

Here to Help! How the ACE TA Center Can Strengthen Your Programs' Health Coverage Enrollment Capacity

HIV/AIDS Bureau (HAB)

Division of State HIV/AIDS Program (DSHAP)

November 2023 Administrative Reverse Site Visit



Learning objectives

By the end of this session, participants will be able to:

- Describe the ACE TA Center needs assessment findings, and implications for T/TA for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients.
- Articulate best practices for RWHAP providers to support engagement, enrollment, and retention in Marketplace, Medicare, and/or Medicaid health coverage.
- Understand how to access, use, and share ACE TA Center TA resources.



The ACE TA Center

helps organizations



Engage, enroll, and retain

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



Communicate with RWHAP clients

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



Improve the clarity

of their communication around health care access and health insurance.



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

Our TA Strategy

The work of the ACE TA Center involves...

- Identifying, documenting, and disseminating best practices related to health coverage and health care access across coverage types, including **Marketplace** coverage, **Medicaid**, and **Medicare**.
- Developing T/TA resources that lead with health equity, focusing on content areas and resources that will help RWHAP recipients and subrecipients reduce disparities in health coverage enrollment and access.

Needs Assessment Overview



ACE Needs Assessments and Key Informant Interviews

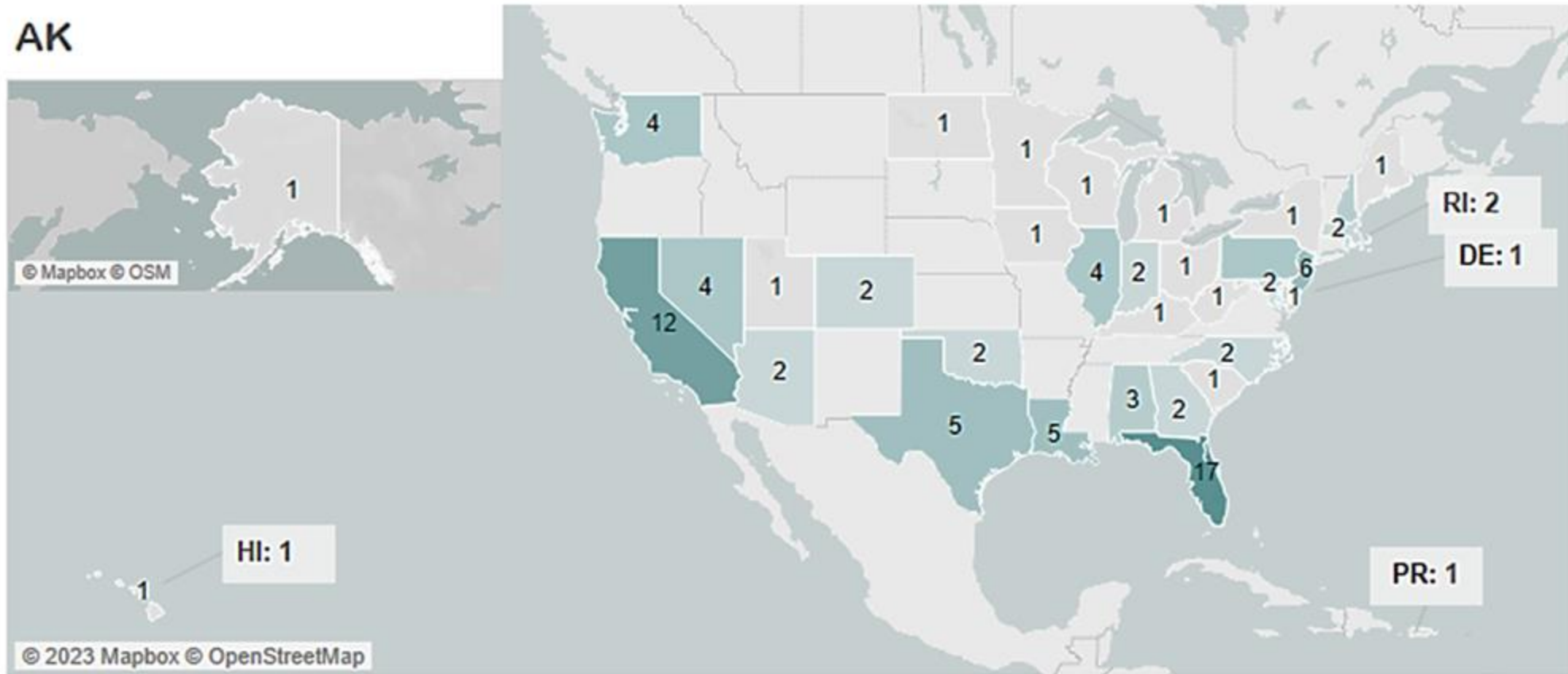
- **Purpose:** Learn from RWHAP recipients and subrecipients about successes and challenges they have experienced in helping their clients get enrolled in health coverage to help inform ACE TA Center materials and resources.

Key Evaluation Questions

1. What are the training and technical assistance needs of Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for engagement and enrollment of their clients in health coverage?
2. What are the challenges and barriers for RWHAP recipients and subrecipients for engagement and enrollment of their clients in health coverage?
3. What are the successes of RWHAP recipients and subrecipients for engagement and enrollment of their clients in health insurance coverage? What strategies have worked best?
4. To what extent do the results for objectives 1, 2, and 3 vary by state Medicaid expansion status, type of health insurance marketplace (state based vs. federal), RWHAP Part, and/or geographic area (region)?

Key Characteristics of Responses

Response by state (N=101)



Findings

- Training and TA needs of RWHAP recipients and providers continue to evolve across health care coverage options.
 - “Using data systems” for enrollment is a re-emerging training/TA need.
 - "Helping clients compare health coverage plan options" ranks among the highest needs for supporting clients with enrollment.
- Providing "culturally responsive and age-appropriate" enrollment support was the highest training and TA need related to Medicare and Medicaid enrollment.

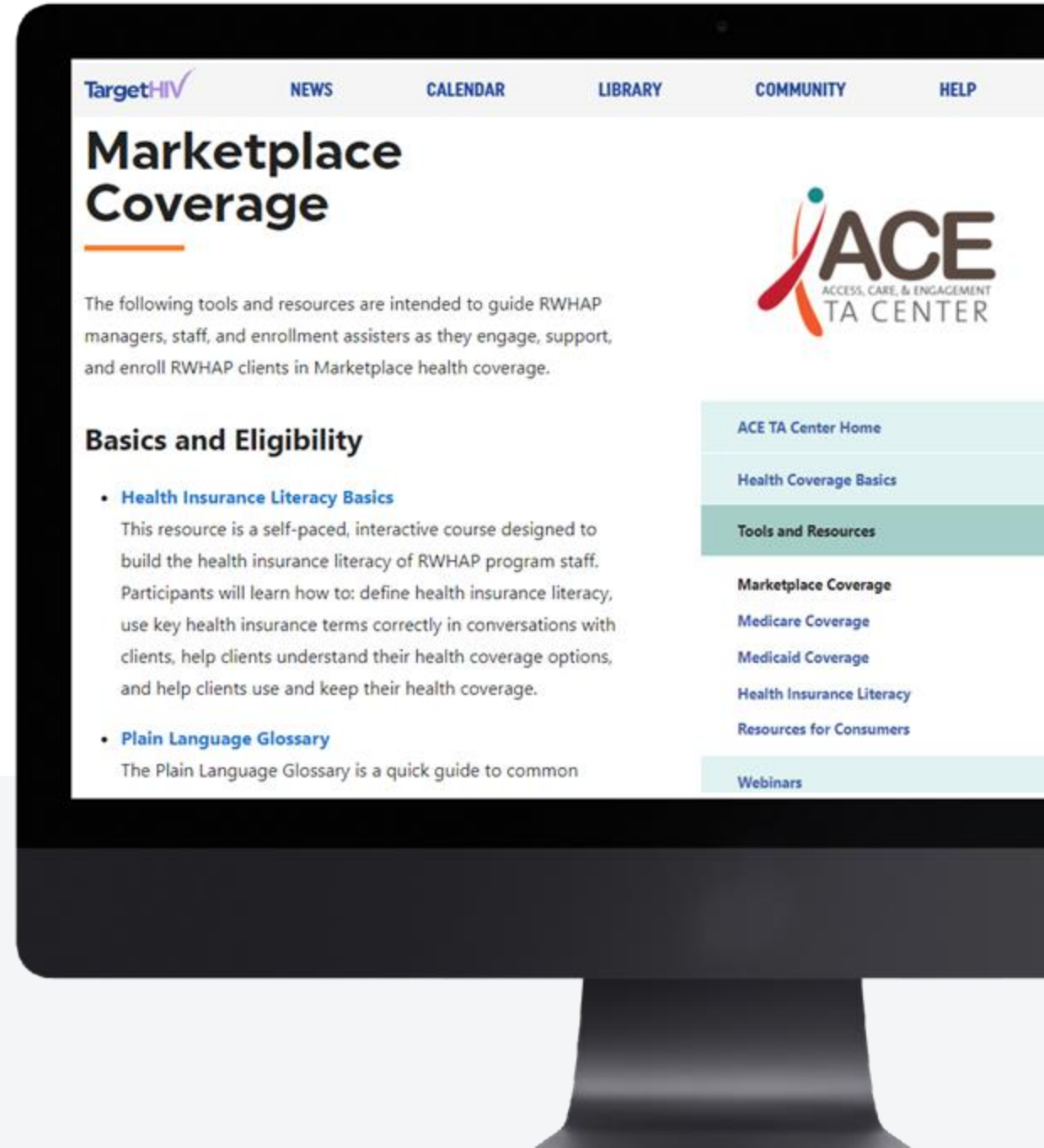
Findings, cont.

- Respondents identified “Helping clients compare and choose” the best Medicare plan options as a high area of need for training and TA.
- RWHAP recipients and providers continue to navigate high staff turnover.
 - 66% of respondents agreed that staff turnover has impacted their program's ability to support clients in accessing and maintaining health coverage.
- ACE resources, particularly Medicare-focused resources, continue to be highly utilized and valued.

ACE TA Center Tools and Resources



ACE TA Center Marketplace Resources for Staff



targethiv.org/ace/marketplace

Marketplace TA Topics Include...

- The importance of training program staff on the basics of health coverage, including eligibility and enrollment, to support Marketplace coverage for clients.
- The importance of providing one-on-one enrollment support to clients.
- How to identify and establish partnerships with Navigators, CACs, and other enrollment assisters.
- Making sure partners are aware of the RWHAP, including role of ADAP, in health coverage.

Encourage one-on-one enrollment assistance

- Many jurisdictions and organizations have enrollment assisters on staff that understand the particular needs of RWHAP clients.
- State Health Insurance Assistance Programs (SHIPs) provide free, one-on-one insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.
- Consider having a staff person trained as a SHIP counselor and/or Certified Application Counselor (CAC) .

Training for External Enrollment Partners

I'm new to supporting people with HIV.

How do I help them enroll in health coverage?

Revised May 2019



Know that the Ryan White Program supports access to HIV care.

Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).

- The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
- The program helps all consumers - insured, underinsured, and uninsured.



Help consumers find plans that cover their HIV drugs.

Without coverage, medications can cost hundreds of dollars per month.

- Consumers work closely with their doctor to find the HIV treatment plan that works best for them. People tolerate HIV medications differently, so switching medications may not be an option.
- Some health plans may only cover certain HIV drugs or combinations, or may require increased cost-sharing for certain HIV drugs.



Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.

Find a RWHAP provider: locator.HIV.gov

- The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
- The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
- The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a gap in insurance coverage.



Support continuity of care.

This means consumers see the same provider regularly and maintain a consistent medication supply.

- Help consumers find a plan that includes their current provider, if available. Often they have developed a trusting relationship.
- If they need to change providers, ask about possible barriers such as transportation or affordability, and if they have concerns about a particular provider. Ensure continued access to other medical and support services.



Understand why continuous HIV medication coverage is essential.

Medication can help people living with HIV live a healthy life.

- Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
- Missed doses of medication can quickly lead to increased levels of HIV.
- People with HIV who have consistent viral suppression do not sexually transmit HIV.



Listen to consumers' needs and concerns.

Consumers are concerned about affordability and continued access to medications and current providers.

- People with HIV need health care providers who understand their needs and life experiences.
- People with HIV may have additional health conditions and concerns.



Explain insurance terms and benefits.

Insurance and enrollment terms are confusing for everyone.

- Consumers need to understand the basics of health insurance to avoid coverage gaps and to make the most of their coverage.
- Explain insurance terms and concepts in plain language and provide real-world examples when possible. Encourage consumers to ask them to explain what they need to know or do in their own words.



Show compassion & cultural sensitivity.

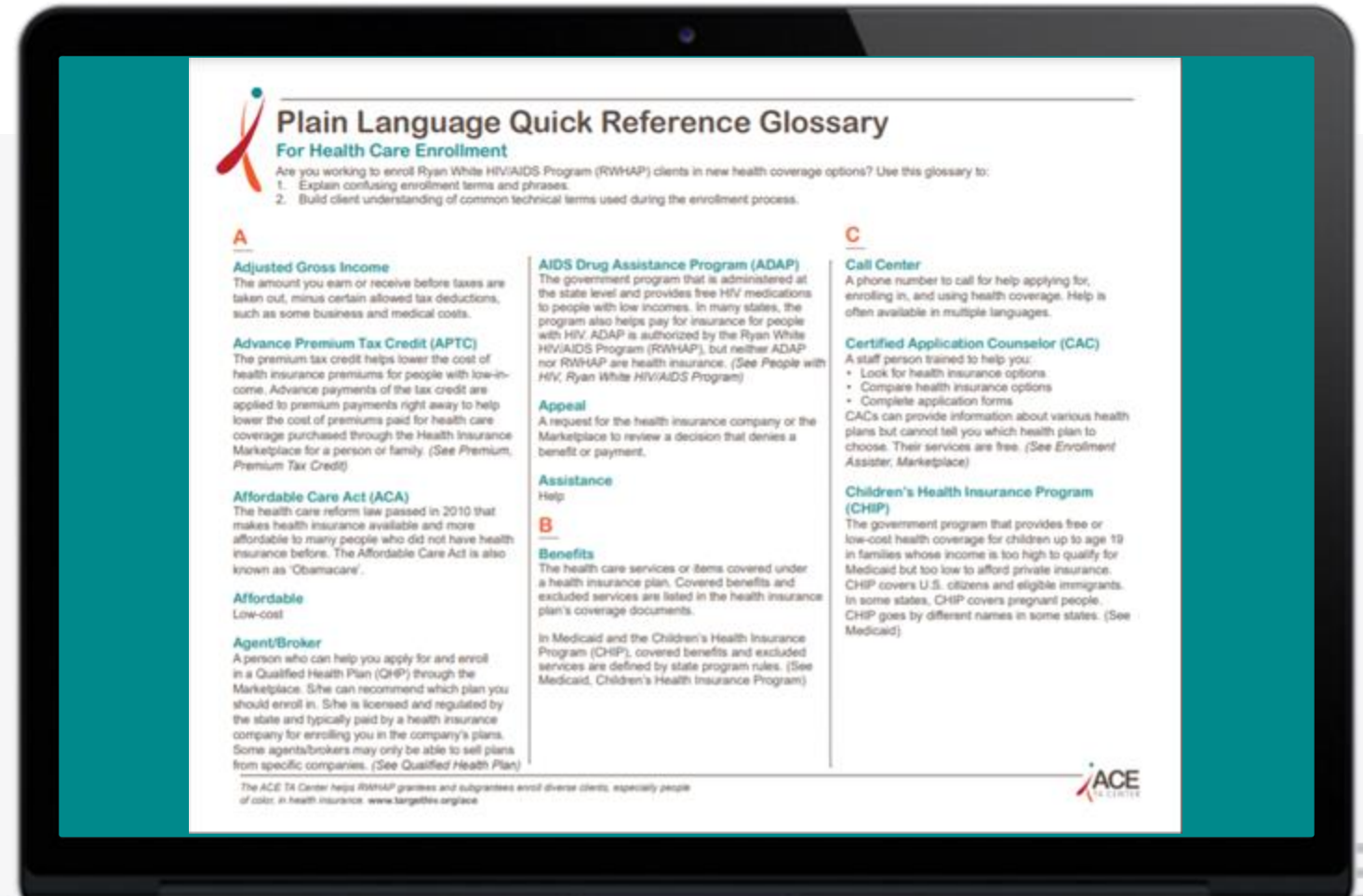
People with HIV may not want to disclose their HIV status to an enrollment assister.

- Many consumers, particularly people of color and LGBTQ people, have experienced stigma and discrimination. Some may fear prejudice.
- People may be uncomfortable sharing personal information. Let consumers know your conversations are judgment-free and confidential.

Visit targethiv.org/assisters for more helpful enrollment resources.



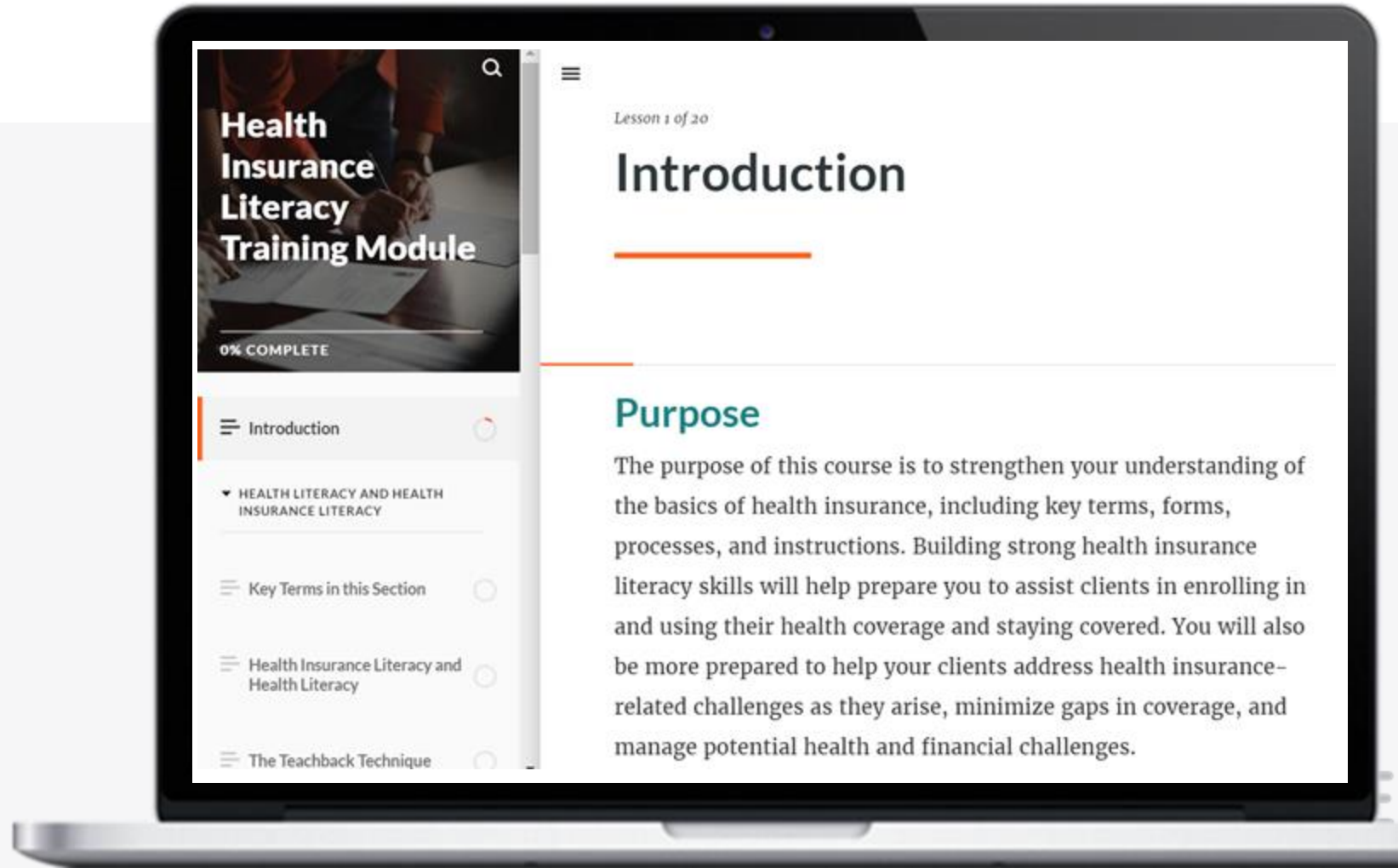
Plain Language Glossary



Also available in
Spanish and Haitian
Creole!

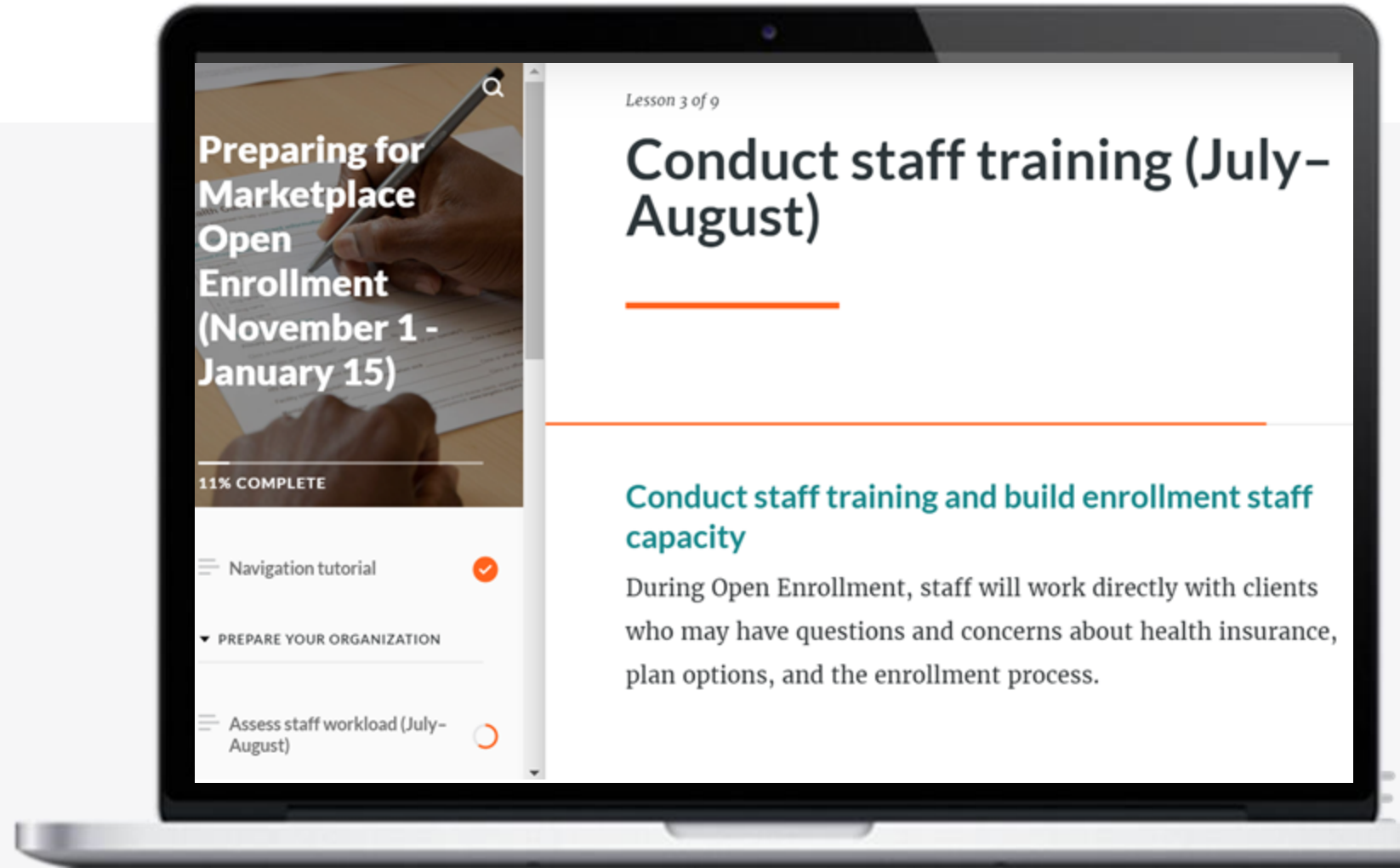
Health Insurance Literacy Basics

On-Demand Module



Preparing for Marketplace Open Enrollment

On-Demand Module



The image shows a laptop screen displaying a course interface. The course title is 'Preparing for Marketplace Open Enrollment (November 1 - January 15)'. The progress bar indicates '11% COMPLETE'. The course is divided into sections: 'Navigation tutorial' (marked as complete with a red checkmark), 'PREPARE YOUR ORGANIZATION' (expanded), and 'Assess staff workload (July-August)' (marked as incomplete with a red circle). The current lesson is 'Lesson 3 of 9: Conduct staff training (July-August)'. The lesson content includes the title 'Conduct staff training and build enrollment staff capacity' and a paragraph: 'During Open Enrollment, staff will work directly with clients who may have questions and concerns about health insurance, plan options, and the enrollment process.'

Preparing for Marketplace Open Enrollment (November 1 - January 15)

11% COMPLETE

- Navigation tutorial
- PREPARE YOUR ORGANIZATION
 - Assess staff workload (July-August)

Lesson 3 of 9

Conduct staff training (July-August)

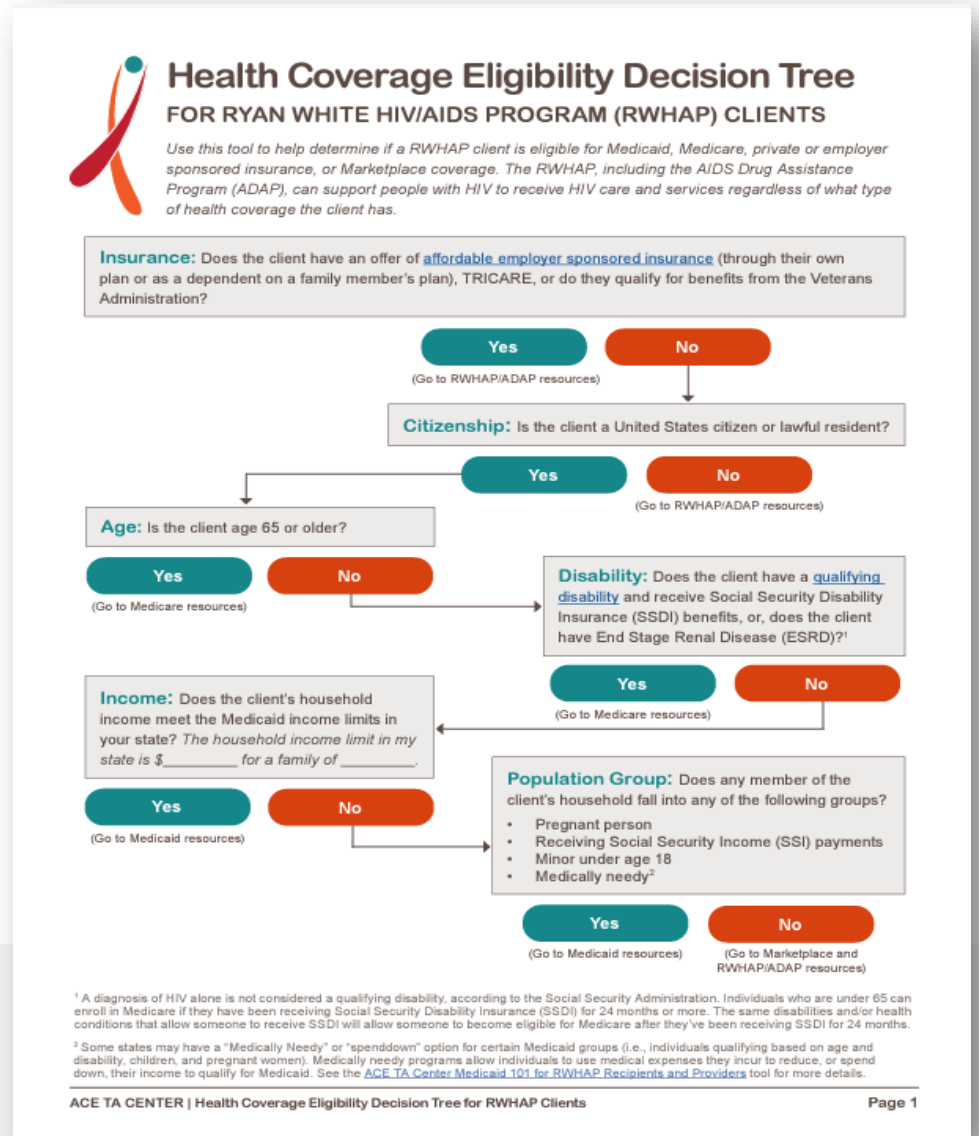
Conduct staff training and build enrollment staff capacity

During Open Enrollment, staff will work directly with clients who may have questions and concerns about health insurance, plan options, and the enrollment process.

Eligibility Decision Tree

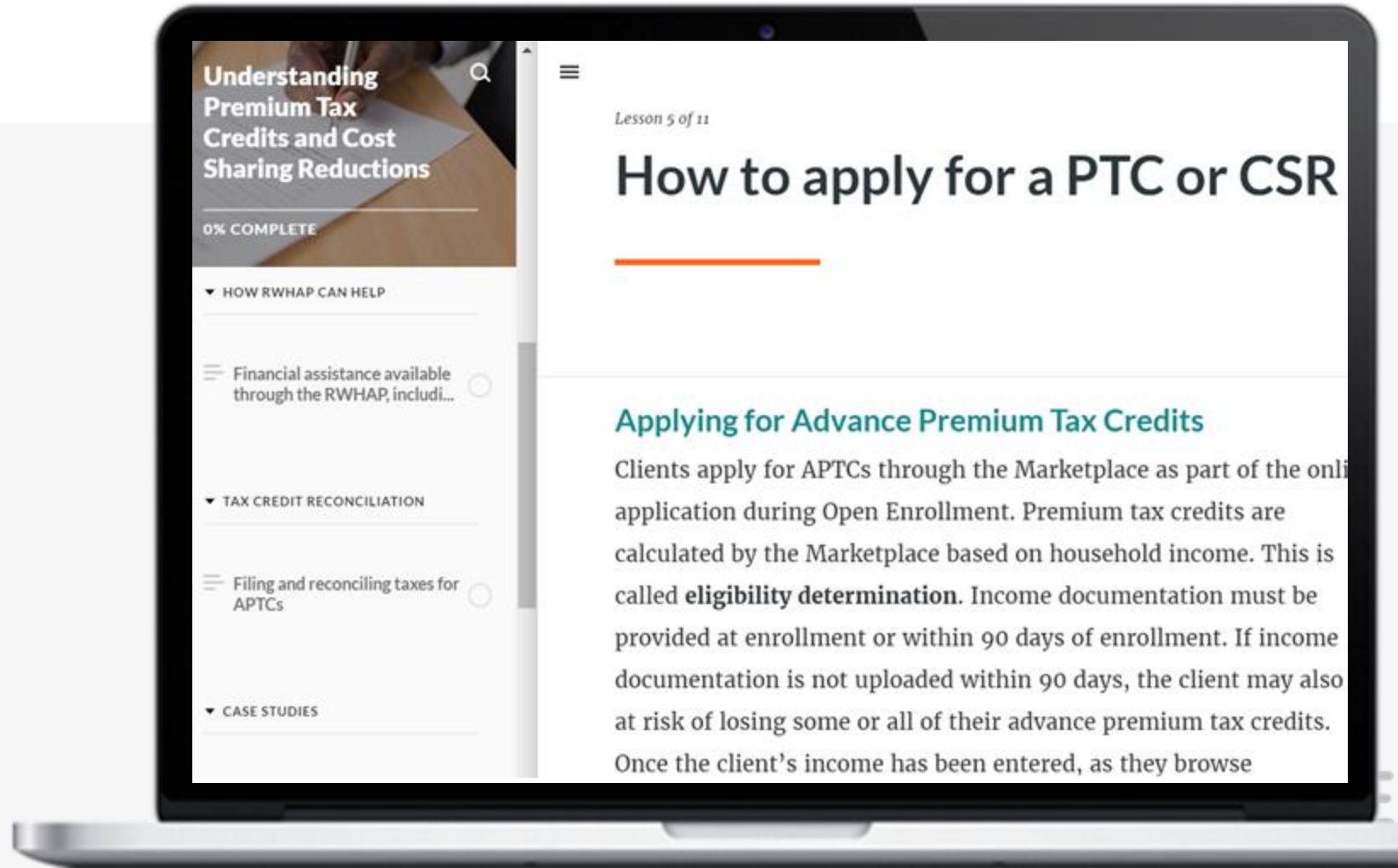
Use this tool to assess whether a client may be eligible for **Marketplace or Medicaid health coverage** depending on their current coverage, income, and citizenship status.

Eligibility Decision Tree

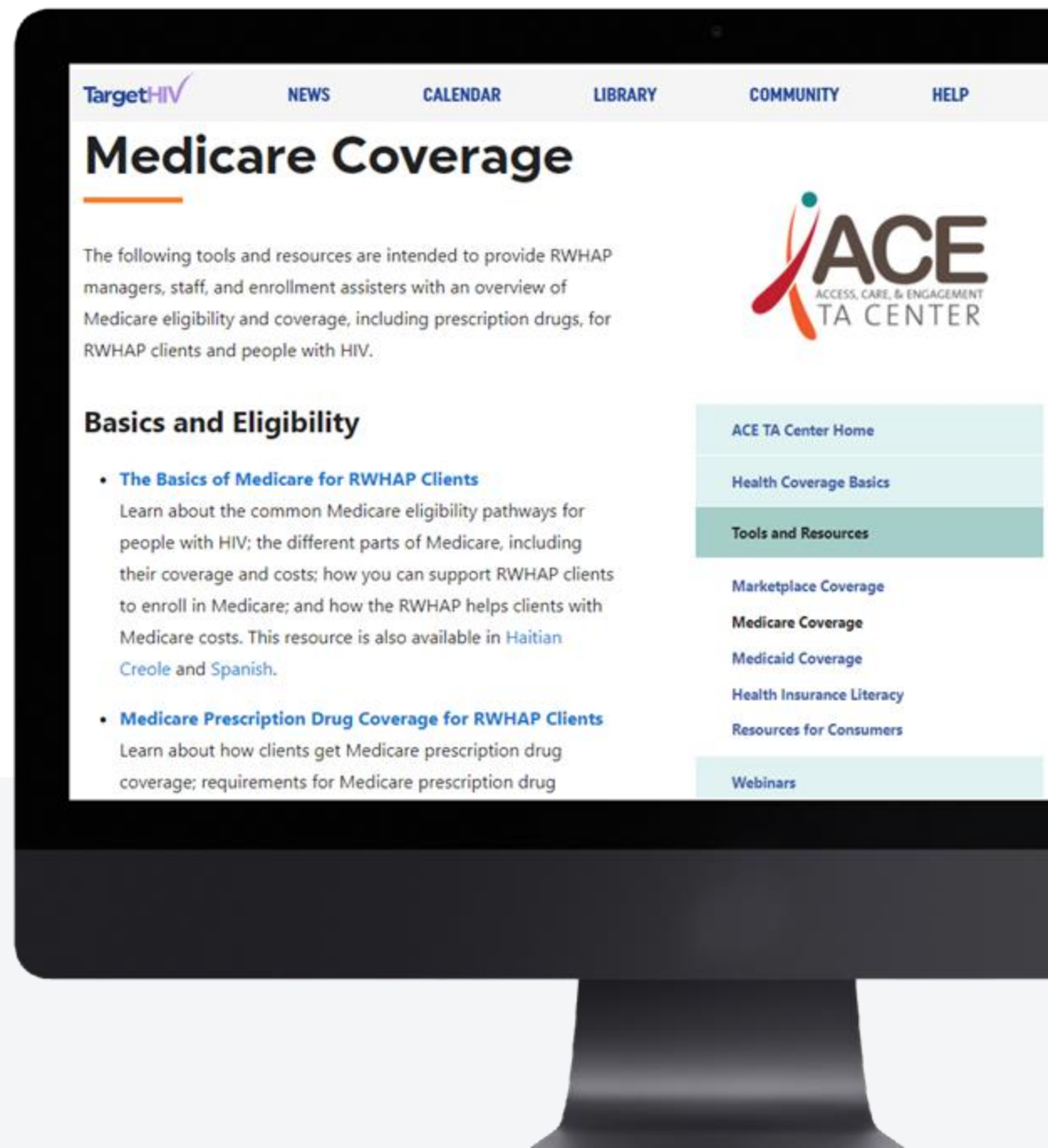


Understanding PTCs & CSRs

On-Demand Module



ACE TA Center Medicare resources for staff



targethiv.org/ace/medicare

Medicare TA Topics Include...

- The importance of providing one-on-one enrollment support, or partnering with a SHIP counselor, to support Medicare enrollment.
- The different parts of Medicare.
- The common Medicare pathways, including how and when to enroll.
- How Medicare clients can get prescription drug coverage, and explanation of the “donut hole”.
- How the RWHAP can help clients with Medicare costs.

Best Practices to Support Medicare Enrollment

- ✓ Ensure continuity of coverage
- ✓ Actively enroll
- ✓ Avoid penalties
- ✓ Provide one-on-one enrollment support

State Health Insurance Assistance Programs (SHIP)

- State-based programs that provide **local and objective insurance counseling** and assistance to Medicare-eligible individuals, their families, and caregivers.
 - Review health or drug plan options.
 - Explore financial assistance options.
 - Explain how Medicare works with other types of health coverage.
 - Help with complex issues such as dual eligibility for Medicaid and Medicare.

Train RWHAP Staff as SHIP Counselors

- RWHAP and ADAP program staff are ideal SHIP counselors.
 - They understand the eligibility requirements for both programs, the coverage needs of people with HIV, and state-specific programs.
- Training programs and certification requirements may vary by state.
 - Individual SHIP counselors must be associated with a SHIP-certified organization.
- Find your local SHIP:
shiphelp.org/about-medicare/regional-ship-location

ACE 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.

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.†

Medicare Beneficiaries Living 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

* 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.

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

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:

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. 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.

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.

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

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?

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 48 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.

- 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.

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.

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
- TO Medicare Part D: Prescription drug coverage

ACE Medicare Resources (cont.)

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 (RWHAP) 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 RWHAP program resources.

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

To support Medicare enrollment, RWHAP 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 (RWHAP) staff and program administrators with an overview of the State Health Insurance Assistance Program (SHIP), how SHIP can support Medicare-eligible clients, and how RWHAP 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 RWHAP 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 (RWHAP) 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 assisters 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 for more Medicare resources for RWHAP clients and other people with HIV:

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

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.^{1,2}

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).^{1,2}

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.^{1,3}

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).

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

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 RWHAP 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

ACE Medicare FAQ Resource

targethiv.org/ace/medicare

Medicare Frequently Asked Questions (FAQs)

[Login to Bookmark](#)

August 16, 2022

ACE TA Center

This searchable page features questions commonly asked during [ACE TA Center webinars on Medicare](#). FAQs and answers are arranged into six categories:



- Medicare Costs and Coverage
- Eligibility and Enrollment
- Transitioning from Marketplace or Employer Insurance, Deferring Enrollment, and Penalties
- Social Security - Work Credits and Disability
- Financial Assistance
- Medicare-Medicaid Dual Eligibility

Frequently Asked Questions

Displaying 1 - 42 of 42

Search by Keyword

Filter by Subtopic

- Any -

APPLY



ACE Medicare Resource for Clients

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 RWHAP and its AIDS Drug Assistance Program (ADAP) can help you pay for some out-of-pocket costs for Medicare coverage.

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



Part A (Hospital Coverage): Covers inpatient hospital stays, care received in a skilled nursing facility, hospice care, and some home health care.



Part B (Medical Coverage): Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.

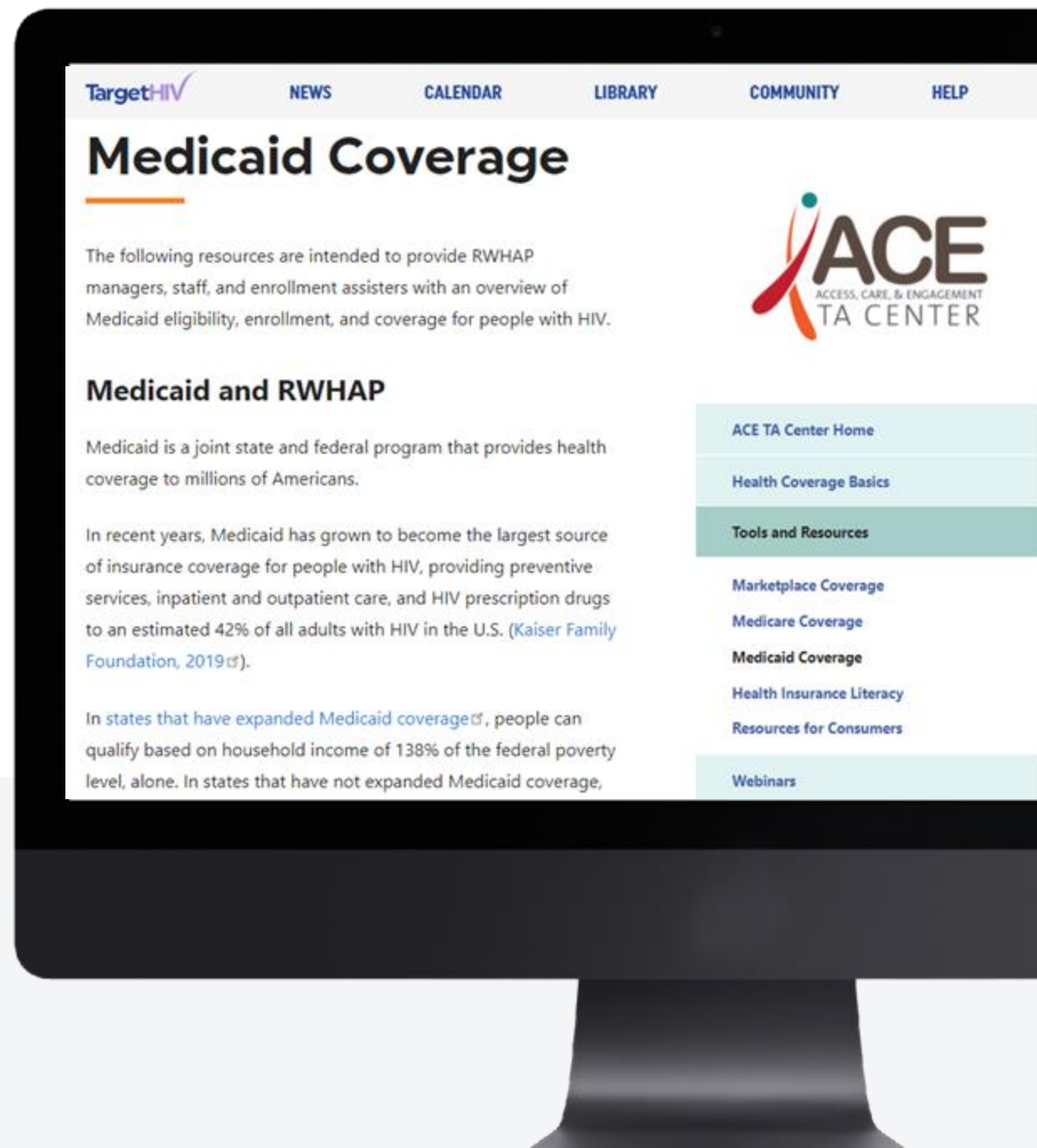


Part D (Prescription Drug Coverage): Covers the cost of outpatient prescription drugs, including HIV medication.

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



ACE TA Center Medicaid Resources for Staff



targethiv.org/ace/medicaid

Medicaid TA Topics Include...

- Medicaid coverage categories.
- Medicaid application and enrollment details, including income assessment process.
- What services Medicaid covers.
- How RWHAP can help clients with Medicaid enrollment.
- How RWHAP can support clients through the Medicaid unwinding process.

ACE TA Center Medicaid Resource

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 1.¹ 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)¹

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%

¹ HRSA/HAB, Ryan White HIV/AIDS Program Client-Level Data Report 2020, available at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2020.pdf>

ACE TA CENTER | Medicaid 101 for RWHAP Recipients and Providers

Page 1

targethiv.org/ace/medicaid

Medicaid Unwinding Overview

- As part of the federal response to the COVID-19 pandemic, states were given a bump in their federal Medicaid funding starting in March 2020.
 - In return, states were not allowed to terminate anyone's Medicaid coverage.
 - Also known as the **continuous coverage requirement**.
 - Once the continuous coverage requirement ends, state Medicaid agencies will be required **to conduct eligibility review for all Medicaid enrollees**.
- A law passed in December 2022 effectively ended the Medicaid continuous coverage requirement, and redeterminations began in April, 2023.

Medicaid Unwinding Policy Updates

Medicaid Coverage



RESOURCES FOR HIV PROGRAM STAFF

Reminder: Medicaid unwinding efforts continue

As of April 1, 2023, the Medicaid continuous coverage requirement is no longer in place and all states are now "unwinding" the continuous coverage protection. This process will take place over the 12 months, and Ryan White HIV/AIDS Program (RWHAP) clients will need to either re-determine their eligibility for Medicaid or enroll into a different source of health coverage. Read our [blog post](#) and view our [on demand webinar materials](#) to find out how RWHAP programs can help Medicaid clients stay covered and avoid gaps in care.

Check out these additional resources to support RWHAP clients during Medicaid unwinding:

- [Medicaid and CHIP Renewals Outreach and Educational Resources](#) - Medicaid.gov
- [Tips and Best Practices for Unwinding the Medicaid Continuous Coverage Protection](#) - (Includes state-specific resources) Georgetown [Center](#) for Children and Families
- [UPDATED Navigator Guide](#) (includes frequently asked questions about the Medicaid continuous coverage unwinding) - Georgetown [Center](#) on Health Insurance Reforms
- [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision](#) - Kaiser Family Foundation



Have a question? Need to contact your state Medicaid office?

Find the contact information for your Medicaid program with [this interactive map](#) on Medicaid.gov.

Tools for HRSA's Ryan White HIV/AIDS Program

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Help Medicaid Clients Stay Covered and Avoid Gaps in Care

April 24, 2023

ACE TA Center

The Medicaid continuous coverage requirement ended March 31, 2023.

In early 2020, Congress put protections into place for people enrolled in Medicaid to ensure that they were able to stay covered during the COVID-19 pandemic. Under this policy, called the continuous coverage requirement, no Medicaid enrollee had their eligibility reviewed during this time. As of April 1, 2023, this protection is no longer in place and states have begun "unwinding" the continuous enrollment of Medicaid beneficiaries. In practice, this involves redetermining the eligibility of almost 93 million Americans enrolled into Medicaid, a herculean undertaking for state Medicaid offices.



New Special Enrollment Periods

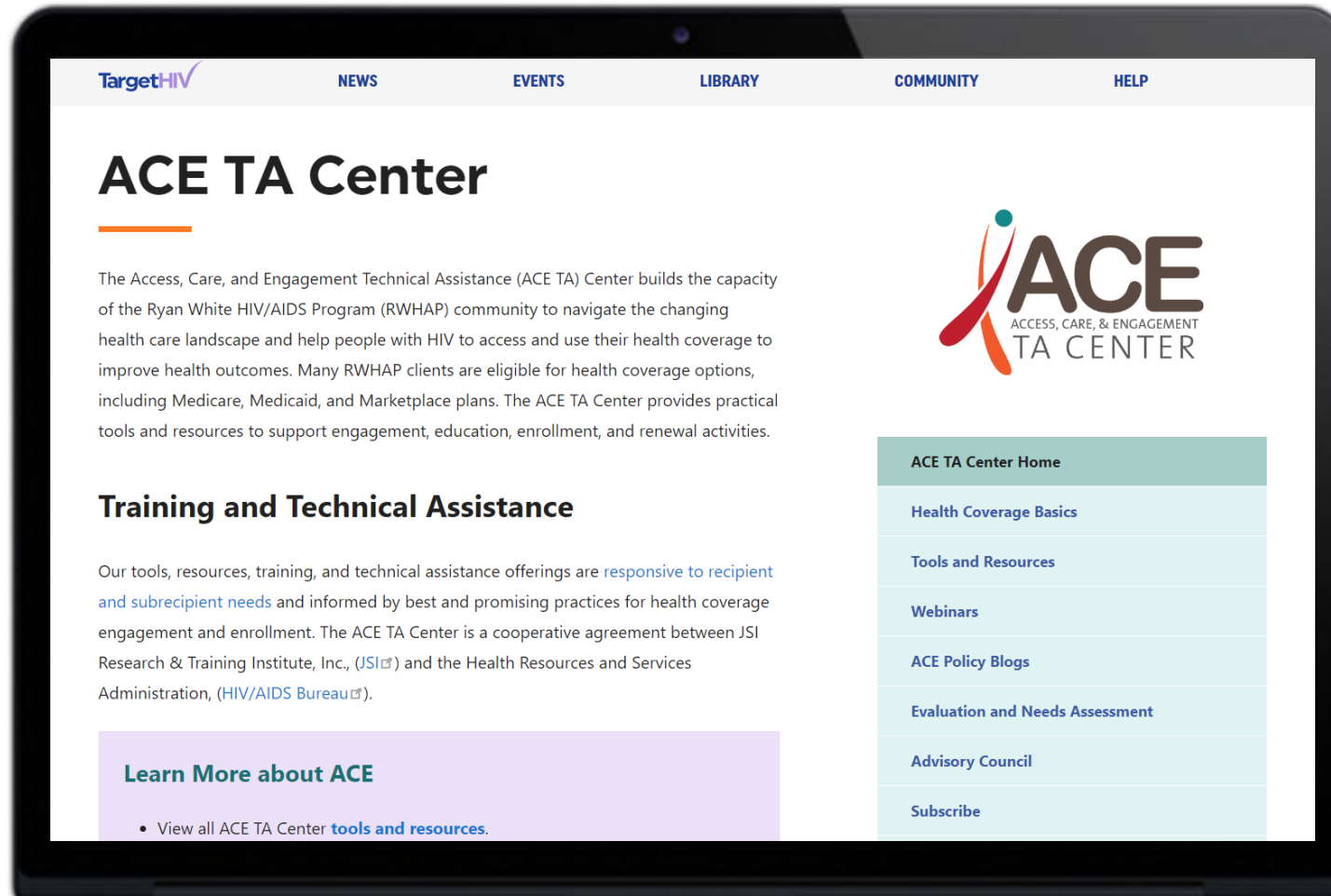
A new **Special Enrollment Period (SEP)** is available in states that use [Healthcare.gov](#) for individuals who lose Medicaid coverage as a result of the unwinding. Individuals may apply for Marketplace coverage under the "Unwinding SEP" from March 31, 2023 through July 31, 2024. As a part of this process, they will need to attest that their Medicaid coverage ended within this time period. Individuals will not be required to provide documentation for this SEP. State-based exchanges may also offer this SEP, and you should visit your state's marketplace website to learn more about available SEPs.

There is also a **new Medicare SEP** for individuals who were enrolled in Medicaid during the PHE and missed their Medicare Enrollment period. This SEP will allow individuals to choose between retroactive coverage back to the date of termination from

Four Steps to Support Clients through the Unwinding Process

1. Understand your state's process for Medicaid renewals.
2. Conduct outreach to clients and support enrollment into other coverage options.
3. Prepare for a possible ADAP/RWHAP Enrollment Surge.
4. Educate broader enrollment networks about the RWHAP.

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Q&A



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