

# The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center  
January 17, 2023

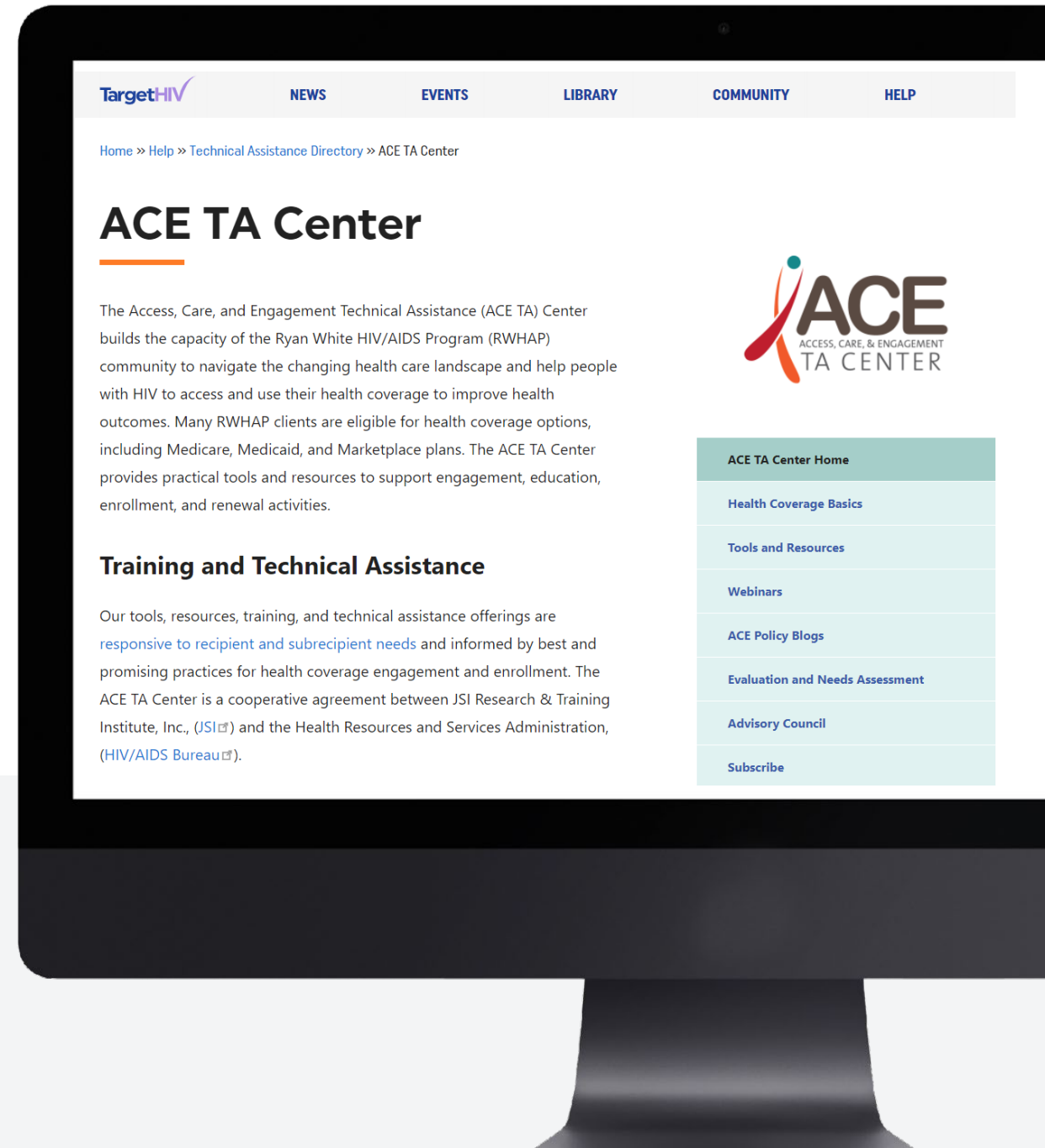


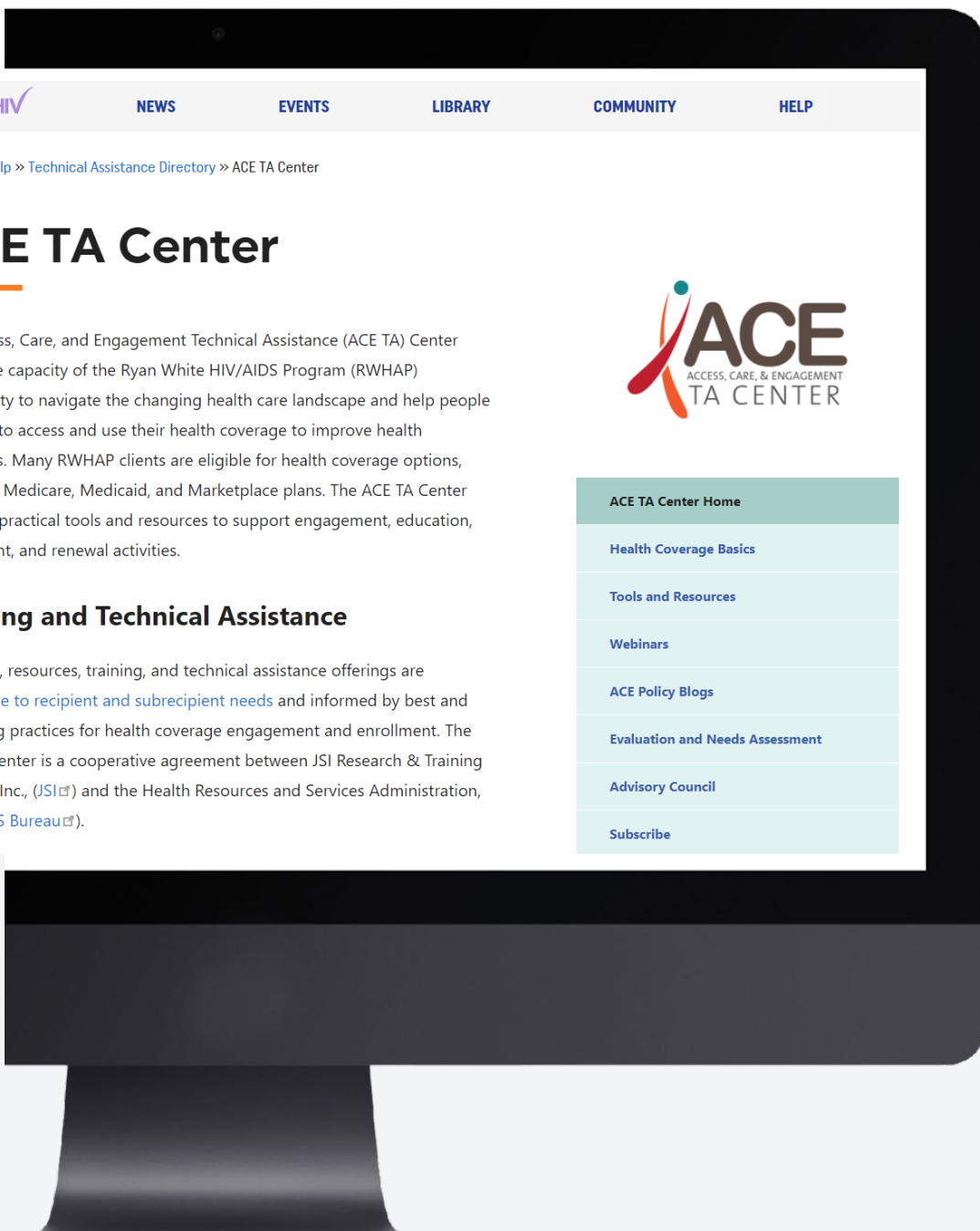
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# The ACE TA Center

**helps organizations:**



## **Engage, enroll, and retain**

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



## **Communicate with Ryan White HIV/AIDS Program (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**

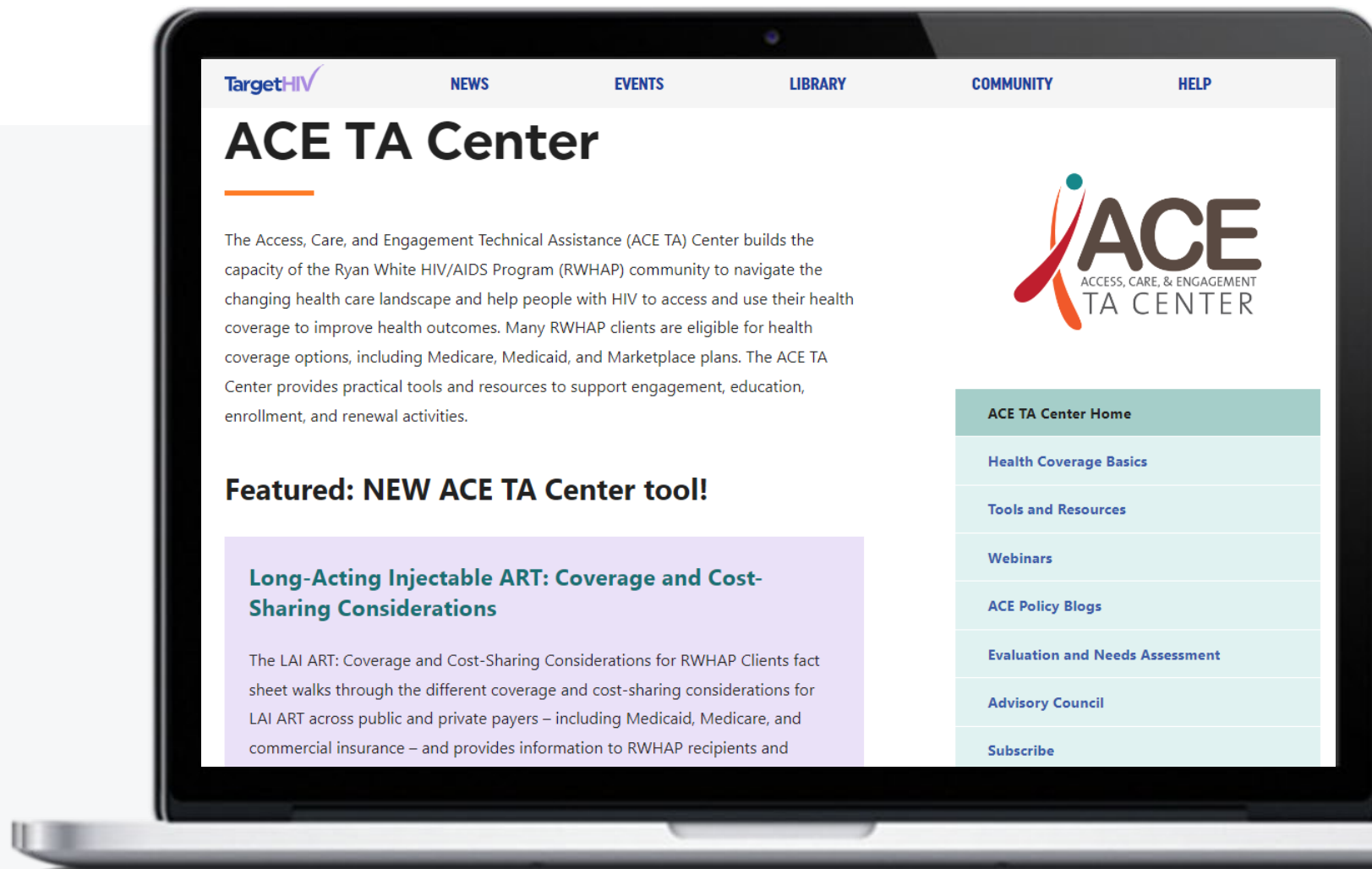
of their communication around health care access and health insurance.



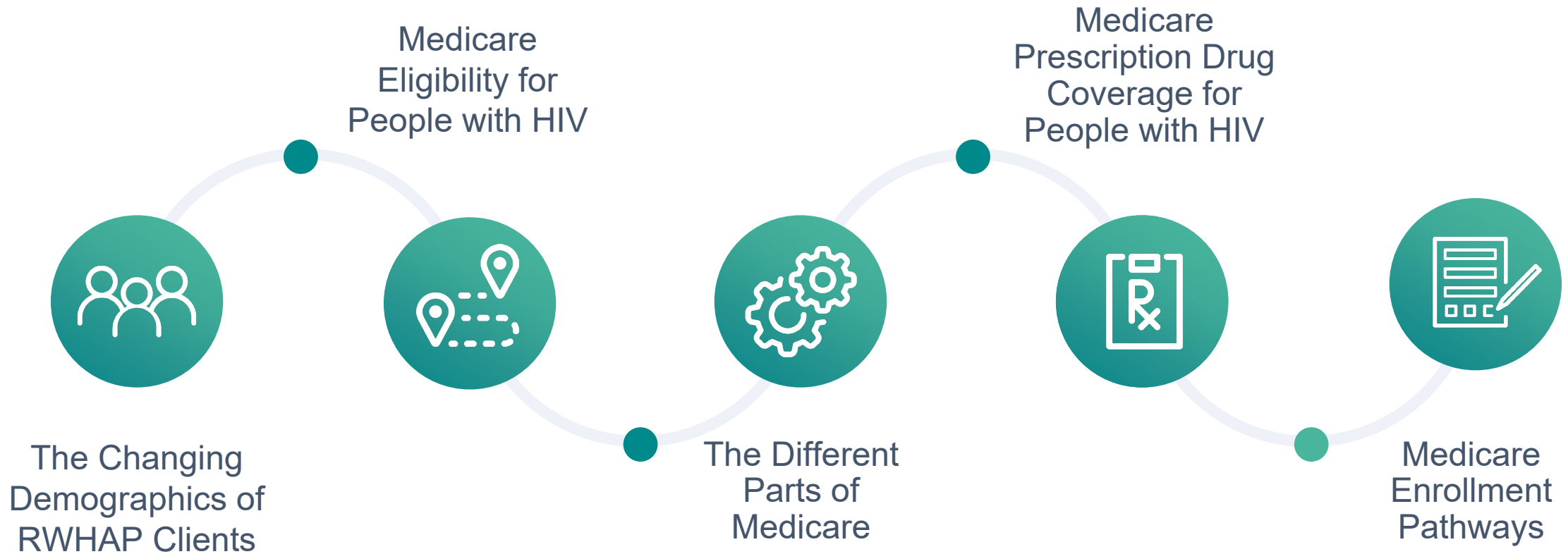
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Program (SHIP) counselors, and other in-person assisters that help enroll RWHAP clients in health coverage

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# Roadmap for today's webinar



# Today's presenters

**Molly  
Tasso**



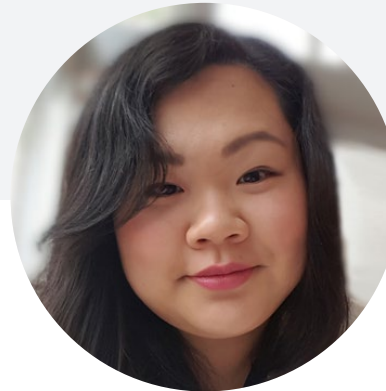
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# Audience Poll #1

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

- Yes
- No
- Not sure

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# 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



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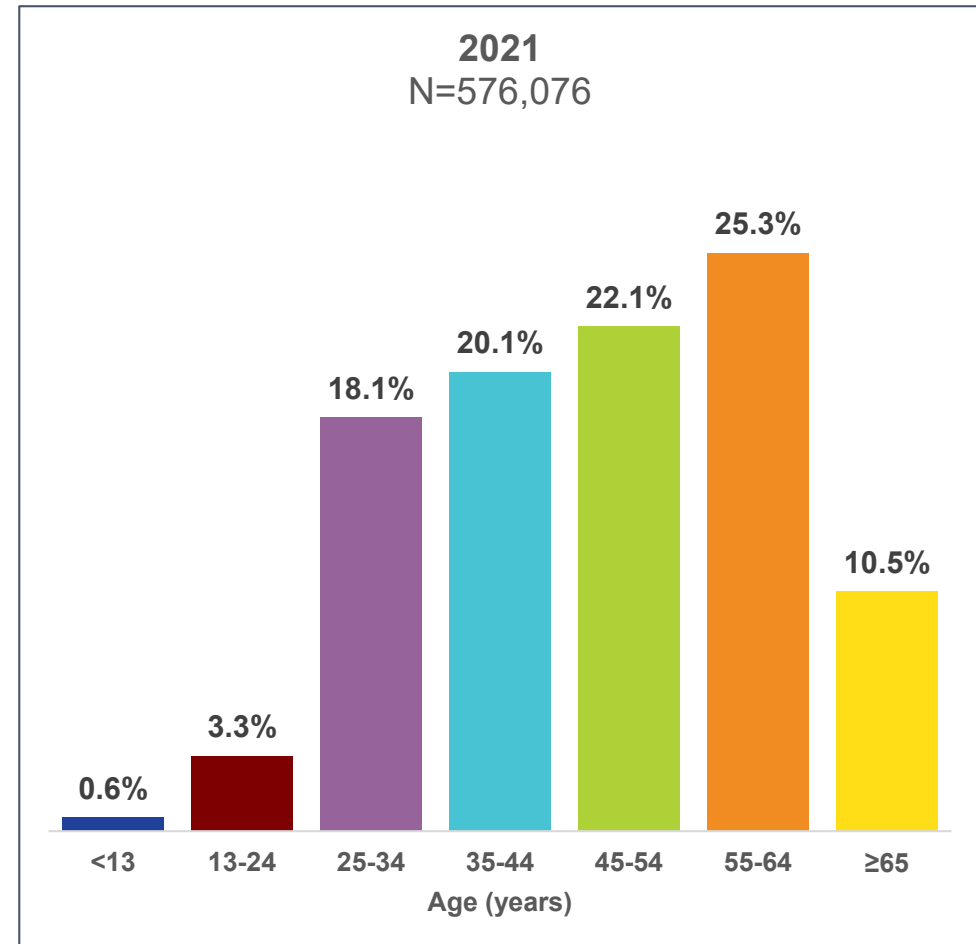
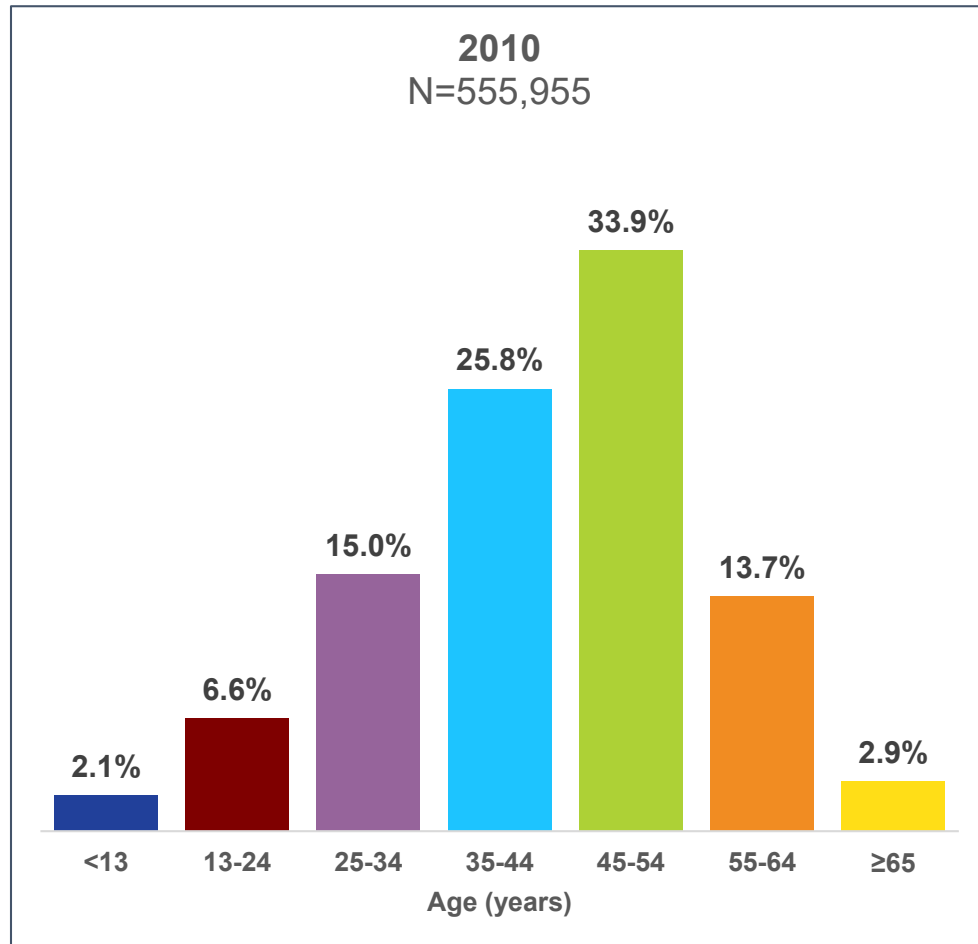
# More RWHAP clients are aging into Medicare

- 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

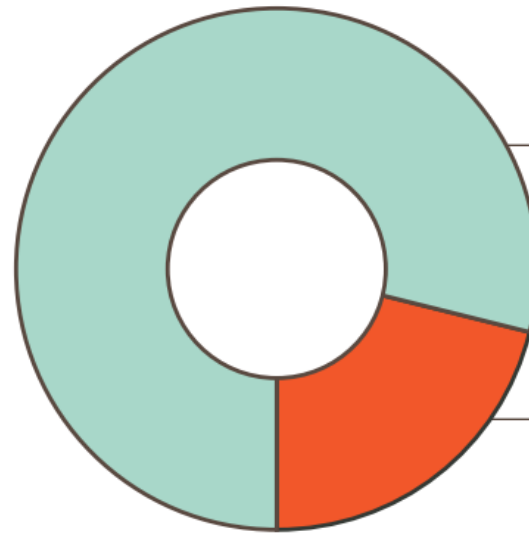


# Ryan White HIV/AIDS Program clients, by age group, 2010 and 2021—United States and 3 territories



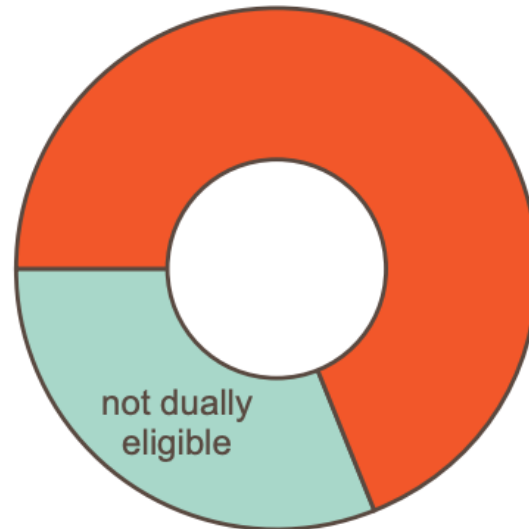
Source: HRSA HIV/AIDS Bureau, RWHAP Annual Client-Level Data Report 2021

# 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.

# 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 to transition from employer coverage to Medicare after age 65
- Medicare penalties and how to avoid them
- Medicare benefits, specifically aging related inpatient and residential services
- Other (chat in your response)

# The different Parts of Medicare



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# Medicare Part A: Hospital coverage



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

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# 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



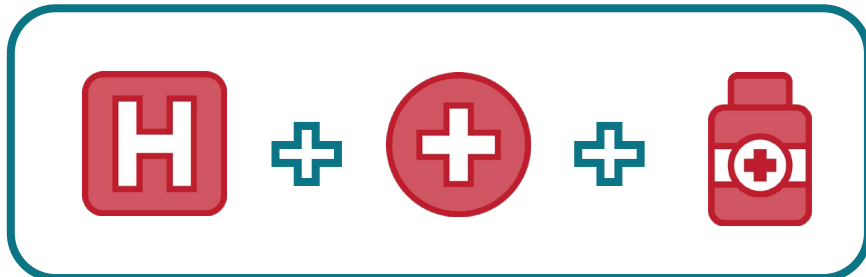
- The **Medicare Part A deductible** is based on a 90-day benefit period.
  - The deductible can be applied **more than once a year**.
  - Once the deductible is met, a client could face additional charges for hospitalizations, skilled nursing care, and blood products.
- The **Medicare Part B deductible** 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](http://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) 
<p><b>Includes:</b></p> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <p><b>Clients can purchase:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Part D (prescription drug coverage)</li><li><input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy</li></ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"><li>▪ The federal government</li></ul>	<p><b>Includes:</b></p> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <p><b>Most plans include:</b></p> <ul style="list-style-type: none"><li>▪ Part D (prescription drug coverage)</li></ul> <p><b>Some plans also include:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Lower out-of-pocket costs</li><li><input type="checkbox"/> Extra benefits</li></ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"><li>▪ Private insurance companies that contract with the government</li></ul>

# Medicare Part D: A deeper dive into prescription drug coverage





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# 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

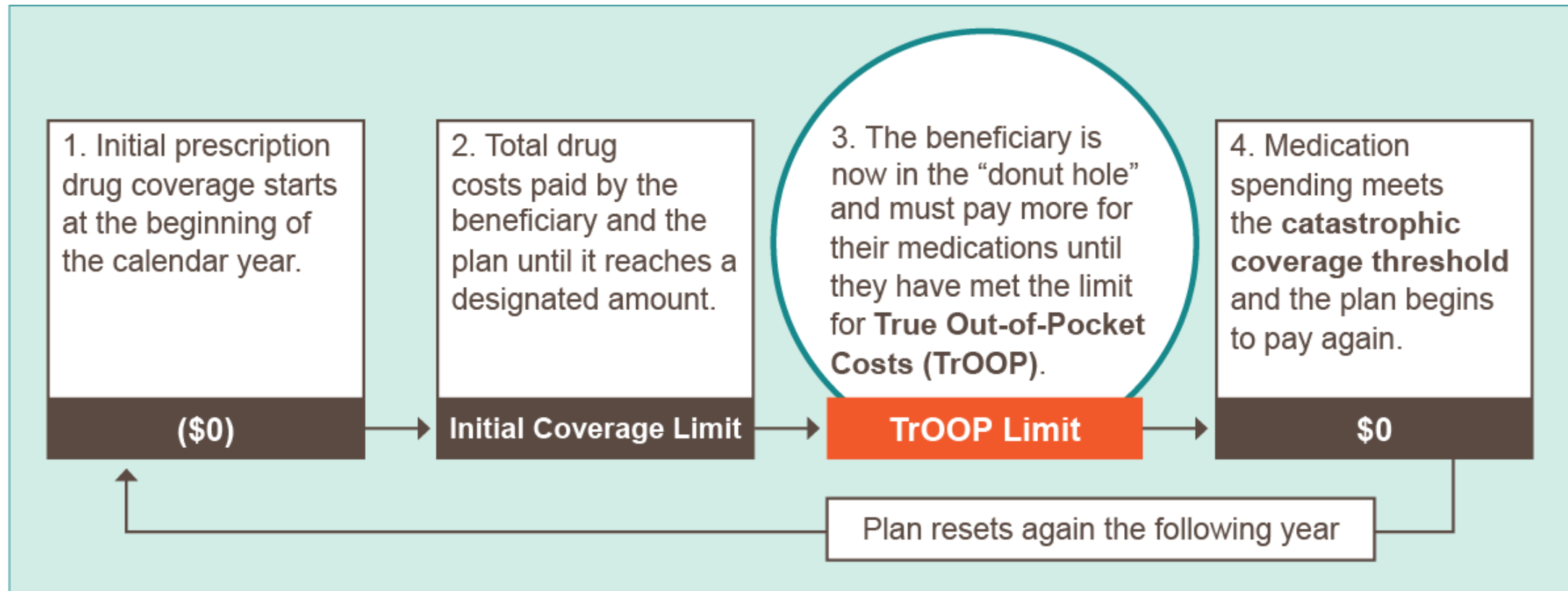
- Original Medicare enrollees only need to have Medicare Part A **or** Part B to purchase a Part D plan.
- **Encourage all clients to enroll in both Part A and B** (unless they have coverage that allows them to defer enrollment without incurring a penalty).
- Part D premiums may be expensive, so work 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.



# 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 retirement benefits before 65



## Initial Enrollment Period (IEP)

For people about to turn 65



## Special Enrollment Periods (SEP)

For people transitioning from employer coverage after 65, being terminated by Medicaid, and more



## General Enrollment Period (GEP)

For late enrollees

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

## Medicare Initial Enrollment Period (IEP)



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of their birthday month (the fourth month of the IEP\*).

If a person signs up for Medicare during their birthday month (the fourth month of the IEP\*) or during the last 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of the month after they enroll.

\*If a person's birthday falls on the first of the month, their IEP is shifted one month earlier to include the 4 months prior to the birthday month, the month the person turns 65, and the 2 months after the birthday month.



# 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 after 65

- 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.

### Medicare Special Enrollment Period (SEP) for Loss of Employer Coverage



Coverage begins on the first day of the month after an individual enrolls.

# Special Enrollment Period (SEP) for people whose Medicaid eligibility is terminated

- SEP allows clients to enroll in Medicare after termination of Medicaid eligibility. Clients can choose between:
  - Retroactive coverage back to the date of termination (no earlier than 1/1/23), client must pay the premiums for the retroactive covered time period.
  - Coverage beginning the month after the month of enrollment

Medicare Special Enrollment Period (SEP) to Coordinate with Termination of Medicaid Coverage



# 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, coverage will begin on the first of the month after enrollment.
- 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.

## Medicare General Enrollment Period (GEP)

### Enrollment



Coverage begins the first day of the month after an individual enrolls. *For example, if a person signs up for Medicare during January of the GEP, their Medicare coverage will begin on February 1.*

# 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 2023 and enroll in Medicare during the General Enrollment Period next year.
- B. Enroll in Medicare during his Initial Enrollment Period and then cancel his Marketplace plan.
- C. Enroll through a Special Enrollment Period after his 65<sup>th</sup> birthday.

# Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for an SEP. She can enroll now during the current General Enrollment Period. When will her Medicare coverage start?

- A. February 2023 (one month after she enrolls)
- B. April 2023 (three months after she enrolls)
- C. July 2023



### Claiming Social Security Disability Insurance (SSDI) – under age 65

A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.



### Claiming Social Security Retirement Benefits – age 62 to 65

A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare 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

65

# Overview of Medicare Enrollment Pathways



### Special Enrollment Period (SEP) - age 65+

8 month window to apply after losing employer sponsored coverage.

Loss of employer coverage

8 MONTHS

SEP ends



### General Enrollment Period (GEP) - age 65+

Runs annually from January 1 to March 31 for those who missed the IEP.

JAN

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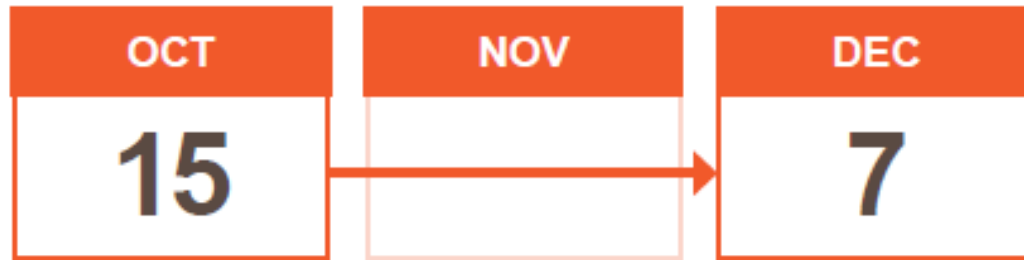
# Additional New SEPs

- SEP for individuals impacted by an emergency/disaster
- SEP for health plan or employer error
- SEP for formerly incarcerated individuals
- SEP for other exceptional conditions



# Changing Medicare plans after enrollment

## Medicare Open Enrollment Period

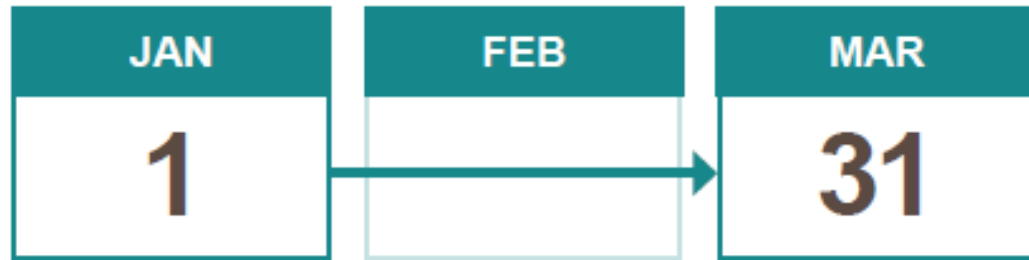


### October 15 – December 7 annually

Anyone with Medicare coverage, whether Original Medicare or Medicare Advantage, can make a change to their medical and prescription coverage for the following year.

New coverage begins January 1 the following year.

## Medicare Advantage Open Enrollment Period



### January 1 – March 31 annually

Individuals with Medicare Advantage can switch to a different Medicare Advantage plan or return to Original Medicare.

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

# Resource Round-Up



# ACE TA Center Medicare Resources

**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.<sup>1</sup> 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.<sup>2</sup>

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 RWHP, than ever before.

**50+** Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.<sup>3</sup>

### Medicare Beneficiaries Living with HIV<sup>3</sup>

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

31% are not dually eligible

**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 RWHP clients to enroll in Medicare?
4. How can the RWHP help clients with Medicare costs?

**Refer to the Social Security Administration's Benefits Planner for more information:**  
[www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability)

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

**ACE TA CENTER MEDICARE TOOL**

## Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription drug coverage in two ways:<sup>1</sup>

1. Purchasing a Medicare Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.
2. Enrolling in a Medicare Advantage Plan, which includes prescription drug coverage.

However, if a Medicare enrollee is enrolled in Original Medicare and chooses not to enroll in drug coverage when they are first eligible, they will likely have to pay a late enrollment penalty to join later, unless they have other creditable prescription drug coverage. The penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

Clients with creditable drug coverage should receive a written notice each September from their health plan. If clients are unsure, they should ask their health plan administrator for a copy of the notice.

**Creditable prescription drug coverage** is prescription drug coverage that provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage, on average. People who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.<sup>2</sup>

### Standard Level of Coverage for All Medicare Drug Plans

All Medicare drug plans must provide a standard level of coverage set by Medicare, but may offer different combinations of coverage and cost sharing. Medicare drug plans may differ in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. For all diseases, plan formularies (the list of drugs a health insurance provider or plan covers) must include a minimum of two drugs in each drug class.

**Find the answers to these questions:**

1. How do clients get Medicare prescription drug coverage?
2. Are clients required to enroll in Medicare prescription drug coverage?
3. Does Medicare prescription drug coverage cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

This resource provides an overview of Medicare prescription drug coverage for Ryan White HIV/AIDS Program (RWHP) clients and other people with HIV.

**ACE TA CENTER MEDICARE TOOL**

## How Medicare Enrollment Works

### Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be automatically enrolled in Medicare Part A and Part B after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

### Enrolling in Medicare at Age 65

**Signing up for Medicare at age 65 requires proactive steps to avoid problems.**

Individuals must have at least 40 quarters of work credits (which is equal to about 10 years of work) to qualify for Medicare Part A without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at [www.ssa.gov/planners/disability](http://www.ssa.gov/planners/disability).

- People who turn 65 without having the necessary work credits to qualify can sign up for Medicare Part A coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for Medicare Part B at age 65 regardless of how many work credits they have.

**For individuals that have claimed Social Security benefits before their 65th birthday:**

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail three months before their birthday and coverage begins the first day of the month in which they turn 65.

**For individuals that have not yet signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.**

- They can sign up for Part A once their Initial Enrollment Period starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a penalty that continues forever.

**Find the answers to these questions:**

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

### Medicare Parts At-a-Glance

- H Medicare Part A: Hospital coverage
- +
- Medical coverage
- +
- Medicare Part B: Medical coverage
- +
- Medicare Part D: Prescription drug coverage

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

# Consumer Resource: The ABCDs of Medicare Coverage

[targethiv.org/ace/medicare](http://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](http://www.medicare.gov/eligibilitypremiumcalc) to see if you qualify for Medicare.

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

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# Q&A Panelists



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**Christine**  
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**Mira**  
Levinson



**Amy**  
Killelea



**Molly**  
Tasso



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# Join us for the series!

- **Medicare Enrollment and Coverage:**  
January 31, 2-3:30 PM ET
- **NEW: Medicaid Eligibility and Enrollment:**  
February 14, 2-3:00 PM ET
- **NEW: Medicaid-Medicare Dual Eligibility:**  
February 28, 2-3:30 PM ET



[targethiv.org/ace/webinars](https://targethiv.org/ace/webinars)

# Thank you.



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