Understanding Dual Eligibility: A Guide for People with HIV About Medicare and Medicaid Coverage

You may be eligible for both Medicare and Medicaid.

Medicare and **Medicaid** are both government-funded health coverage programs that help people pay for their health care costs. **Medicare** is the federal program for people who are 65 and older, people under 65 with a qualifying disability, or people of any age who have end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). **Medicaid** is a state-run program for people who have limited income who may also belong to a specific population group, such as pregnant people, individuals with disabilities, and the elderly. Some people are **dually eligible**, which means they qualify for both programs at the same time. The term dual eligibility means the same thing as "dually eligible."



Medicaid: Did You Know?

Medicaid may have a different name depending on where you live. For example, **Medicaid** is referred to as "MassHealth" in Massachusetts, "Medi-Cal" in California, and "KanCare" in Kansas.

Medicaid looks different depending on where you live. Not only does **Medicaid** eligibility vary from state to state, but your state **Medicaid** program may offer multiple plan options, each with a different set of eligibility criteria and benefits, and often with another name.

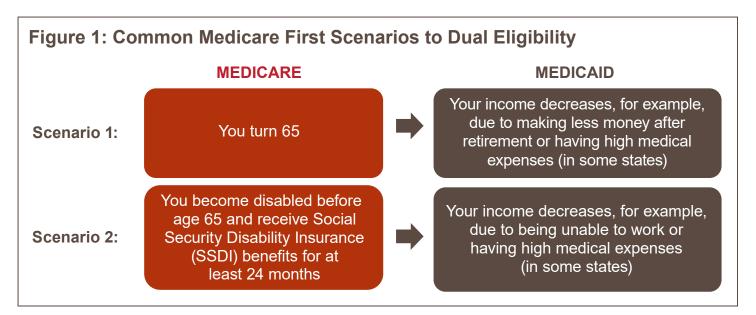
People who are **dually eligible** for both **Medicare** and **Medicaid** can receive different levels of **Medicaid** benefits.

- Full dual eligibility: You qualify for full state Medicaid benefits as well as full Medicare benefits, and your state Medicaid program provides financial help to cover your Medicare costs.
- Partial dual eligibility: You qualify for full Medicare benefits, and your state Medicaid program provides financial help to cover some of your Medicare costs.

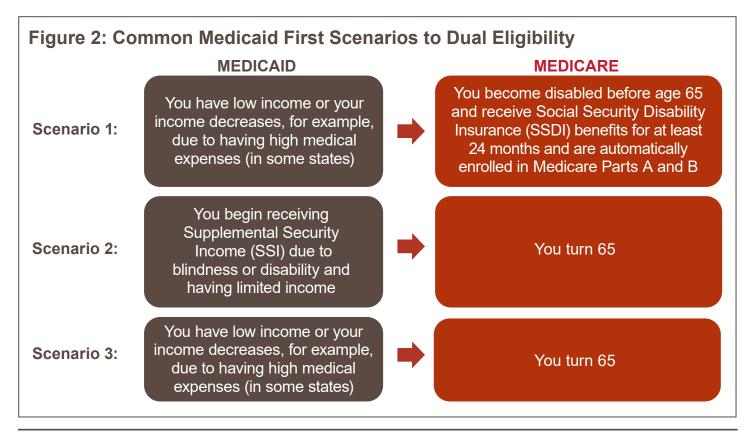
How do people become dually eligible?

There are many ways that a person can become dually eligible for Medicare and Medicaid. This section describes some of the most common ways that a person can become dually eligible over time.

You can become eligible for Medicare first, then become eligible for Medicaid at a later date. This is the most common way that people become dually eligible. Read more about possible Medicare first scenarios in Figure 1.



You can become eligible for Medicaid first, then become eligible for Medicare later. About one-third of people become dually eligible this way. Read more about possible Medicaid first scenarios in Figure 2.



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What are the benefits of dual eligibility?

People who are dually eligible can have most of their health care costs covered. Depending on the level of Medicaid benefits you are eligible for, you may also be able to receive additional financial assistance, such as through a Medicare Savings Program or the Extra Help program. This means you would have low or no out-of-pocket costs.

I think I may be dually eligible. Now what?

I am already enrolled in Medicare, and I think I may also be eligible for Medicaid.

- Contact your Ryan White HIV/AIDS Program (RWHAP) case manager to discuss whether you meet the Medicaid eligibility criteria in your state. They can help you figure out whether you will receive partial or full Medicaid benefits and assist you with submitting a Medicaid application.
- Visit your <u>state Medicaid website</u> to see if you qualify for Medicaid.

I am already enrolled in Medicaid, and I think I may also be eligible for Medicare.

- Contact your RWHAP case manager and ask them if you are eligible for Medicare. They can help you figure out the right timing for your Medicare enrollment and which Medicare Parts you should enroll in. They can also help you choose between Original Medicare and Medicare Advantage.
- ✓ Visit the <u>Medicare website</u> and/or contact the <u>Social Security</u> <u>Administration</u> to see if you qualify.

I think I may be dually eligible, but I am not enrolled in Medicare or Medicaid.

✓ Contact your RWHAP case manager and ask them if you are eligible for Medicare and Medicaid. If you are eligible, your RWHAP case manager can help you apply and make sure you do not have any gaps in your HIV care or medications while your health insurance coverage changes. Whether you are currently uninsured, have private health insurance through the Marketplace or your employer, or have another form of health insurance coverage, your RWHAP case manager can help you with the transition.

There are no fees to apply for Medicare or Medicaid.

Even if you find out that you are not eligible for one or both programs, you may still be eligible for other health insurance coverage options.

Using Your Health Coverage

People who are dually eligible usually have to work with both Medicare and Medicaid separately. These two programs may not always cover the same services or may cover the same service differently. You may also have to keep two different insurance cards and pay for these two programs separately (if the program charges a premium).

It is important to understand which services are covered by Medicare, which ones are covered by Medicaid, and which may be covered by both. The RWHAP may be able to help you pay for some premiums and out-of-pocket expenses, and you may be able to get additional services through the RWHAP, if they are not covered by Medicare or Medicaid.

SHIP Counselors: Did You Know?

- State Health Insurance Assistance Programs (SHIPs) provide free local insurance counseling to people who are Medicare eligible and to their families and caregivers. They will help you understand the different Medicare options available to you so that you can choose the coverage that works best for your healthcare needs and your budget.
- SHIP counselors can explain how Medicare works with other forms of health insurance coverage, including Medicaid, retiree health insurance coverage, and more. They can also screen your eligibility and help you enroll into Medicaid, if eligible.
- Ask your RWHAP case manager if they are a certified SHIP counselor or if they recommend that you work with one.
- You can work with your RWHAP case manager to find a SHIP location near you by using the <u>SHIP Locator tool</u> or by calling 1-877-839-2675.
- Always consult your RWHAP case manager before making any changes to your health insurance coverage because they understand the unique health care needs of people with HIV and how the RWHAP can support people who are dually eligible for Medicare and Medicaid.



Table 1: What Does Medicare Cover?1		
Always Covered	Sometimes Covered*	
 Inpatient hospital stays Care in a skilled nursing facility Hospice care Some home health care Outpatient medical care Outpatient mental health care Medical supplies Preventive services Recommended shots and vaccines Prescription drugs (if enrolled in a Medicare prescription drug plan), including HIV antiretroviral medications 	 Long term care or custodial care to help with activities of daily living, such as dressing and bathing Most dental care Eye exams Routine physical exams Hearing aids and exams 	

*Note: These services are not covered by Original Medicare. However, if you are enrolled in a Medicare Advantage plan and depending on where you live, your plan may offer these additional benefits. All covered services will be listed in your plan's Summary of Benefits document.

Table 2: What Does Medicaid Cover?2	
Always Covered	Sometimes Covered*
☑ Inpatient hospital care	Physical therapy
Outpatient hospital care	Speech, language, and hearing services
Screening and diagnostic services	Respiratory care services
☑ Nursing facility care	Rehabilitative services
☑ Home health services	□ Vision
☑ Laboratory and X-ray services	Dental
☑ Transportation to medical care	□ Hospice care
☑ Prescription drugs	Case management

*Note: These services may be covered depending on which state you live in. Check with your Medicaid provider if you are unsure.

^{1.} https://www.medicare.gov/coverage/is-your-test-item-or-service-covered

^{2.} https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html

Who pays for what?

Medicare usually pays first, followed by Medicaid. In most cases, Medicare is your **primary insurer**. Read more about the order of payors in Figure 3 below.

Figure 3: Payors for Services for Dually Eligible People

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 does not cover or only partially covers, such as long-term services and supports. Last Payor

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

Consumer Tips:

- At the point of service (at the doctor's office, at the pharmacy counter, etc.), show all the insurance cards that you have, including your red, white, and blue Medicare card, your Medicare Part D or Medicare Advantage card if you have one, and your Medicaid card.
- ✓ If you receive a bill for a service after Medicare and Medicaid have paid, bring the bill to your RWHAP case manager and they can help you review options for payment.

I'm dually eligible. What can help make it easier to use my health coverage and get the care I need?

- Contact your RWHAP case manager to discuss your health coverage options. Depending on where you live, you may be able to enroll in a single, integrated care plan designed specifically for dually eligible people with HIV like you.
- People who are dually eligible and are enrolled in an integrated care plan can take advantage of increased care coordination, reduced administrative burden, and higher quality of care via one private health insurance carrier that oversees both their Medicare and Medicaid coverage. Make sure your providers accept the integrated care plan you are considering.



The RWHAP can help.

The RWHAP can support you and your HIV care needs, regardless of the type of health coverage you have.

Don't have insurance? Your RWHAP case manager can assist you with exploring coverage options and may be able to provide financial assistance, too.

Your local RWHAP also provides HIV care and treatment as well as support services to help you stay connected to health care and minimize any gaps in coverage. These services could include prescription drug assistance, mental health services, outpatient health services, transportation to medical appointments, housing assistance, and more.

Talk to your RWHAP case manager about what services your local RWHAP provides and how they can support you.

To find HIV services near you, go to locator.hiv.gov.

Remember: The RWHAP is not health insurance, but it may help you pay for some of your monthly Medicare and Medicaid premiums and some remaining out-of-pocket costs, such as co-pays, deductibles, and coinsurance, that are not covered (or are only partially covered) by Medicare and Medicaid.





The Access, Care, and Engagement TA Center (ACE) Technical Assistance (TA) Center builds the capacity of the RWHAP community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes. For more information, visit: <u>www.targethiv.org/ace</u>.

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