

# Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program Clients

Access, Care, and Engagement  
(ACE) TA Center  
February 28, 2023

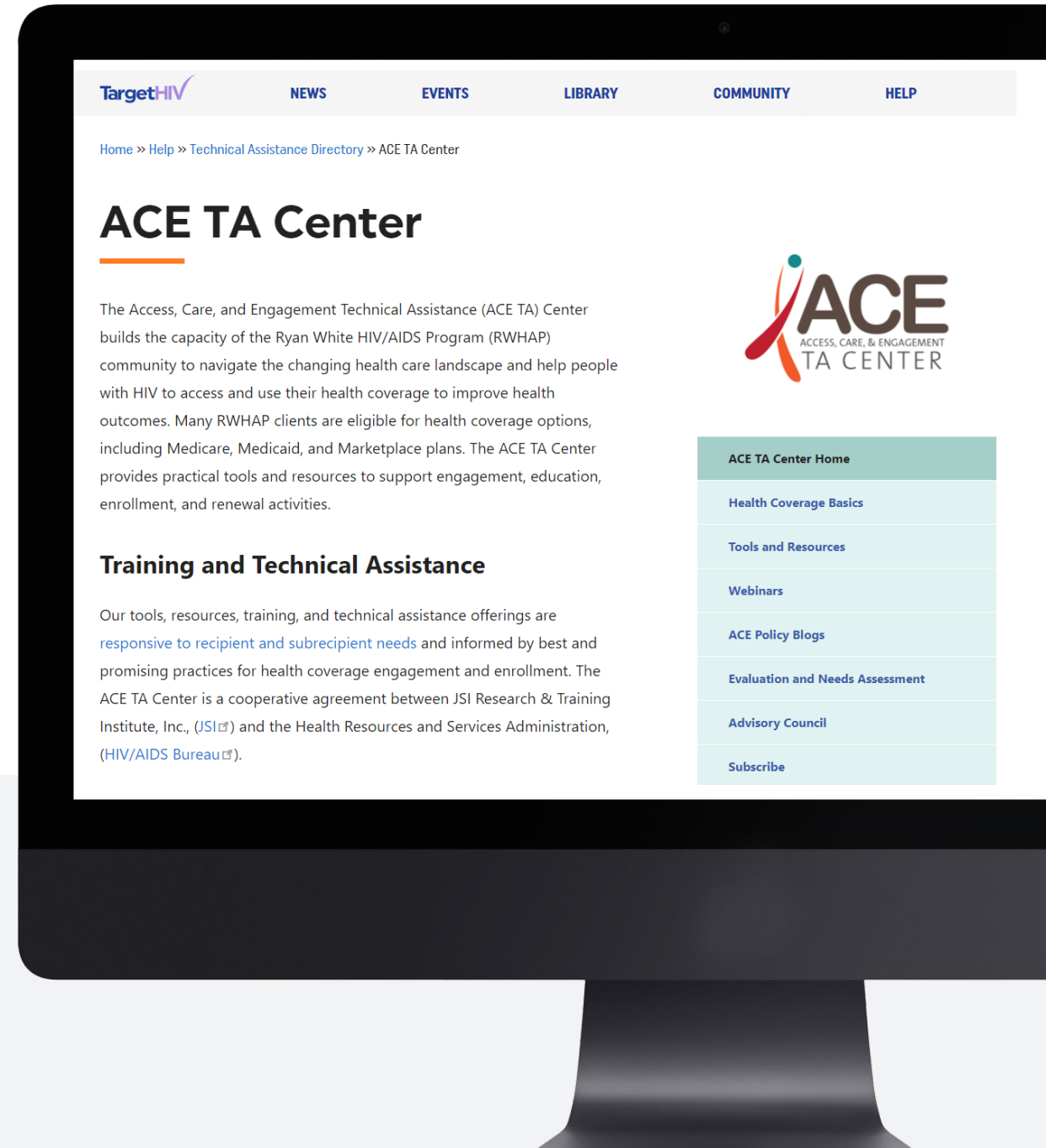


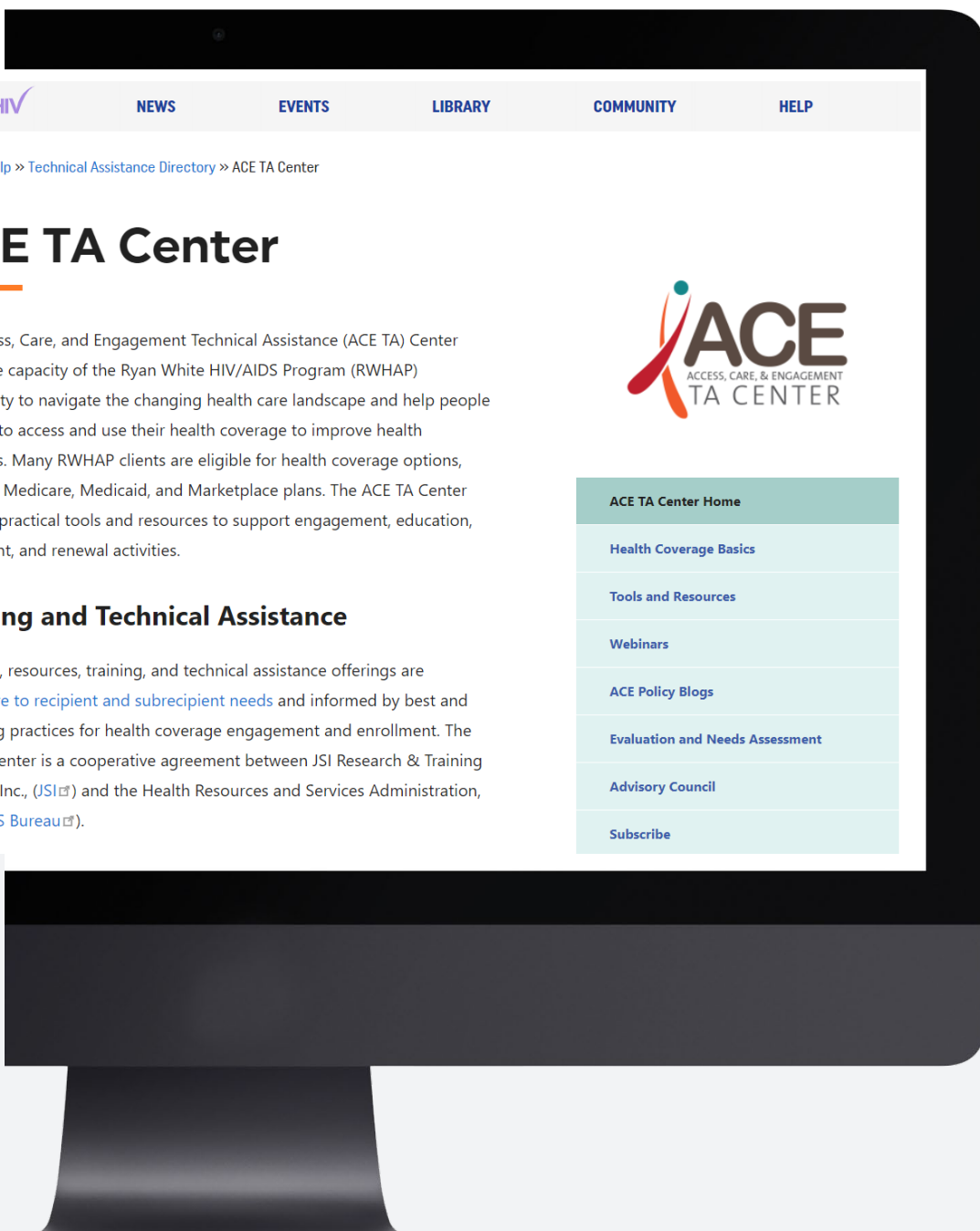
# How to ask questions

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You may also **email questions** to [acetacenter@jsi.com](mailto:acetacenter@jsi.com) after the webinar.

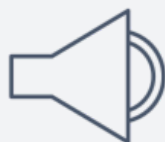




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# The ACE TA Center

## helps organizations



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

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



### **Communicate with 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.

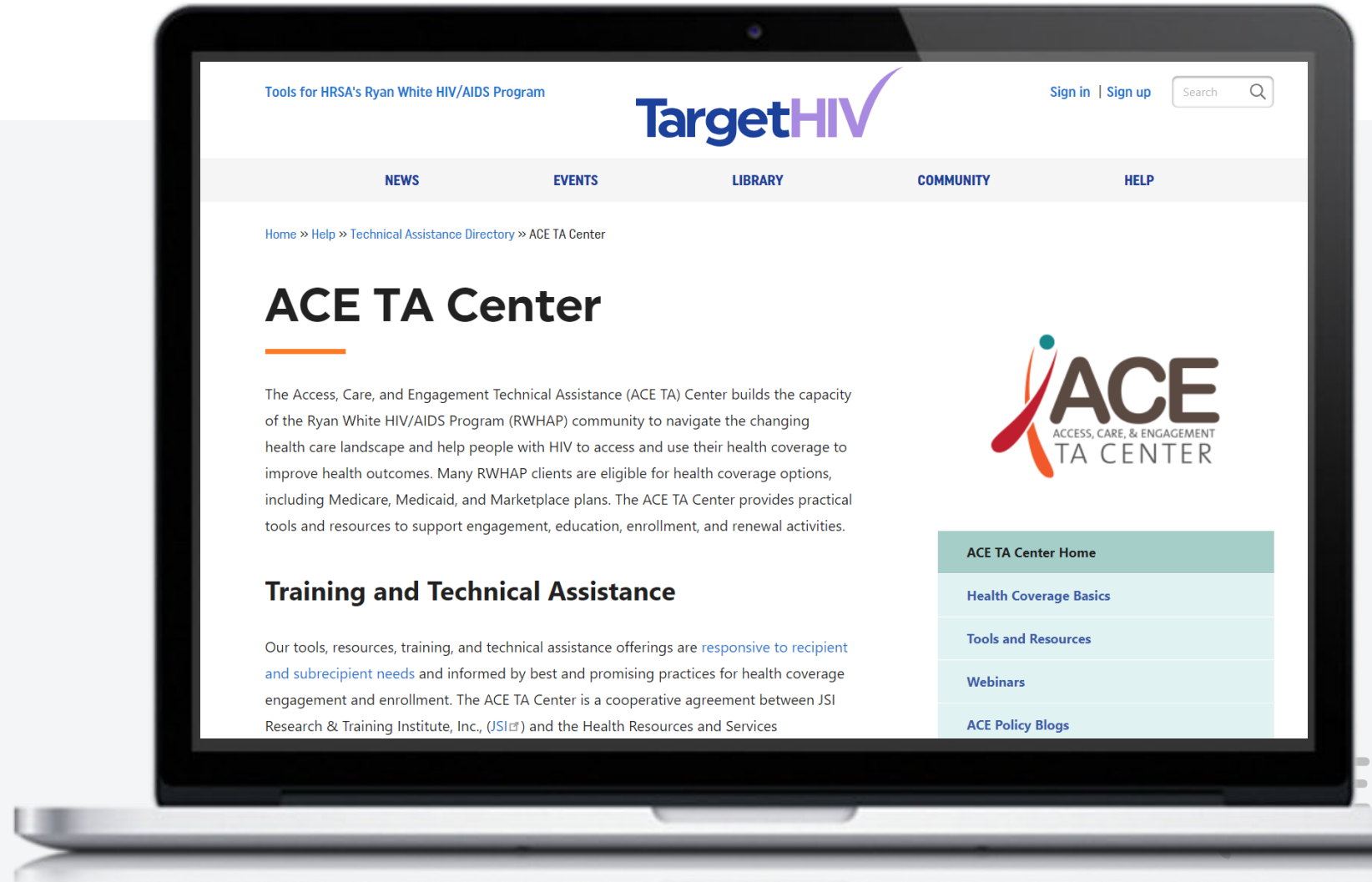


# Audiences

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

Visit us at

targethiv.org/ace

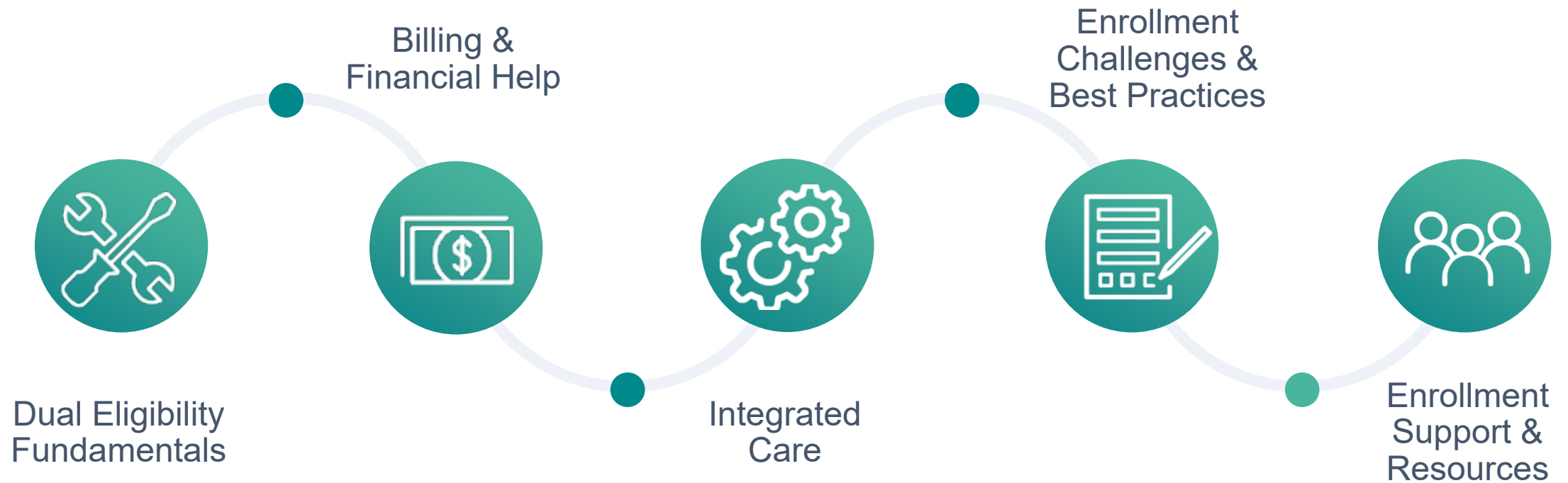


# ACE 4-Part Spring Webinar Series



1. Basics of Medicare Eligibility
  - Jan 17 – now on demand
2. Medicare Enrollment and Coverage
  - Jan 24– now on demand
3. Medicaid 101 for RWHAP Recipients and Providers
  - Feb 14 – now on demand
4. **Medicare-Medicaid Dual Eligibility**
  - **Feb 28 @ 2PM ET**

# Roadmap for today's webinar





# Today's presenters

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# Poll #1

## How familiar are you with Medicare-Medicaid dual eligibility?

- I've never heard of it.
- I work with dually eligible clients, but I don't understand the basics.
- I don't work with dually eligible clients, but I understand the basics.
- I work with dually eligible clients and I understand the basics.
- I know more than the basics and would like to learn more.
- I'm an expert!

# Poll #2

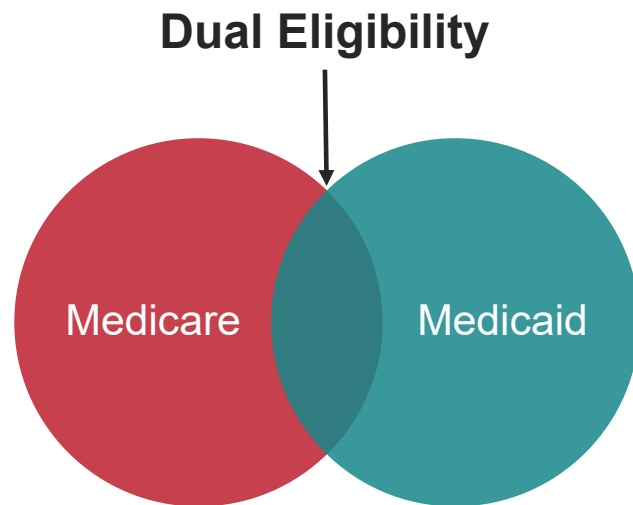
**What aspects of dual eligibility are you interested in?  
(Check all that apply.)**

- ☐ Eligibility criteria and pathways
- ☐ Who pays for what, and when
- ☐ Coverage options, including integrated care
- ☐ Financial assistance
- ☐ Enrollment support
- ☐ Impact on RWHAP clients
- ☐ Other (let us know in the chat!)

# Dual Eligibility Fundamentals



# What is dual eligibility?



- An individual is eligible for both Medicare and their state Medicaid program simultaneously
- Medicare Eligibility
  - Age 65 or older
  - Under 65 with a qualifying disability
  - People with ESRD
- Medicaid Eligibility (*varies by state*)
  - Children
  - Pregnant women
  - Adults in families with dependent children
  - Individuals with disabilities
  - Elderly people
  - ACA expansion group

# Types of dual eligibility:

## Full-benefit

- **Medicare:** receive the standard package of Medicare benefits
- **Medicaid:** receive the full range of Medicaid benefits available in their state
- Must be enrolled in both:
  - Medicare Part A and/or Part B
  - Full-benefit Medicaid in their state
- Most common type of dual eligibility (71%)

Source: MACPAC – Dually Eligible Beneficiaries, n.d.

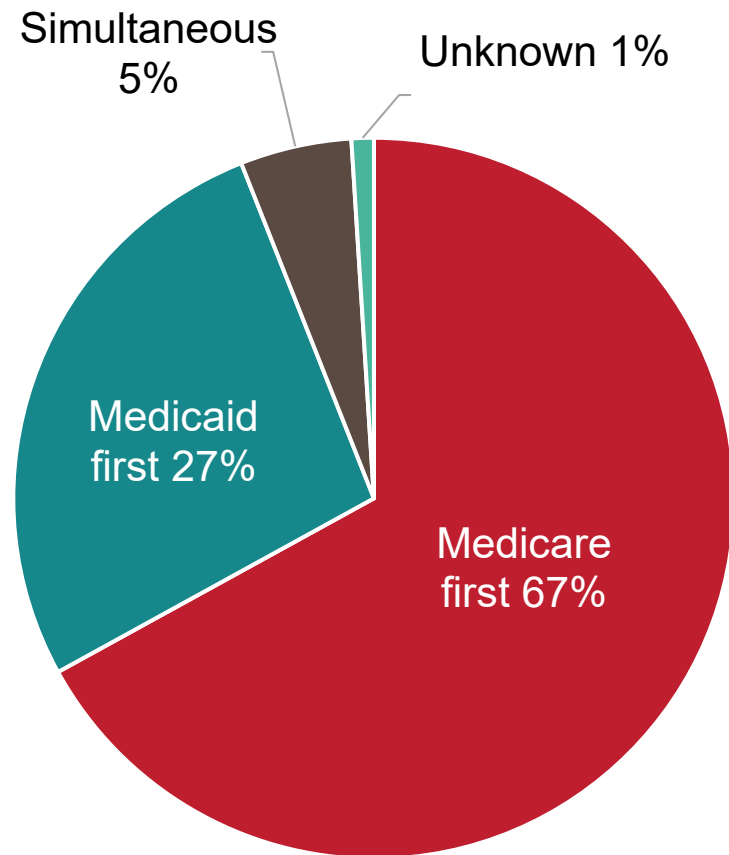
# Types of dual eligibility:

## Partial-benefit

- **Medicare:** receive the standard package of Medicare benefits
- **Medicaid:** receive financial assistance from their state Medicaid program to pay for Medicare premiums and/or other Medicare cost-sharing obligations
- Must be enrolled in both:
  - Medicare Part A and/or Part B
  - A state-administered Medicare Savings Program (MSP)
- Not as common (29%) as full-benefit dual eligibility, but becoming more common on a state-by-state basis

Source: HRSA – RWHAP Service Report (RSR), 2020

# Who is dually eligible?



- Over 12 million dually eligible people in the U.S., and growing
- Generally have **more complex healthcare needs** compared to people who are not dually eligible
- Among people with HIV, more likely to have **multiple chronic illnesses** or **functional disabilities**
- Eligibility pathways:
  - Medicare first, then Medicaid
  - Medicaid first, then Medicare
  - Simultaneous eligibility

#### Sources:

- ICRC – Dually Eligible Individuals: The Basics, 2021
- HHS – Analysis of Pathways to Dual Eligible Status, 2019



# Profiles of dual eligibility: Benjamin



- Benjamin (age 46) develops a disability and begins receiving SSDI benefits. He is still able to work, making his income too high to qualify for Medicaid in his state.
- By age 48, Benjamin has received SSDI payments for over 24 months.
  - This makes him eligible for Medicare for the first time via the disability pathway.
- Benjamin stops working at age 53 and his income decreases to 95% FPL.
  - This makes him eligible for Medicaid in his state for the first time via the low-income pathway.
- Benjamin is now dually eligible. He qualifies for full-benefit Medicaid and Medicaid pays for all of his Medicare costs.

# Profiles of dual eligibility: Tanya



- Tanya (age 57) decides to change jobs and her income drops from 200% FPL to 125% FPL. Tanya lives in a state that has expanded its Medicaid eligibility to cover adults making up to 138% FPL.
  - This makes her eligible for Medicaid for the first time via the ACA expansion, low-income pathway.
- Tanya decides to keep working past age 65, and her income hasn't changed.
  - She turns 65 and becomes eligible for Medicare for the first time via the aging pathway.
- Tanya is now dually eligible. She qualifies for partial-benefit Medicaid through an MSP, and Medicaid pays for some of her Medicare costs.

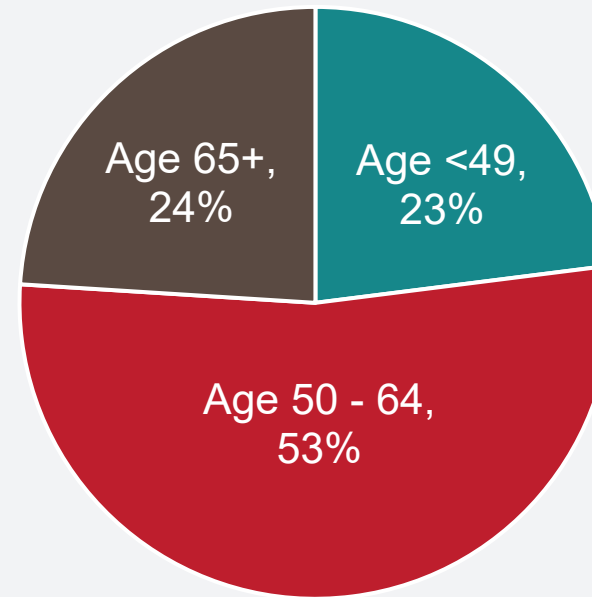
# Dual eligibility, HIV, and the RWHAP

- Over **two-thirds of Medicare beneficiaries** with HIV are dually eligible
- About **one-third of Medicaid beneficiaries** with HIV are dually eligible
- About **7.5% of RWHAP clients** are dually eligible

Source: HRSA – RWHAP Service Report (RSR), 2020

# Aging, dual eligibility, and the RWHAP

- Among dually eligible RWHAP clients:
  - The vast majority are **over age 50**
  - One-fourth are aged 65 and older
  - The majority are African American or Hispanic/Latino



Source: HRSA – RWHAP Service Report (RSR), 2020

# Factors impacting dual eligibility

- The RWHAP population is **aging**
- **Medicaid expansion** broadens eligibility for many people
- Confluence of many factors:
  - Aging
  - **Disability** (HIV-related or not)
  - **Income decreases** (due to retirement or disability)
  - Need for more intense later-in-life HIV care (due to HIV-related accelerated aging and/or disability)

# Role of RWHAP and ADAP

- RWHAP, including ADAP, can help dually eligible clients with HIV with:
  - Medical case management and support services
  - Enrollment into health coverage, including Medicare and Medicaid
  - Linkage to local, state, and federal assistance programs that may further reduce out-of-pocket costs

# Billing and Financial Help



# Overview of billing and payors

## First Payor

**Medicare** always pays first for medically necessary, Medicare-covered services that are also covered by Medicaid, such as inpatient and outpatient care.

## Second Payor

**Medicaid** pays next for services that Medicare (including Medigap, if applicable) does not cover or only partially covers, such as long-term services and supports.

## Last Payor

As the payor of last resort, the **RWHAP**, including **ADAP**, pays for HIV-related services that Medicare and Medicaid do not cover or only partially cover.



# How does RWHAP and ADAP fit in?

- RWHAP, including ADAP, may help clients pay for Medicare and Medicaid coverage.
- Assistance may include coverage for:
  - Premiums and cost-sharing associated with Medicare Parts B, C, and D
  - Outpatient and ambulatory care under Medicare Part B
  - Prescription drug coverage under Medicare Part D that includes at least one drug in each class of core antiretroviral therapeutics.
  - Medicaid premiums, deductibles, and copayments, if any.
- For more information, see HRSA HAB Policy Clarification Notice (PCN) #18-01.

# RWHAP coverage of medical costs

- RWHAP program income, grants, and rebate funds can be used to pay for the Health Insurance Premium Cost-Sharing Assistance (HIPCSA) program.
  - See PCN #15-03 for use of grants
  - See PCN #15-04 for use of rebates
- HIPCSA provides help to pay for HIV-related medical premiums and cost-sharing
  - See PCNs #16-02 and #18-01
- Check with any local RWHAP Part A or RWHAP Part C programs to see if they offer this so not to supplant services
- Additional state-specific coverage may be available – check with your local RWHAP Part B/ADAP

# ADAP

## coverage of prescription costs

- ADAP is the payor of last resort after Medicare and Medicaid.
- Prescription copays can be for any HIV-related medications
- Pay attention to the HRSA HAB medication exemption coverage list
  - See ADAP Manual
  - Ask your PO

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# Knowledge Check #1

**Which of the following is the correct order of payors for services provided to dually eligible clients?**

- RWHAP/ADAP → Medicare → Medicaid
- Medicaid → RWHAP/ADAP → Medicare
- Medicare → Medicaid → RWHAP/ADAP
- Medicare → RWHAP/ADAP → Medicaid

# Knowledge Check #1

**Which of the following is the correct order of payors for services provided to dually eligible clients?**

- RWHAP/ADAP → Medicare → Medicaid
- Medicaid → RWHAP/ADAP → Medicare
- **Medicare → Medicaid → RWHAP/ADAP**
- Medicare → RWHAP/ADAP → Medicaid

The correct answer is Medicare, then Medicaid, then RWHAP/ADAP – generally. Keep in mind, Medicaid never pays first for services that Medicare also covers, such as inpatient care.

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# Sources of financial help:

## MSPs for full-benefit duals

- **Medicare Savings Programs (MSPs):** financial assistance programs where state Medicaid programs help enrollees pay for some or all of their Medicare Part A and Part B costs.
- If your dually eligible client qualifies for **full-benefits**:
  - **Qualified Medicare Beneficiary (QMB) Plus** pays for all Medicare Part A and Part B premiums, deductibles, coinsurance, and copays
    - For individuals with incomes up to 100% FPL
  - **Specified Low-Income Medicare Beneficiary (SLMB) Plus** pays for Medicare Part B premiums and all Medicare Part A and Part B deductibles, coinsurance, and copays
    - For individuals with incomes between 101% - 120% FPL

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# Sources of financial help:

## MSPs for partial-benefit duals

- **Qualified Medicare Beneficiary (QMB) Only** is the same as QMB Plus, but doesn't cover Medicaid services
  - For individuals with incomes up to 100% FPL
- **Specified Low-Income Medicare Beneficiary (SLMB) Only** pays for Medicare Part B premiums only.
  - For individuals with incomes between 101% - 120% FPL
- **Qualifying Individual (QI)** pays for Medicare Part B premiums only.
  - For individuals with incomes between 121% - 135% FPL
- **Qualified Disabled and Working Individuals (QDWI)** pays for Medicare Part A premiums only.
  - For individuals with incomes below 200% FPL

# Sources of financial help: **Extra Help**

- **Extra Help Program**, aka Medicare Part D Low-Income Subsidy (LIS): helps pay Medicare monthly premiums, annual deductibles, and copayments for people with Medicare Part D prescription drug coverage and who meet income and resource limits.
- Dually eligible clients will automatically qualify for Extra Help if:
  - They get their Medicare coverage through Original Medicare, and
  - They are already enrolled in the QMB or SLMB Medicare Savings Programs



# Sources of financial help: **LINET**

- **Limited Income Newly Eligible Transition (LINET) Program:** provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan.
- LINET is available for some dually eligible people who also receive Extra Help.
- Contact LINET at 1-800-783-1307 to request reimbursement for out-of-pocket costs spent on Medicare-covered drugs, minus any copays, during the retroactive period.

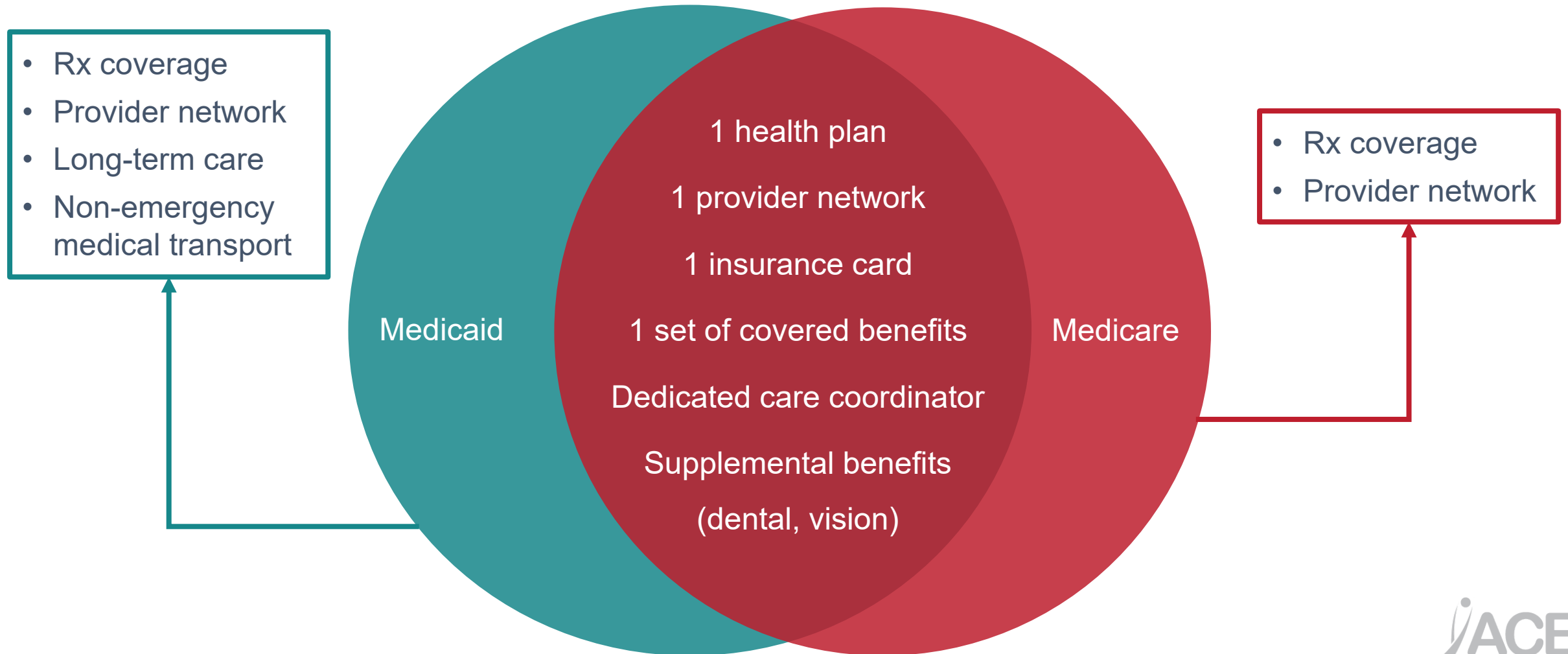
# Integrated Care



# What is integrated care?

- A model of care where **a single entity coordinates with Medicare and Medicaid** to conduct administrative activities, financing, care management, and service delivery for people who are dually eligible for both programs.
- Integrated care plans (ICPs) aim to:
  - Increase health care access
  - Improve care quality
  - Reduce costs
- Typically includes primary care, acute care, behavioral health, and long-term services and supports, when possible.

# What does integrated care look like?



# Challenges related to integrated care plans

- Only about 10% of dually eligible people are enrolled in ICPs
- Not widely available nationwide
  - Not well-marketed and have different names depending on where you live
- Deceptive advertising of “look-alike” plans complicates plan comparison
- May have limited provider networks that exclude clients’ existing providers
- Some individuals can be auto-enrolled
  - To disenroll, contact the plan carrier and consider contacting Medicaid to opt out of future auto-enrollments

Source: AMA – Integrated Care for Individuals Dually Eligible for Medicare & Medicaid, 2022



# Profiles of dual eligibility: **Maria**



- Maria is enrolled in a **Medicare Advantage plan** as well as a **Medicaid managed care plan**.
  - She navigates two different sets of provider networks, covered benefits, and prescription drug formularies. She feels overwhelmed and frustrated with the lack of coordination between her two plans.
- Maria talks with her RWHAP case manager and learns that her state offers a **Medicare-Medicaid Plan (MMP)**.
- Maria weighs the pros and cons of enrolling in the MMP and makes a decision based on her individual healthcare needs and preferences.
  - ✓ Her **existing medical providers** accept the MMP
  - ✓ The MMP covers her **medications**

# Profiles of dual eligibility: John



- John is enrolled in **Medicare Parts A, B, and D** separately, as well as **Medicaid**.
- John receives a letter from his state Medicaid agency stating that he has been **automatically enrolled** into an integrated Medicare-Medicaid Plan (MMP). He can either stay in the plan or opt out by a certain date.
- John weighs the pros and cons of staying enrolled and makes a decision based on his individual healthcare needs and preferences.
  - The MMP is not accepted by all of his **existing medical providers**.
  - The MMP covers all of his **medications**.

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# Knowledge Check #2

**True or false: Integrated care plans look the same no matter where you live.**

- True
- False



# Knowledge Check #2

True or false? Integrated care plans look the same no matter where you live.

- True
- **False**

The correct answer is False! Not all states offer every type of integrated care plan, and they may have different names, too.

# Enrollment Challenges and Best Practices



# Common challenging dual eligibility scenarios

- Medicaid beneficiaries who are turning 65 but don't qualify for premium-free Medicare Part A
  - SSI recipients without 40 work credits
  - May be eligible for Medicare Part B but can't afford to pay the Part A premium
  - May need to be screened for the Qualified Medicare Beneficiary (QMB) Medicare Savings Program prior to enrolling

# Common challenging dual eligibility scenarios

- Medicaid beneficiaries may lose their Medicaid eligibility when they age into Medicare at 65
  - States have different Medicaid eligibility criteria for people 65+, including proof of income and assets
  - May need to reapply for Medicaid after turning 65
  - If no longer Medicaid eligible, may need to be screened for a Medicare Savings Program
  - If not eligible for an MSP, consider enrolling in a Medicare Advantage plan, or Original Medicare plus Medigap for additional coverage

# Common enrollment challenges

- **Lack of clarity** related to dual eligibility, including enrollment options.
- **Passive enrollment** into integrated care plans with limited provider networks.
- **Deceptive advertisements** via TV or print mail that influence clients' enrollment decisions.
- **Failure to respond to renewal notices** from a state Medicaid program
  - Clients risk losing coverage as a result
  - This may vary from state to state

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# Best practices for clients

- ✓ **Update your case manager** if there are any changes to your life circumstances or health coverage needs.
- ✓ **Check your mail frequently** for important documents such as health insurance cards, as well as notices from their health insurance providers.
- ✓ **Attend RWHAP/ADAP recertification appointments.**

# Best practices for case managers

- ✓ **Verify clients' contact information** is up-to-date.
- ✓ **Set up 65th birthday reminders** in your EHR for clients aging into Medicare.
- ✓ Help clients **search for a plan that includes supplemental services** that fit their needs.
- ✓ For clients enrolling in a Medicare Advantage plan, **verify that their existing providers are in-network.**
- ✓ Help clients **review their medication lists** and make sure their medications are covered by their plans.
- ✓ Support clients to **actively enroll in Medicare and renew or reapply for Medicaid** when they turn 65.
- ✓ Work with providers and/or RWHAP, including the AIDS Drug Assistance Program (ADAP), to **make sure clients have enough medications** to get through coverage transitions.
- ✓ **Get trained** as a State Health Insurance Assistance Program (SHIP) counselor.

# Best practices for RWHAP organizations

- ✓ **Partner with local aging agencies** to identify resources and strategies to support clients aging into Medicare.
- ✓ **Work with your State Health Insurance Program (SHIP)** to troubleshoot Medicare enrollment issues.
- ✓ **Consider becoming a SHIP-certified organization** and encouraging staff who work with RWHAP clients to become trained and certified as SHIP counselors.
- ✓ **Make sure RWHAP staff are familiar with Medicaid eligibility criteria in your state** and understand the pros and cons of integrated care plans.



# SHIP TA Center

- **State Health Insurance Assistance Program (SHIPs):** state-based programs that provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
- Visit [shiphelp.org](https://shiphelp.org) to find a SHIP location near you and find out what state and local programs your clients may be eligible for.

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# Become a certified SHIP Counselor

- Becoming a certified Medicare SHIP counselor is an ideal way for RWHAP and ADAP staff to assist clients with their Medicare needs.
- SHIP counselors are trained to understand the options available for dually eligible Medicare beneficiaries.
- RWHAP and ADAP staff have a better grasp on the coverage needs of people with HIV and the things that may be important for ADAP clients to consider that a SHIP counselor trained to help all Medicare beneficiaries would not know.
- Connect with a local SHIP counselor organization to ask about getting trained.

# Resource Round-Up



# ACE TA Center Medicare Resources

**ACE TA CENTER MEDICARE TOOL**

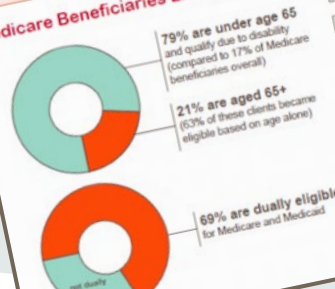
## The Basics of Medicare for Ryan White HIV/AIDS Program Clients

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.\* 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>1</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>2</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

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
- ⊕ Medicare Part B: Medical coverage
- 100 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.

# ACE TA Center Medicare Resources

ACE TA CENTER MEDICARE TOOL

## One-on-One Medicare Enrollment Assistance for Ryan White HIV/AIDS Program Clients

Enrolling in Medicare — including understanding the different parts of Medicare, the distinction between Original Medicare and Medicare Advantage plans, and the various enrollment timelines — can be confusing.

Providing one-on-one enrollment assistance is an important way to ensure that your Ryan White HIV/AIDS Program (RWHP) clients enroll in the best Medicare coverage option to meet their health care needs. One-on-one enrollment assistance also supports coverage affordability and promotes coordination with other RWHP program resources.

**Medicare Counseling from your local State Health Insurance Assistance Program (SHIP)**

To support Medicare enrollment, RWHP programs can work with their local State Health Insurance Assistance Program (SHIP). SHIPs are state-based programs that receive funding from the federal government to provide free, local, and unbiased health coverage counseling and information to people who are enrolled in Medicare or who are about to become eligible for Medicare. There are SHIP programs in all 50 states, as well as Washington, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands.

**SHIP programs can help:**

- People who are aging into Medicare at age 65 (or who are leaving work-sponsored insurance after age 65) navigate the enrollment process, including what Medicare does and does not cover.
- People who are under the age of 65 and newly Medicare eligible because of a disability but not yet enrolled in all the parts of Medicare they may need.
- People who are already enrolled in Medicare and want to change or better understand their options and coverage.
- Family members or caregivers that need help supporting a Medicare beneficiary.

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with an overview of the State Health Insurance Assistance Program (SHIP), how SHIP can support Medicare-eligible clients, and how RWHP program staff can become trained SHIP counselors.

**Find the answers to these questions:**

1. How can the SHIP program help clients who are eligible for Medicare?
2. How can RWHP program staff become trained SHIP counselors?

ACE TA CENTER MEDICARE TOOL

## Transitioning from Marketplace to Medicare Health Coverage for Ryan White HIV/AIDS Program Clients

Helping people enrolled in Marketplace health plans to transition smoothly to Medicare coverage once they become eligible can be a complicated process.

This resource provides Ryan White HIV/AIDS Program (RWHP) staff and program administrators with the information to help their clients navigate the transition from Marketplace to Medicare and includes answers to the most frequently asked questions on this topic.

**Key Takeaways:**

1. **Clients should enroll in Medicare when eligible.**  
When clients who are enrolled in Marketplace health coverage become eligible for Medicare, it's important that they enroll in Medicare for several reasons that are discussed in detail throughout this resource. Delaying enrollment or dropping Medicare coverage may result in financial penalties, and clients may miss out on more comprehensive and/or affordable coverage.
2. **Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare.**  
If a Marketplace enrollee wants to keep their Marketplace coverage in addition to Medicare, they can do so, but they need to terminate any Marketplace financial assistance (advance premium tax credits/cost-sharing reductions) they receive.
3. **Medicare enrollees should drop Medicare coverage before enrolling in Marketplace.**  
It is not recommended for Medicare enrollees with HIV to change over to Marketplace coverage. They will need to drop their Medicare coverage first, and therefore will experience a gap in coverage. Also, if they receive premium-free Medicare Part A (hospital coverage), they will also have to repay the government for all the health care services they received while enrolled in Medicare, as well as their Social Security or Railroad retirement benefits.
4. **Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment.**  
Overall, if someone is enrolled in or eligible for Medicare or does not know if they are eligible for Medicare, enrollment assistants should address any Medicare enrollment questions first, before assisting with Marketplace enrollment. Each state has a State Health Insurance Program (SHIP) that provides free help with Medicare enrollment.

Visit [TargetHIV.org](http://TargetHIV.org) for more Medicare resources for RWHP clients and other people with HIV:

- The Basics of Medicare for RWHP Clients
- Medicare Prescription Drug Coverage for RWHP Clients
- How Medicare Enrollment Works

[targethiv.org/ace/medicare](http://targethiv.org/ace/medicare)

ACE TA CENTER MEDICARE TOOL

## Financial Help for Medicare Medicare Savings Programs and the Extra Help Program for Ryan White HIV/AIDS Program Clients

**What is a Medicare Savings Program?**

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment programs, are federally funded programs administered by each individual state for income eligible Medicare beneficiaries. These programs help pay for some or all of an enrollee's Medicare premiums and out-of-pocket expenses. MSPs help people with limited income and assets.<sup>1,2</sup>

Clients who are approved for an MSP (with one exception, described below), are then automatically eligible for **Extra Help**, a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage (Medicare Part D).<sup>1,3</sup>

Medicare Savings Programs are paid for by state Medicaid programs.

**What Types of Medicare Costs Are Covered?**

Medicare Savings Programs may be able to pay the monthly premium for Original Medicare (Medicare Parts A and B) and other out-of-pocket costs (such as deductibles, co-insurance, and copayments), depending on the specific program.<sup>1,3</sup>

Most enrollees may already qualify for **premium-free Medicare Part A** coverage if they or their spouse paid Medicare taxes while working for a certain amount of time (roughly 10 years of full-time work).

**Find the answers to these questions:**

1. What are the different Medicare Savings Programs?
2. What is the Extra Help program?
3. How can you support RWHP clients to enroll in Medicare Savings Programs?
4. What are other sources of financial help for Medicare premiums and out-of-pocket expenses?

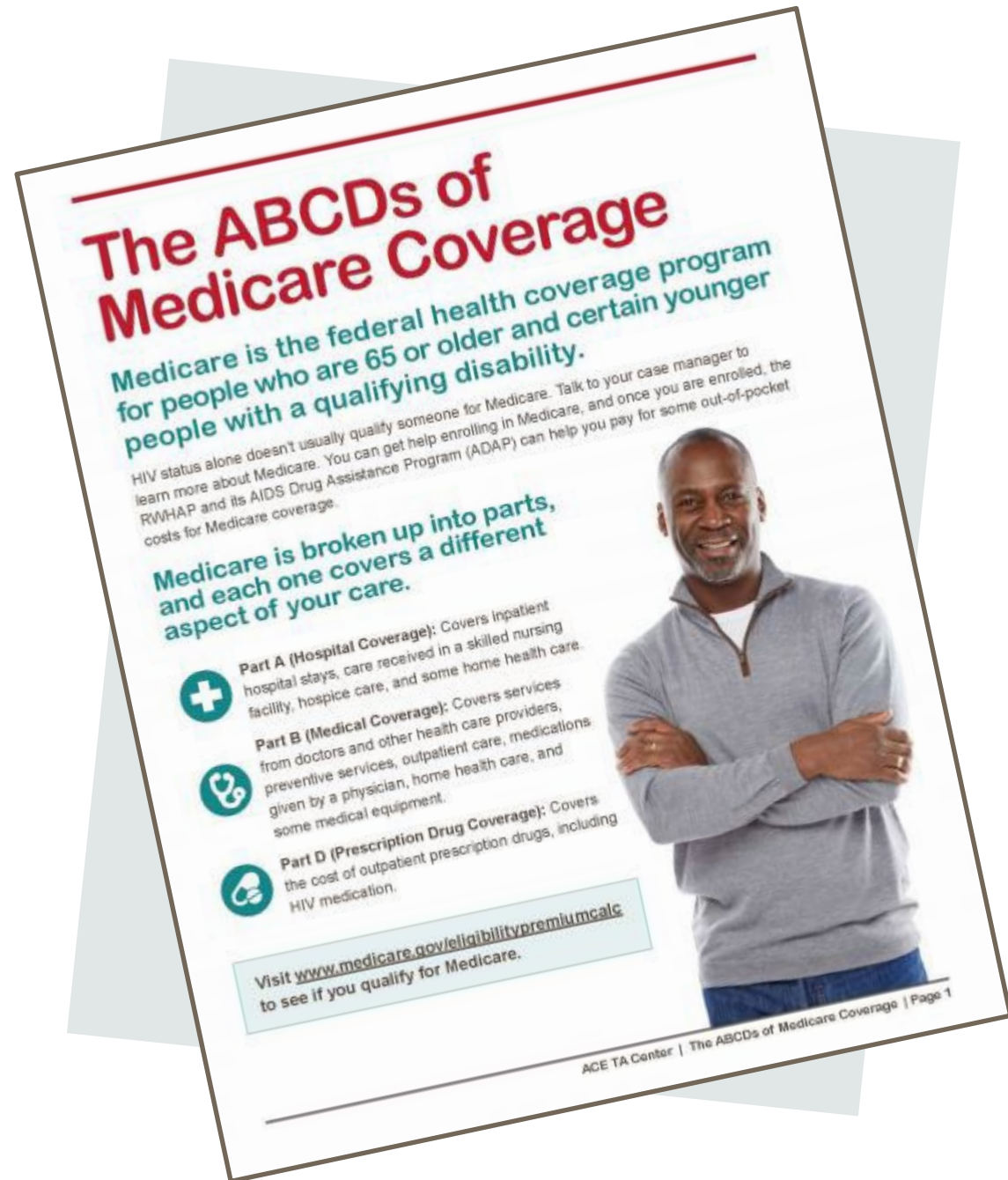
**Learn more about the Medicare Savings Program:**

[www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs](http://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs)



# ACE TA Center Medicare Resource for Clients

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



# ACE TA Center Medicaid Resource

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

**ACE TA CENTER MEDICAID TOOL**

## Medicaid 101 for Ryan White HIV/AIDS Program Recipients and Providers

Medicaid is a public program that provides health coverage to low-income people. It is a state and federal partnership, meaning that funding comes from both states and the federal government. While there are federal rules for Medicaid, states have some flexibility to set up and run their programs differently.

### The Role of Medicaid for RWHAP Clients

Medicaid is the largest source of health coverage for RWHAP clients. In 2020, almost one-third (30.8%) of RWHAP clients were covered by Medicaid only, and an additional 7.5% covered by both Medicaid and Medicare, see Figure 1.<sup>1</sup> The Affordable Care Act (ACA) provides states the option to expand their Medicaid programs to individuals with income up to 138% of the federal poverty level (FPL). In states that have chosen to expand their programs, many previously uninsured RWHAP clients have become newly eligible for Medicaid. Medicaid offers comprehensive benefits, often including targeted services for people living with chronic conditions and disabilities, but the scope of benefits as well as program eligibility varies across states.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the importance of the Medicaid program for people with HIV, including Medicaid eligibility and coverage.

**? Find the answers to these questions:**

1. What is the role of Medicaid for RWHAP clients?
2. Who is eligible for Medicaid?
3. How do clients enroll in Medicaid?
4. How can the RWHAP support clients on Medicaid?

### Figure 1: Sources of Health Care Coverage for RWHAP Clients (2020)<sup>1</sup>

Source of Coverage	Percentage
Medicaid	30.8%
Medicare-Medicaid Dual Eligibility	7.5%
Medicare	10.6%
Private Individual	9.4%
Private Employer	10.1%
Other	12.2%
No Coverage	19.4%

<sup>1</sup> HRSA/HAB, Ryan White HIV/AIDS Program Client-Level Data Report 2020, available at <https://ryanwhite.hrsa.gov/data/default.aspx?category=ryanwhite&data=annual-client-level-data-report-2020.pdf>

ACE TA CENTER | Medicaid 101 for RWHAP Recipients and Providers

Page 1

# ACE TA Center Dual Eligibility Resource

## THE FUNDAMENTALS OF Medicare-Medicaid Dual Eligibility for Ryan White HIV/AIDS Program Clients

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

Find the answers to these questions:

- What is dual eligibility?
- Which health coverage options are recommended for dually eligible clients?
- How can you support dually eligible clients to enroll in health coverage?
- Who pays first for services?
- What financial assistance options are available?
- Where can you find enrollment support?

### Start with the Basics

There are many details to understand about dual eligibility for Medicare and Medicaid. Before using this resource, you may find it helpful to learn the basics of Medicare and Medicaid separately. If so, we recommend beginning with the ACE TA Center tool, [The Basics of Medicare for RWHP Clients](#), to learn about Medicare eligibility pathways, the different parts of Medicare, Original Medicare versus Medicare Advantage, and other enrollment options. Then, visit the ACE TA Center's Medicaid Coverage webpage to learn about [Medicaid coverage](#) for RWHP clients and people with HIV.

### What is Dual Eligibility?

**Dual eligibility** is when a person is eligible to enroll in both Medicare and Medicaid. People with HIV may qualify for **Medicare** when they turn 65, or if they have a qualifying disability. People with HIV may with end-stage renal disease can also qualify. People with HIV may qualify for Medicaid coverage in their state if they meet a certain income limit and/or belong to a specific coverage category, such as pregnant women, individuals with disabilities, and the elderly. Check with your [state Medicaid agency](#) for exact criteria.

A person must meet the eligibility criteria for both Medicare and Medicaid in order to be considered dually eligible. Most dually eligible people start out as eligible for one program first and then become eligible for the other program later. There are two types of dual eligibility: **full-benefit** and **partial-benefit**.

### Key Terms

**Full-benefit** is a type of dual eligibility where a person receives both Medicare coverage and the full range of Medicaid benefits available in their state.

**Partial-benefit** is a type of dual eligibility where a person receives Medicare coverage and their state Medicaid program pays for their Medicare premiums and/or other cost-sharing obligations.

[targethiv.org/ace/dual-eligible](https://targethiv.org/ace/dual-eligible)



# Integrated Care Resource Center

- **Integrated Care Resource Center (ICRC):** a national CMS initiative that helps states to develop integrated care programs.
- RWHAP program staff can find information about efforts to develop and coordinate integrated care options for dually eligible clients in their state.
- Visit [integratedcareresourcecenter.com](https://integratedcareresourcecenter.com) and select your state to learn more.

# Additional resources for elders and people with disabilities

- **Eldercare Locator:** a nationwide service that connects older Americans and their caregivers with local sources of support for housing, insurance and benefits, transportation, and more.
  - Visit [eldercare.acl.gov](https://eldercare.acl.gov) and enter your location to find resources near you.
- **Disability Information and Access Line (DIAL):** a national network of organizations that serve people with disabilities that connects callers to information and essential services that promote independent living.
  - Visit [acl.gov/DIAL](https://acl.gov/DIAL)
  - Email [DIAL@usaginganddisability.org](mailto:DIAL@usaginganddisability.org)
  - Call 1-888-677-1199

# Poll #3

**What types of dual eligibility TA or training resources would be most helpful for you? (Check all that apply.)**

- ☐ Job aid for case managers
- ☐ e-learning module
- ☐ Webinar
- ☐ Discussion guide
- ☐ Consumer fact sheet
- ☐ Consumer-facing posters
- ☐ Other (let us know in the chat!)

# Questions?



# Q&A Panelists

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# Thank you!



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