

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

Access, Care, and Engagement (ACE) TA Center

May 28, 2025

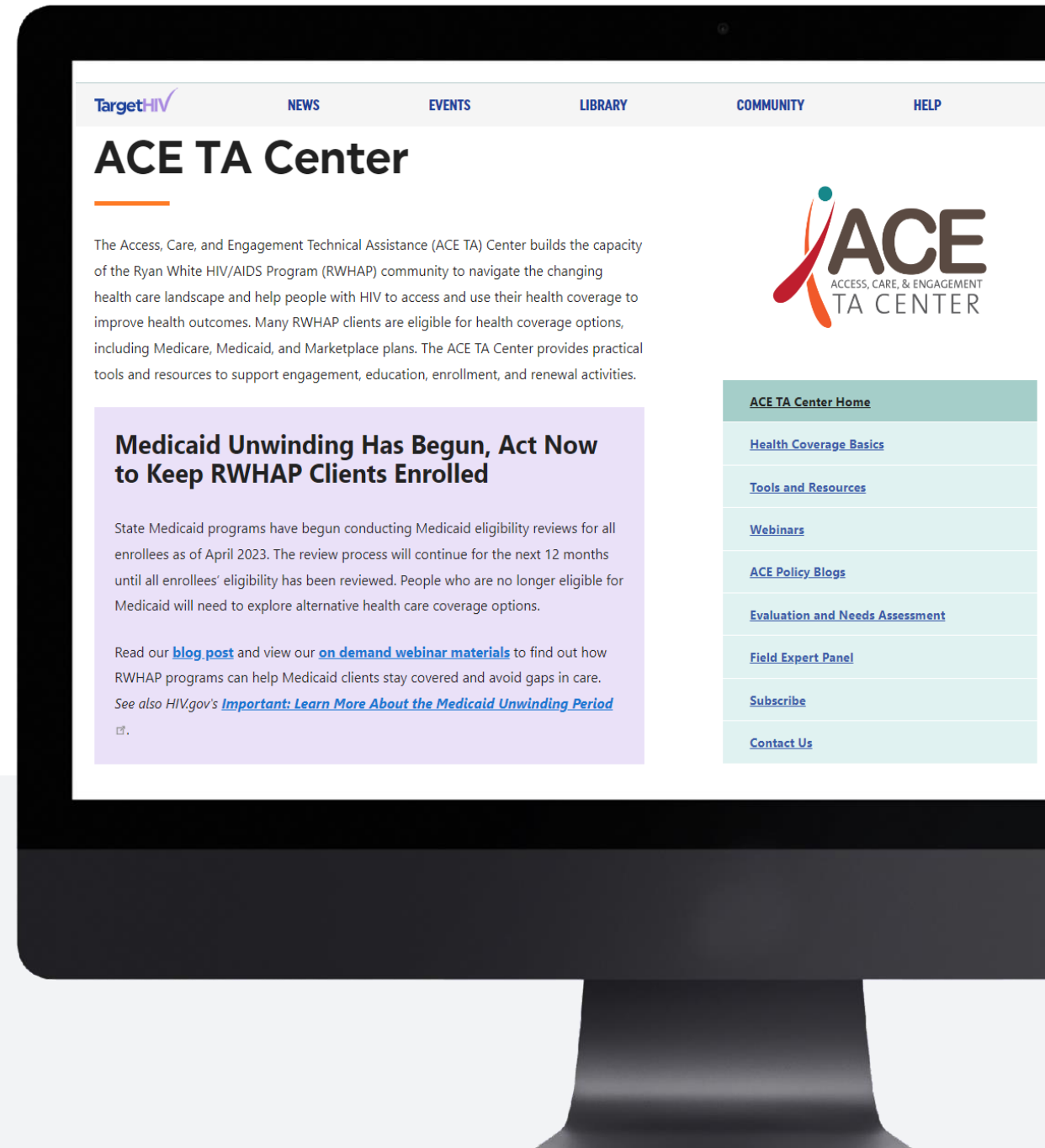


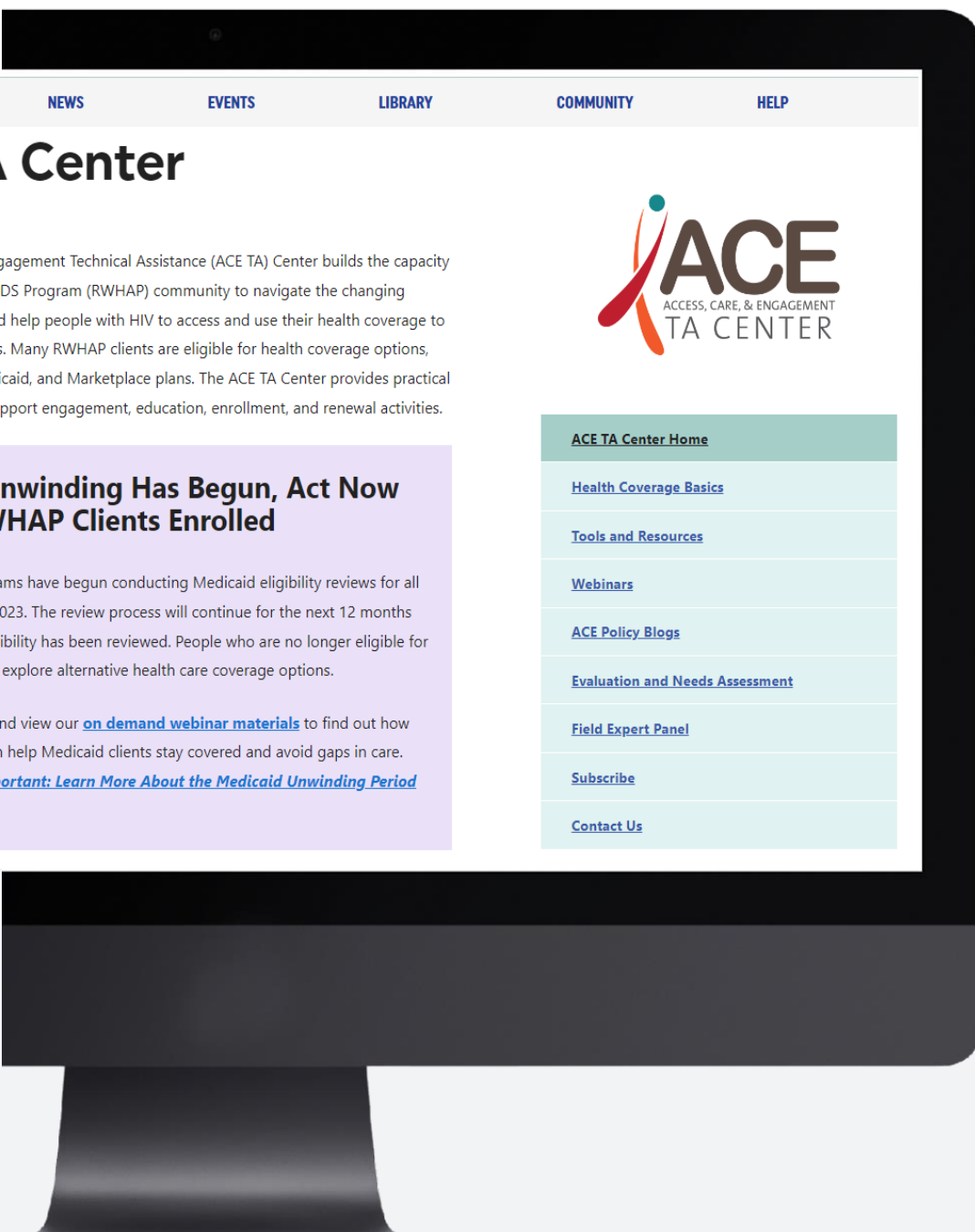
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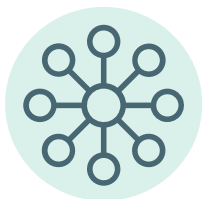
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# The ACE TA Center

## helps organizations



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

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



### **Communicate with Ryan White HIV/AIDS Program (RWHAP) clients**

about how to stay enrolled and use health coverage to improve health care access.



### **Improve the clarity**

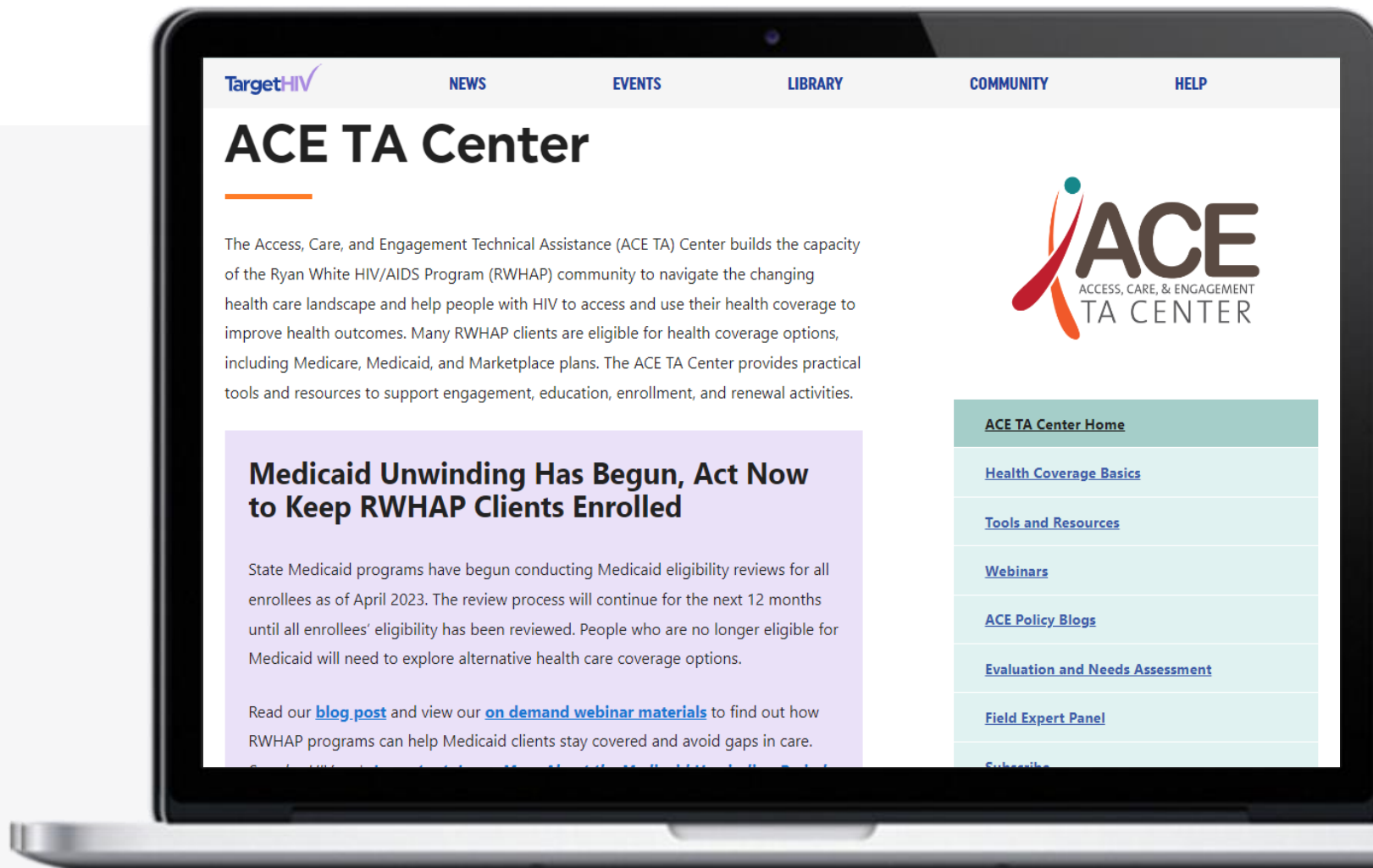
of their communication around health care access and health insurance.



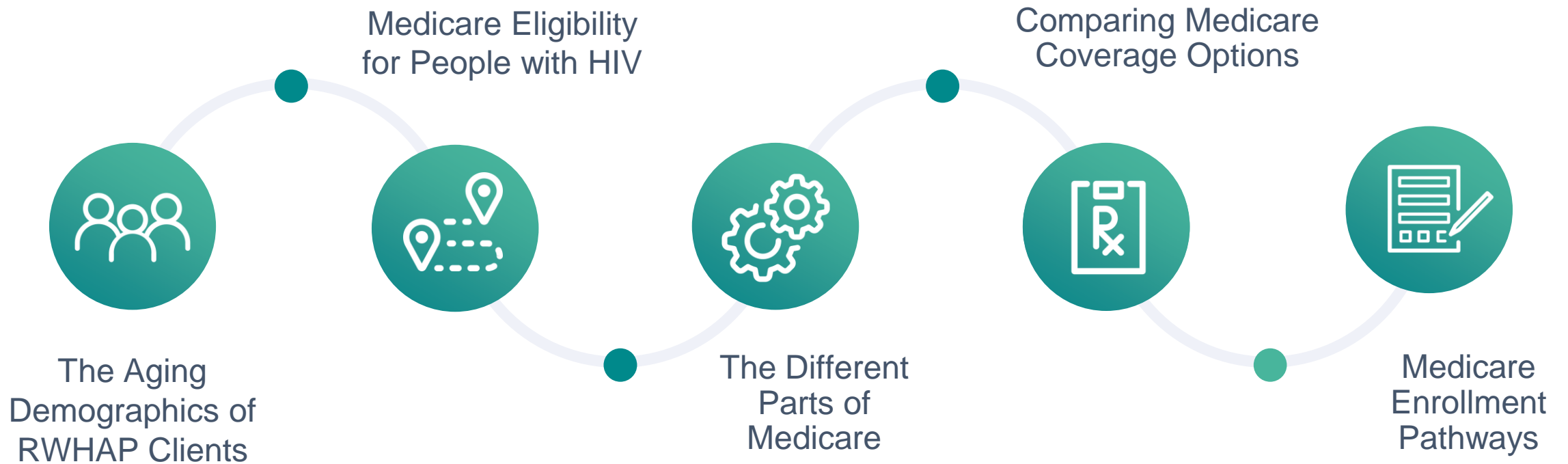
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Program (SHIP) counselors, and other in-person assisters that help enroll RWHAP clients in health coverage

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# Roadmap for today's webinar



# Today's presenters

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Research and  
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# 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



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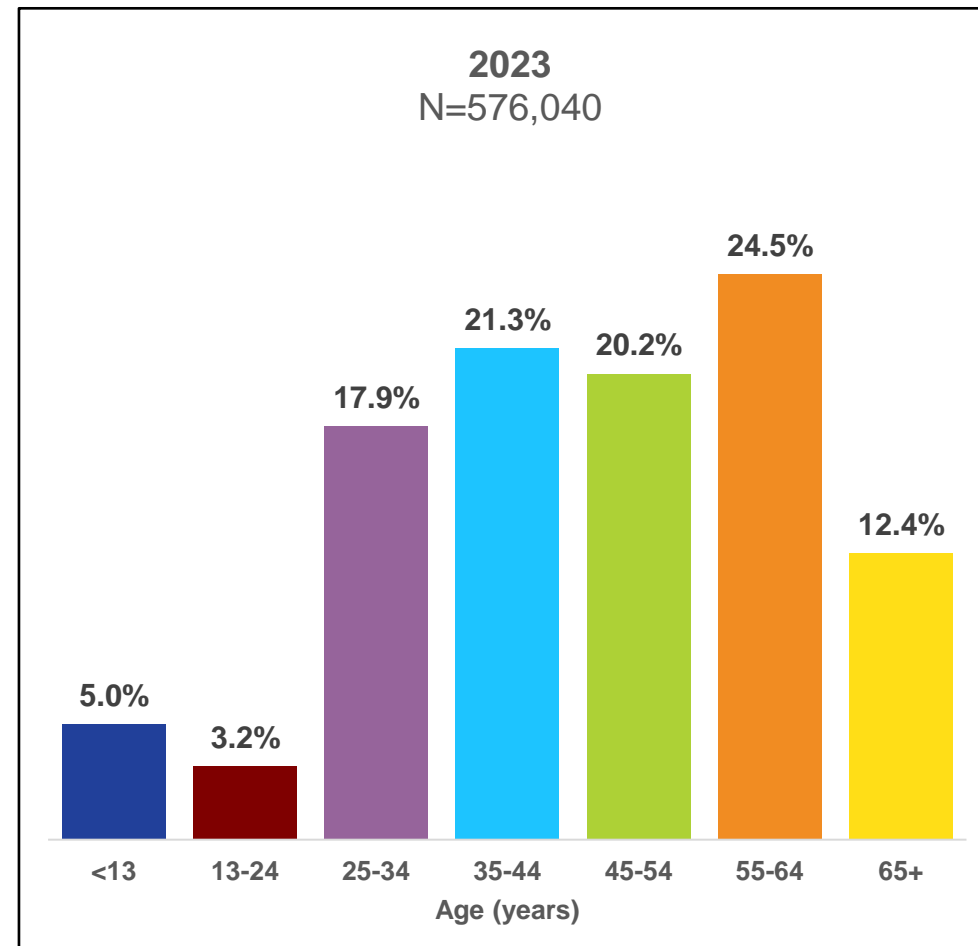
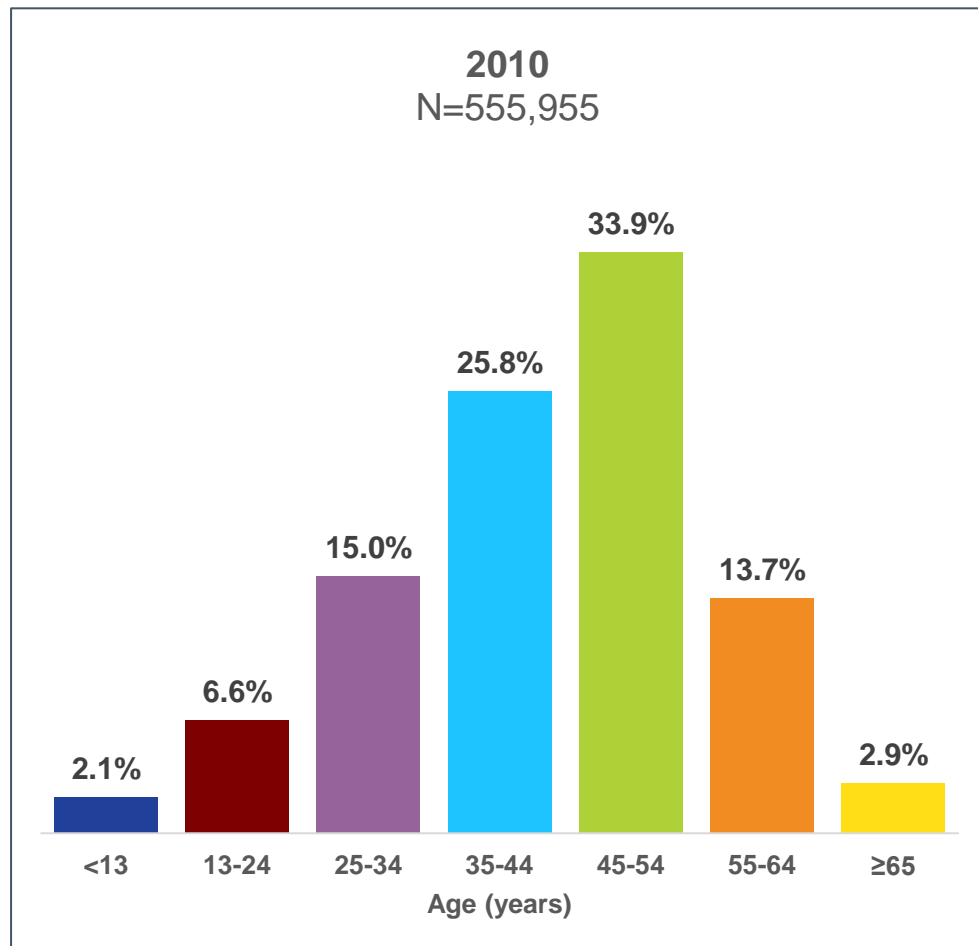
# More RWHAP clients are aging into Medicare

- 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:

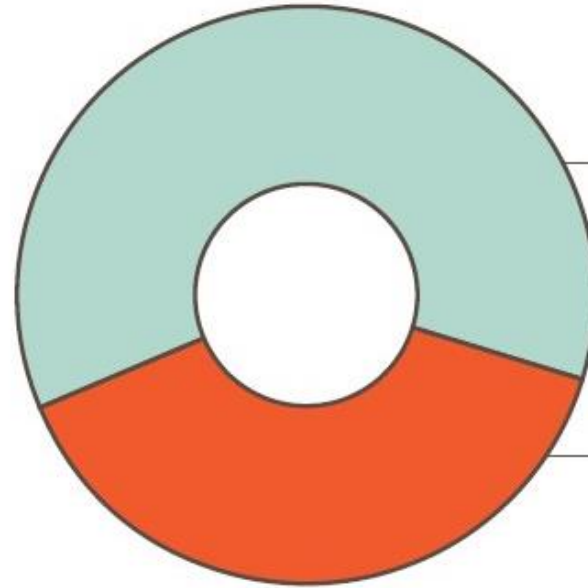
- Kaiser Family Foundation, 2023
- HRSA HIV/AIDS Bureau, 2024
- HRSA HIV/AIDS Bureau, 2019

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



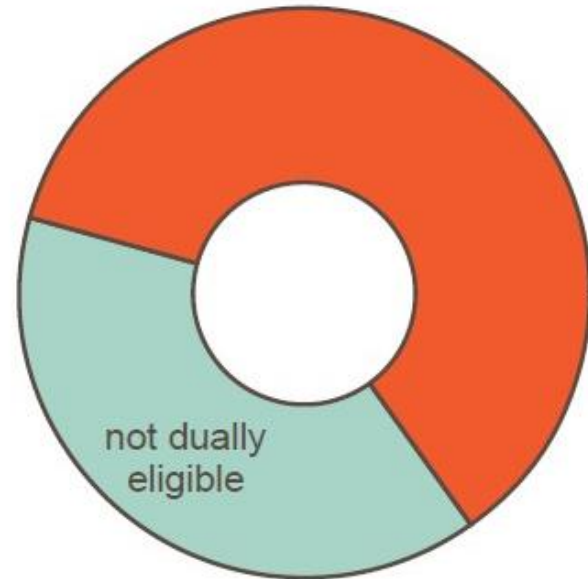
Source: HRSA HIV/AIDS Bureau, 2024, "Clients Served by the Ryan White HIV/AIDS Program 2023"

# Medicare beneficiaries with HIV



**61% are under age 65**  
and qualify due to disability  
(compared to 13% of Medicare  
beneficiaries overall)

**39% are aged 65+**



**61% are dually eligible**  
for Medicare and Medicaid  
(compared to 18% of Medicare  
beneficiaries overall)

# Medicare eligibility for people with HIV



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# 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)

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# 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



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# Medicare

## Part A:

### Hospital coverage



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

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# Medicare

## Part B:

### Medical coverage



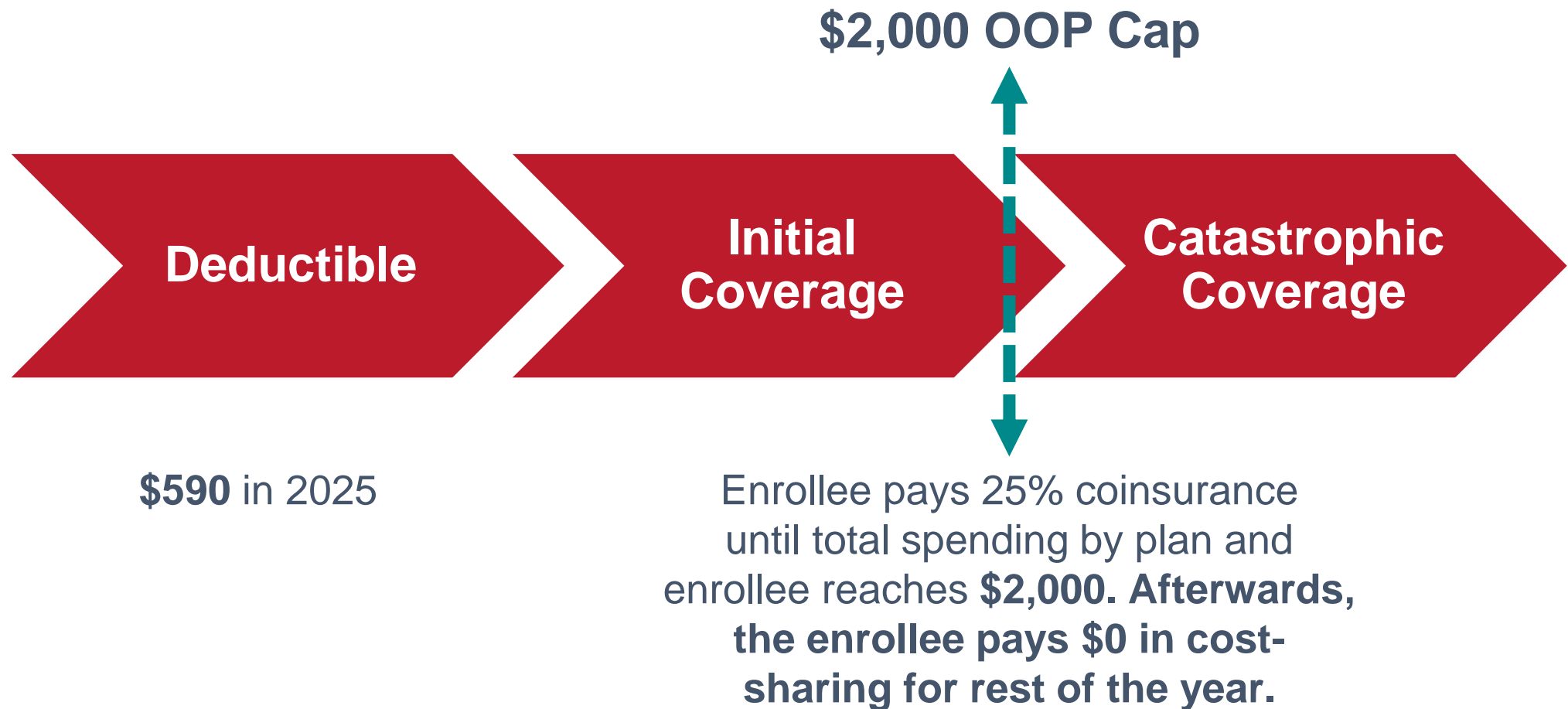
- Covers **medical services** including:
  - Services from doctors and other health care providers
  - Preventative services
  - Outpatient care
  - Physician-administered medications
  - Home health care
  - Chronic pain management and treatment services
  - Outpatient mental health care
  - At-home 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 cost-sharing over the plan year

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



# 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%.

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# 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.

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# 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



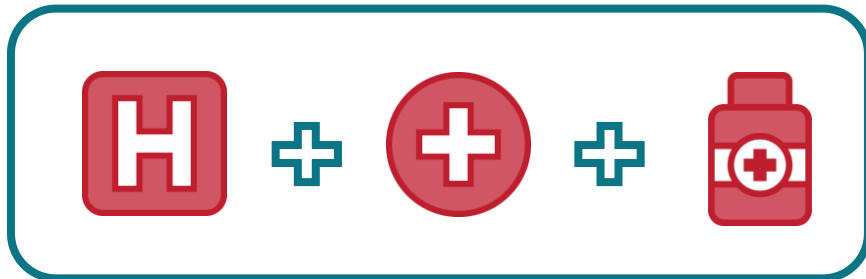
- Plans sold by private companies but standardized by law.
- Provides **supplemental insurance** to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- A client must have Medicare Parts A and B (Original Medicare) to enroll in a Medigap policy.
- Does not cover Medicare Part D prescription drug coverage copays, co-insurance, 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-of-pocket 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 [www.medicare.gov](http://www.medicare.gov)
- 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) 
<b>Includes:</b> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <b>Clients can purchase:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Part D (prescription drug coverage)</li><li><input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy</li></ul> <b>Plans administered by:</b> <ul style="list-style-type: none"><li>▪ The federal government</li></ul>	<b>Includes:</b> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <b>Most plans include:</b> <ul style="list-style-type: none"><li>▪ Part D (prescription drug coverage)</li></ul> <b>Some plans also include:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Lower out-of-pocket costs</li><li><input type="checkbox"/> Extra benefits</li></ul> <b>Plans administered by:</b> <ul style="list-style-type: none"><li>▪ Private insurance companies that contract with the government</li></ul>

# 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.

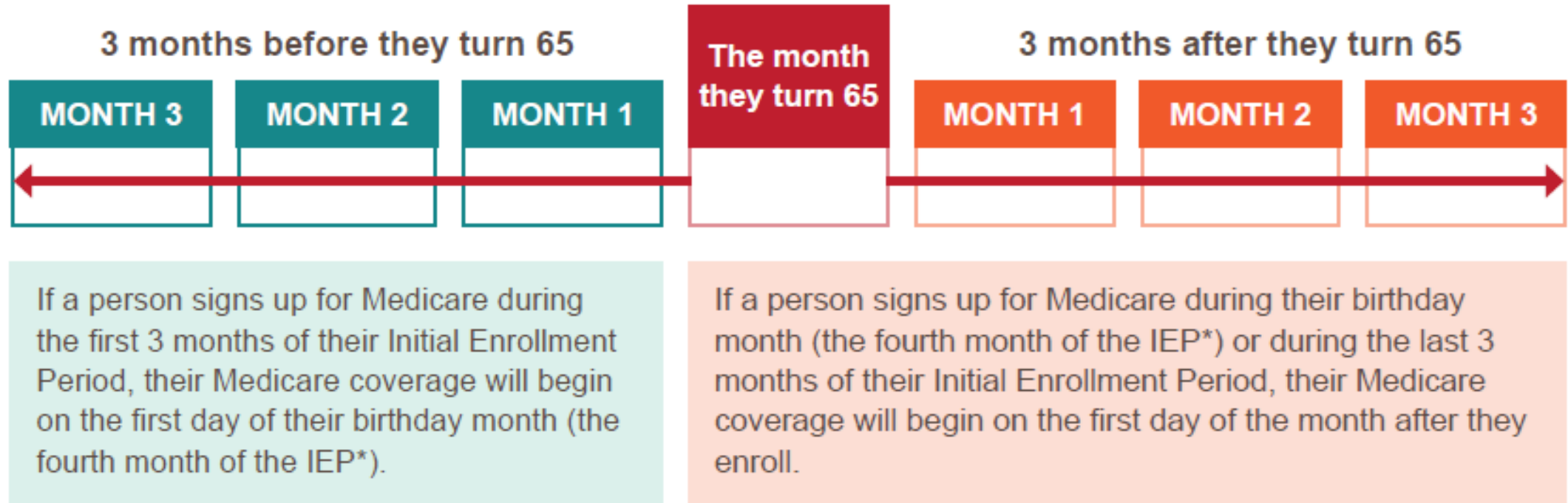


## General Enrollment Period (GEP)

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'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.

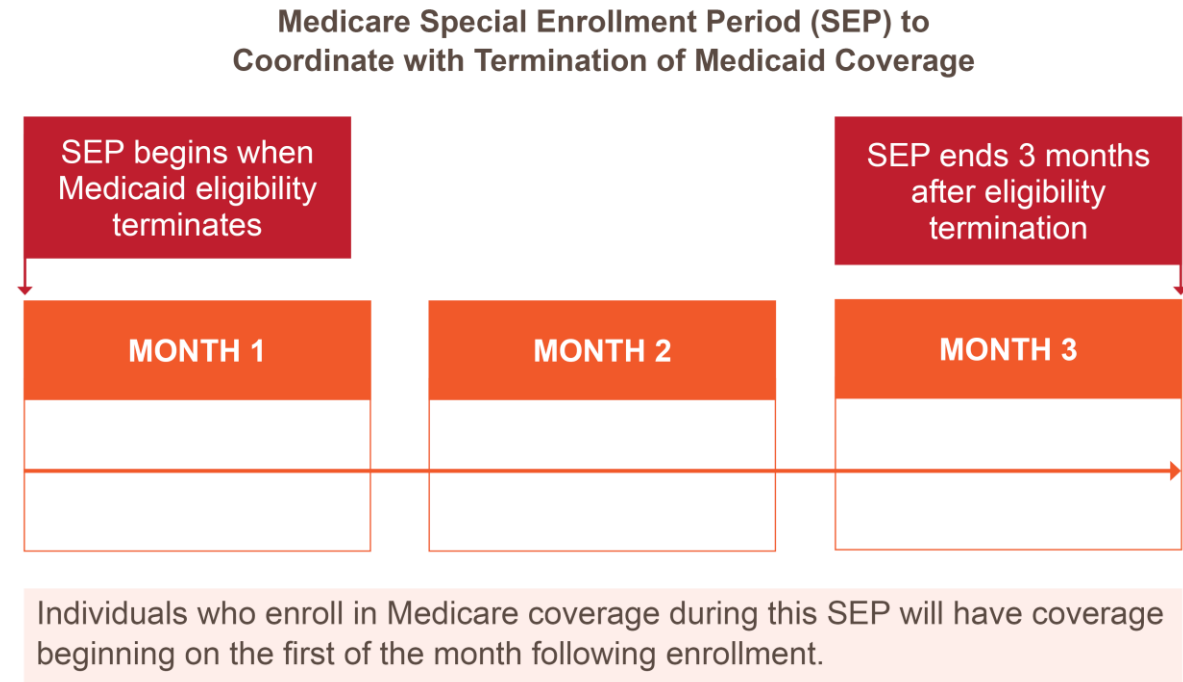
## Medicare Special Enrollment Period (SEP) for Loss of Employer Coverage



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 1<sup>st</sup> of the month after enrolling





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# 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.*

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# 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.

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# 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)**

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# 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 65<sup>th</sup> 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?

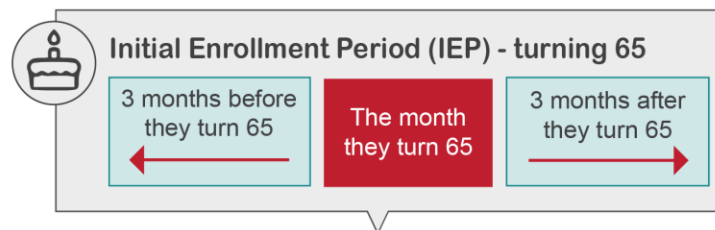
- a) On her 65<sup>th</sup> birthday last year
- b) March of this year**
- c) January of next year

**Answer: (B)**


# Overview Enrollmer

 **Claiming Social Security Disability Insurance (SSDI) – under age 65**  
A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.


 **Claiming Social Security Retirement Benefits – age 62 to 65**  
A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.




65

 **General Enrollment Period (GEP) - age 65+**  
Runs annually from January 1 to March 31 for those who missed the IEP.

JAN	FEB	MAR
1		31

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

Loss of employer coverage	8 MONTHS	SEP ends

 **Special Enrollment Period (SEP) for Loss of Medicaid Coverage**  
3 month period to apply after losing Medicaid coverage.

Medicaid eligibility terminates	3 MONTHS	SEP ends

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

# Resource Round-Up





# Tool:

## The Basics of Medicare

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

**ACE TA CENTER MEDICARE TOOL**

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

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.<sup>1</sup> Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.<sup>2</sup>

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the RWHAP, than ever before.

**50+** Of the more than half a million clients served by the RWHAP, 44.4 percent are aged 50 years and older.<sup>4</sup>

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

Category	Percentage	Additional Info
Under age 65 and qualify due to disability	79%	(compared to 17% of Medicare beneficiaries overall)
Aged 65+	21%	(63% of these clients became eligible based on age alone)
Dually eligible for Medicare and Medicaid	69%	
Not dually eligible	31%	

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff 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 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 RWHAP clients to enroll in Medicare?
4. How can the RWHAP help clients with Medicare costs?

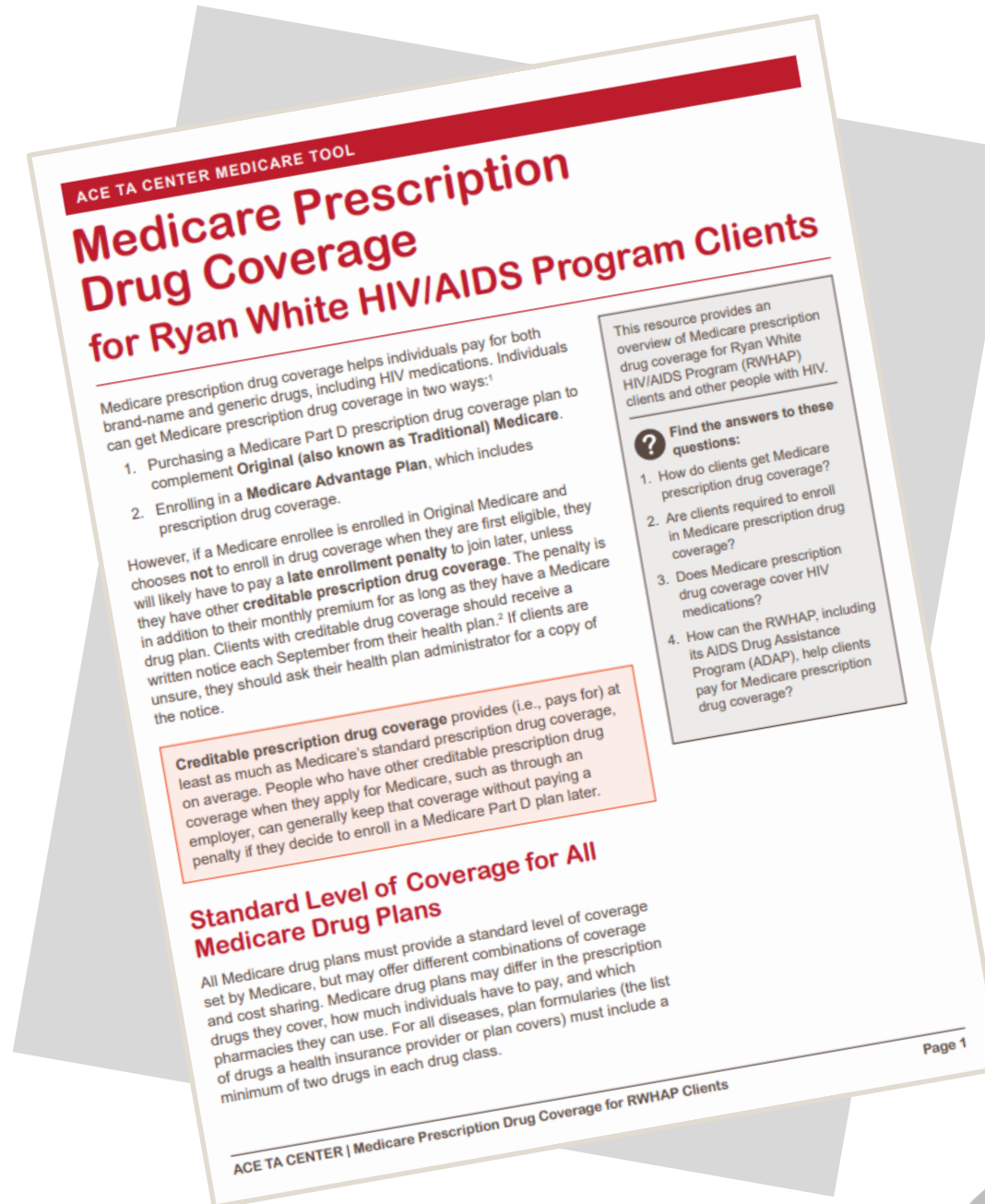
Refer to the **Social Security Administration's Benefits Planner** for more information: [www.ssa.gov/planners/disability](https://www.ssa.gov/planners/disability)

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ACE TA CENTER | The Basics of Medicare for RWHAP Clients

# Tool: Medicare Prescription Drug Coverage

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



# Tool:

## How Medicare Enrollment Works

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

**ACE TA CENTER MEDICARE TOOL**

### How Medicare Enrollment Works

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.

#### 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
- 📄** Medicare Part D: Prescription drug coverage

ACE TA CENTER | How Medicare Enrollment Works

Page 1



# Client Resource: The ABCDs of Medicare Coverage

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

**The ABCDs of Medicare Coverage**

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with a qualifying disability.

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the Ryan White HIV/AIDS Program (RWHAP) and its AIDS Drug Assistance Program (ADAP) may be able to help you pay for some out-of-pocket costs for Medicare coverage.

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

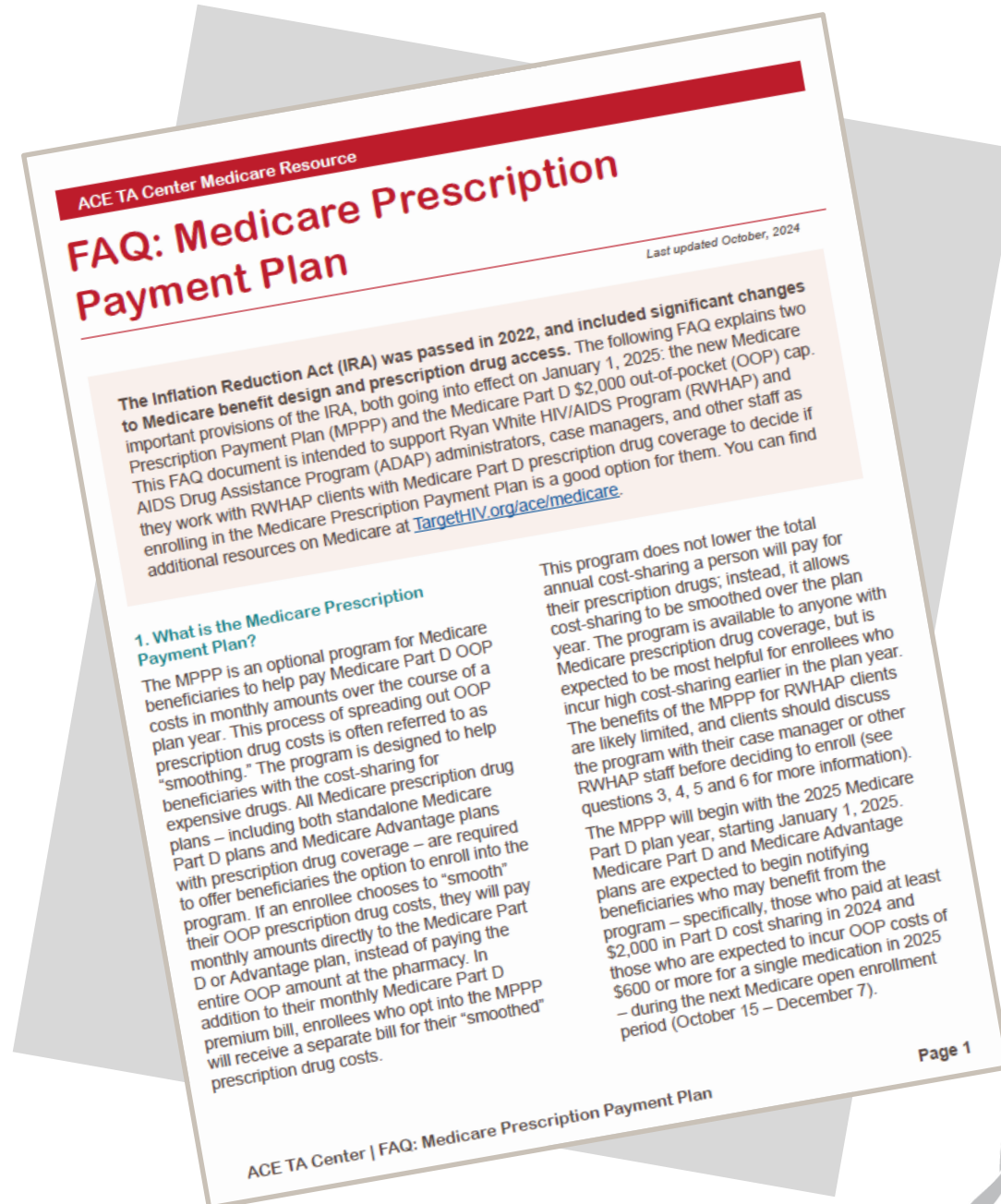
- Part A (Hospital Coverage):** Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care services.
- Part B (Medical Coverage):** Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.
- Part D (Prescription Drug Coverage):** Covers the costs of outpatient prescription drugs, including HIV medications.

Visit [www.medicare.gov/eligibilitypremiumcalc](https://www.medicare.gov/eligibilitypremiumcalc) to see if you qualify for Medicare.

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

# FAQ: Medicare Prescription Payment Plan (MPPPP)

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



# Q&A Panelists

**Molly  
Tasso**



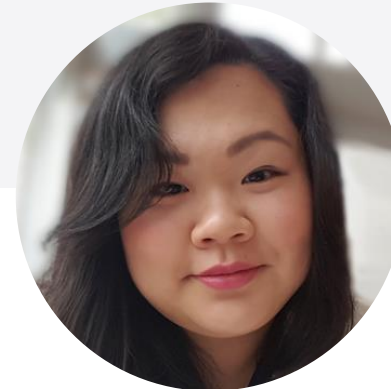
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ACE TA Center

**Liesl  
Lu**



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**Christine  
Luong**



Research and  
Policy Associate,  
ACE TA Center

**Amy  
Killelea**



Principal,  
Killelea Consulting

# Thank you.



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