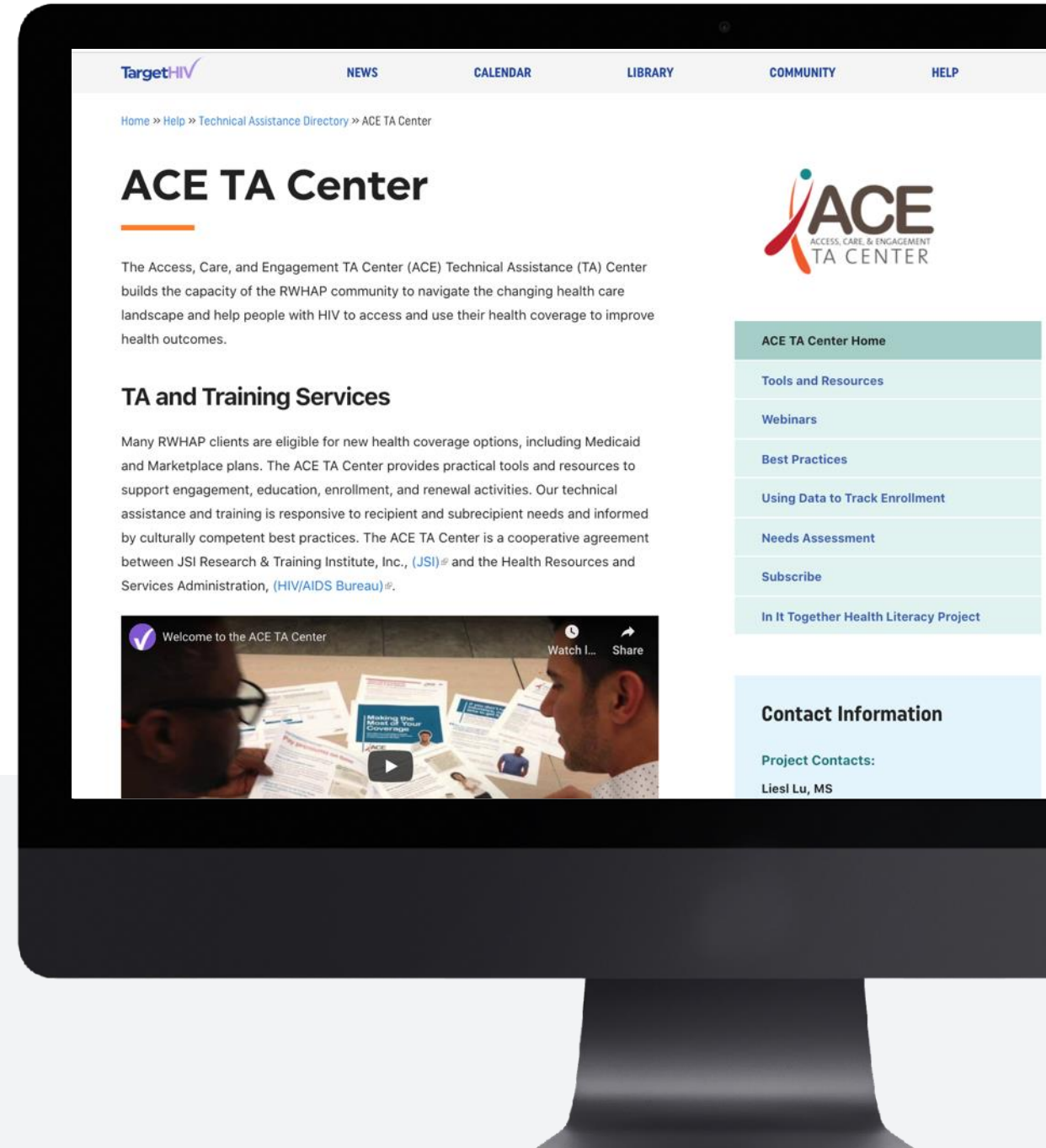
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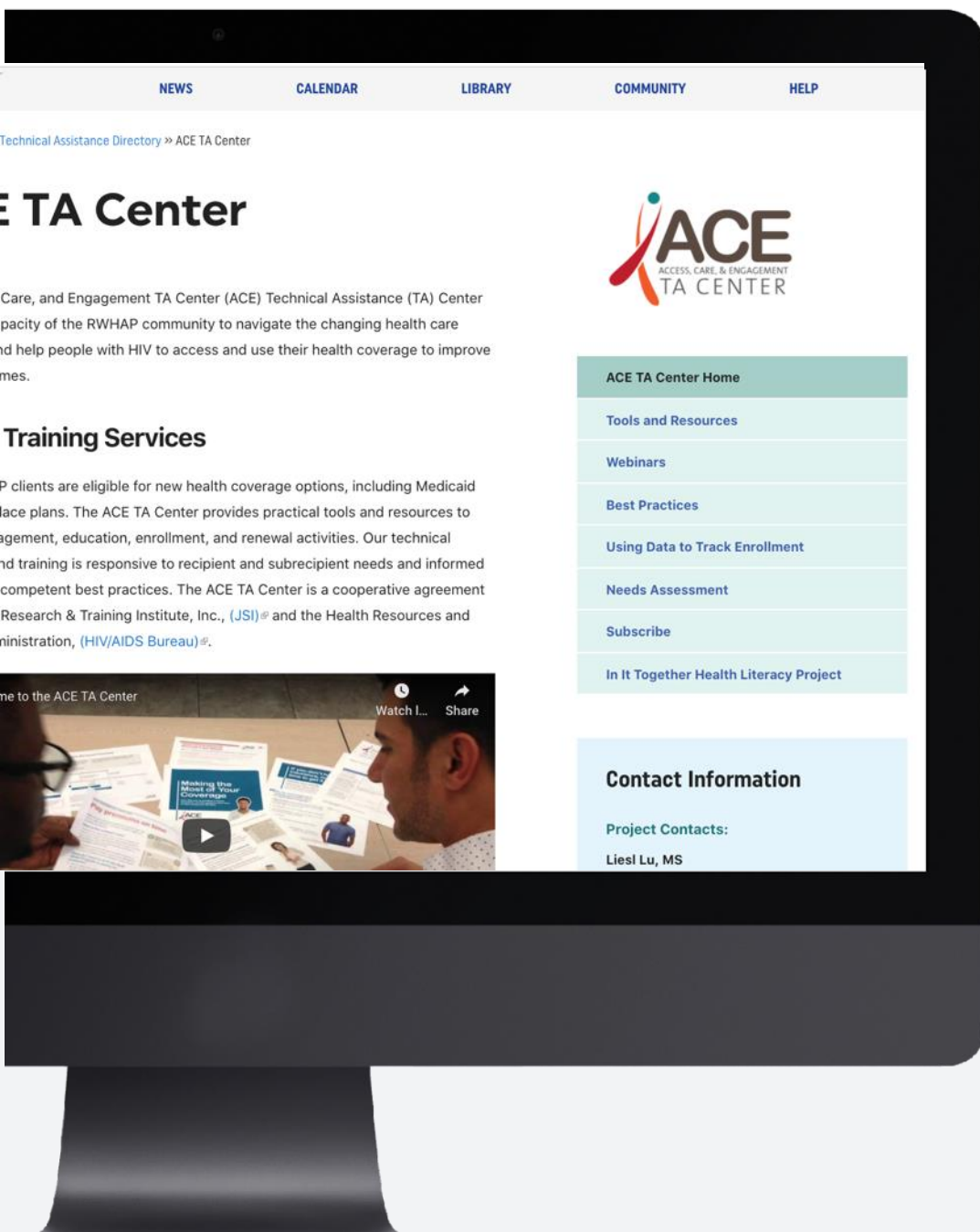
How to ask questions

Attendees are in **listen-only mode**.

To ask a question, **use the chat box** at the lower-right of your screen to chat with the presenter.

You may also **email questions** to acetacenter@jsi.com after the webinar.





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Call-in number: 646-558-8656
Webinar ID: 935 2881 3981
Password: ACETA526





The ACE TA Center

helps organizations



Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



Communicate with RWHAP clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



Improve the clarity

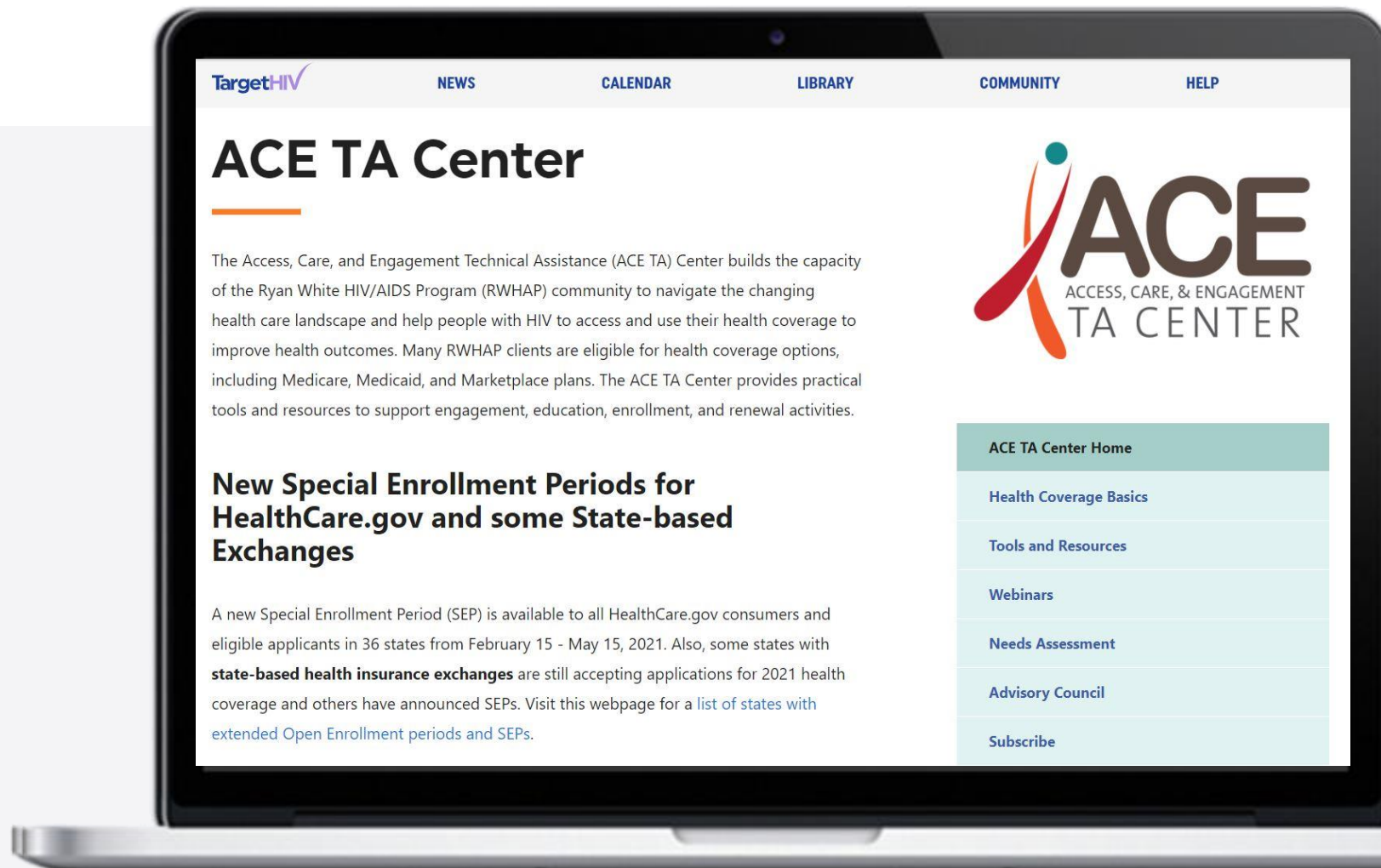
of their communication around health care access and health insurance.



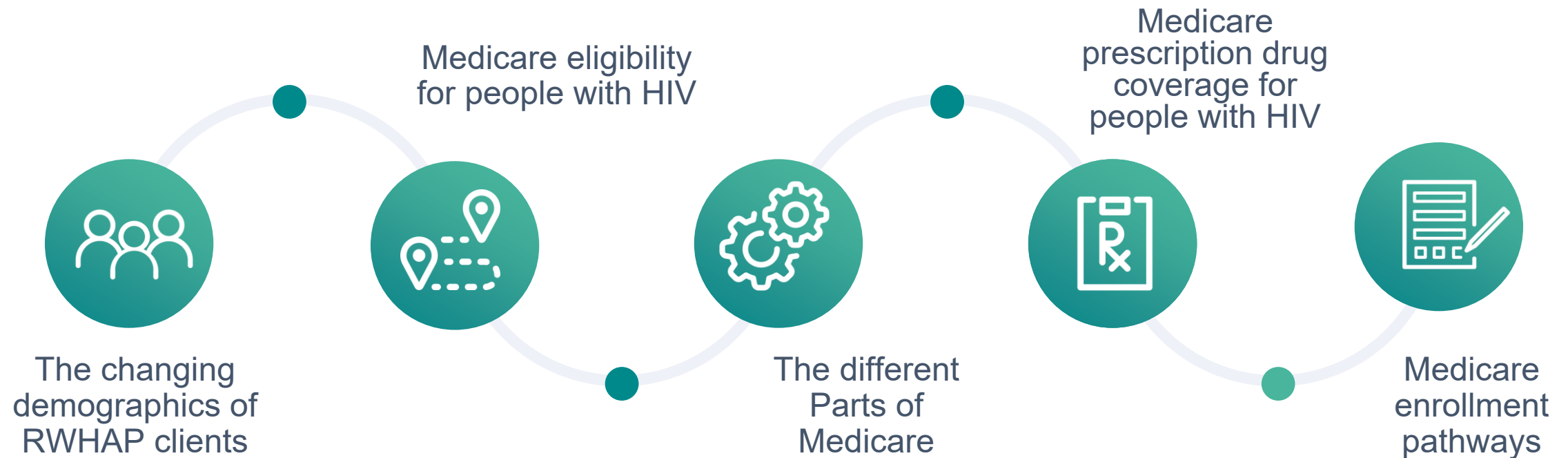
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients

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Roadmap for today's webinar



Today's presenters



Mira
Levinson



Liesl
Lu



Christine
Luong



Rachelle
Brill



Amy
Killelea

Audience Poll #1

Has your organization seen an increase in the number of clients becoming eligible for Medicare?

- Yes
- No
- Not sure

Audience Poll #2

What is the most common reason why clients at your organization are becoming eligible for Medicare?

- Turning 65 and aging into Medicare
- Under 65 with a qualifying disability
- Other (chat in your response)

The changing demographics of RWHAP clients



More RWHAP clients are aging into Medicare

Medicare is the **largest source of federal funding for HIV/AIDS care in the U.S.**

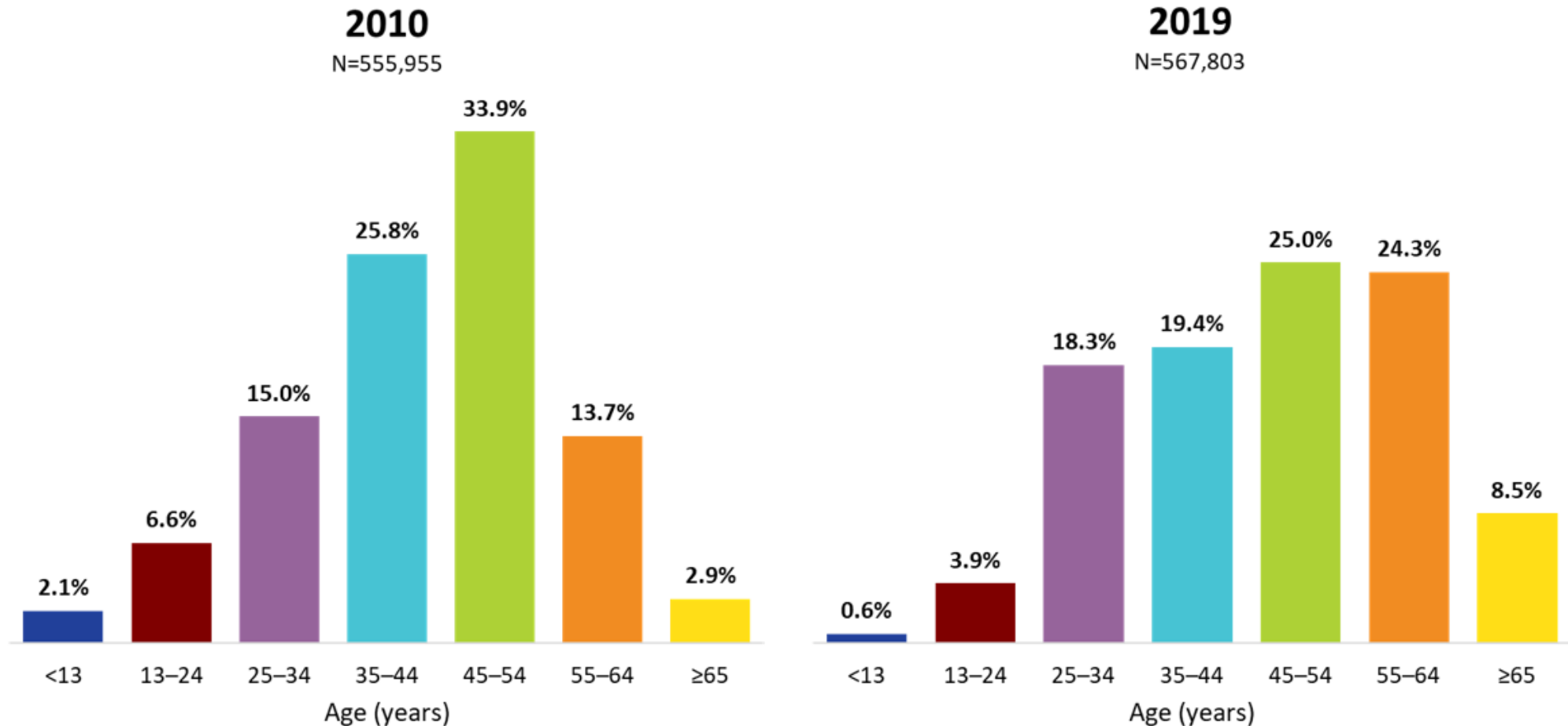
Approximately **one quarter of people with HIV** get their health coverage through Medicare.

In 2019, 46.8% of RWHAP clients were aged 50 years and older, and this is projected to rise to two-thirds by 2030.

Sources: Kaiser Family Foundation, 2019; Kaiser Family Foundation, 2016; HRSA HIV/AIDS Bureau, 2019

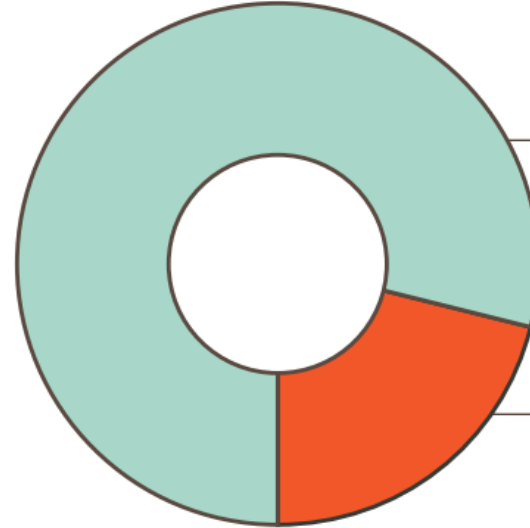


Ryan White HIV/AIDS Program clients, by age group, 2010 and 2019—United States and 3 territories



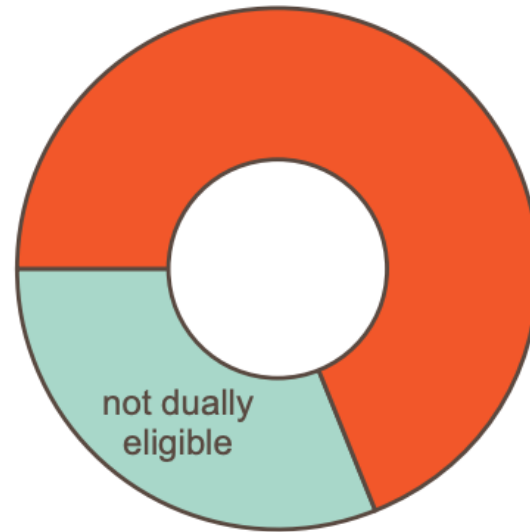
Source: HRSA HIV/AIDS Bureau, 2019.

Medicare beneficiaries with HIV



79% are under age 65
and qualify due to disability
(compared to 17% of Medicare
beneficiaries overall)

21% are aged 65+
(63% of these clients became
eligible based on age alone)



69% are dually eligible
for Medicare and Medicaid

Medicare eligibility for people with HIV



Primary criteria for Medicare eligibility

To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).

Three potential pathways:

- Age 65 or older
- Under 65 with a qualifying disability
- Have end stage renal disease

Medicare enrollment at age 65 or older

- Individuals must have 40 quarters of work credits to qualify for certain parts of Medicare (“premium free” Part A) without paying a monthly premium.
- People earn work credits when they work in a job and pay Social Security taxes.
- Individuals can earn up to 4 credits each year. The amount needed for a work credit changes from year-to-year.

Qualifying for Medicare under 65 with a qualifying disability

- Individuals must qualify for **Social Security Disability Insurance (SSDI)** and have received SSDI payments for at least **24 months**.
- HIV status alone generally does not qualify someone for SSDI.
- A person with HIV who does not qualify for SSDI under the HIV rules can still qualify by meeting the medical requirements for another physical or mental condition.

Audience Poll #3

What information would be most helpful for staff in your program to understand about Medicare? (Check all that apply.)

- The different parts of Medicare (A, B, C and D)
- The difference between Original Medicare, Medicare Advantage, and Medigap policies
- Who is eligible for Medicare
- When to enroll in Medicare
- How Medicare compares to other types of coverage
- Other (chat in your response)

The different Parts of Medicare



Medicare Part A: Hospital coverage



- Covers hospital related care including:
 - Inpatient hospital care
 - Skilled nursing facility care
 - Hospice care
 - Home health care

Medicare Part B: Medical coverage



- Covers medical services including:
 - Services from doctors and other health care providers
 - Preventative services
 - Outpatient care
 - Medications administered by a physician
 - Home health care
 - Durable medical equipment

Medicare Part D: Prescription drug coverage



- Covers the cost of outpatient prescription drugs.
- Includes all HIV antiretroviral medications

Medicare Parts A, B, & D



Medicare Part A Hospital Coverage

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care



Medicare Part B Medical Coverage

Covers:

- Services from doctors and other health care providers
- Preventive services
- Outpatient care
- Medications administered by a physician
- Home health care
- Durable medical equipment



Medicare Part D Prescription Drug Coverage

Covers:

- Cost of outpatient prescription drugs, including all HIV antiretroviral medications

Original Medicare

- Includes **hospital (Medicare Part A)** and **medical coverage (Medicare Part B)**.
- Supplemental **prescription drug coverage (Medicare Part D)** must be purchased separately.
- Plans administered by the federal government.



The gaps in Original Medicare coverage



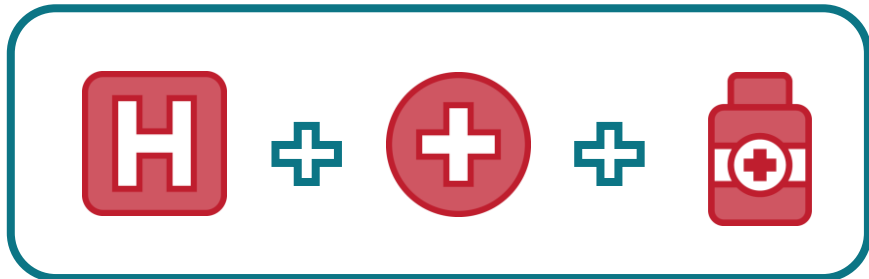
- **Current Medicare Part A deductible is \$1,484** and is based on a 90-day benefit period.
 - A beneficiary could face this deductible more than once a year.
 - Once the Part A deductible is met, beneficiaries could face additional charges for hospitalizations, skilled nursing care, and blood products.
- **Current Medicare Part B deductible is \$203.**
 - After the Part B deductible is met, Medicare pays 80% of approved charges and the beneficiary is responsible for the remaining 20%.

Medicare Advantage/ Medicare Part C



- A **“bundled” plan** that includes hospital (Medicare Part A), medical (Medicare Part B), and drug coverage (Medicare Part D).
- Medicare Advantage is also called **Medicare Part C**.
- **Plans may have a monthly premium.** RWHAP, including the AIDS Drug Assistance Program (ADAP), may be able to help pay for this.
- May provide extra services, such as vision or dental.
- **Administered by private insurance companies** that contract with the government.

Opting for Medicare Advantage instead



- Beneficiaries may not be able to find a plan that works with all of their providers and **could face higher out-of-pocket costs** to see a “out of network” provider.
- May be a better option for clients with less complex medical needs and those who do not often travel outside their state.
 - *Costs for high level care can add up!*

Medicare supplemental insurance (Medigap) policies



- **Medigap** policies provide **supplemental insurance** to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- **Sold by private companies;** standardized by state and federal law.
- A person **must have Medicare Parts A and B (Original Medicare)** to enroll in a Medigap policy.
- **Does not cover Medicare Part D** prescription drug coverage copays, co-insurance, or deductibles for Medicare.




Medicare supplemental insurance (Medigap) policies

- **Medigap beneficiaries pay a monthly premium** that determines exactly what their out-of-pocket costs will be, if any.
 - *ADAP may or not be able to pay this.*
- Usually, the more expensive the plan, the greater the benefits.
- Medigap plans may be a better option for clients with more complex medical needs or clients who travel during the year.



Comparing coverage and costs

- The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.
- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov

Original Medicare (Parts A and B)  	Medicare Advantage (also called Part C) 
<p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Clients can purchase:</p> <ul style="list-style-type: none"><input type="checkbox"/> Part D (prescription drug coverage)<input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy <p>Plans administered by:</p> <ul style="list-style-type: none">▪ The federal government	<p>Includes:</p> <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) <p>Most plans include:</p> <ul style="list-style-type: none">▪ Part D (prescription drug coverage) <p>Some plans also include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Lower out-of-pocket costs<input type="checkbox"/> Extra benefits <p>Plans administered by:</p> <ul style="list-style-type: none">▪ Private insurance companies that contract with the government

Medicare Part D: A deeper dive into prescription drug coverage



Two ways to get Medicare prescription drug coverage



Purchasing

an optional **Medicare Part D prescription drug coverage** plan
(along with Original Medicare)



Enrolling

in a **Medicare Advantage Plan (Part C)**

-
- All Medicare prescription drug plans are required to cover all or nearly all drugs in **six “protected” drug classes**, including antiretroviral treatments for HIV.
 - HIV drugs are required to be covered **without any utilization management** (e.g., prior authorization or step therapy).

Part D prescription drug coverage

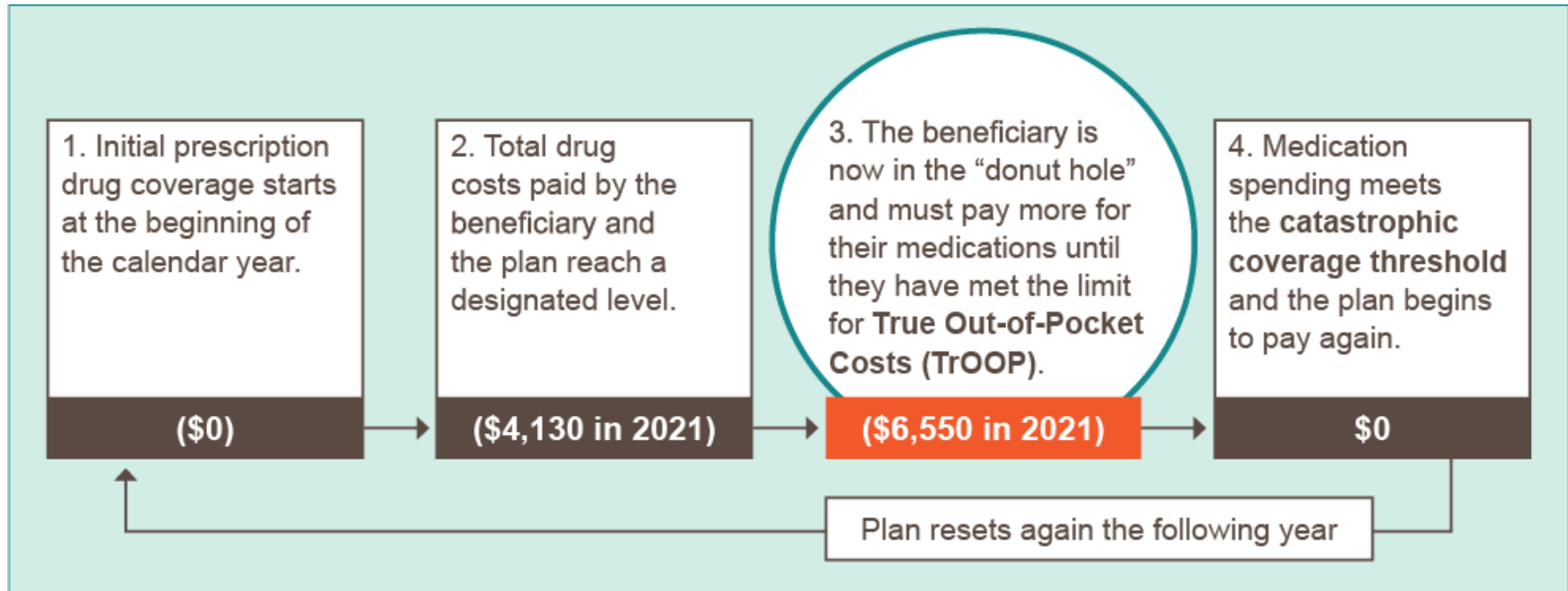
- Original Medicare enrollees only need to have Medicare Part A **or** Part B to purchase a Part D plan.
- Encourage all beneficiaries to enroll in **both Part A and B** unless they have active employer-sponsored insurance and can defer enrollment.
- Part D premiums may be expensive.
 - Work with clients to see if they are eligible for the **Extra Help program**.
 - ADAPs can pay the premium, but the decision is up to the individual state/territory ADAPs.
- **Part D plan restrictions** include “medication not on formulary” and “quantity limit” issues.

Late enrollment penalty for prescription drug coverage

- Original Medicare enrollees that **choose not to enroll** in drug coverage when they are first eligible will likely have to pay a **late enrollment penalty** to join later.
 - Exception: Unless they have other creditable prescription drug coverage.
- **Creditable prescription drug coverage** provides at least as much as Medicare's standard prescription drug coverage.
 - Ex: veterans' benefits, TRICARE, IHS
 - ADAP is **not** considered creditable prescription drug coverage.

The donut hole for prescription drug coverage

- The coverage gap when a Medicare beneficiary's initial Medicare drug coverage has ended but they do not yet qualify for catastrophic coverage.
- During this period, the amount a person pays will be higher.



Knowledge Check #1

Which of the following are true about Medicare Part D prescription drug coverage?

- A. It can be purchased separately from Original Medicare.
- B. It can be part of a bundled Medicare Advantage plan.
- C. There is a late enrollment penalty for people who do not have creditable prescription drug coverage and who do not enroll when they are first eligible.
- D. All of the above

Medicare enrollment pathways



Four Medicare enrollment pathways



Claiming Social Security Benefits

Receiving SSDI or SSI before your 65th birthday



Initial Enrollment Period

For people about to turn 65



Special Enrollment Period

For people transferring from employer coverage at other ages



General Enrollment Period

For late enrollees



Claiming Social Security Benefits (SSDI) - under age 65

A person with SSDI will automatically qualify for Medicare after 24 months of receiving disability payments.



Claiming Social Security Benefits (SSI) - age 62 - 65

May claim benefits as early as 62, auto-enrolled at 65.



Initial Enrollment Period (IEP) - turning 65

3 months before they turn 65

the month they turn 65

3 months after they turn 65

62

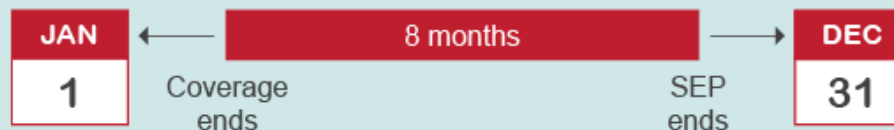
65

Overview of Medicare enrollment pathways



Special Enrollment Period (SEP) - age 65+

8 month window to apply after losing employer sponsored coverage.



General Enrollment Period (GEP) - age 65+

Runs January 1 to March 31 annually for those who missed the IEP. Coverage starts on July 1 of that year.



Initial Enrollment Period (IEP) for people about to turn 65



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, in most cases, their Medicare coverage starts the first day of their birthday month. However, if their birthday is on the first day of the month, their coverage will start the first day of the prior month.

If they enroll in Medicare the month they turn 65 or during the last 3 months of their Initial Enrollment Period, the start date for their coverage will be delayed.

***Coverage begins** one to three months later, depending on when they enroll.

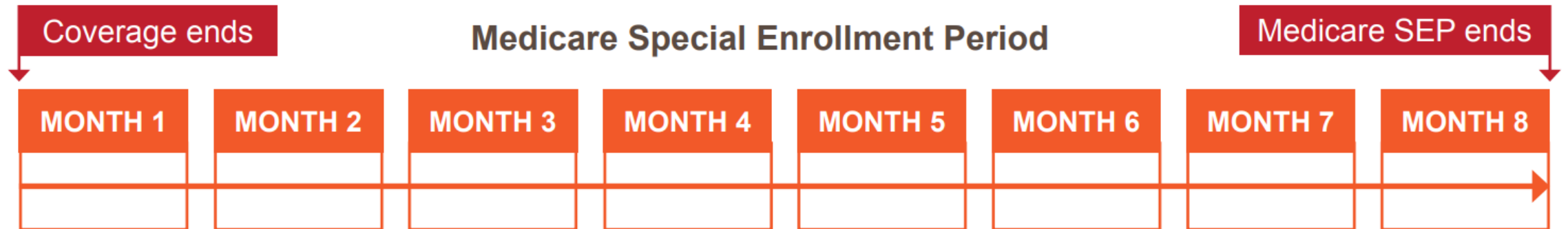
Missing the IEP: a lifetime of increased costs

- If clients do not sign up for **Medicare Part B** during their Initial Enrollment Period **at age 65** (and do not have employer coverage), they will be subject to a **late enrollment penalty**:
 - 10% of standard Part B premium for each 12 months of the delay.
- **This penalty continues forever.**
- The penalty for Medicare Part D late enrollment is significantly smaller.

Special Enrollment Period (SEP) for people transferring from employer coverage at other ages

People covered by employer insurance (their own, a spouse's, etc.) are NOT required to sign up for Medicare at age 65.

When their employer coverage ends, they have an 8-month SEP to apply.



Coverage begins the first month after they enroll.

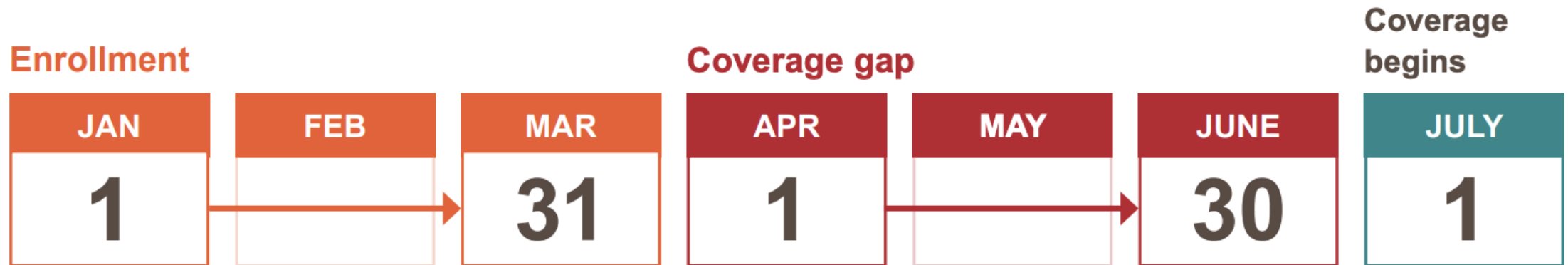
General Enrollment Period (GEP) for late enrollees

For individuals who missed their Initial Enrollment Period and do not qualify for a Medicare SEP.

The General Enrollment Period runs January 1 to March 31 annually.

Coverage does not start until July 1 of that year.

Individuals may have to pay a higher Medicare Part A premium (if they don't qualify for premium-free Part A) or Part B premium for late enrollment.



Knowledge Check: Keith



Keith is turning 65 in July. He is currently enrolled in Marketplace coverage. What should he do?

- A. Keep his Marketplace coverage through 2021 and enroll in Medicare during the General Enrollment Period next year.
- B. Enroll in Medicare during his Initial Enrollment Period and cancel his Marketplace plan.
- C. Enroll through a Special Enrollment Period after his birthday.

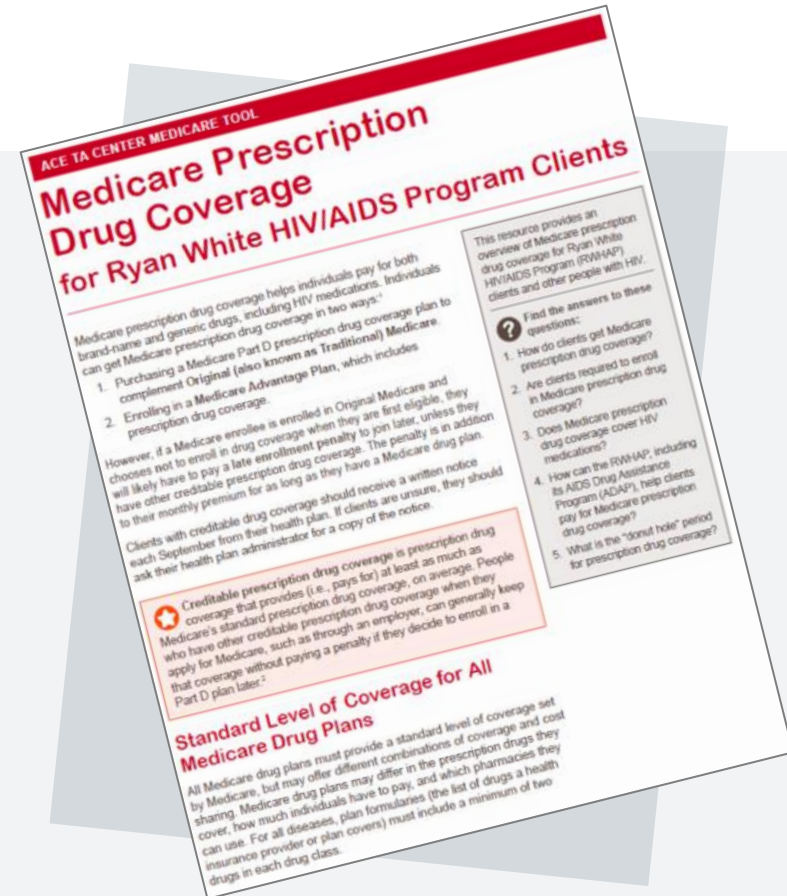
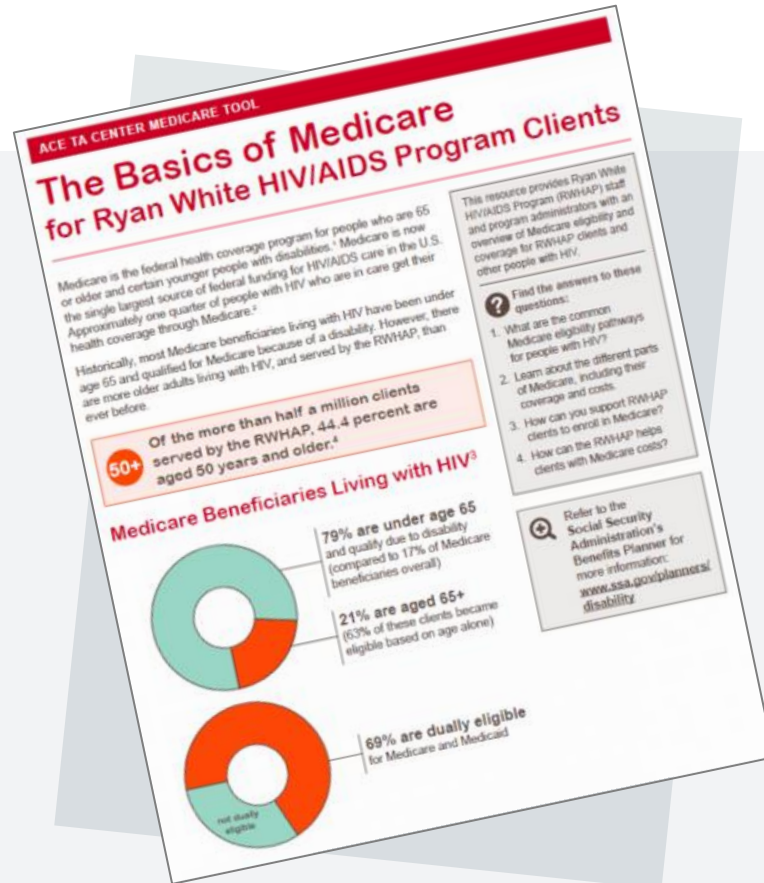
Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for an SEP. She must wait for the General Enrollment Period next January. When will her Medicare coverage start?

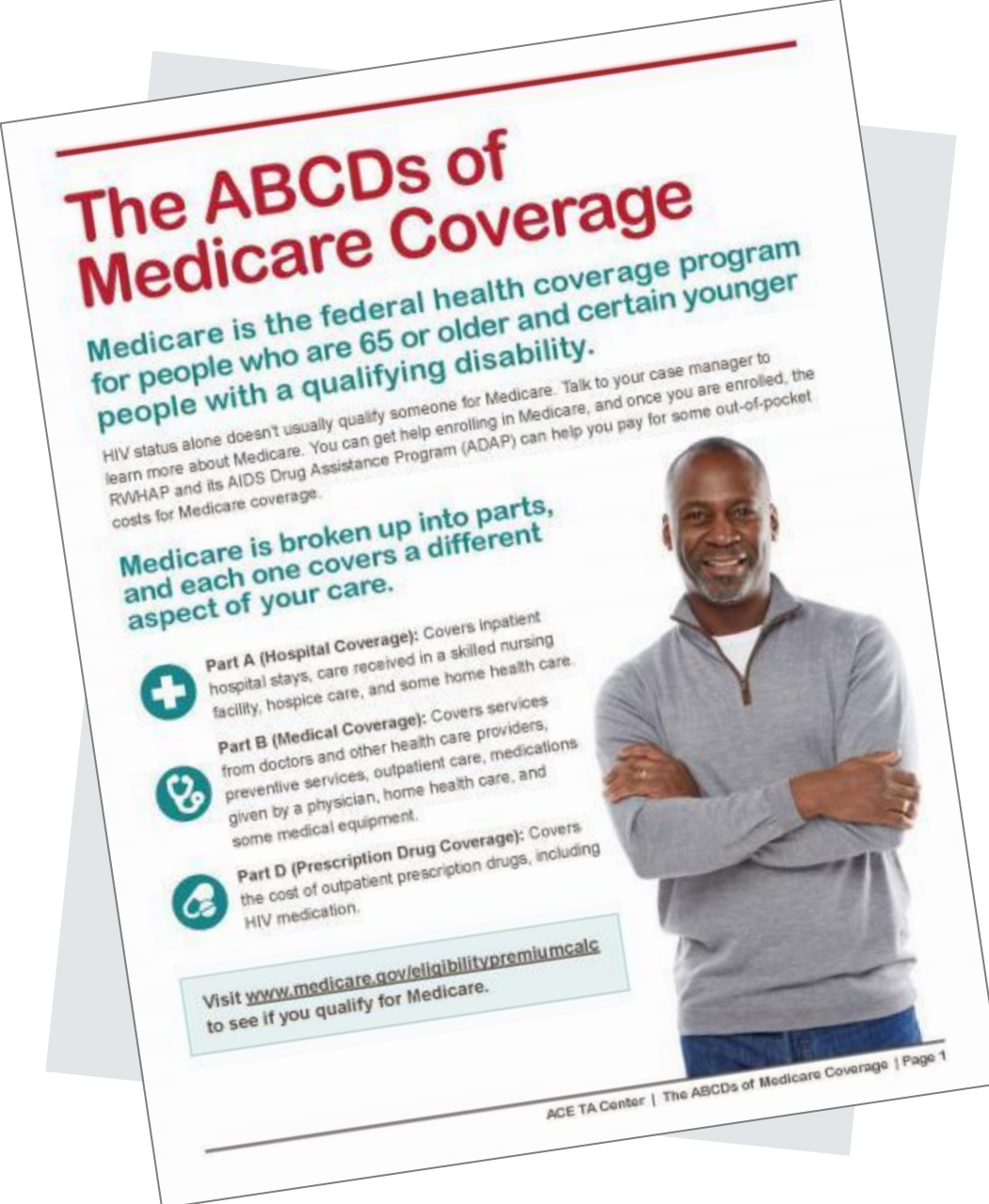
- A. February 2022 (one month after she enrolls)
- B. April 2022 (three months after she enrolls)
- C. July 2022

ACE TA Center Medicare resources for staff



ACE resource for clients

targethiv.org/ace/medicare



The ABCDs of Medicare Coverage

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with a qualifying disability.

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the RWVHAP and its AIDS Drug Assistance Program (ADAP) can help you pay for some out-of-pocket costs for Medicare coverage.

Medicare is broken up into parts, and each one covers a different aspect of your care.

- Part A (Hospital Coverage):** Covers inpatient hospital stays, care received in a skilled nursing facility, hospice care, and some home health care.
- Part B (Medical Coverage):** Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.
- Part D (Prescription Drug Coverage):** Covers the cost of outpatient prescription drugs, including HIV medication.

Visit www.medicare.gov/eligibilitypremiumcalc to see if you qualify for Medicare.

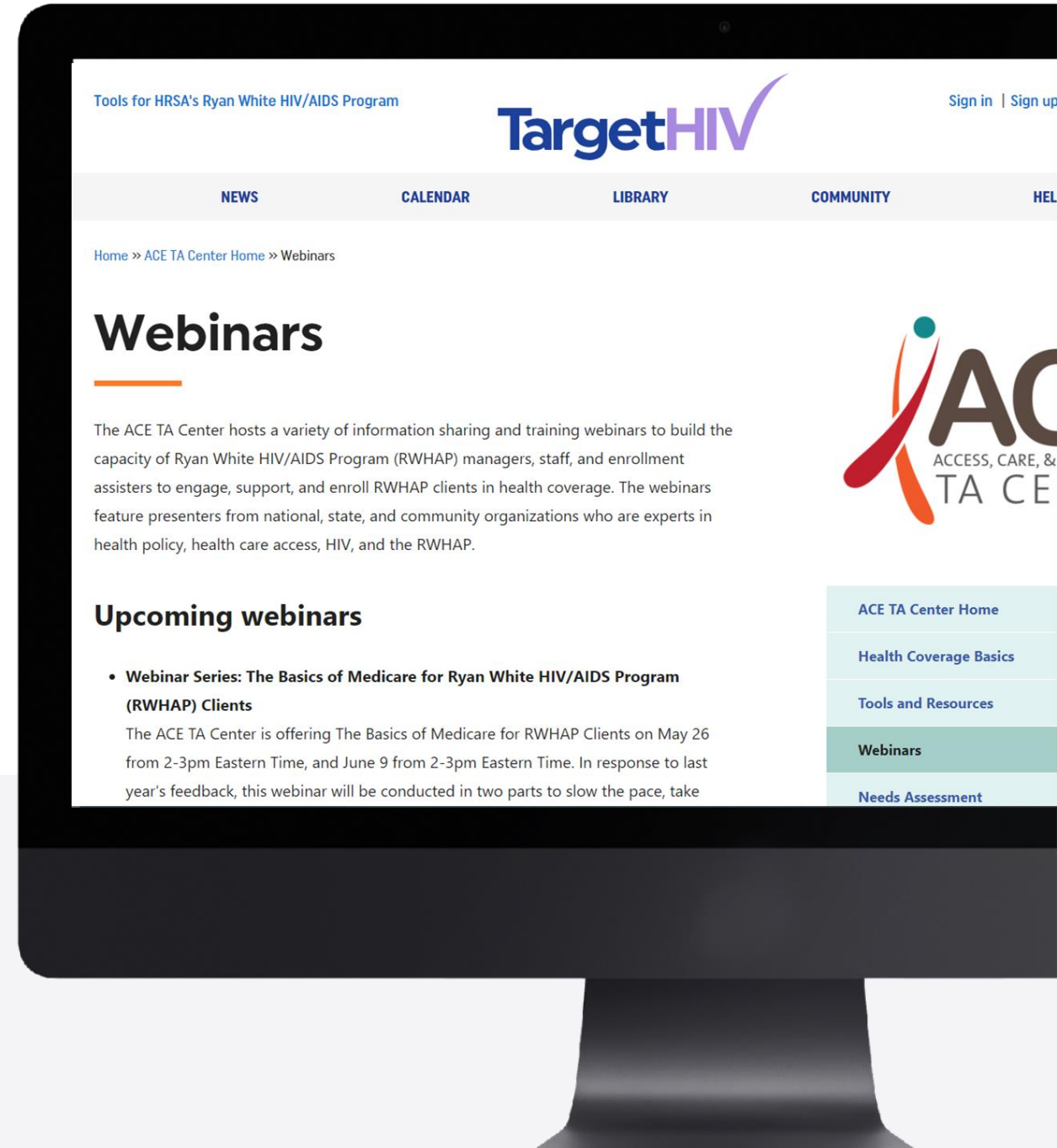
ACE TA Center | The ABCDs of Medicare Coverage | Page 1

Sign up for Part 2!

Medicare Enrollment and Coverage for Ryan White HIV/AIDS (RWHAP) Clients

Wednesday, June 9th
2:00pm – 3:00pm EST

targethiv.org/ace/webinars



Health care access updates

- Marketplace COVID-19 SEP is open until August 15.
 - Many state-based Marketplaces are providing similar extensions.
- Expanded eligibility and financial subsidies for Marketplace plans under the American Rescue Plan Act (2021 and 2022 plans).
- COBRA premium subsidies available April 1 – September 30, 2021

Q&A Panel



Mira
Levinson



Liesl
Lu



Christine
Luong



Rachelle
Brill



Amy
Killelea

Thank you.



Please complete the evaluation!

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