

# Medicare Enrollment and Coverage for Ryan White HIV/AIDS Program (RWHAP) Clients

Access, Care, and Engagement (ACE) TA Center  
June 11, 2025

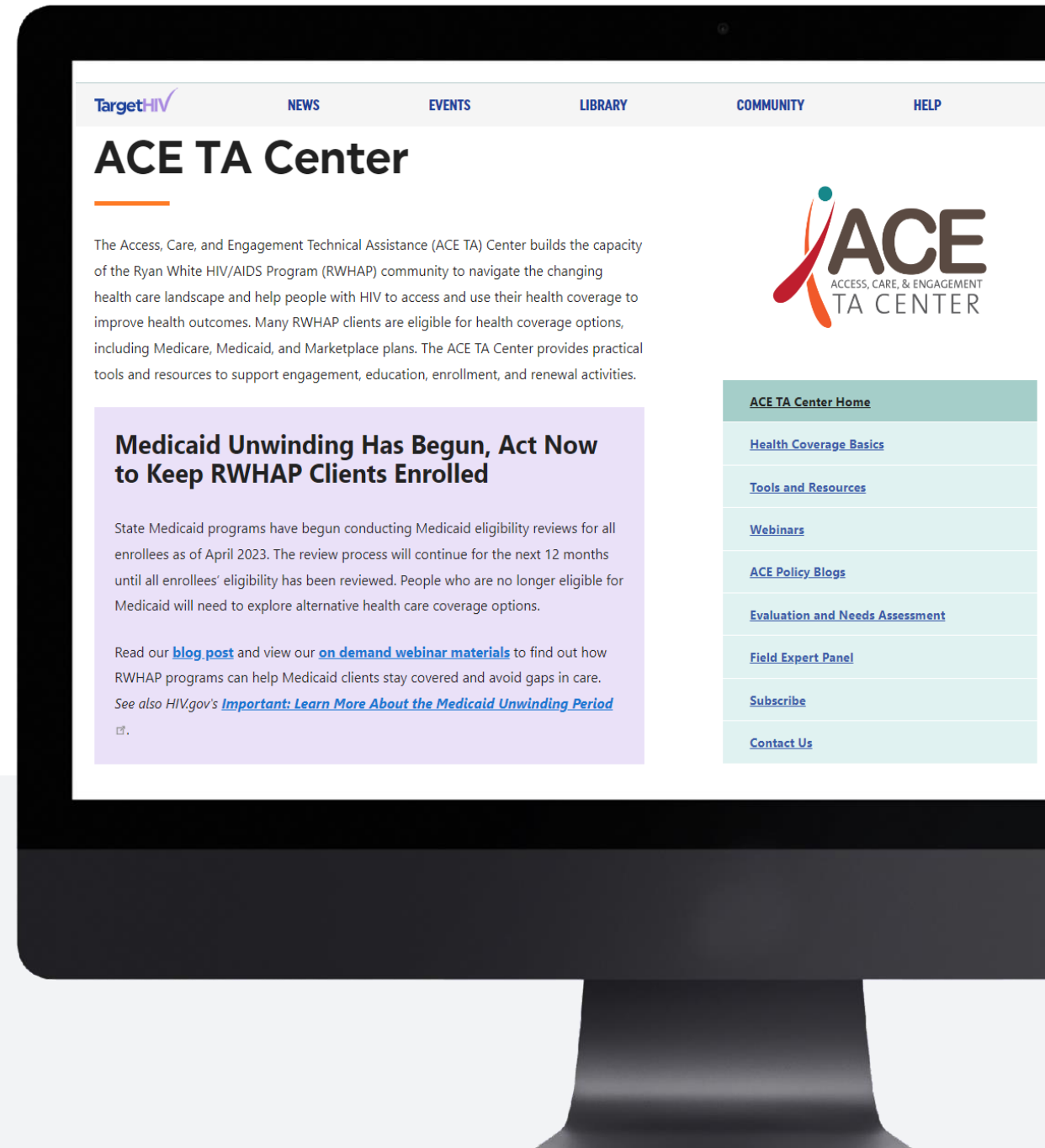


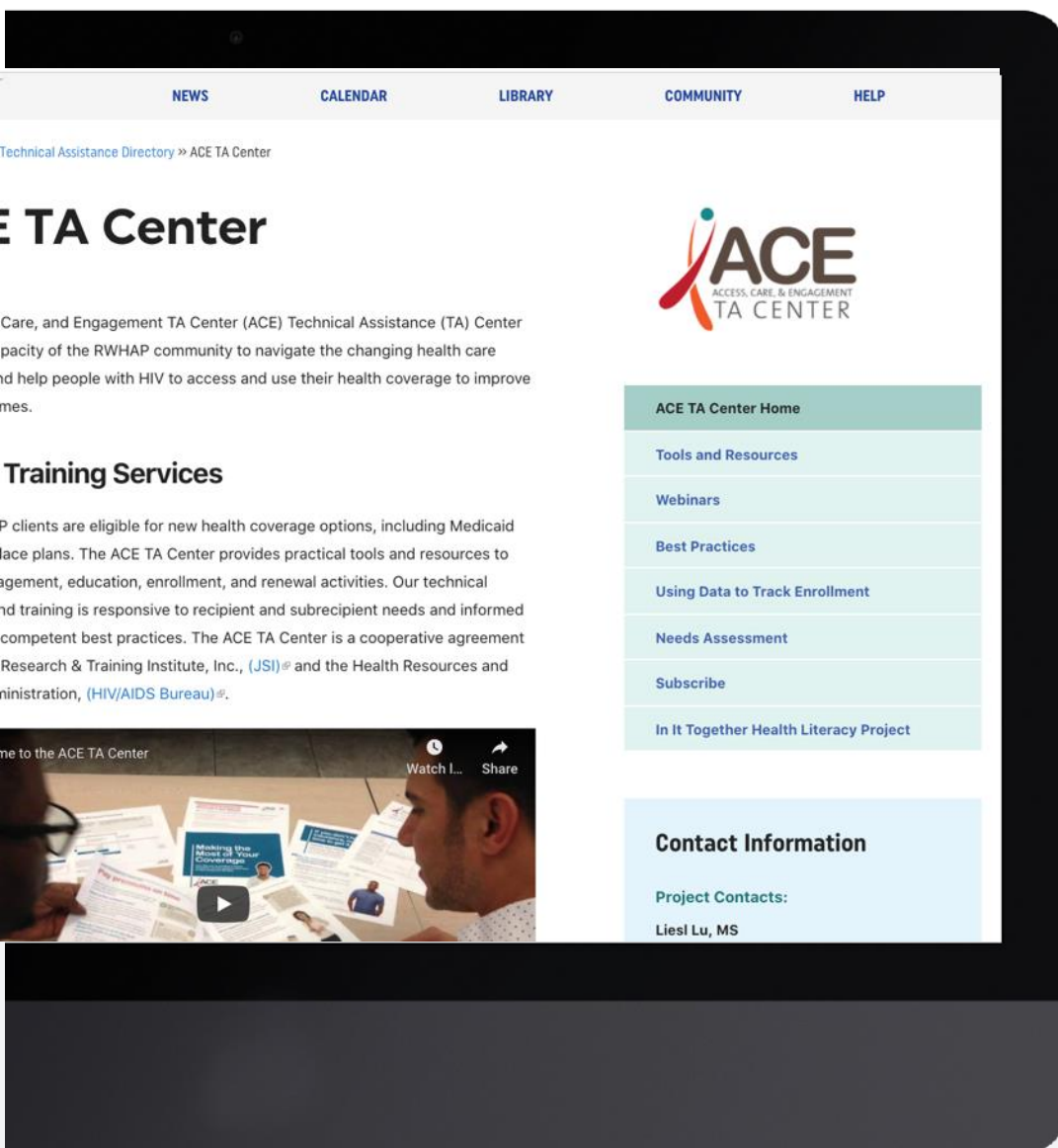
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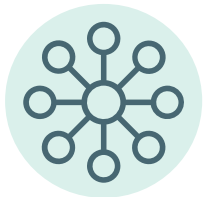
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# The ACE TA Center

## 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**

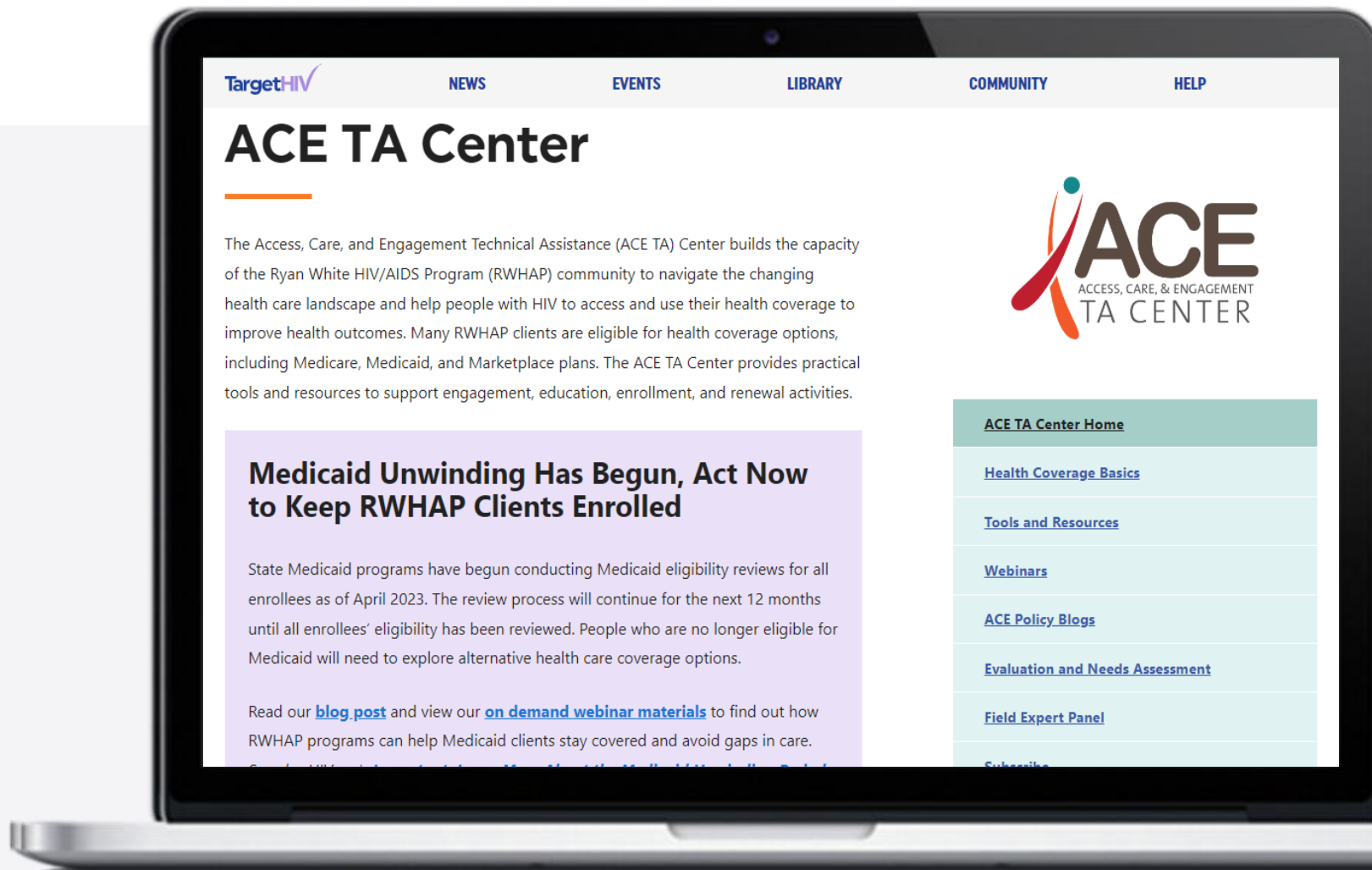
of their communication around health care access and health insurance.



- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Programs (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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# Poll #1

**How would you describe your organization's readiness to assist clients with Medicare enrollment? (Select one.)**

- We are experts and we stay up-to-date on enrollment best practices.
- We have some experience and we partner with external enrollment specialists.
- We have some experience and we are building our in-house capacity.
- We have a little experience and are exploring ways to improve.
- Other (chat in your response)

# Recap: Medicare Basics



# Recap: Part I

- In Part I, we covered:
  - The changing demographics of RWHAP clients
  - Medicare eligibility for people with HIV
  - The different parts of Medicare
  - Comparing Medicare coverage options (Original Medicare vs. Medicare Advantage)
  - Medicare enrollment pathways
- View the recording at [targethiv.org/ace/webinars](https://targethiv.org/ace/webinars)




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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 (with some exceptions).
- **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)

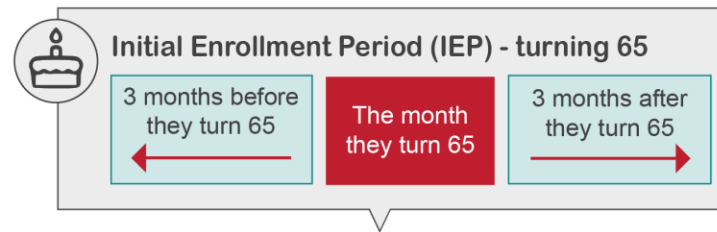
# Comparing coverage and costs


- Shop and compare Original Medicare and Medicare Advantage Plans at [www.medicare.gov](http://www.medicare.gov)
- The RWHAP, including the AIDS Drug Assistance Program (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>


 **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.




 **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

# Overview of Medicare Enrollment Pathways

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

# Best practices and enrollment support



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# Best practices to support Medicare enrollment

- ✓ Ensure continuity of coverage
- ✓ Actively enroll
- ✓ Enroll when first eligible
- ✓ Provide one-on-one enrollment support
- ✓ Be able to identify misleading marketing practices



## BEST PRACTICE #1: Ensure continuity of coverage

- Confirm with clients that their current providers accept Medicare:  
[medicare.gov/care-compare](https://www.medicare.gov/care-compare)
- Help clients compare Medicare drug plans in their area and choose one that covers their HIV medications and other non-HIV medications:  
[medicare.gov/plan-compare/](https://www.medicare.gov/plan-compare/)
- **Reminder:** The RWHAP, including ADAP, may help pay for Medicare premiums, deductibles, and copayments.

## BEST PRACTICE #2: **Actively enroll**

- For clients who choose:
  - Original Medicare (Parts A and B), enroll through Social Security
  - Medicare Advantage, Medicare Part D (Rx Drug Plan), or Medigap, enroll through Medicare.gov
- Only a small subset of people are automatically enrolled in Medicare:
  - People already receiving Social Security retirement benefits
  - People receiving 24+ months of Social Security Disability Insurance (SSDI) benefits
  - People with ESRD or ALS

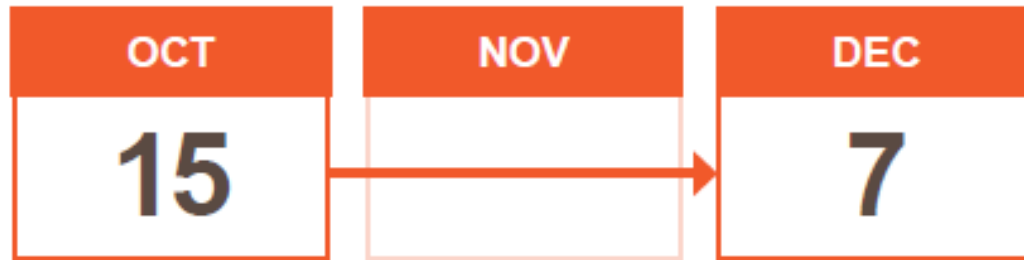
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## BEST PRACTICE #3: Enroll when first eligible

- Help clients enroll as soon as they are eligible (usually during the Initial Enrollment Period at age 65) to avoid late enrollment penalties and minimize gaps in coverage.
- Create EHR reminders or ask medical case managers to flag clients who:
  - Are approaching their 65<sup>th</sup> birthday
  - Will be receiving their 25<sup>th</sup> month of SSDI benefits

# Changing Medicare plans after enrollment

## Medicare Open Enrollment Period

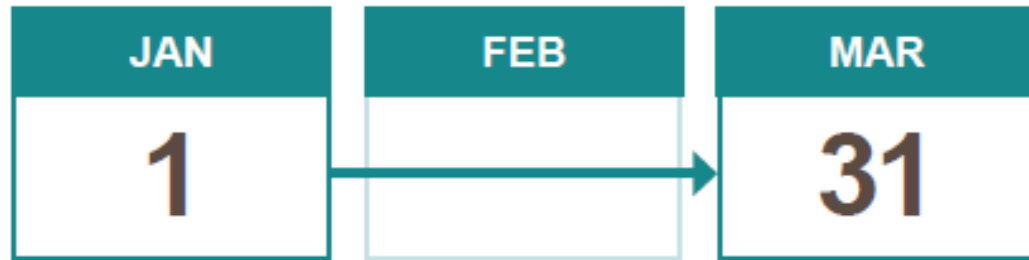


### October 15 – December 7 annually

Anyone with Medicare coverage, whether Original Medicare or Medicare Advantage, can make a change to their medical and prescription coverage for the following year.

New coverage begins January 1 the following year.

## Medicare Advantage Open Enrollment Period



### January 1 – March 31 annually

Individuals with Medicare Advantage can switch to a different Medicare Advantage plan or return to Original Medicare.

Any changes will be effective the first of the month after the plan gets the request.

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## BEST PRACTICE #4: Provide one- on-one enrollment support

- Establish external referral relationships
- State Health Insurance Assistance Programs (SHIP) provide **local and objective insurance counseling** and assistance to Medicare-eligible individuals, their families, and caregivers.
  - Review health or drug plan options
  - Explore financial assistance options
  - Explain how Medicare works with other types of health coverage
  - Help with complex issues such as dual eligibility for Medicaid and Medicare.
- Find your local SHIP: [shiphelp.org/about-medicare/regional-ship-location](https://shiphelp.org/about-medicare/regional-ship-location)

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## BEST PRACTICE #4: Provide one- on-one enrollment support

- Increase internal staff capacity by training HIV clinic staff (including RWHAP and ADAP) as SHIP counselors.
  - HIV clinic staff are ideal SHIP counselors because they understand the eligibility requirements for both programs, the coverage needs of people with HIV, and state-specific programs.
- Training programs and certification requirements may vary by state.
  - Individual SHIP counselors must be associated with a SHIP-certified organization.
  - Contact your state health department for more information.

## Poll #2

**Is your organization connected with your state's SHIP program?  
(Select one.)**

- Yes, we have SHIP counselors on staff
- Yes, we refer our clients to a SHIP counselor
- No, we are not connected but are working on it
- No, we are not aware of SHIP in our area
- Other (chat in your response)

## BEST PRACTICE #5:

# Be able to identify misleading marketing practices

- **Medicare fraud and scams** have increased in recent years. Look out for:
  - Providers billing Medicare for services or supplies they never provided
  - Providers charging Medicare twice for services or items that were provided once
  - Unauthorized use of a person's Medicare number to submit false claims
- Help spot and prevent fraud by:
  - Reviewing Medicare statements and comparing dates and services
  - Understanding marketing rules
- Report suspected fraudulent activity by calling 1-800-MEDICARE



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## BEST PRACTICE #5: Be able to identify misleading marketing practices

- Common misleading marketing practices:
  - **Deceptive language** that makes the ad seem to be sponsored by a government agency
  - **Promises of extra benefits** (like vision, dental, hearing, and help paying for other Medicare costs) that may not be true
  - Attempts to convince beneficiaries to **switch to a Medicare Advantage plan** that may not suit their needs or work with their existing providers
  - Encouraging beneficiaries to **call a phone number** to learn more about a plan or program
- Common misleading marketing materials:
  - **TV advertisements** by private insurance carriers and insurance brokers
  - Unsolicited promotional marketing **mailings**
  - Unsolicited **phone** calls, often from the beneficiary's current Medicare Part D carrier or an insurance broker on the plan's behalf to make the outreach seem more legitimate

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## BEST PRACTICE #5:

# Be able to identify misleading marketing practices

- Reminders for clients:
  - Consult with their RWHAP case managers or a Medicare SHIP counselor to review Medicare plan options
  - Never enroll in a Medicare plan based on an unsolicited phone call, TV advertisement, or marketing mailing
  - Never give their Medicare number or personal information to someone they don't know
  - Medicare and the Social Security Administration do not call people with sales pitches
  - Medicare Advantage plans have specific provider networks and may not be the right choice for everyone!

# Enrollment challenges



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## ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **Medicare Part A Penalty**
  - For people who don't qualify for premium-free Part A, pay an additional 10% on their monthly premium for twice the number of years they were eligible.
  - Can be avoided if they have employer-sponsored coverage.
- **Medicare Part B Penalty**
  - Pay an additional 10% for each year they were eligible (**a lifetime penalty!**)
  - Can be avoided if they have employer-sponsored coverage or qualify for a Medicare Savings Program.
  - If incurred prior to age 65, can be reset to \$0 during IEP at age 65.

## ENROLLMENT CHALLENGE #1: **Avoiding late enrollment penalties**

- **Medicare Part D Penalty**
  - Pay an additional 1% of a national benchmark amount for each full, uncovered month a person did not have Part D or other creditable coverage.
  - **This is also a lifetime penalty!**
  - Generally significantly smaller than Part A or B penalties and much easier to resolve
  - Can be avoided by having creditable prescription drug coverage or qualifying for the Extra Help program

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## ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- Make sure RWHAP clients enroll in Medicare Part A, B, and/or D when they are first eligible, unless they have a legitimate reason to defer, such as:
  - Client is still working and has employer-sponsored insurance.
  - Client is eligible for a Medicare Savings Program.
  - Client has other creditable prescription drug coverage.
  - Client qualifies for the federal Extra Help program.

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## ENROLLMENT CHALLENGE #2: Deferring enrollment if keeping employer coverage

- If a client plans to keep employer-sponsored coverage, make sure they talk to their employer's human resources department first before deferring Medicare enrollment.
- Individuals on employer-sponsored insurance (through their own or a spouse's employer) can generally enroll into Part A and keep their employer-sponsored plan.
- A retiree plan or COBRA coverage is **NOT** considered qualifying coverage, and does not exempt an individual from the Part B late enrollment penalty.

# Knowledge Check #1

**Which of the following is a legitimate reason to defer enrollment in Medicare Part B? (Select one.)**

- a) Having COBRA coverage
- b) Having employer-sponsored coverage
- c) Having retiree insurance
- d) All of the above
- e) None of the above



# Knowledge Check #1

Which of the following is a legitimate reason to defer enrollment in Medicare Part B? (Select one.)

- a) Having COBRA coverage
- b) Having employer-sponsored coverage**
- c) Having retiree insurance
- d) All of the above
- e) None of the above

**Answer: (B)**

## Knowledge Check #2

**What steps should RWHAP clients take if they are considering deferring Medicare enrollment and keeping their employer-sponsored insurance? (Select one.)**

- a) Contact their employer's human resources department to identify any potential conflicts
- b) Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- c) Time their Medicare Part B deferment during the Initial Enrollment Period
- d) All of the above
- e) None of the above

## Knowledge Check #2

**What steps should RWHAP clients take if they are considering deferring Medicare enrollment and keeping their employer-sponsored insurance? (Select one.)**

- a) Contact their employer's human resources department to identify any potential conflicts
- b) Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- c) Time their Medicare Part B deferment during the Initial Enrollment Period
- d) All of the above**
- e) None of the above

**Answer: (D)**

# ENROLLMENT CHALLENGE #3: Transitioning from Marketplace to Medicare

- **Enroll in Medicare when first eligible during Initial Enrollment Period (IEP)**
  - If a client missed the IEP, enroll through the next GEP, a Special Enrollment Period or equitable relief
- **Marketplace Termination:**
  - Marketplace coverage usually does NOT terminate automatically.
  - Clients will lose Advance Premium Tax Credits (APTCs) if they are:
    - Eligible for premium-free Medicare Part A and still enrolled in Marketplace coverage
    - Enrolled in Medicare Part A with a premium
  - Clients can keep APTCs if they are eligible for but not enrolled in Medicare Part A with a premium.

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## ENROLLMENT CHALLENGE #3: Transitioning from Marketplace to Medicare

- **Encourage clients to do the following:**
  - Check mail frequently for notices from the Marketplace or Medicare.
  - Be aware of the start dates for their Medicare Part A, B, and D coverage before terminating Marketplace coverage, in order to avoid any coverage gaps.
  - Contact the Social Security office if they encounter any enrollment issues.

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## ENROLLMENT CHALLENGE #4: Transitioning from Medicaid to Medicare

- Tips to avoid gaps in coverage:
  1. Make sure patients update their contact information with their state Medicaid agency.
  2. Encourage patients to check their mail frequently for letters from their state Medicaid agency.
  3. Help patients complete their Medicaid renewal form, if they receive one.
  4. If an individual is found ineligible for Medicaid, help them enroll into another form of health coverage (e.g. Medicare, Marketplace plan).

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## ENROLLMENT CHALLENGE #4: Transitioning from Medicaid to Medicare

- Medicare Special Enrollment Period (SEP) for termination of Medicaid coverage is available
  - 6 month SEP that begins when Medicaid eligibility ends or when client is notified of coverage termination, whichever is later
- Clients can choose between:
  - Retroactive coverage back to the date of termination (no earlier than 1/1/23), client must pay the premiums for the retroactive covered time period.
  - Coverage beginning on the 1<sup>st</sup> of the month after enrolling

# Financial help





# How the RWHAP can help

- RWHAP funds may be used to pay for Medicare premiums and cost sharing associated with Medicare Parts B, C, and D coverage:



- Outpatient/ambulatory health services (**Medicare Part B**)



- Prescription drug coverage (**Medicare Part D**) that includes at least one drug in each class of core antiretroviral therapeutics

- Note: RWHAP funds **cannot** be used to pay for Medicare Part A premiums, per [HRSA HAB PCN #18-01](#)

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# Tips for helping clients use RWHAP with Medicare coverage

- **Remind clients that ADAP is always the payor of last resort.**
  - For clients with Medicare Advantage or Medicare Part D deductibles, clients should direct pharmacies to bill their Medicare, not ADAP, in order to meet their deductible requirements.
- **Premium amounts can change throughout the year.**
  - To avoid coverage termination or accruing past due amounts, keep an eye out for notices in the mail about changes to their premiums so that RWHAP can help clients pay their premiums in full and on time.

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# Medicare Savings Programs (MSPs) for dually eligible clients

- Federally-funded, **state-administered programs for low-income beneficiaries** that help pay for some or all of the enrollee's Medicare premiums and out-of-pocket expenses.
- Some dually eligible people will qualify.
- 4 types of MSPs (varies by state):
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Qualifying Individual (QI)
  - Qualified Disabled and Working Individuals (QDWI)

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# Extra Help Program: Part D Low- Income Subsidy (LIS)

- A federal program that helps individuals pay for **some or most of the out-of-pocket costs** associated with **Medicare Part D** prescription drug coverage.
- **Reminder!** As of January 2024, Extra Help is expanded to provide the full subsidy to all eligible individuals with incomes under 150% FPL
- Individuals enrolled in an MSP often qualify for Extra Help automatically.
- Enrolling in the Extra Help program will **eliminate any Medicare Part D late enrollment penalties** that an individual may have incurred.

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# Other sources of financial help

- **State Pharmaceutical Assistance Programs (SPAPs)** can help eligible people pay for their prescription drugs based on financial need, age, or medical condition.
- Some major drug manufacturers offer **Patient Assistance Programs (PAPs)**, which provide free or low-cost medications for people with Medicare drug coverage who meet certain requirements.
- **Programs of All-Inclusive Care for the Elderly (PACE)** are state-administered programs for dually eligible individuals who require a nursing home-level of care.

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# Other sources of financial help

- **Low-Income Newly Eligible Transition (LINET)** program provides temporary, sometimes retroactive, Part D coverage for those who were on Medicaid and are waiting for Part D to start.
- Other state and local resources, such as financial assistance programs through clinics, hospitals, and federally qualified health centers.
- Optional **Medicare Prescription Payment Program (MPPP)** helps spread out Medicare Part D costs over the plan year

# Resource round-up



# ACE TA Center Medicare resources

**ACE TA CENTER MEDICARE TOOL**

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

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.<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 RWHP, than ever before.

**60+** Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.<sup>3</sup>

**Medicare Beneficiaries Living with HIV<sup>4</sup>**

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (63% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid
- not dually eligible

**Find the answers to these questions:**

1. What are the common Medicare eligibility pathways for people with HIV?
2. Learn about the different parts of Medicare, including their coverage and costs.
3. How can you support RWHP clients to enroll in Medicare?
4. How can the RWHP help clients with Medicare costs?

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

ACE TA CENTER | The Basics of Medicare for RWHP Clients

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**ACE TA CENTER MEDICARE TOOL**

## Medicare Prescription Drug Coverage for Ryan White HIV/AIDS Program Clients

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can get Medicare prescription drug coverage in two ways:<sup>1</sup>

1. Purchasing a Medicare Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.
2. Enrolling in a Medicare Advantage Plan, which includes prescription drug coverage.

However, if a Medicare enrollee is enrolled in Original Medicare and chooses not to enroll in drug coverage when they are first eligible, they will likely have to pay a **late enrollment penalty** to join later, unless they have other creditable prescription drug coverage. The penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

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

**Creditable prescription drug coverage** is prescription drug coverage that provides (i.e., pays for) at least as much as Medicare's standard prescription drug coverage on average. People who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.<sup>2</sup>

**Standard Level of Coverage for All Medicare Drug Plans**

All Medicare drug plans must provide a standard level of coverage set by Medicare, but may offer different combinations of coverage and cost sharing. Medicare drug plans may offer in the prescription drugs they cover, how much individuals have to pay, and which pharmacies they can use. For all diseases, plan formularies (the list of drugs a health insurance provider or plan covers) must include a minimum of two drugs in each drug class.

**Find the answers to these questions:**

1. How do clients get Medicare prescription drug coverage?
2. Are clients required to enroll in Medicare prescription drug coverage?
3. Does Medicare prescription drug coverage cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

ACE TA CENTER | Medicare Prescription Drug Coverage for RWHP Clients

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**ACE TA CENTER MEDICARE TOOL**

## How Medicare Enrollment Works

### Enrolling in Medicare Based on a Qualifying Disability

Individuals who 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
- to Medicare Part D: Prescription drug coverage

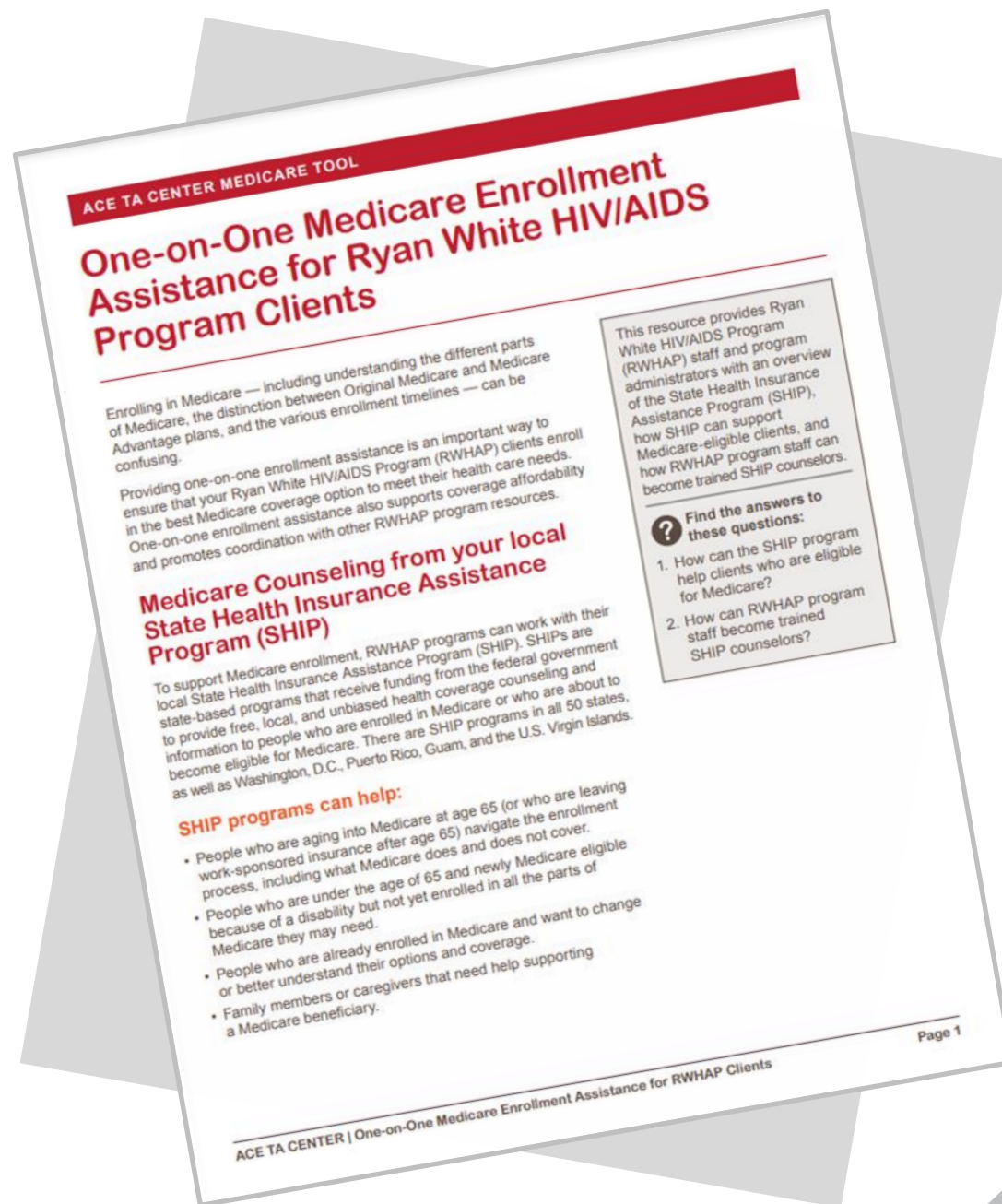
ACE TA CENTER | How Medicare Enrollment Works

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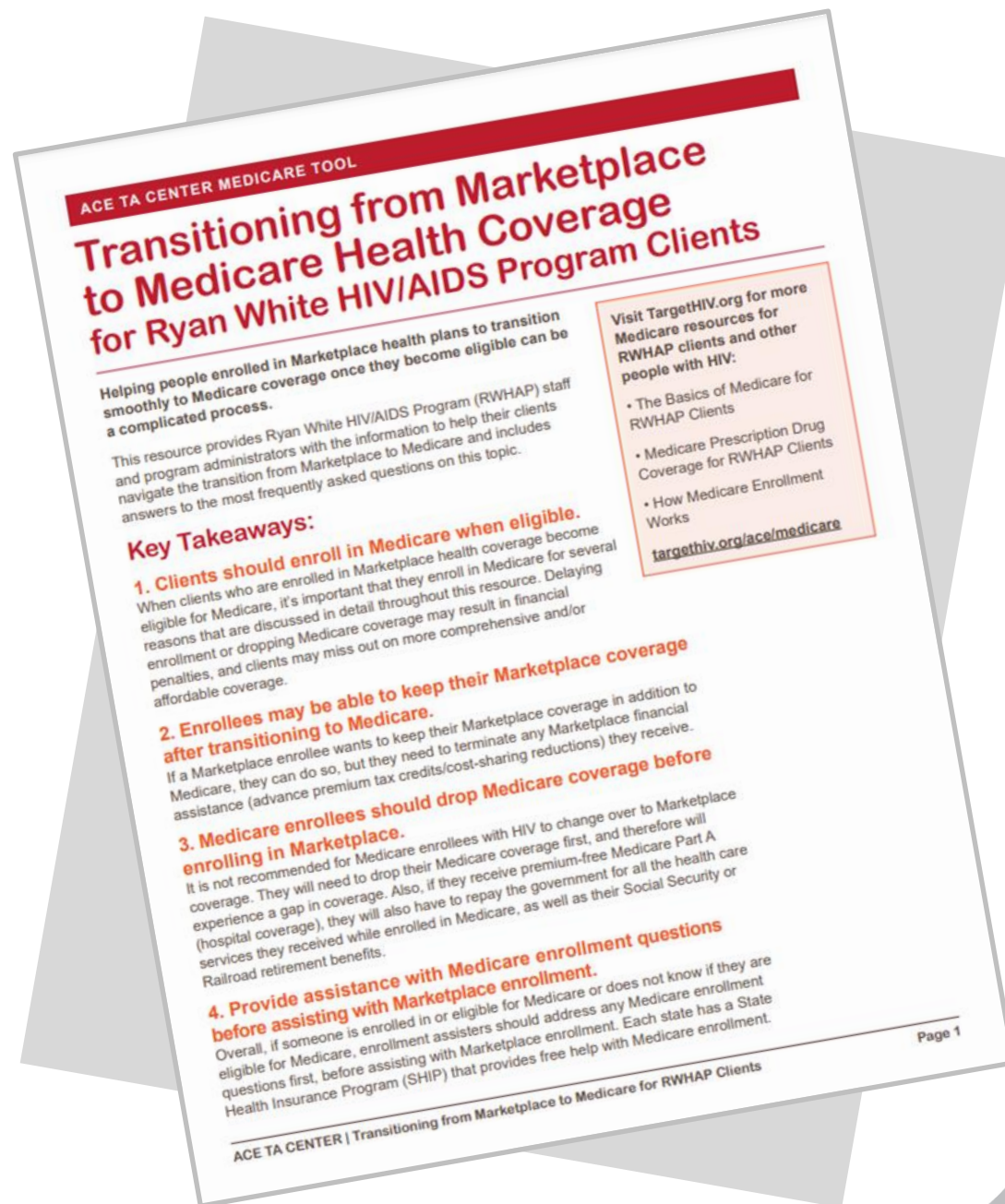
# Tool: One-on-One Medicare Enrollment Assistance

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

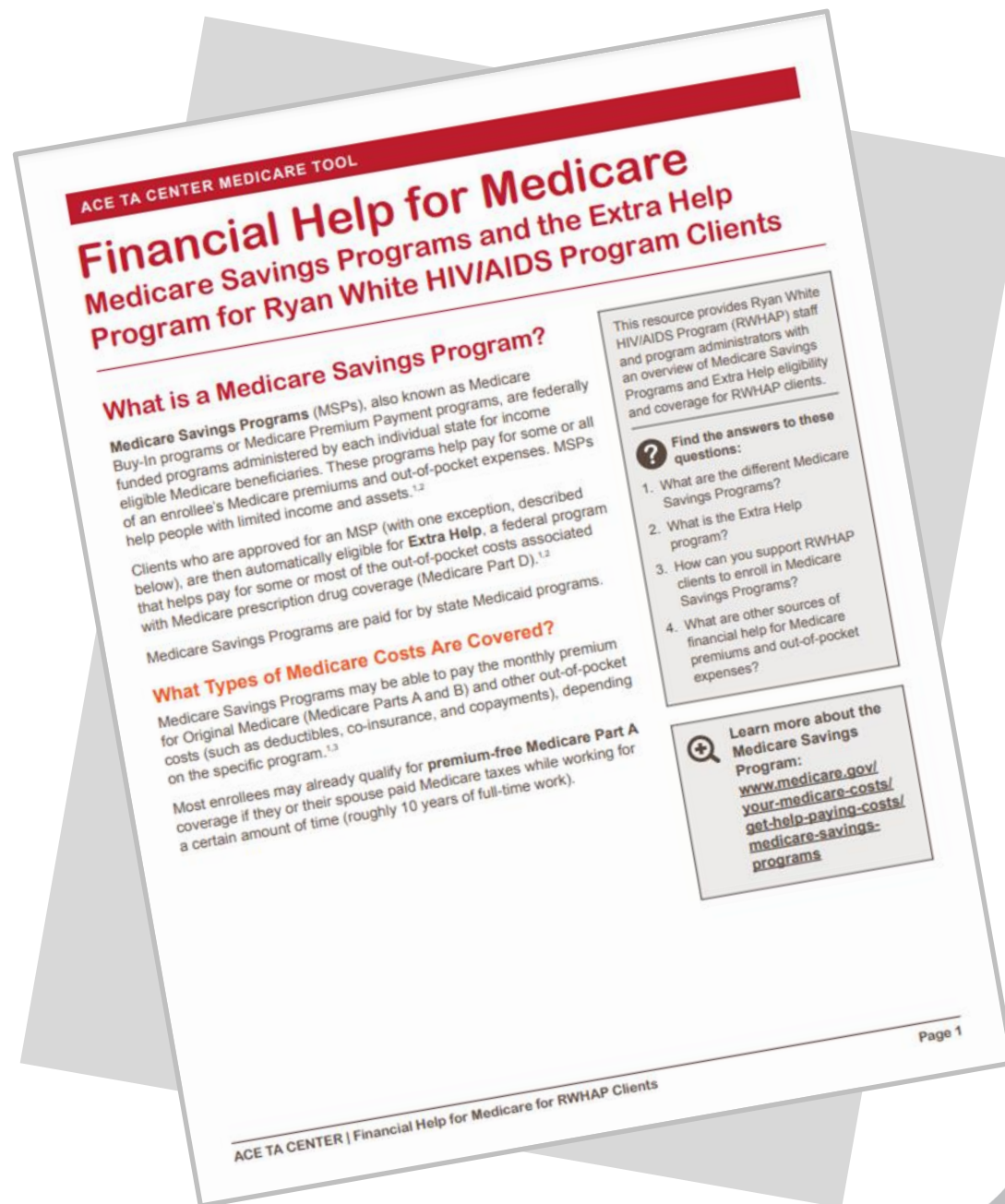


# Tool: Transitioning from Marketplace to Medicare

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



# Tool: Financial Help for Medicare

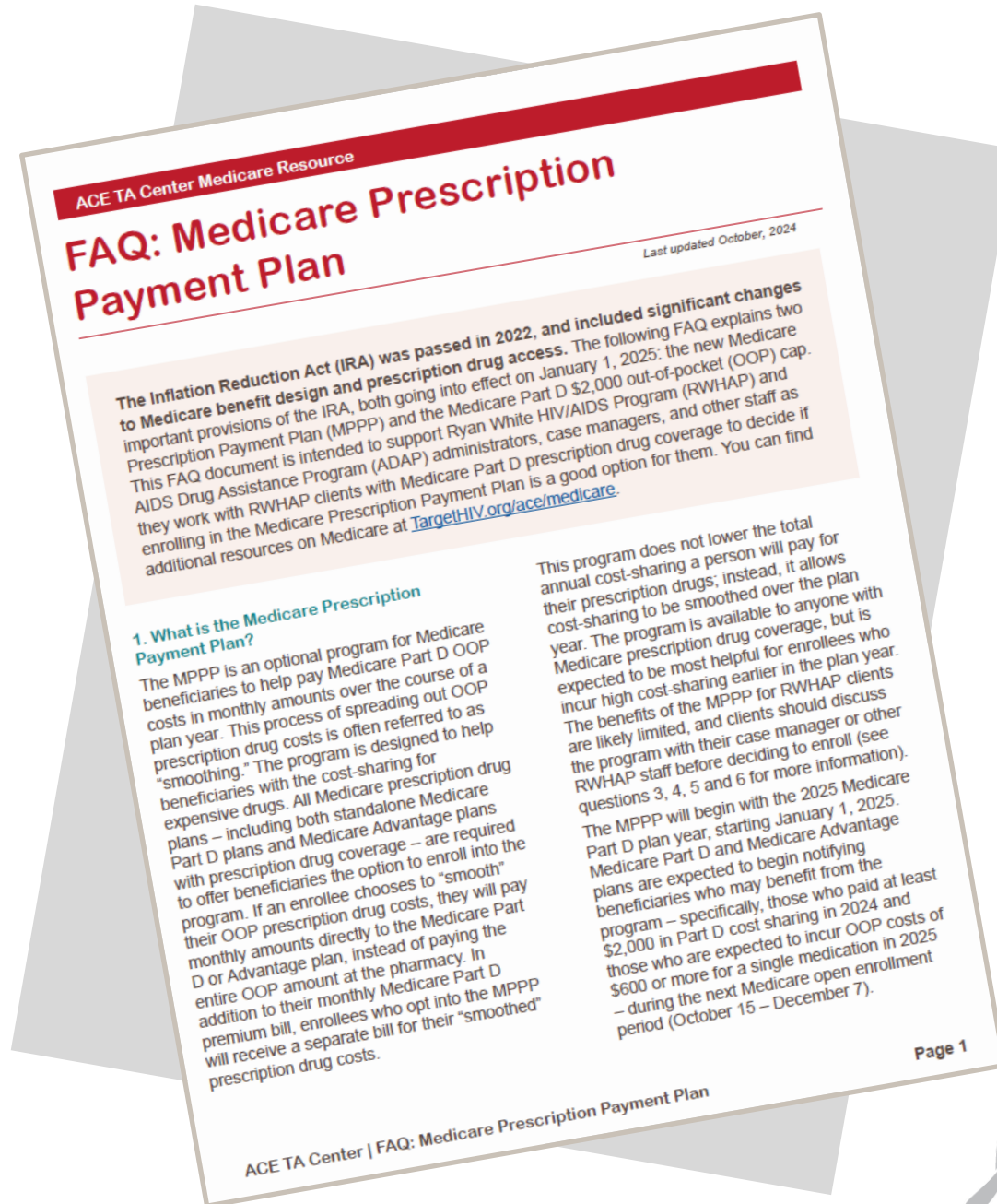


[targethiv.org/ace/medicare](http://targethiv.org/ace/medicare)



# FAQ: Medicare Prescription Payment Plan (MPPPP)

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



# 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.

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# Poll #3

**How do you typically share tools, resources, and information with RWHAP clients? (Select all that apply.)**

- During in-person appointments
- During virtual appointments
- Via email
- Via text
- Other (chat in your response)

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# Poll #4

**What types of resources would be most useful to share with your clients? (Select all that apply.)**

- Printable PDF fact sheet
- Palm card, brochure, or half sheet print-out
- Online searchable webpage or FAQ
- Other (chat in your response)

# Q&A Panelists

**Molly  
Tasso**



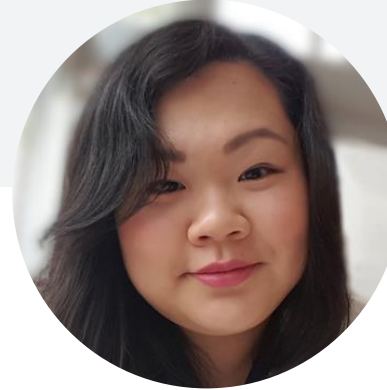
Project Director,  
ACE TA Center

**Liesl  
LU**



Principal Investigator,  
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**Christine  
Luong**



Research and  
Policy Associate,  
ACE TA Center

**Anne  
Callachan**



BRIDGE Team  
Project Manager,  
Community Resource  
Initiative



# Thank you.



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