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

Access, Care, and Engagement (ACE) TA Center

May 28, 2025





How to ask questions

Attendees are in **listen-only mode**.

To ask a question, **use the chat box** at the lower-right of your screen to chat with the presenter.

You may also **email questions** to <u>acetacenter@jsi.com</u> after the webinar.



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The Access, Care, and Engagement Technical Assistance (ACE TA) Center builds the capacity of the Ryan White HIV/AIDS Program (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. Many RWHAP clients are eligible for health coverage options, including Medicare, Medicaid, and Marketplace plans. The ACE TA Center provides practical tools and resources to support engagement, education, enrollment, and renewal activities.

Medicaid Unwinding Has Begun, Act Now to Keep RWHAP Clients Enrolled

State Medicaid programs have begun conducting Medicaid eligibility reviews for all enrollees as of April 2023. The review process will continue for the next 12 months until all enrollees' eligibility has been reviewed. People who are no longer eligible for Medicaid will need to explore alternative health care coverage options.

Read our <u>blog post</u> and view our <u>on demand webinar materials</u> to find out how RWHAP programs can help Medicaid clients stay covered and avoid gaps in care.

See also HIV.gov's <u>Important: Learn More About the Medicaid Unwinding Period</u>

11.



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E 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.



Improve the clarity

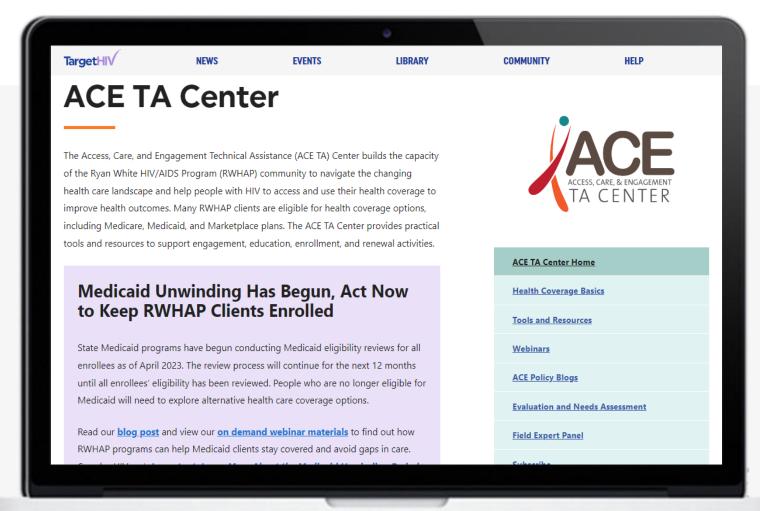
of their communication around health care access and health insurance.



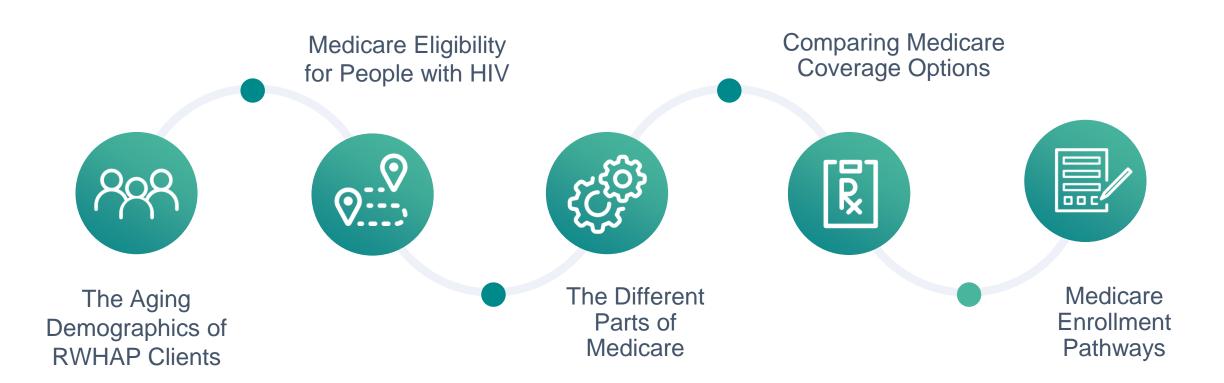
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Program (SHIP) counselors, and other in-person assisters that help enroll RWHAP clients in health coverage

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Roadmap for today's webinar





Today's presenters

Molly Tasso



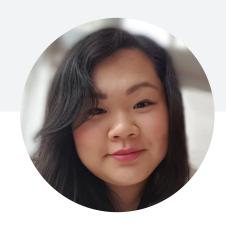
Project Director, ACE TA Center

LiesI Lu



Principal Investigator, ACE TA Center

Christine Luong



Research and Policy Associate, ACE TA Center



Poll #1

What are the top challenges that your organization faces related to Medicare enrollment and coverage? (Select all that apply.)

- Determining client eligibility
- Helping clients decide when to enroll
- Assisting dually eligible clients (Medicare and Medicaid)
- Helping clients transition between coverage types
- Finding external sources of enrollment support
- Understanding the basics of what Medicare covers
- Understanding the difference between Medicare plans
- Other (chat in your response)

The aging demographics of RWHAP clients



More RWHAP clients are aging into Medicare

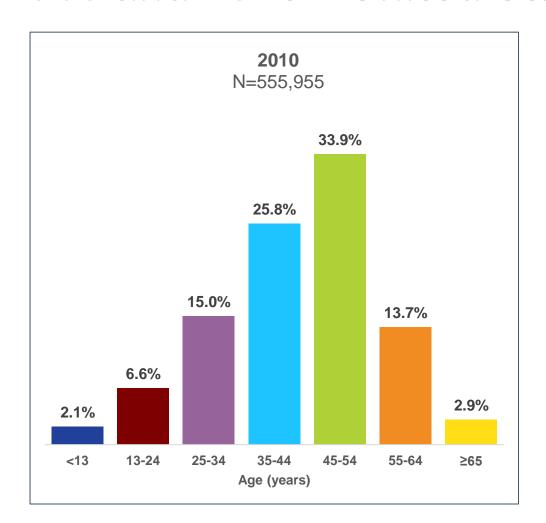
- Medicare is the second largest source of federal funding for HIV/AIDS care in the U.S.
- Over one quarter (28%) of people with HIV get their health coverage through Medicare.
- In 2023, 47.7% of RWHAP
 clients were aged 50 years and
 older, and this is projected to rise
 to two-thirds by 2030.

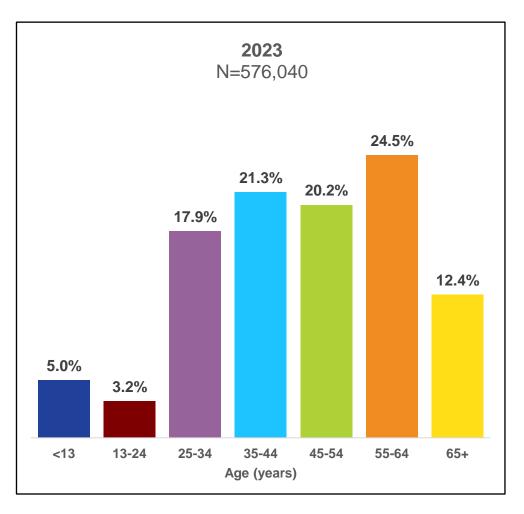
Sources:

- · Kaiser Family Foundation, 2023
- HRSA HIV/AIDS Bureau, 2024
- HRSA HIV/AIDS Bureau, 2019



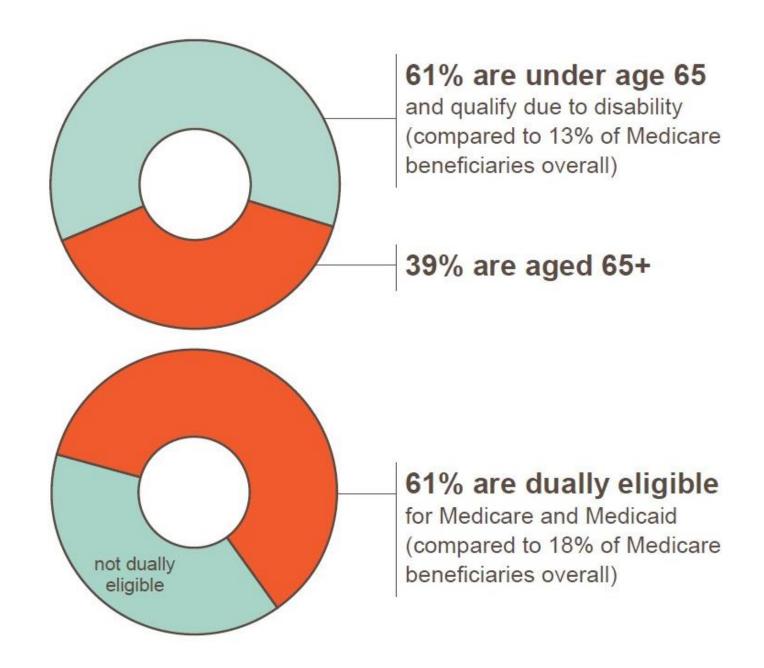
Ryan White HIV/AIDS Program clients, by age group, 2010 and 2023—United States and 3 territories





Source: HRSA HIV/AIDS Bureau, 2024, "Clients Served by the Ryan White HIV/AIDS Program 2023"

Medicare beneficiaries with HIV



Source: Kaiser Family Foundation, 2023

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.
- Three potential pathways:
 - Age 65 or older
 - Under 65 with a qualifying disability
 - Have end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease)



Qualifying for Medicare under 65 with a disability

- In order to qualify for Medicare under age 65 due to a disability, an individual 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.



Poll #2

What is the most common reason why clients at your organization are becoming eligible for Medicare? (Select one.)

- Turning 65 and aging into Medicare
- Having a qualifying disability under age 65
- Having ESRD or ALS

Medicare Parts: What they are and what they cover



Medicare Part A: Hospital coverage



- Covers hospital-related care including:
 - Inpatient hospital care
 - Skilled nursing facility care
 - Hospice care
 - Home health care
- Most people qualify for "premium-free"
 Medicare Part A if they:
 - Work in a job that pays towards Social Security taxes
 - Accumulate 40 Social Security work credits by age 65 (approximately 10 years of work history)



Medicare Part B: Medical coverage



- Covers medical services including:
 - Services from doctors and other health care providers
 - Preventative services
 - Outpatient care
 - Physician-administered medications
 - Home health care
 - Chronic pain management and treatment services
 - Outpatient mental health care
 - At-home telehealth
- New! Now covered in 2025:
 - Caregiver training resources
 - Social determinants of health risk assessment

Medicare Part D: Prescription drug coverage



- Covers outpatient prescription drugs, including all HIV antiretroviral medications
- Insulin available without a deductible for no more than \$35 per month
- Vaccines recommended by the Advisory Committee on Immunization Practices available without cost-sharing
- New! Beginning in 2025:
 - Medicare Part D cost-sharing capped at \$2,000 (including deductibles, copayments, and coinsurance)
 - Optional Medicare Prescription
 Payment Plan to spread out costsharing over the plan year

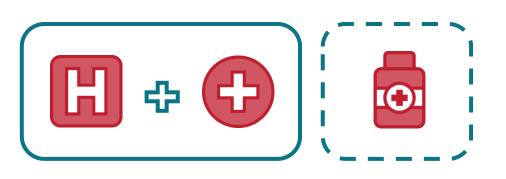
Starting January 1, 2025: Medicare Part D Cost-Sharing Phases



\$590 in 2025

Enrollee pays 25% coinsurance until total spending by plan and enrollee reaches \$2,000. Afterwards, the enrollee pays \$0 in costsharing for rest of the year.

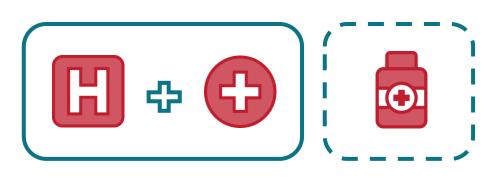
Original Medicare: The Basics



- Also known as "traditional" Medicare
- Administered by the federal government
- Includes:
 - Medicare Part A (hospital coverage)
 - Medicare Part B (medical coverage)
- Does NOT include:
 - Medicare Part D (prescription drug coverage), which must be purchased separately if needed



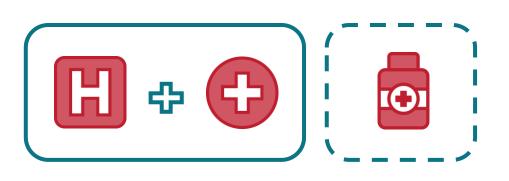
Original Medicare: Pros



- Extensive network allows beneficiaries to receive care from any doctor, provider, hospital, or healthcare facility across the U.S. who accepts Medicare
- Do not need to choose a primary care doctor
- Generally do not need a referral to see a specialist
- May be a better option for clients who value having a greater choice of providers



Original Medicare: Cons



- 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, beneficiaries 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 beneficiaries are responsible for the remaining 20%.

Original Medicare:

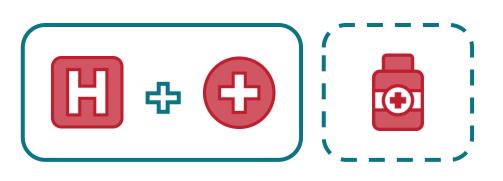
- Adding on prescription drug coverage
- Individuals with Original Medicare have the option to purchase a separate Medicare Part D prescription drug coverage plan.
- All Medicare prescription drug plans are required to cover all or nearly all drugs in 6 protected drug classes, including HIV antiretroviral 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.

Original Medicare: Considerations for adding on prescription drug coverage

- Encourage all clients to enroll in both Part A and B if eligible.
 - However, Original Medicare enrollees only need to have Medicare Part A or Part B to purchase a Part D plan.
- Part D premiums may be expensive, so work with clients to see if they are eligible for the Extra Help program.
 - If not, PPs can pay the premium, but the decision is up to individual state/territory AIDS Drug Assistance Programs (ADAP).



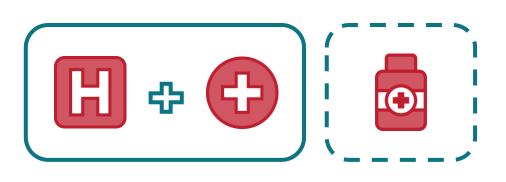
Medigap: Medicare Supplemental Insurance



- Plans sold by private companies but standardized by law.
- Provides supplemental insurance to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- 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, coinsurance, or deductibles.



Medigap: Medicare Supplemental Insurance (cont.)



- Medigap beneficiaries pay a monthly premium that determines exactly what their out-of-pocket costs will be, if any.
 - ADAP may be able to pay this.
- Usually, the more expensive the plan, the greater the benefits. However, they generally don't cover long-term care, vision, or dental care.
- May be a good add-on for clients with more complex medical needs



Medicare Advantage: The Basics



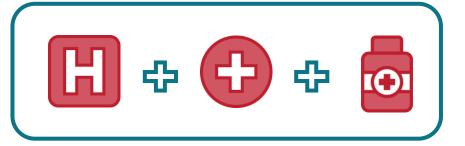


- Also known as Medicare Part C
- Administered by private insurance companies that contract with the government.
- A single plan that bundles Medicare Part A (hospital), Part B (medical), and often Part D (prescription drug) coverage



Medicare Advantage: Pros





- Plans may have no monthly premium or a low monthly premium on top of the Medicare Part B premium.
 - RWHAP ADAP may be able to help clients with their premium payment
- May provide extra services, such as vision or dental.
- Can have lower out-of-pocket costs for some services
- May be a better option for clients with less complex medical needs



Medicare Advantage: Cons





- Generally an HMO or PPO plan with a specific network of preferred providers
 - Varies widely state to state
 - Clients may not be able to find a plan that all their providers accept
 - Clients could face higher out-ofpocket costs to see an "out of network" provider, especially for inpatient services
- May need to get certain services approved ahead of time
- May need to get a referral from the client's primary care doctor to see a specialist

Comparing coverage and costs

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

Original Medicare (Parts A and B)





Medicare Advantage (also called Part C)



Includes:

- Part A (hospital insurance)
- Part B (medical insurance)

Clients can purchase:

- □ Part D (prescription drug coverage)
- □ Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy

Plans adminstered by:

The federal government

Includes:

- Part A (hospital insurance)
- Part B (medical insurance)

Most plans include:

Part D (prescription drug coverage)

Some plans also include:

- Lower out-of-pocket costs
- Extra benefits

Plans adminstered by:

 Private insurance companies that contract with the government

Knowledge Check #1

Which of the following is true about Medicare Part D prescription drug coverage? (Select all that apply.)

- a) It can be purchased separately to add on to Original Medicare
- b) It can be part of a bundled Medicare Advantage plan
- c) Cost-sharing is capped at \$2,000 a year
- d) All of the above
- e) None of the above

Knowledge Check #1

Which of the following is true about Medicare Part D prescription drug coverage? (Select all that apply.)

- a) It can be purchased separately to add on to Original Medicare
- b) It can be part of a bundled Medicare Advantage plan
- c) Cost-sharing is capped at \$2,000 a year
- d) All of the above
- e) None of the above

Answer: (D)

Medicare enrollment pathways



Medicare enrollment pathways for newly eligible individuals



Claiming Social Security Benefits

Receiving disability or retirement benefits before 65



Initial Enrollment Period (IEP)

For people turning 65 years old



Special Enrollment Periods (SEP)

For people experiencing specific life events, such as moving, losing or changing their health coverage, etc.

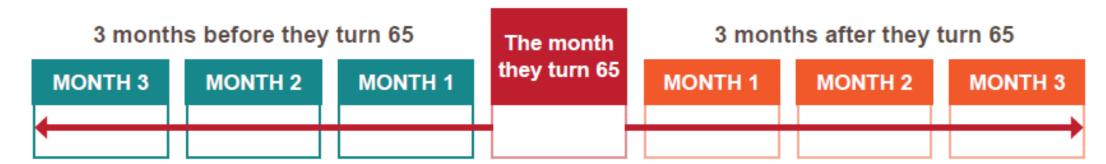


General Enrollment Period (GEP)

For people who missed their IEP, don't qualify for an SEP, and want to enroll in Medicare Part B

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

Medicare Initial Enrollment Period (IEP)



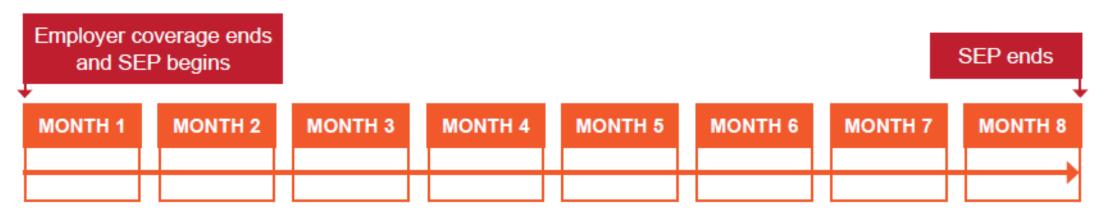
If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of their birthday month (the fourth month of the IEP*). If a person signs up for Medicare during their birthday month (the fourth month of the IEP*) or during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

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), but the client must pay the premiums for the retroactive covered time period.
 - Coverage beginning on the 1st of the month after enrolling

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



Individuals who enroll in Medicare coverage during this SEP will have coverage beginning on the first of the month following enrollment.

Additional Medicare SEPs

- SEP for individuals impacted by an emergency/disaster
- SEP for health plan or employer error
- SEP for misleading marketing information
- SEP for formerly incarcerated individuals
- Reminder! Beginning in 2024, individuals who sign up for Medicare Part A or B during an SEP because of an exceptional condition will have 2 months to join a Medicare Advantage plan or a Part D plan.



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 have 2 months to enroll in Medicare Part D after signing up for Medicare Part A with a premium and/or Medicare Part B.

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 the end of the year and enroll in Medicare during the General Enrollment Period next year.
- b) Enroll in Medicare during his Initial Enrollment Period (April October) and then cancel his Marketplace plan.
- c) Enroll through a Special Enrollment Period at any point after he turns 65.

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 the end of the year and enroll in Medicare during the General Enrollment Period next year.
- b) Enroll in Medicare during his Initial Enrollment Period (April Oct) and then cancel his Marketplace plan.
- c) Enroll through a Special Enrollment Period at any point after he turns 65.

Answer: (B)

Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for any Special Enrollment Periods. She enrolled during the General Enrollment Period in February this year. When did her coverage start?

- a) On her 65th birthday last year
- b) March of this year
- c) January of next year

Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for any Special Enrollment Periods. She enrolled during the General Enrollment Period in February this year. When did her coverage start?

- a) On her 65th birthday last year
- b) March of this year
- c) January of next year

Answer: (B)



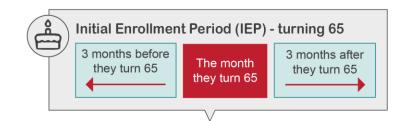
Claiming Social Security Disability Insurance (SSDI) – under age 65

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 autoenrolled into Medicare at 65.



65



General Enrollment Period (GEP) - age 65+ Runs annually from January 1 to March 31 for

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





Special Enrollment Period (SEP) - age 65+ 8 month window to apply after losing employer sponsored coverage.





Special Enrollment Period (SEP) for Loss of Medicaid Coverage

3 month period to apply after losing Medicaid coverage.



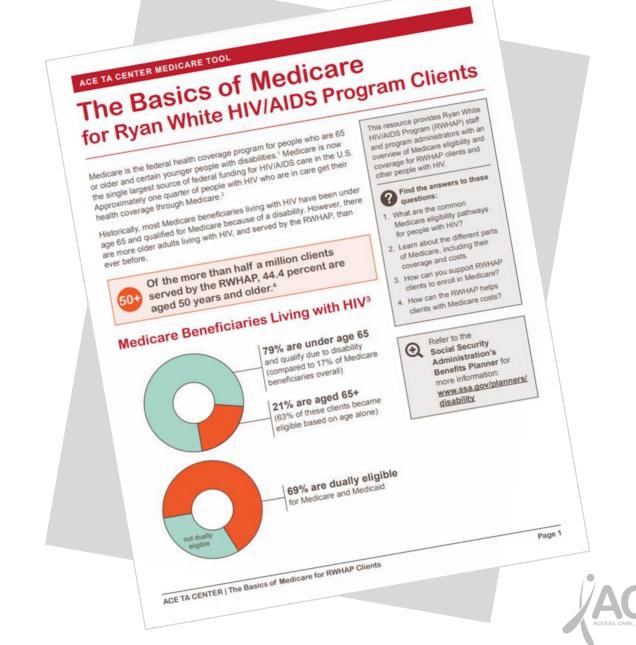
^{*}Various Medicare SEPs are available for individuals experiencing certain life events, such as moving or losing other coverage. The length of each SEP varies.

Overview Enrollmer

Resource Round-Up



Tool: The Basics of Medicare



Tool: Medicare Prescription **Drug Coverage**

ACE TA CENTER MEDICARE TOOL Medicare Prescription for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both איניטורטויט איניטורטווא איניטן איייטן איניטן איניטן איניטן איניטן איניטן אייין איניטן אייין איייטן can get Medicare prescription drug coverage in two ways:

- Purchasing a Medicare Part D prescription drug coverage plan to rurunasiny ส พอบเพลเอ rait พ พรองกุมเพล นายฎ งมชอาญจ ผสม complement Original (also known as Traditional) Medicare.
- Enrolling in a Medicare Advantage Plan, which includes

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 and drug plan. Clients with creditable drug coverage should receive a written notice each September from their health plan.² If clients are unsure, they should ask their health plan administrator for a copy of

Creditable prescription drug coverage provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage, the notice. 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 Medicare Part D plan later.

drug coverage for Ryan White HIV/AIDS Program (RWHAP) 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
- 3. Does Medicare prescription drug coverage cover HIV medications?
- 4. How can the RWHAP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?

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.

Page 1

ACE TA CENTER | Medicare Prescription Drug Coverage for RWHAP Clients



Tool: **How Medicare Enrollment** Works

How Medicare Enrollment Works

Enrolling in Medicare Based on a

Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Individuals that are under to and quality to Social Security Linguistics (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

Individuals must have at least 40 quarters of work credits (which is equal 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.

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

For individuals that have claimed Social Security benefits

 Enrollment in Medicare Parts A and B is automatic. Their Medicare before their 65th birthday: 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

They can sign up for Part A once their Initial Enrollment Period starts. their 65th birthday.

- 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 to a rate entrumnent surcharge equal to 10 percent of the stand.

 Part B premium for each 12 months of delay—a penalty that

ACE TA CENTER | How Medicare Enrollment Works

and program administrators with an overview of Medicare eligibility and coverage for RWHAP clients and other people with HIV.

Find the answers to these questions:

- 1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for
- 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

Medicare Part A: Hospital coverage

Medicare Part B: Medical coverage

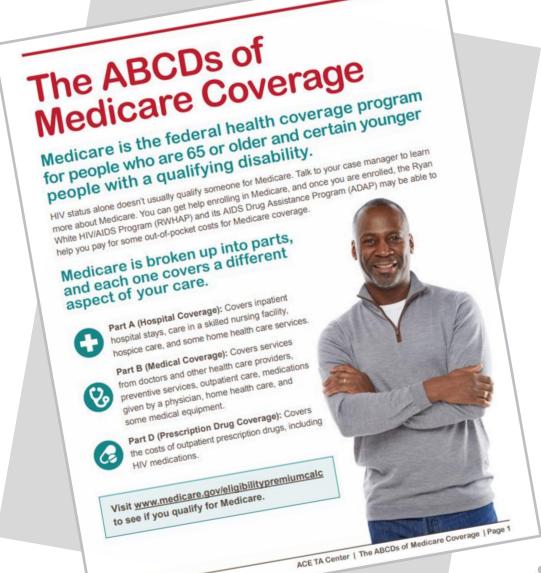
Medicare Part D: Prescription drug coverage

Page 1



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Client Resource: The ABCDs of Medicare Coverage







FAQ: Medicare Prescription **Payment Plan** (MPPP)

FAQ: Medicare Prescription

Payment Plan

Last updated October, 2024

The Inflation Reduction Act (IRA) was passed in 2022, and included significant changes The innation Reduction Act (IRA) was passed in 2022, and included significant changes to Medicare benefit design and prescription drug access. The following FAQ explains two important provisions of the IDA both pains into effect on January 4, 2006; the paur Medicare important provisions of the IDA both pains into effect on January 4, 2006; the paur Medicare to Neglicare penent design and prescription drug access. The following FAQ explains two important provisions of the IRA, both going into effect on January 1, 2025: the new Medicare Prescription Payment Dian (MDDD) and the Medicare Dat Dieg one out of neutral provisions of the IRA, both going into effect on January 1, 2025. important provisions of the IRA, both going into effect on January 1, 2025; the new Medicare Prescription Payment Plan (MPPP) and the Medicare Part D \$2,000 out-of-pocket (OOP) cap.

This EAO document is intended to guester them Minister UNITATION Decrees (CNALLA EXCEPTION OF THE EAO document is intended to guester them.) Prescription Payment Plan (MPPP) and the Medicare Part U \$2,000 out-of-pocket (OOP) C.

This FAQ document is intended to support Ryan White HIV/AIDS Program (RWHAP) and

AIDS Part Assistance Program (ADAD) administrators case managers and other staff of AIDS Drug Assistance Program (ADAP) administrators, case managers, and other staff as AIDS Drug Assistance Program (ADAP) auministrators, case managers, and unici stant as they work with RWHAP clients with Medicare Part D prescription drug coverage to decide if they work with KWHAP clients with Medicare Part U prescription drug coverage to decide it enrolling in the Medicare Prescription Payment Plan is a good option for them. You can find additional recoverage of Medicare at Targettus (prescription) additional resources on Medicare at TargetHIV.org/ace/medicare.

1. What is the Medicare Prescription

The MPPP is an optional program for Medicare beneficiaries to help pay Medicare Part D OOP costs in monthly amounts over the course of a plan year. This process of spreading out OOP prescription drug costs is often referred to as "smoothing." The program is designed to help beneficiaries with the cost-sharing for expensive drugs. All Medicare prescription drug plans - including both standalone Medicare Part D plans and Medicare Advantage plans with prescription drug coverage – are required to offer beneficiaries the option to enroll into the program. If an enrollee chooses to "smooth" their OOP prescription drug costs, they will pay monthly amounts directly to the Medicare Part D or Advantage plan, instead of paying the entire OOP amount at the pharmacy. In addition to their monthly Medicare Part D premium bill, enrollees who opt into the MPPP Will receive a separate bill for their "smoothed" prescription drug costs.

This program does not lower the total annual cost-sharing a person will pay for their prescription drugs; instead, it allows cost-sharing to be smoothed over the plan year. The program is available to anyone with Medicare prescription drug coverage, but is expected to be most helpful for enrollees who incur high cost-sharing earlier in the plan year. The benefits of the MPPP for RWHAP clients are likely limited, and clients should discuss the program with their case manager or other RWHAP staff before deciding to enroll (see questions 3, 4, 5 and 6 for more information). The MPPP will begin with the 2025 Medicare Part D plan year, starting January 1, 2025. Medicare Part D and Medicare Advantage plans are expected to begin notifying beneficiaries who may benefit from the program – specifically, those who paid at least \$2,000 in Part D cost sharing in 2024 and those who are expected to incur OOP costs of \$600 or more for a single medication in 2025 -during the next Medicare open enrollment period (October 15 – December 7).

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Thank you.



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