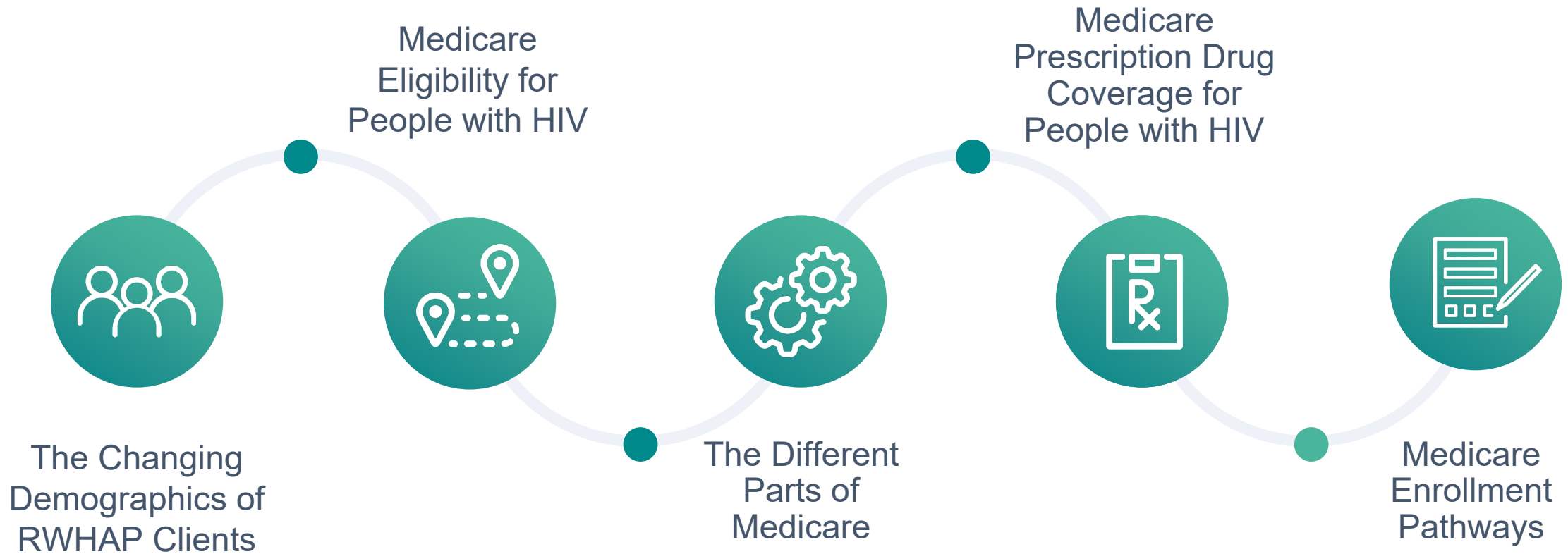


Part I: The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center



Roadmap for today's webinar



The changing demographics of RWHAP clients



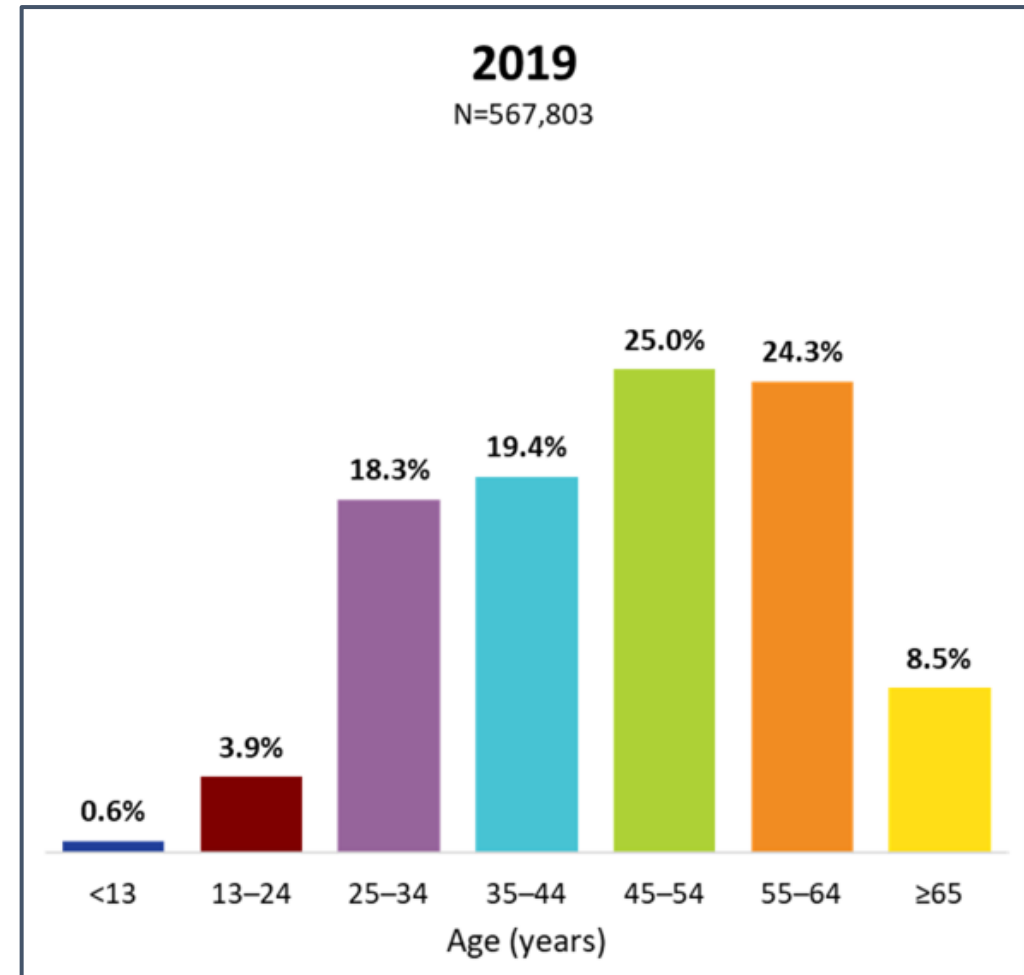
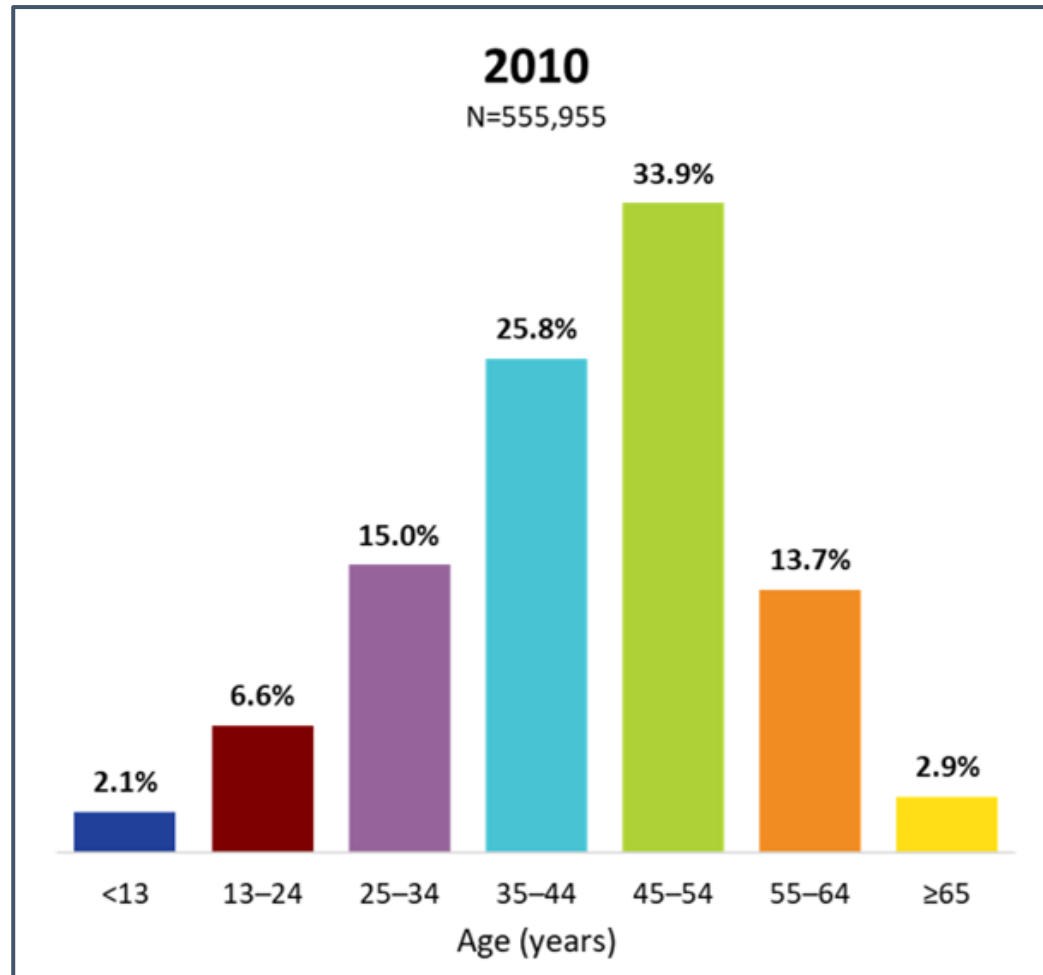
More RWHAP clients are aging into Medicare

- 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.

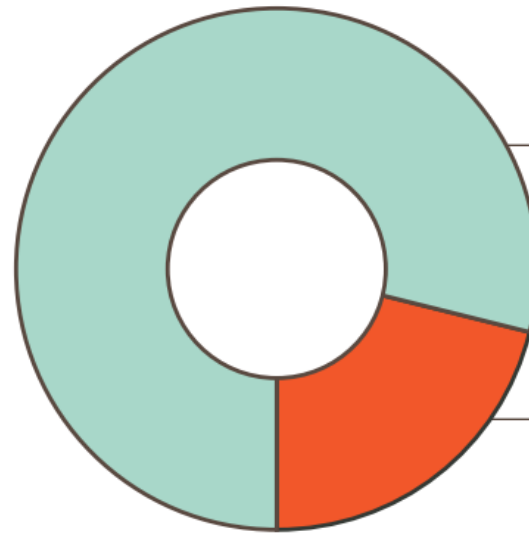
Sources: Kaiser Family Foundation, 2019; Kaiser Family Foundation, 2016; HRSA HIV/AIDS Bureau, 2019



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

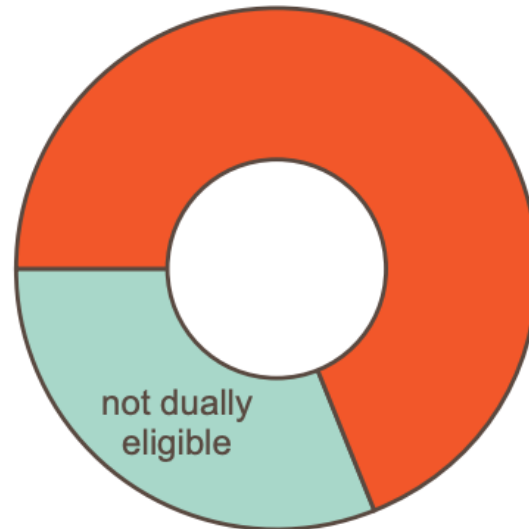


Medicare beneficiaries with HIV



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 (ESRD)

Qualifying for Medicare by turning 65

- In order to qualify for certain parts of Medicare without paying a monthly premium (“premium-free” Part A), a person must have 40 quarters of work credits.
 - Earn work credits by working in a job that pays towards Social Security taxes
 - Earn 1 credit per quarter (3 months) and up to 4 credits per year
- Otherwise, they may have to pay a premium for Medicare Part A.

Qualifying for Medicare under 65 with a disability

- In order to qualify for Medicare under age 65 due to a disability, you must:
 - Qualify for **Social Security Disability Insurance (SSDI)** benefits
 - Have received SSDI payments for **at least 24 months**
- **HIV status alone generally does not qualify for SSDI**
- People with HIV can still qualify for SSDI by meeting the medical requirements for another physical or mental health condition.

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, and 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.

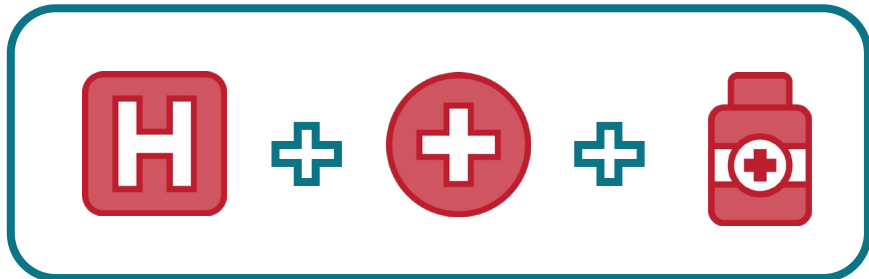


The gaps in Original Medicare coverage



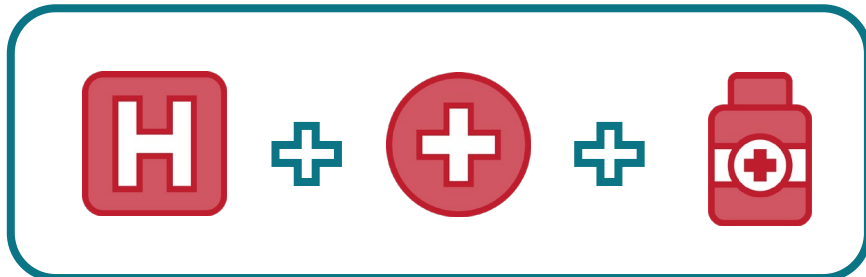
- The **Medicare Part A deductible** is based on a 90-day benefit period.
 - The deductible can be applied **more than once a year**.
 - Once the deductible is met, a client could face additional charges for hospitalizations, skilled nursing care, and blood products.
- The **Medicare Part B deductible** is based on an annual benefit period.
 - After the deductible is met, Medicare pays 80% of approved charges and the client 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.
- May provide extra services, such as vision or dental.
- **Administered by private insurance companies** that contract with the government.

Opting for Medicare Advantage instead



- A client 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)



- 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** but standardized by law.
- **A client 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)



- **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

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

Original Medicare (Parts A and B)  	Medicare Advantage (also called Part C) 
Includes: <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) Clients can purchase: <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 Plans administered by: <ul style="list-style-type: none">▪ The federal government	Includes: <ul style="list-style-type: none">▪ Part A (hospital insurance)▪ Part B (medical insurance) Most plans include: <ul style="list-style-type: none">▪ Part D (prescription drug coverage) Some plans also include: <ul style="list-style-type: none"><input type="checkbox"/> Lower out-of-pocket costs<input type="checkbox"/> Extra benefits Plans administered by: <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 (Medicare Part C)**

-
- All Medicare prescription drug plans are required to cover all or nearly all drugs in **6 protected drug classes**, including HIV antiretroviral treatments.
 - HIV drugs are required to be covered **without any utilization management** (e.g., prior authorization or step therapy).
 - However, there are some Part D restrictions for non-HIV medications, including “medication not on formulary” and “quantity limit” issues.

Part D prescription drug coverage

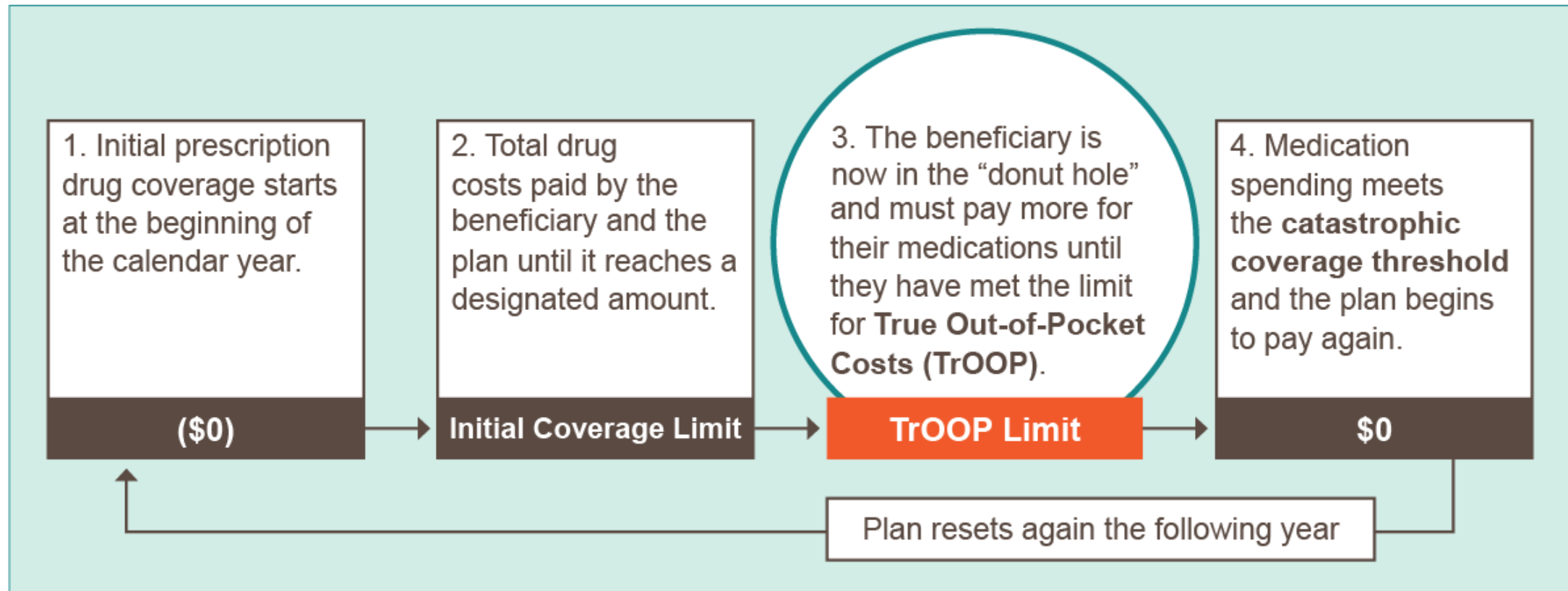
- Original Medicare enrollees only need to have Medicare Part A **or** Part B to purchase a Part D plan.
- **Encourage all clients to enroll in both Part A and B** (unless they have coverage that allows them to defer enrollment without incurring a penalty).
- Part D premiums may be expensive, so work with clients to see if they are eligible for the **Extra Help** program.
- If not, ADAPs can pay the premium, but the decision is up to the individual state/territory ADAPs.

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** when joining later, unless they have other creditable prescription drug coverage.
- **Creditable prescription drug coverage** provides at least as much as Medicare's standard prescription benefits.
 - ✓ TRICARE, Indian Health Service, Veteran's Affairs, employer or union, Marketplace coverage
 - × ADAP is **NOT** creditable prescription drug coverage.

The donut hole for prescription drug coverage

- The coverage gap when Medicare drug coverage has ended but an individual does not yet qualify for catastrophic coverage.
- During this period, the amount an individual pays will be higher.



Medicare enrollment pathways



Four Medicare enrollment pathways



Claiming Social Security Benefits

Receiving SSDI or retirement benefits before 65



Initial Enrollment Period (IEP)

For people about to turn 65



Special Enrollment Period (SEP)

For people transitioning from employer coverage at other ages



General Enrollment Period (GEP)

For late enrollees

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 a client does not sign up for **Medicare Part B** during their IEP **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-month period they were eligible
 - **This is a lifetime penalty!**
- The Medicare Part D late enrollment penalty is significantly smaller, but still a lifetime penalty.

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

- If a client is covered by employer insurance (their own or their spouse's), they are NOT required to sign up for Medicare at age 65.
- When their employer coverage ends, they qualify for an 8-month SEP.



Coverage begins the first month after they enroll.

General Enrollment Period (GEP) for late enrollees

- Enroll through the GEP if they missed the IEP and don't qualify for an SEP.
- The GEP runs from January 1 to March 31 annually, but coverage does not start until July 1 of that year.
- A client may have to pay a late enrollment penalty for Medicare Part A (if they don't qualify for premium-free Part A) or Medicare Part B.
- They cannot enroll in Medicare Part D until their Part A or B coverage starts.





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



Special Enrollment Period (SEP) - age 65+

8 month window to apply after losing employer sponsored coverage.

JAN

1

Coverage ends

8 months

SEP ends

DEC

31



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.

JAN

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Enrollment

FEB

MAR

31

COVERAGE GAP

Coverage begins

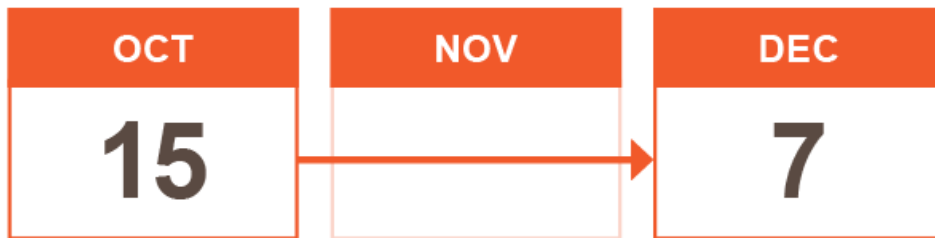
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Overview of Medicare Enrollment Pathways

Changing Medicare plans after enrollment

Change Medicare health or prescription drug coverage for the following year

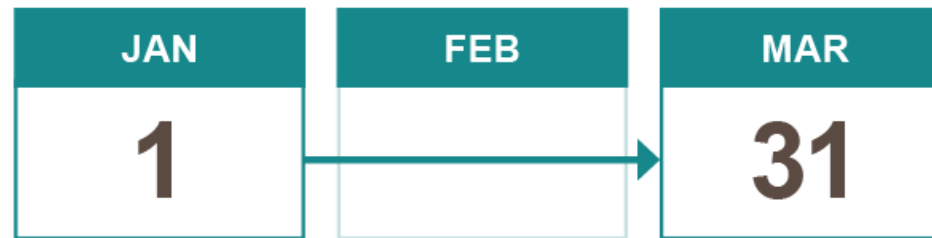


October 15 – December 7 annually

Change Medicare health or prescription health coverage for the following year. This includes returning to Original Medicare or joining a Medicare Advantage plan.

New coverage begins January 1 the following year.

Change from Medicare Advantage Plan to a different plan



January 1 – March 31 annually

Change from Medicare Advantage Plan to a different plan or switch back to Original Medicare.

Any changes will be effective the first of the month after the plan gets the request.

Tool: The Basics of Medicare for RWHAP Clients

targethiv.org/ace/medicare

ACE TA CENTER MEDICARE TOOL

The Basics of Medicare for Ryan White HIV/AIDS Program Clients

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.¹ Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.²

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the RWHAP, than ever before.

50+ Of the more than half a million clients served by the RWHAP, 44.4 percent are aged 50 years and older.⁴

Medicare Beneficiaries Living with HIV³

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

not dually eligible

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHAP clients and other people with HIV.

Find the answers to these questions:

1. What are the common Medicare eligibility pathways for people with HIV?
2. Learn about the different parts of Medicare, including their coverage and costs.
3. How can you support RWHAP clients to enroll in Medicare?
4. How can the RWHAP help clients with Medicare costs?

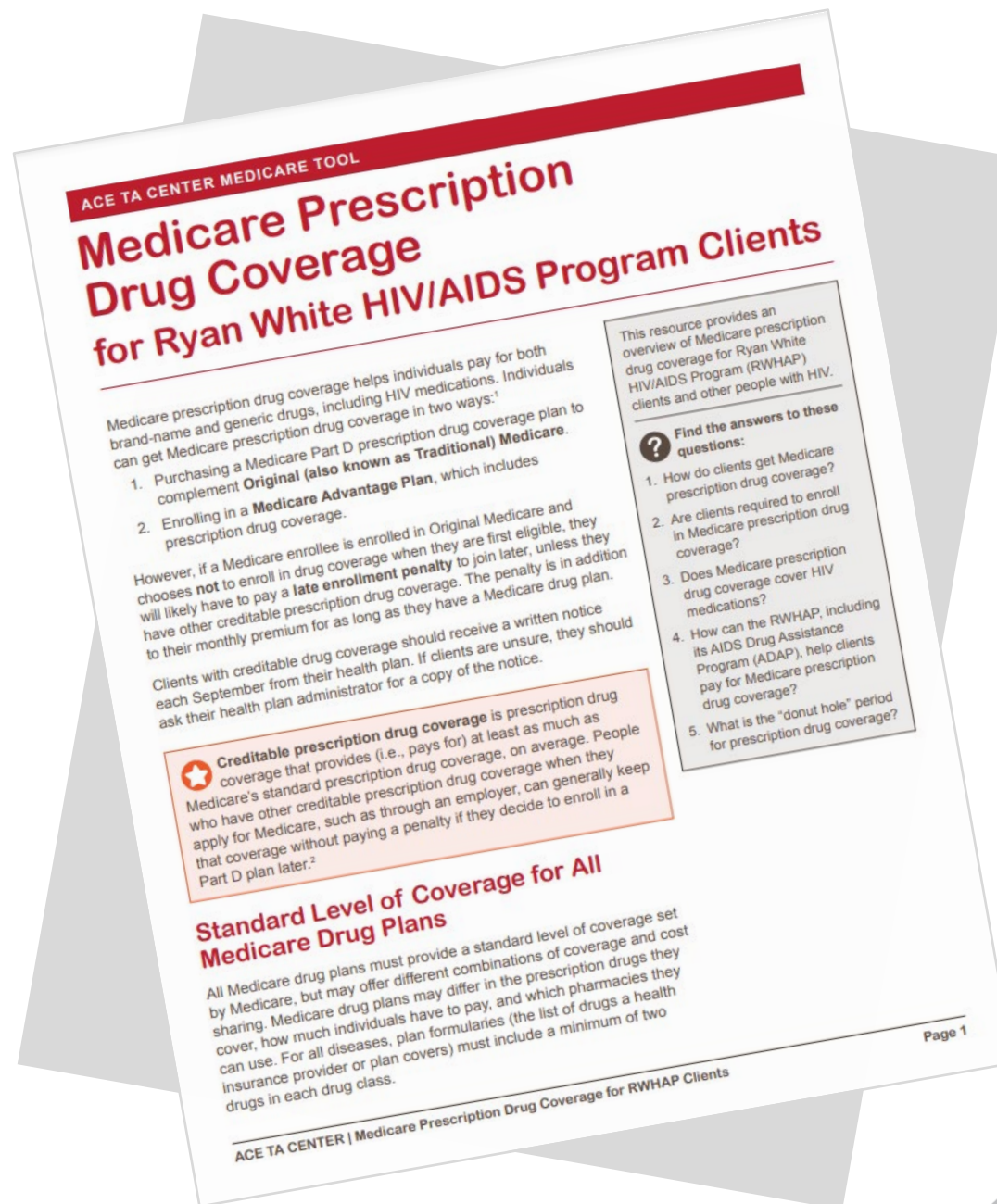
Refer to the Social Security Administration's Benefits Planner for more information: www.ssa.gov/planners/disability

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ACE TA CENTER | The Basics of Medicare for RWHAP Clients

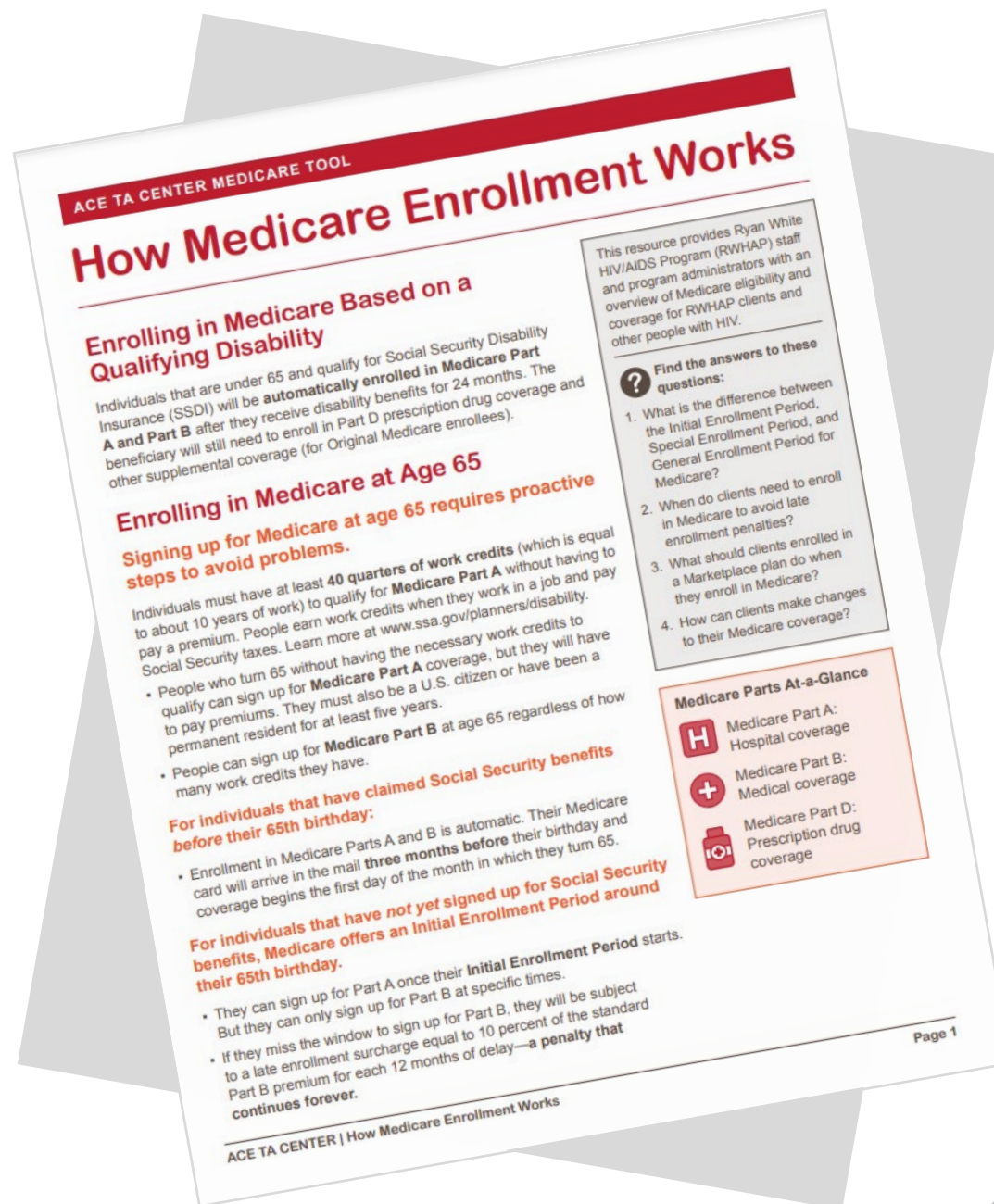
Tool: Medicare Prescription Drug Coverage

targethiv.org/ace/medicare



Tool: How Medicare Enrollment Works

targethiv.org/ace/medicare



Consumer Resource: The ABCDs of Medicare Coverage

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 Ryan White HIV/AIDS Program (RWHAP) and its AIDS Drug Assistance Program (ADAP) may be able to 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 in a skilled nursing facility, hospice care, and some home health care services.
- 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 costs of outpatient prescription drugs, including HIV medications.

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

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

Thank you.



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

Contact us at acetacenter@jsi.com