The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients Webinar Medicare Part 3 Transcript

June 25, 2025

Jared Brumbeloe:

We are going to give everyone about a minute or so to trickle in from their previous meetings, and we will kick off shortly. Again, welcome to those who are joining us. We are excited to be able to speak with you all. We'll give everyone another minute or so to jump in, and then we will get started.

[silence]

Again, welcome to those who are just joining us. We're going to give it about 30 more seconds before we kick off today's webinar. We're excited that you're all here, and we will be starting momentarily.

[silence]

All right. It seems that we have eclipsed over 200 participants, and it is a couple of minutes after the top of the hour, so I will get us started. Good afternoon, everyone, and welcome to today's ACE TA Center webinar. I'm Jared Brumbeloe, a senior associate here at JSI and a materials specialist on our ACE TA Center team. Thank you for joining us today. Before we get started, here are a couple of technical details for anyone that might be new to our webinars. First, attendees are in listen-only mode, but we do encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call via the chat, and we will take as many of your questions as we can at the end of today's session. Also, you can always email questions to us at acetacenter@jsi.org. Ensuring that you can hear us, the easiest way to listen to our webinar is through your computer. If you have trouble hearing us, check to make sure your computer audio is turned on, the volume is turned up. But if you are still having issues, try closing out and rejoining, and we will put the call-in information in the chat box, as you will see.

So a little information and background about the ACE TA Center. At the ACE TA Center, we help build the capacity of Ryan White community to navigate the challenging healthcare landscape and help people with HIV access and use their health coverage to improve health outcomes. Specifically, we support Ryan White recipients and sub-recipients to engage, enroll, and retain clients in Medicare, Medicaid, and health insurance options. We help to build organizational health insurance literacy by improving in clients' capacity to use the healthcare system. And we help communicate with clients about how to stay enrolled and use health coverage. We certainly try and do this by developing and disseminating best practices, supporting resources, and providing technical assistance in training or training in TA through national and localized activities. For those of you who may be new, our audience for the ACE TA Center is various and wide. It includes program staff, clients, program managers, administrators, and a number of people who help enroll Ryan White clients, such as navigators, certified application counselors, SHIP counselors, etc. Today's webinar will be archived on TargetHIV at targethiv.org/ace. All participants in today's webinar will receive an email when it is posted so you can share with your colleagues. You can also find links at this website for all the tools we're going to present today. And if you forget the direct link, you can also find us by going to the TargetHIV website homepage or searching the topic library for the ACE TA Center.

So let's talk about today's webinar. Here's our roadmap for today. First, we'll provide an overview of the fundamentals of dual eligibility. We will discuss the billing considerations and financial help options available to dual-eligible clients. Then we will cover enrollment challenges and best practices for dually-eligible clients, case managers, and Ryan White organizations. And finally, we will share helpful

ACE TA Center resources and external sources of enrollment support for working with dual-eligible clients. Today, I'm joined by three great presenters, Molly Tasso, who is our project director for the ACE TA Center and has experience with various Ryan White projects and also how insurance can help best work for Ryan White clients. Christine Long, who is the research and policy associate for the ACE TA Center, Christine has over four years of experience in mixed methods research, health policy analysts, GIS and data visualization, and materials development for Ryan White grantees, clients, and a variety of audiences. Lastly, Anne Callachan is the BRIDGE team project manager at Community Resource Initiative, which administers the Massachusetts ADAP program known as HDAP. She has over six years of experience navigating health insurance for Massachusetts HDAP clients through her leadership of the Benefits Resource Infectious Disease Guidance and Engagement, or BRIDGE, health insurance enrollment team, and is a certified Medicare SHINE and SHIP counselor and certified application counselor for the Massachusetts Insurance Marketplace. She provides training and technical assistance for providers and enrollees, including material development and virtual training.

So to get us started today, we want to have a little poll to understand how familiar you all are with Medicare and Medicaid dual eligibility. When the poll pops up, please be sure to select one on your screen. And they are, what types of training or resources? And I'm thinking we may have the wrong poll brought up. If we can, can we switch it to poll number one?

There we go. Poll number one, how familiar are all of you with Medicare and Medicaid dual eligibility? Please select one, you've never heard of it, you do work with dual-eligible clients but may not understand the basics, you don't work with dual-eligible clients but do understand the basics, you work with dual-eligible clients and understand the basics, or you.

believe you know more than the basics. Give it about five more seconds. All right. We'll close the poll and take a look at the response. All right. So almost half of you do work with dually-eligible clients but may not understand the basics. Very excited to have you all here today. Followed by you work with dual-eligible clients and do understand the basics, so that's good news. So we certainly hope to help you all understand more about the basics of Medicaid, Medicare dual and eligible clients, and you leave today understanding more than you started with.

Let's go to the next poll. One more before we dive into our content today. What aspects of dual eligibility are you interested in learning more about? Select all that apply, eligibility criteria and pathways, who pays for what and when, coverage options including integrated care, financial assistance, enrollment support, impact on the Ryan White clients, and other. By all means, please let us know in the chat. We'll give it about five more seconds. All right. Let's close that poll and take a look at the results. Awesome. Eligibility criteria and pathways seem to be the top hit, which is exciting and good to know. Followed very closely by who pays for what and when, coverage options including integrated care, financial assistance, and then the impact on Ryan White clients. We really appreciate you for participating in these polls. This information is certainly helpful for us to be able to understand and continue meeting your needs, including developing new resources and presentations. Now, I'd like to pass it over to my colleague, Molly, who will provide us with an overview of the fundamentals of dual eligibility. Molly?

Molly Taso:

Great. Thank you so much, Jared. Good afternoon or good morning, everyone. Thanks so much for joining us today. So as Jared mentioned, we're going to start off with an overview of the basics of dual eligibility. So dual eligibility is simply when a person is eligible for both Medicare and Medicaid at the same time. So if you joined our previous webinars, you may remember that Medicare is a federal program while Medicaid is a state program which is guided by federal rules. And both of these health coverage sort of options are important sources of health coverage for Ryan White clients. So half of all Ryan White clients are covered by either Medicare or Medicaid, or they are dually eligible for both programs. So there are three ways that someone can become eligible for Medicare. So we're just looking at Medicare right now. They can become eligible by being aged 65 or older, being under the age

of 65 with a qualifying disability, or if a person has end-stage renal disease, they also qualify for Medicare. We mostly focus on the first two pathways in this webinar series, talking about the previous Medicare-related webinars we've done. But that third one is also important to know about. And then Medicaid eligibility on the other hand, varies by state. So in general, Medicaid is available to folks who are considered low-income by their state, or if they are a part of a specific population group such as children, pregnant women, adults and families with dependent children, people with disabilities, elderly, people aged 65 and plus, and then another group of folks that we refer to as the Affordable Care Act expansion group.

Next slide, please. Thank you. So since Medicaid eligibility is dependent on both financial and non-financial factors, again, such as age or if a person is a child, the bar graph on the slide illustrates all the Medicaid eligibility categories by FPL or Federal Poverty Line. So hoping to draw your eyes to the three categories on the right, which are in red. These three categories are individuals with disabilities, people aged 65 and older, and the ACA Medicaid expansion group. This is really where the-- these sort of three groups are the most relevant when we think about how Medicaid intersects with Medicare. That last group, the ACA expansion group, that refers to single childless adults with incomes up to 138% of the federal poverty level in states that expanded their Medicaid programs to include this group of folks. So as you, I'm sure, know, some states have not adopted the Medicaid expansion option. And so those states do not have that 138 FPL sort of eligibility criteria available. But in expansion states, Medicaid eligibility is based on income alone, and it is not dependent on meeting another eligibility criteria, again, such as disability. So now that we've covered the sort of basics of Medicare and Medicaid eligibility, let's talk about the different types of dual eligibility. So first, we're going to talk about the full benefit. Someone who is considered full benefit, this person will receive the standard package of Medicare benefits, as well as the full range of Medicaid benefits that are available in their state. So this person, to be fully benefited, they must be enrolled in Medicare Part A and/or Part B, as well as full benefit Medicaid in their state.

This is really the most common type of dual eligibility, with over 70% of dually eligible folks falling into this specific category. The other type of dual eligibility is partial benefits. So someone who was considered partial benefit, they will receive the standard Medicare package of benefits, which is the same as the full benefit people. And their state Medicaid program provides some financial assistance to help pay for their Medicare premiums and/or other Medicare cost-sharing. This person must also be enrolled in Medicare Part A and/or Part B, which, again, is the same as the full benefit dually eligible folks. And then they must also be enrolled in a state-administered Medicare Savings Program or an MSP, and we'll talk about those a little bit later in this presentation. Partial benefit isn't as common. It covers about 29% of dually eligible folks. And really, the major difference between full benefit and partial benefit dual eligibility has to do with the level of Medicaid benefits that a person receives. Both full and partial are receiving the full suite of Medicare benefits. And so it's really that Medicaid piece, how much of that package that they're receiving, that will determine whether they are full or partial benefit. So putting all this into context in terms of individuals with HIV and the Ryan White program, so there are 12 million dually eligible people in the United States, and this number is growing. And nearly two-thirds of all Medicare beneficiaries with HIV are dually eligible. And then one-quarter of Medicaid beneficiaries with HIV are dually eligible. Within the Ryan White program, just over 7% of clients are dually eligible. And among that group, over 80% of dually eligible Ryan White clients are age 50 and older. And then about 35% or 36.6, rather, are age 65 and older.

So this is important. These are important distinctions to make because, as many of us know, the Ryan White population is aging, and this population may need some more intense later-in-life care due to accelerated aging, disability, and so on. In general, people who are dually eligible for Medicare and Medicaid tend to have more complex health needs compared to people who are not dually eligible. Among dually eligible people with HIV specifically, they are more likely to have multiple chronic illnesses or functional disabilities that may limit their ability to care for themselves independently. So having said all this, this sort of gets us to the question of how someone becomes dual eligible. What does this look like? So there are three possible pathways that a person might take to Medicare or Medicaid dual

eligibility. So looking at that pie chart on the slide, the first and the most common way that a person becomes dual eligible, and it's in that dark red, is that a person becomes eligible for Medicare first, and then becomes eligible for Medicaid later on. And about two-thirds of folks fall into this category. The second pathway, which covers just over a quarter of folks, is where a person becomes eligible for Medicaid first, and then becomes eligible for Medicare later on. And then the third pathway, which is much less common, quite small, actually, is where a person becomes eligible for both programs simultaneously. And we really won't touch on this pathway much today, just because it is quite rare. But again, important to know that that is a pathway to dual eligibility. So we're going to take a look at the two most common pathways a little more in-depth.

So in the Medicare-first pathway to dual eligibility, there are two common scenarios. Scenario one, scenario two, you'll see on the slide. So scenario one, an individual becomes eligible for Medicare first through the aging pathway. So they're turning 65. And then they become eligible for Medicaid after they turn 65 because their income decreases. Maybe this is due to retirement or having high medical expenses in some states, for example. And then through that decreased income, and then meeting maybe other Medicaid eligibility criteria in their state, so they then become eligible for both Medicare and Medicaid. In scenario two, still, again, within this sort of Medicare-first pathway, an individual becomes eligible for Medicare first through the disability pathway. So that's when someone is becoming disabled before the age of 65 and receiving Social Security Disability Insurance benefits for at least 24 months, and then becoming auto-enrolled into Medicare. So they've enrolled into Medicare, and then they're eligible-- then they become eligible for Medicaid, again, because their income may decrease. So these two examples on the slide aren't the only-- there are different sort of iterations of these sort of broad-based scenarios, but these generally are the most common two scenarios that a person would become dual eligible in that sort of Medicare first pathway. And then the Medicaid-first pathway to dual eligibility, there are three common scenarios. So scenario one is when an individual becomes eligible for Medicaid first by meeting the low-income requirements for their state's Medicaid program, and then becomes eligible for Medicare through the disability pathway. So again, becoming disabled-- that disability pathway is when someone becomes disabled before 65, they receive SSDI benefits for at least 24 months, and then they're auto enrolled into Medicare. That's scenario one.

In scenario two, an income becomes-- an individual becomes eligible for Medicaid first by receiving SSI or supplemental security income. And that may be due to blindness, disability, or having limited income as defined, again, by their state's Medicaid program. So they're eligible for Medicaid then, and then they become eligible for Medicare through the aging pathway. So then they've turned 65, and they're then eligible for both programs. And then, in scenario three, an individual becomes eligible for Medicaid first by meeting the low-income requirements for their state Medicaid program, and then they become eligible for Medicare through the aging pathway, again, by turning 65. So that's a pretty high-level overview of the sort of Medicare-first pathway, the Medicaid-first pathway, and then the different scenarios that fall into each of those pathways. Before I hand it over to my colleagues, I just wanted to also share with you all a couple of new Medicare special enrollment periods for 2025. Could we go to the next slide, please? Thank you. So first is the monthly SEP for folks who are dually eligible and/or receive assistance through the Extra Help Program, which is also known as the-- they've received the low-income subsidy. So this SEP allows a person who is enrolled in a Medicare Advantage Plan with a prescription drug coverage plan to disenroll from the Medicare Advantage Plan and enroll into original Medicare and then also a standalone prescription drug coverage plan. This SEP also allows a person who is enrolled into original Medicare to switch enrollment into a different standalone prescription drug coverage plan. So both of those are available beginning this year, and they are available on a monthly basis.

And then second is the Integrated Care SEP for full benefit, dually eligible individuals with Medicare Advantage. And this allows a person to join or switch to an integrated D-SNP, which is a specific type of Medicare Advantage Plan under an aligned Medicaid Managed Care Organization, or an MCO. This SEP is also available monthly. And if folks have questions, we have SHIP counselors who are going to be presenting, and on the line, I'm sure that they can share more information about this SEP if you're

interested in learning more. All right. And with that, I'm going to hand it over to my colleague, Christine, to walk us through the billing and financial help associated with dual-eligible folks.

Christine Luong:

Thank you so much, Molly. And hello, everyone. Thank you for joining. So let us talk about billing considerations and financial help for dually eligible clients. Next slide. Great. So we'll start with an overview of all of the payers that are involved. So when a dually eligible person receives a service, the order of payers is always Medicare first, Medicaid second, and then Ryan White and ADAP last. And this coordination of benefits process happens on the back end, so clients shouldn't need to do anything additional to make sure that their care is covered. As the primary payer, Medicare will always pay first for any medically necessary, Medicare-covered services that are also covered by Medicaid, such as inpatient and outpatient care. As the secondary payer, Medicaid will pay next for any Medicaid-covered services that Medicare either doesn't cover at all or only partially covers, such as long-term services and supports. And as the payer of last resort, if there is a remaining balance, the Ryan White and ADAP will pick up the tab for any HIV-related services that Medicare and Medicaid didn't cover or only partially covered. So the Ryan White program and ADAP both play a very important role in helping dually eligible clients. Ryan White and ADAP are allowed but not mandated to provide financial assistance to dually eligible clients for Medicare and Medicaid coverage when doing so is determined to be cost-effective for the program.

Now, this is a decision that is made at the jurisdictional level, so you should definitely check with your state's Ryan White program and ADAP to learn more about your local policies. This financial assistance may include the coverage of the premiums and the cost sharing that's associated with Medicare Part B, Medicare Part C or Medicare Advantage, and Medicare Part D prescription drug coverage. It may also include coverage of outpatient and ambulatory care under Medicare Part B, prescription drug coverage under Medicare Part D, if the plan includes at least one drug in each class of core antiretroviral therapeutics, and Medicaid premiums, deductibles, and copays, if there are any. For more information about using Ryan White funds for healthcare coverage premium and cost-sharing assistance, see HRSA HAB Policy Clarification Notice 18-01, and we'll chat out a link to that. And when it comes to medical costs, Ryan White programs are allowed to use program income, grants, and rebate funds to pay for HIV-related health insurance premiums and cost- sharing under the Health Insurance Premium Cost Sharing Assistance or HIPSCA provision of the Ryan White legislation. If you are interested in learning more, you can take a look at PCN 15-03 regarding the use of grant funds and PCN 15-04 about the use of pharmaceutical rebate funds. You can also check out PCN 16-02 to learn more about all of the allowable uses of Ryan White funds in addition to PCN 18-01, which I had mentioned on the last slide. And we'll chat out the link to all of those documents.

I want to emphasize again that although Ryan White programs are allowed to pay for premiums and cost sharing, they're not mandated to do so. Each state does have different rules about this. So for example, there are some states that will help with cost sharing, such as your deductibles and your copays, but won't cover premiums. Some states sort of do the opposite. Additional state-specific coverage options may be available as well. So we do strongly encourage you to check with your jurisdiction's Ryan White programs and ADAP to see what they do and do not cover. And given what I've just talked about, I do want to highlight one noteworthy challenge, and if you work with a Ryan White client that receives Social Security benefits, this is something you may have encountered already. So the challenge is this. It is extremely difficult for third-party payers such as Ryan White and ADAP to pay for clients Medicare Part B premiums after the premium amount has been automatically deducted from the client's Social Security payment. At this time, Ryan White does not have the ability to coordinate with the Social Security Administration to set up a payment arrangement on the client's behalf. And Ryan White also cannot pay clients back that Part B premium amount because the Ryan White program statute prohibits direct cash payments to clients. So as a result of this, for the vast majority of Ryan White clients with Medicare

coverage, the Medicare Part B premium is not a cost that Ryan White and ADAP can pay, even though, technically, it is an allowable cost.

This challenge is only applicable, again, to clients who get Social Security benefits. If you're working with a client who does not get Social Security benefits and who get direct billed by Medicare, then Ryan White and ADAP can easily help pay that premium as long as that's an allowable cost under your local program's policy. When it comes to prescription costs, ADAP is the payer of last resort, after Medicare and Medicaid. ADAP will always cover the cost of antiretroviral medications, including copays. But coverage for non-HIV medications is going to vary. So each state's ADAP formulary is different, which is why we encourage you to get in touch with your local ADAP to find out what specific medications are covered and which ones are not covered. Next slide. All righty. Let's do a quick knowledge check. Answer the question when it pops up on your screen. The question is: Which of the following is the correct order of payers for services provided to dually eligible clients? So select one response, and I'll give folks a few more seconds here. Which of the following is the correct order of payers for services provided to dually eligible clients? All right. Let's end the poll and see what you all responded. All right. So 94% of you picked C, which is the right answer. That's Medicare as the primary payer, Medicaid as the secondary payer, and Ryan White and ADAP always as the payer of last resort.

Great. Let's move on to the next slide. And let's now talk about sources of financial help for dually eligible clients. And I'm going to start with the Medicare Savings Programs, or MSPs, which is something that Molly had referenced earlier in the presentation. So Medicare Savings Programs are financial assistance programs that are administered by state Medicaid programs. They help Medicare enrollees pay for some or all of their Medicare Part A and Part B costs. They are also known as Medicare buy-in programs or Medicare Premium Payment Programs. On the slide, you can see that there are four types of MSPs, the Qualified Medicare Beneficiary or QMB program, the specified low-income Medicare Beneficiary or SLMB program, the Qualifying Individual or QI program, and the Qualified Disabled and Working Individuals or QDWI program. I'm going to share more details about each of these programs on the next slide. But before I do that, I just want to note that not every state offers all four of these MSP options, and they can also have slightly different names, depending on the state you live in. In general, the eligibility criteria for MSPs depends on the person's income as a percentage of the federal poverty level. And there are actually some states that will also take into account how much you have in assets.

So on the next slide, I'll share more details. It's really meant to be a more general guide. Again, since there is some state- to-state variation, we do encourage you to reach out to your state Medicaid program directly to learn more about which MSPs are offered where you live. Next slide. All right. So there's a lot of numbers and words here. I'm going to walk us through this table. So in this table, the columns correspond to the different types of Medicare Savings Programs. And the rows explain what each of those programs covers and some other criteria. So on the previous slide, I told you all that there are four types of MSPs. But in this table, you'll notice that there are six program names. This is on purpose. This is because two of those four MSPs that I mentioned have one version that's for full benefit duals and another version that's for partial benefit duals, which is, again, something that Molly had described earlier. So we'll just start from left to right. So in the second column in this table, we have the QMB-plus program. This one is the most comprehensive of all of the Medicare Savings Programs. It pays for 100% of all Medicare Part A and Part B premiums, deductibles, co-insurance, and copays. And it also provides full Medicaid coverage. QMB-plus has the most restrictive income limit of all of the MSPs, so less than or equal to 100% FPL. And the vast majority of dually eligible people qualify for this program.

In the third column, we have the QMB-only program, which essentially is exactly the same as the QMB-plus. The difference is that it does not include Medicaid coverage. In the fourth column, we have the SLMB-plus program. And this program pays for Medicare Part A deductibles, co-insurance, and copays, as well as Medicare Part B premiums, deductibles, co-insurance, and copays. It does not cover Medicare Part A premiums. But if you recall from the other webinars in this series, most people don't have to pay a Part A premium anyway if they have enough Social Security or credits. This program requires an income of between 101 and 120 percent FPL. So it is a higher income threshold than the

QMB program. In the fifth column, we have the SLMB-only program. It has the same income criteria as the SLMB- plus, but it's less comprehensive. So it does not include any Medicare Part A coverage or Medicaid coverage, and it only helps out with the Medicare Part B premium, but not any Part B cost sharing. So just pausing here, if you are confused about why there are two types of QMB programs and two types of SLMB programs, just remember that the plus designation in the name means it is more comprehensive and is meant for full benefit individuals who qualify for full- benefit Medicaid. And then the only designation is less comprehensive and it's meant for partial benefit individuals.

And I will also note here that for both the QMB-plus and the SLMB-plus, again, these are the two MSPs that are for full benefit tools, each state's Medicaid program can choose to cover Medicare Advantage premiums as well, but you do have to contact your state to find out exactly what their policy is. All right. So moving along here, in the second to last column, we have the QI program. This is exactly the same as the SLMB-only, with the exception of the income eligibility criteria. So the threshold here is higher. It's 121 to 135 percent FPL. And then, in the last column, we have the QDWI program. So this is specifically for individuals who are disabled but who are still able to work and who make up to 200% of the FPL. This program only pays for Medicare Part A premiums. It does not include any other Part A cost sharing or any Medicare Part B or Medicaid coverage. And so finally, just want to emphasize again that these Medicare Savings Programs are intended to help dually eligible people with their Medicare costs. But since they're state-administered, they're going to have some state-specific nuances. So please visit your state Medicaid website for more information about the MSPs that are offered in your state.

All right. Moving on to another source of financial help, which is the Extra Help program, also known as the Part D Low Income Subsidy or LIS program. This is a federally administered program that helps low-income people with their monthly premiums, deductibles, and copays, specifically for Medicare Part D prescription drug coverage. Extra Help itself is not prescription drug coverage. Again, it's a source of financial help for people who are enrolled in a Medicare plan that provides prescription drug coverage. That could be either through a standalone Medicare Part D plan if they have original Medicare or through a bundled Medicare Advantage plan that offers prescription drug coverage. If you have Medicare Advantage, Extra Help will help pay for the portion of the Advantage Plan premium that is associated with Part D coverage.

As a reminder, as of January of last year, the Extra Help program was expanded to provide the full subsidy to all eligible individuals with incomes at or below 150% FPL. In the past, before 2024, there used to be two different levels of assistance depending on what your income was. But now, it's more streamlined, and it's just one income criteria. Assuming that you meet the income and asset requirements of the Extra Help program, dually eligible clients are going to automatically qualify for Extra Help if they get their prescription drug coverage through original Medicare and if they are enrolled in the QMB, SLMB, or QI Medicare Savings Programs. So people who automatically qualify for Extra Help will receive a consumer mailing from CMS that notifies them they'll be automatically enrolled in a Part D prescription drug plan unless they decline that coverage or choose to enroll in a different plan themselves. And this notice is going to specify the expected premium, deductible, and copay amounts for that specific plan year. And keep in mind also, even if you don't automatically qualify for Extra Help, you can still submit an application through Social Security to see if you are eligible for it.

All right. So the next program I want to share is the limited income newly eligible transition or LINET program. LINET is a Medicare program that's administered by Humana that provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan. It's available for dually eligible people who qualify for Extra Help, but that Extra Help hasn't kicked in yet. It will provide immediate prescription drug coverage and covers all Medicare Part D drugs. And you can also contact the program directly via the phone number that's on this slide to request reimbursement for any out-of-pocket costs that you've spent on Medicare-covered drugs minus any copays during the retroactive period. Next slide. Okay. And then finally, this resource isn't 100% applicable for dually eligible clients, but I'll still share it for awareness. So what I'm talking about is the Medicare Prescription Payment Plan or the MPPP, MP3, however you want to call it. This is an optional

program that allows people with Medicare Part D coverage to spread out their out-of-pocket prescription drug costs over the course of the plan year. It does not reduce the total cost of prescription drugs, but it allows you to pay it off in installments rather than having to pay the full amount upfront.

So like I said, dually eligible people typically don't qualify for this program. And it's also generally not recommended for dually eligible Ryan White clients in particular. And just lastly, related to this, CMS did institute a new $2,000 cap on out-of- pocket prescription drug costs at the same time as this MPPP program rolled out on January 1st of this year. We've just chatted out a link to an ACE TA Center tool that has more information about the MPPP and the $2,000 cap as well as answers to frequently asked questions about this program. All right. And now, I will pass it over to Anne to talk about enrollment challenges and best practices for dually eligible clients. Thank you.

Anne Callachan:

Thank you, Christine and Molly. So in the next several slides, I'd like to review some common enrollment challenges for individuals who are aging into Medicare, including those with dual eligibility. I'll also review some best practices for Ryan White clients and the Ryan White program staff that support them. There are several challenges dual eligibles face. A common one is a lack of understanding about how Medicare and Medicaid coverage works. These two programs may not always cover the same things or may cover them differently. Individuals who are approved for a Medicare Savings Program or for Extra Help may need counseling about the benefits of these programs and those newly approved for Extra Help who are without active Medicare Part D prescription drug coverage received that temporary coverage through Medicare's LINET, but they might not know they have this coverage. And then they eventually get auto-enrolled into Medicare Part D prescription drug coverage. And making sure clients understand all of this can be sort of complicated.

Another common challenge is when a state Medicaid program auto-enrolls dual eligibles into integrated care plans. While those plans offer many extra benefits and do a good job of sort of coordinating the benefits offered by Medicare and Medicaid coverage, they may not work for everyone, especially for individuals whose existing healthcare providers do not accept that integrated care plan. Deceptive advertising on TV and received by mail may lead Medicare beneficiaries to making poor Medicare enrollment decisions. And in addition to this, some beneficiaries receive direct marketing phone calls, which can result into enrollment into a Medicare Advantage Plan that a client's providers do not accept. And failure to respond to Medicaid renewal notices can lead to a loss of Medicaid coverage and gaps in coverage for beneficiaries. Medicare beneficiaries who lack the 40 work credits needed for premium-free Part A face their own unique challenges. Often, these are individuals who are receiving supplemental security income. While they may have eligibility for Medicare Part B, they may not have that eligibility either. Screening these individuals for Medicare Savings Program eligibility as soon as possible is an important step.

The QMB or Qualified Medicare Beneficiary Medicare Savings Program can pay for both Medicare Part A and B premiums for individuals who are not eligible for premium-free Part A. Those who appear eligible for the QMB should submit this application before contacting Social Security to enroll in Medicare Part A and B, or they can submit sort of both applications at the same time. Another common challenge happens when a Medicaid-eligible individual loses this eligibility when they turn 65. Eligibility for Medicaid at age 65 typically changes and likely looks different from one state to the next. Understanding what your state's eligibility rules is really helpful when you're assisting clients with the transition into Medicare. Medicaid renewal applications for individuals 65 and older may also be long and complicated and likely require proof of both income and assets. And the asset test alone is often enough for many individuals to lose their Medicaid eligibility at age 65. Programs like the Medicare Savings Programs may be available to help those clients who are losing their Medicaid eligibility.

So screening these individuals for Medicare Savings Programs and other state assistance programs should be done as soon as possible. And then depending upon somebody's eligibility for Medicare

Savings Programs for people who are losing that Medicaid eligibility, those individuals may also want or need to enroll in a supplemental plan or a Medicare Advantage plan. There are several best practices that Ryan White and ADAP clients should be advised to follow. Remind clients to contact their case manager with any changes to their life circumstances, insurance coverage, or health coverage needs. Check their mail frequently for important documents, including health insurance renewal notices, new insurance cards, or premium bills. Open and respond as needed to any notices they receive, especially notices from Social Security, Medicare, Medicaid, and any other health insurance coverage they may have. Remind them that failing to respond to insurance carrier requests could result in a loss of or gaps in their coverage. Remind them that these notices could contain important information regarding plan, eligibility, or changes. Clients should bring notices that they don't understand to their case managers or other Ryan White program staff to review together.

And clients should also be counseled about the importance of attending their Ryan White, ADAP recertification appointments, and to reschedule any appointments they cannot attend. Ryan White case managers play an important role in supporting Medicare and dual-eligible clients. Some best practices include verifying that your client's contact information is always up to date, setting up 65th birthday reminders in your electronic health records for clients aging into Medicare and outreaching to them during that time to provide enrollment support, assisting your clients to actively enroll in Medicare, and to renew their Medicaid coverage if eligible when they turn 65 or referring them to somebody who can assist them with that enrollment and a Medicaid renewal application, and being aware of financial assistance programs like Medicare Savings Programs that are available in your state that can help reduce a beneficiaries out-of-pocket costs and helping your clients to access these programs when they are eligible. Some other reminders. If you're assisting with Medicare enrollments yourself, look for plans that include additional services that meet your client's needs. Review their medication list and make sure that any plan you are choosing, that their medications are on the formulary with the least number of restrictions, like prior authorizations.

For clients who are enrolling into a Medicare Advantage Plan, verify that their existing healthcare providers are in network with that plan. Make sure your clients have enough medications to get through any changes in their health insurance coverage, and then consider getting trained as a SHIP counselor in your state so you're better able to help your clients with their Medicare coverage needs. Ryan White HIV program staff should make sure to partner with their local aging services agencies. These agencies provide resources and strategies to support individuals who are aging into Medicare. Another best practice is to establish a relationship with your local SHIP program to triage complex Medicare enrollment issues, including those that come up for beneficiaries who are dually eligible. It's no secret that Medicare is complicated, so consider having staff in your organization trained to become SHIP counselors. Their knowledge and insight regarding how your program supports people living with HIV make them ideal SHIP counselors for the clients who participate in your program.

And finally, Ryan White program staff should become familiar with their state's Medicaid eligibility and how to determine which plans meet your client's needs. And this includes finding out more about the integrated care plans that are available in your state and the pros and cons of those kinds of plans. State Health Insurance Assistance Programs, also known as SHIP, provide local, in-depth counseling to Medicare-eligible individuals, their families, and caregivers. They are a valuable resource available to you and your Medicare clients to assist with enrollments, answer questions, screen for Medicaid assistance programs, and triage problems. Remember that the SHIP program in your state may have a different name, and we are chatting out a link so you can locate a SHIP program available in your state. And the link we chat out may also-- you may be able to find information at that link about what's involved in becoming a SHIP counselor in your state. And my final reminder is becoming a SHIP counselor is truly the best way for Ryan White and ADAP staff to support their Medicare-eligible clients.

SHIP counselors receive annual trainings about the options available to all Medicare beneficiaries. They help individuals review their existing coverage and enroll in new coverage. They can explain how Medicare works on its own or with any other existing health insurance coverage someone may have.

They can screen individuals for state programs, including Medicare Savings Programs and Medicaid eligibility. These are all programs that are going to help Medicare beneficiaries have reduced out-of-pocket costs. And SHIP counselors can also help Medicare beneficiaries apply for all those programs that they might be eligible for. They can also triage complex Medicare issues, including issues that come up for beneficiaries who are dual eligible.

Becoming a SHIP counselor has allowed me to support my clients in a way I couldn't before. In addition to receiving regular trainings about upcoming Medicare changes, I understand the eligibility criteria for all my state's Medicaid assistance programs, including Medicaid eligibility, Medicare Savings Programs, and other programs that are available in my state to help Medicare beneficiaries. I also have access to a dedicated Medicare assister line that makes triaging individual Medicare issues faster and easier. And it can also be called to sort of clarify what kind of coverage a Medicare beneficiary has right now. So I strongly encourage, as I do in all of these trainings, Ryan White and ADAP staff to contact their local SHIP program and find out more about what's involved in becoming a SHIP counselor. So thank you. And I think I'm passing it to Molly from here.

Molly Taso:

Thanks. Thanks so much, Ann. And thank you for, as always, joining us and sharing your expertise and sort of on-the- ground knowledge. It's so valuable to us and to those who are joining to have your sort of front-line perspective of this work. So before we transition to Q&A, I'm going to very quickly move through some resources that we wanted to share from the ACE TA Center. So all of these resources support and sort of reinforce all of the concepts and ideas that we've shared with you all today. So on the first-- or on the next slide, rather, this is our fundamentals of Medicare and Medicaid dual eligibility resource. This contains everything that we've presented today. And we really, strongly encourage that you reference this either online-- you can print it off and have it in your office or your clinic. But this, again, sort of collapses everything we've talked about today into a handful of pages. So we hope this is a really great resource for you all to have quickly at your fingers.

On the next slide is a resource that is specific for consumers. So this is a resource called Understanding Dual Eligibility: A guide for people with HIV about Medicare and Medicaid coverage. And this was developed specifically for people with HIV and provides an overview of the basics of dual eligibility as well as health coverage and financial assistance options. And again, this is specific for folks who are dually eligible and who are enrolled in the Ryan White clients. And this resource is also available in Spanish and Haitian Creole to support your clients. We also have some great resources that are specific to Medicare. So not Medicare, Medicaid dual eligibility, but just Medicare. And so moving left to right, we have our basics of Medicare for Ryan White clients, which is also available in Haitian Creole and Spanish. That middle resource there is around Medicare prescription drug coverage for Ryan White clients. And then on the right is a resource that walks through how Medicare enrollment works. We also have a number of tools that support you and your clients through the Medicare enrollment process. So on the left, we have one-on-one Medicare enrollment assistance for Ryan White clients, which describes how to partner with your local SHIP program and also how to become a certified SHIP counselor, just like Anne. The middle resource there is transitioning from marketplace to Medicare coverage for Ryan White clients. And then finally, on the right is a financial help for Medicare, which describes the most common sources of financial assistance for Medicare costs like the MSPs, the Medicare Savings Programs, and the Federal Extra Help Program.

And then one more tool from us is around Medicaid. So this is our Medicaid 101 for Ryan White recipients and providers. This describes the common Medicaid eligibility categories for people with HIV, the Medicaid application process, what the program covers, and how the Ryan White program and ADAP can complement Medicaid coverage. And then also, we just wanted to share some additional resources for older folks and people with disabilities from our friends at the Administration for Community Living or ACL. These are not limited to people with Medicare coverage or dually eligible

people, but they can be helpful sort of generally in terms of getting clients connected to local resources that are tailored to their needs. So the Eldercare Locator tool is a nationwide service that connects older adults, older Americans and their caregivers to local resources to help with housing, insurance and benefits, transportation, and much more. And then the Disability Information Access Line or DIAL, DIAL is a national network of organizations that serve people of any age or disabilities and connect them to resources that promote independent living. So we'll chat out links to those now. I see a chat that the Eldercare Locator is not working. So we may try to find another link for that. It may also be offline right now. So we will take a look. And if we are able to provide a working link, we will do that.

Okay. Before we get to the Q&A, one final question for you all. So I've sort of ended our last couple of webinars similarly reminding you all that we are here to help you all support the work that you are doing. So it's helpful for us to know what is helpful for you all. So if you could please tell us what types of training or resources related to dual eligibility would you find most helpful? And you can select as many that you would find helpful. So job aids for case managers, e-learning modules, webinars like these, a discussion guide, consumer fact sheets, consumer-facing posters, or anything else that you might be interested in, let us know in the chat. And I see also in the chat, all participants today will be receiving an email with a recording of this webinar as well as a PDF that contains all of the direct links to the resources that we've shared along with what slide number they were referenced on. And actually, my colleague, Lauren, just chatted out that PDF link in the chat. So please go ahead and make sure that PDF is open and saved. So okay. Let's go ahead and close the poll. So it looks like a lot of you are interested in job aids. You're interested in e-learning modules and consumer fact sheets. So this is all really great sort of insight to have. In the chat, I also see that webinars are good and job aids in different languages are also quite helpful for the work that you all do. So again, thank you so much. Continue to chat in also if other sort of ideas come to mind for how we can be supportive or helpful. But again, thank you so much for sharing this insight with us. I'm going to hand it over to Jared now, who's going to kick us off for our Q&A. But please do continue to send in questions as we move through the ones that we've gotten so far.

Jared Brumbeloe:

Thanks so much, Molly. And if we can hop over to the next slide, please. As you all have heard today, we've had some great presenters, Molly, Christine, and Anne. We are now very fortunate to be joined by another colleague of ours, Amy Killelea. Amy is an independent consultant providing public health policy and financing expertise to governmental public health agencies, nonprofit payers, and providers. We're excited to bring them on today to be able to assist us with some Q&A. So with that said, Amy, would love to dive right in and toss a couple of questions your way. Our first question that we have is, ACA Medicaid expansion adult group is not limited to single childless adults. Eligibility is up to 138% FPL based on total household size. Isn't that correct?

Amy Killelea:

Thanks, Jared. And hi, everybody. So the answer is yes. That's correct. Medicaid income eligibility is based on modified adjusted gross income or MAGI. It's a very similar calculation as to how income eligibility for the premium tax credits for marketplace coverage are calculated. And that looks at household income. So generally, that's going to include a spouse and any tax dependents. So you're absolutely right. I will add one caveat is that you do often hear single childless adults sort of associated with the Medicaid expansion because that was a group that was sort of firmly left out in the cold of Medicaid before the ACA expansion. There really was not a great eligibility pathway for that group. So the Medicaid expansion has been a real important pathway for them. But absolutely right, the income does look at household income, not just individual.

Jared Brumbeloe:

Great. Thanks, Amy. And Amy, while I have you, transitioning a little bit over to Medicare and Part Bs, is it accurate that Medicare won't direct bill clients for Part Bs if the client receives Social Security benefits? AKA, is there no way to request direct billing?

Amy Killelea:

Yeah. So thanks for this question. I think a couple of people asked a variation on the same theme. And the main point here is that for people receiving Social Security, the Part B premium is automatically deducted from the Social Security payment. And there is just not an operational way for Ryan White to pay the Part B premium. That has been a longstanding problem. That is one that there has been advocacy, particularly with CMS, to figure out a way to direct bill for the Part B premium. But those efforts have just not come to fruition as of yet. But fear not, this comes up. I think, in every ACE TA Center webinar on Medicare that I've been on, this question comes up, so it is certainly a well-known issue. The other question that was asked, "Well, couldn't Ryan White recipients just cut checks to clients for the Part B premium?" And unfortunately, that would run afoul of longstanding policy that prevents Ryan White recipients and sub-recipients from making direct payments to clients, even when those payments are a reimbursement for something the client has gone out of pocket for. That is just a longstanding policy whose main purpose is to prevent improper payments and really limit use of Ryan White funds to specified services. So unfortunately, there's not a work around that policy, even though I think I agree with the thrust of trying to figure out what's the plan B.

My only caveat is just to say there are certain very small slivers of Medicare beneficiaries for whom Ryan White has been able to pay the Part B premium. And those are typically-- ones that I've heard, and ADAPs have sort of reported being able to do this, are folks who are getting railroad retirement benefits. So it really depends on whether that Part B premium is being administered separately. So I don't want to make a blanket statement and say never, ever, ever can Ryan White pay the Part B premium. There is a small sliver that are administered a little bit differently for whom Ryan White can. But in general, operationally, it has just been an impossibility.

Jared Brumbeloe:

Amy, thanks so much. Anne, I would love to pass the next question over to you. And the question is, is there a way for case managers to look up if a patient is dually eligible?

Anne Callachan:

So that's not an easy question. But certainly, if you work in a clinic where your clinic has the eligibility, has the software to be able to look up somebody's eligibility in a virtual gateway, I would say that that's the way most people confirm what kind of health insurance coverage the individuals they're working with have. This is a great opportunity to sort of push becoming a SHIP counselor. As a SHIP counselor, you have access to a dedicated Medicare assister line where you can call up and find out what kind of Medicare coverage your client is enrolled in, and even find out costs of premium bills and all kinds of things like that. I am also a CAC in my state, so a certified application counselor. And through that certification, I have the ability to check on somebody's Medicaid eligibility via virtual gateway.

Jared Brumbeloe:

Anne, thanks so much. And while I have you kind of in the same line of--

Molly Taso:

All right, looks like Jared froze. So I'm going to pick up for Jared here. Okay, let's see where he was. So okay. So if a patient has dual-- okay. So this is looking at if a patient has dual eligibility, dual coverage, and the clinic that that person is seeking care is not contracted with the Medicare plan, who then covers those visits? Would it be Medicaid?

Anne Callachan:

So not really, necessarily. So individuals who are dually eligible and are enrolled in some sort of plan that their clinic doesn't take, probably have a Medicare Advantage Plan or maybe an integrated care plan that works very similar to a Medicare Advantage Plan, where you need to see providers in that network. So being able to be seen at a clinic that's not in network with those kinds of plans is not an option. When somebody is dually eligible, it is typically the role of the Medicaid program to act as a secondary payer to cover what's covered by that original plan and pick up the secondary costs, or to maybe cover services that Medicare itself doesn't cover but that are paid for through the state Medicaid program.

Molly Taso:

Great. Thanks, Ann. Okay, Jared, I'm going to throw it back to you.

Jared Brumbeloe:

Perfect. Apologies, everyone. We all have our lovely Wi-Fi instances around here. Christine, I would love to pass it to you next. Christine, the question states, "For dual eligibility, are there asset tests along with income limits for the Medicaid portion or for the Medicare savings programs?"

Christine Luong:

So I'll talk about the Medicare Savings Programs piece of it, and then I'll pass it to Amy in a second to talk about the Medicaid piece. So for Medicare Savings Programs, basically, each state can set the specific income and asset limits for each of those MSPs. In general, though, across most states, those income limits are pretty much the same based on the federal income and asset guidelines. And those are the numbers that I had presented earlier in the presentation in that big table. But again, some states can have higher income limits, and there are some states that do have asset limits. So when I talk about assets, what do I mean? Assets would include things like the money you have in your savings and checking accounts. It would include any stocks and bonds, the money in your retirement account, and any real estate that you have. States will not include-- for the asset test, they will not include your primary home, your car, any household goods, any burial plots that you may have. And then some other states will exclude other types of assets as well. And so, because there is a lot of state-level variation around those income and asset limits for MSP programs, we do encourage you to still apply for an MSP, even if you think you might not be eligible. And again, this would be through your state Medicaid program. And I'll pass it to Amy to talk about the Medicaid asset income and asset piece.

Amy Killelea:

Sure. Thanks, Christine. So yeah, there was a question about the Medicaid spend-down option, which is also sometimes called Medically Needy Program. This is something that is going to be-- it will vary by state, and states sort of interchange those two terms for it. It is an option for certain Medicaid groups,

and it is a relevant option for dual eligible folks, folks who are sort of over income or over assets for the Medicaid portion of the dual eligibility. So individuals who are over income for Medicaid can deduct qualified medical expenses from their income so that they can spend down to the Medicaid income threshold. So it's not available everywhere. It varies a bit from state to state, but it is an option, and it can be relevant, particularly for the dual population we're talking about. Just to kind of be as inclusive as possible, Ryan White can't be used to meet an individual spend down. Some states do allocate state and local funds, but federal funds can't be used to help somebody meet a spend-down requirement. And then, obviously, Ryan White is able to step in and provide services for beneficiaries who are in their spend-down period. So it is an option to look into.

Jared Brumbeloe:

Great. Thanks, Amy, so much. Christine, if I still have you, I'd love to pass one more question your way. The question states, "I thought that Medicaid will not cover anything that Medicare also does not cover. Can you clarify?"

Christine Luong:

Yes. So it would depend on the specific service, right? So there may be services that are covered by both Medicare and Medicaid, and there may be services that are covered by just one of the programs, right? So for example, Medicaid would generally provide more covers than Medicare does for things like long-term care and nursing home care and home and community-based services. Then there's other things like outpatient care that are covered by both Medicare and Medicaid. So Medicare is always going to be asked to pay first. And if Medicare either can't pay for it at all or can only pay for part of it, then the remainder of that bill for that specific service will go to Medicaid. And I know that we also got in the chat a question about, "Okay. Well, what about the role of Ryan White and ADAP?" So again, the order of payers for dually eligible Ryan White clients is always going to be Medicare first as the primary payer, and then it'll go to Medicaid as a secondary payer, and then it'll go to Ryan White and ADAP as the payer of last resort. So as long as-- if there's still a bill remaining, it's always going to go in that order.

Jared Brumbeloe:

Perfect. Thanks, Christine. Anne, I'd love to pass it over to you. Anne, the question regarding Medicare, "Why does Medicare activate Part A months before the client is eligible for full benefits without real communication with the client and sometimes retroactively to January, and in turn, if the client has ACA Marketplace coverage, the tax credit that they have is now having to pay back or be paid back because having Part A makes the client ineligible for tax credits?" Can you give us a little insight?

Anne Callachan:

Yeah. So I mean, it's-- the question is sort of confusing. I'm assuming what you are referring to it's not that somebody is ineligible for Medicare, it's that they may be enrolled later in their initial enrollment period or enrolled during the general enrollment period. And when somebody who's not already enrolled in Medicare Part A enrolls in Part A, that coverage can backdate as much as six months to the time that they became eligible. Meaning somebody who maybe waits until-- their birthday is in May, they wait until the last month of their initial enrollment period to enroll in Medicare, that coverage will backdate to the month in which they turn 65. And sort of a similar thing happens if somebody misses their initial enrollment period and enrolls during the general enrollment period, the Medicare Part A coverage often backdates six months prior to the date in which they submitted that application to enroll. But Medicare

as a rule doesn't backdate to a date that's prior to when somebody actually had that eligibility. But unlike part A, part B always starts the month after somebody submits their enrollment application. So I hope that answered that question.

Jared Brumbeloe:

Thanks, Anne. Much appreciated. And while I have you, one other that I feel very confident you can answer this one. Question is, "I have a dually eligible client whose Medicare prescription plan does not cover a medication, and their Medicaid will not pick up the cost. Do dually eligible clients only receive prescription coverage through Medicare?"

Anne Callachan:

So Medicare always has to be the primary payer. So I think the most important thing to remember is that almost every dually eligible client has Extra Help, and via that Extra Help, they can access a special enrollment period outside of Medicare's annual enrollment period. Generally, every month until we hit that Medicare open enrollment window to change their coverage, meaning this person can change their coverage to a plan where hopefully they can find a plan where that medication is on the formulary and make that change for the following month. But as a rule, Medicaid is always going to be a payer of last resort, meaning very similar to ADAPs in that somebody's coverage needs to pay for something first, somebody's insurance coverage, in order for that next program that's the payer of last resort to pick up the cost.

Jared Brumbeloe:

Amazing. Thanks so much, Anne. Christine, I'd like to pass it over to you. Christine, the question is, "If a client is dual eligible, who would cover vision and dental?"

Christine Luong:

So that's a good question. And I would say it depends on what type of Medicare coverage that person has. So original Medicare, so that's Part A and Part B, doesn't cover dental and vision. But if you have a Medicare Advantage Plan, these are plans that offer usually a bunch of extra benefits. If you have an Advantage Plan that offers that dental and vision coverage, then it would pay for some or all of those costs. Medicaid, just sort of as a general statement, Medicaid covers dental and vision, too, for adults. But because it's a state-administered program, right, that's going to vary by the state.

Jared Brumbeloe:

Thanks, Christine. Christine, I have one more for you, and I think you and Anne may be able to tag-team this question. The question is, why do some SSDI recipients not get enrolled in Medicare even after 24 months of receiving the benefit? I have patients who have fallen for deceptive advertising, requesting additional insurance benefits, usually open to dual- enrollment folks. Can you provide some clarification?

Christine Luong:

So this question is about the disability pathway for Medicare, right? If you recall from the other webinars in this series, the disability pathway requires that someone has received at least 24 months of SSDI

benefits in order to become eligible for Medicare. Once that 25th month of your SSDI benefits begins, that is the time point that the person becomes auto- enrolled in Medicare. So they'll receive a notice from CMS that says you've been auto-enrolled. And Anne, I don't know if you want to talk about the deceptive advertising piece of this.

Anne Callachan:

Yeah. I mean, those advertisements, especially things that get mailed to your house, they are often being mailed to people as they're turning 65. Those mailings don't detail your eligibility for Medicare or enrollment into Medicare itself. So always, before you make any enrollment decisions related to Medicare, reach out to an experienced person who can tell you whether or not this is legitimate or not. But as Christine said, people who have been collecting Social Security Disability Income prior to age 65 for 24 months get automatically enrolled into Medicare Parts A and B. But as we covered in our part two webinar, those people still need to make active decisions to enroll in the other parts of Medicare they may need.

Jared Brumbeloe:

Thanks, Anne and Christine. Before our last question that I'm going to pass to Amy, I do want to sneak one other in. And it's just a clarifying question, open up to the panel here. Can anyone please repeat how we can check to see if a client is dually enrolled?

Anne Callachan:

I mean, I can go ahead and repeat this, but usually using some sort of virtual gateway for your state's Medicaid program is going to be the best way to find out what kind of health insurance coverage somebody has, including whether or not they qualify for both Medicare and your state's Medicaid program. A lot of times, the staff who work in hospitals and healthcare clinics, they need to be able to verify insurance eligibility. So they normally have a verification system. So reaching out to those staff to see if they can check eligibility is a great option. Becoming a SHIP counselor is a great option. But another option, if none of those things work for you, would be to have the client with you or on a phone call and to call your state Medicaid program with that client to check on their eligibility.

Jared Brumbeloe:

Great. Thank you, Anne. For our last question, given our time today, I am going to pass it over to Amy. Amy, to wrap us up, "Because SLMB-plus only goes up to 120% FPL, but Medicaid adult expansion goes up to 138% FPL, we see clients who lose Medicaid. When they get Medicare, although they would be eligible for Medicaid, they can't be dual eligible because income is over 120% FPL. How should we talk with clients under 65 at that 121 to 138 range of FPL who do get Medicare after 24 months of disability but then lose Medicaid and can't be dual eligible?" Quite a few caveats there. Hoping for some clarity, Amy.

Amy Killelea:

Yeah. I think this is a really good question. And I mean, you can apply it to sort of broader populations too. For some people, transitioning from wherever they are, and you're describing losing Medicaid, but you could also envision scenarios where someone's on subsidized marketplace coverage and turns 65

and moves into Medicare. There are some people for whom that transition is a sticker shock. And I think sometimes that's surprising because we tend to think of Medicare as fairly comprehensive, good coverage, and there's lots of wraparound. But there are people out there and clients that you guys are obviously working with for whom there is a price bump. And for some, and particularly folks who may be no longer eligible for the Medicaid portion, you may move from kind of zero cost-sharing in premiums to quite a significant bump. So a few things that I think are important to keep in mind. I mean, one, we just talked about the spend-down option. And so that's not going to be available everywhere or for every person, but it is something to look into in your state to see if Medicaid spend-down is relevant and there's an option.

The other things is to kind of keep an open mind and open all the doors. So see Medicare Advantage. What do those plans look like? Are there Medicare Advantage plans that offer different and more affordable cost-sharing or payback options for the Part B premium, which some do? If folks are staying on traditional Medicare, Medigap plans can help defray the cost-sharing for the Medicare Part A and B pieces. So there's no one answer. I think it's a really good-- it's a good thing to flag. And the last thing is for the Medicare Part D Extra Help. So to help affording Medicare Part D premiums and cost-sharing, that's now available at sort of full freight for folks up to 150% FPL. So it's a great question. It's complex. And it does deserve kind of an individual client-by-client conversation.

Jared Brumbeloe:

Amy, thanks so much. If we could get the last two slides back up on the screen really quick, I would love to wrap us up. Again, thank you, everyone, today for attendance. Your questions are invaluable. They help us understand what the needs are in the community, be able to provide resources, and more importantly, understand what's to come down the road for how we can be of assistance. We do want to remind you that parts one and parts two are on demand, the Basics of Medicare for Ryan White Clients and Medicare Enrollment Coverage for Ryan White Clients. They can be found on our targethiv.org/ace/webinars webpage. And in case you missed it, please make sure to go there and be able to view those as well. And our last slide, again, is thank you all-- thank you all very much for today. If you go to our targethiv.org/ace page, you can sign up for our mailing list, download tools and resources, and more. And of course, most importantly, if you have any questions, anything in between webinars, questions about resources, templates, ways that we can assist, please feel free to reach out to our ACE TA Center at jsi.org, and we will be happy to respond as we can. Everyone, thank you so much for your attendance today. Happy to be with and see you all. Have a great rest of the afternoon. Bye all.