



The Basics of Medicare for Ryan White HIV/AIDS Program (RWHAP) Clients Webinar Medicare Part 2 Transcript

June 16, 2025

Jared Brumeloe:

Everyone's time, we will go ahead and get started. Thank you all for being here today. Thank you for being here this afternoon. Perhaps this morning, depending on where you're coming in from. My name is Jared Brumeloe. I am a senior associate here at JSI and a materials specialist on the ACE TA Center. I'm really excited to have all of you with us today. To get us started, though, I am going to go ahead and share a few logistical and tech details and then hand it over to our amazing presenters. So before we get started, here's just a couple of tech details for anyone who might be new to our webinars. First, all attendees are in listen-only mode, but we certainly encourage you to ask lots and lots of questions in the chat box. Please feel free to submit your questions at any time during the presentation, and we'll take as many of those questions as we can at the end of today's presentation. And as always, you can certainly email any questions you have to acetacenter@jsi.com after the webinar. Certainly want to make sure you can hear us. If you have any problems hearing us or if you experience a sound delay during the webinar today, please try exiting and re-entering the webinar and you can mute your-- sorry, you can mute your computer audio and call in with your phone to the number below. And that would be a different way that you will be able to hear us. So just a little background. Some of you may be familiar with the ACE TA Center, but for those of you who are not, welcome, welcome. The ACE TA Center is a HRSA-funded technical assistance center that helps us build the capacity of the Ryan White community to navigate the changing healthcare landscape and help people with HIV access and use their health coverage to ultimately improve health outcomes.

Specifically, we support Ryan White recipients and said recipients to engage, enroll, and retain clients in Medicare, Medicaid, and health insurance options, build organizational health insurance literacy, and communicate with clients about how to stay enrolled and use health coverage. We do this by disseminating, developing best practices, supporting resources, and providing TA and training through national and local activities. So for the ACE TA Center, who's our audience? Our audiences include Ryan White Program staff, clients, program managers, administrators, but also people who help enroll Ryan White clients such as navigators, counselors, and other certified application counselors as well.

Little tidbit, today's webinar will be archived on TargetHIV at targethiv.org/ace. All participants, those of you who are in the webinar today, will receive an email when it is posted. So you can certainly share with your colleagues. Just so you know, our TargetHIV page also houses all resources and tools that we're going to discuss today and share out. If you happen to forget or lose the direct link today, you, as always, can visit our website and search in the topic library again at targethiv.org/ace. So today's webinar, here we are. In this presentation, we will recap what we covered in the first webinar in the series. We'll move into best practices and enrollment support. We'll discuss common enrollment challenges, financial help available, and we'll also highlight relevant ACE TA Center resources on these topics throughout the presentation as well. And for our presenters today, I'm very pleased to join by some of my colleagues, Christine Luong, Molly Tasso, and Anne Callahan.

Christine is the research and policy associate for the ACE TA Center and has been in this role for four years. She specializes in mixed methods research, health policy analysts, GIS, and data visualization, materials development for Ryan White grantees, clients, and a variety of other audiences. Molly is a senior associate at JSI and the project director for the ACE TA Center. She specializes in health policy and health insurance reform and its implications for people living with HIV and the Ryan White program.



Anne Callachan is the BRIDGE Team Project Manager at Community Resource Initiative, which administers the Massachusetts ADAP program, also known as HDAP. She has many years of experience navigating the health insurance for Massachusetts HDAP clients through her leadership of the Benefits Resources 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 also provides training and technical assistance for providers and enrollees, including materials development and virtual training. Last but certainly not least, we are joined for the Q&A later on by our principal investigator, Liesl Lu. So let's kick off with a little poll here to get our brains warmed up. How would you describe your organization's readiness to assist clients with Medicare enrollment? It'll pop up on your screen. Please feel free to select one. And then we will have the results shortly. Give it another 10 seconds or so. All right. Let's go ahead and end the poll. And let's check our results.

So it looks like the majority, or at least the highest percentage, has some experience and partner with external enrollment specialists, followed by your experts, stay up to date on enrollment best practices, and lastly, have a little experience and are exploring ways to improve, followed by some of the other options as well. Very excited to be able to help you out, provide some training in TA today. And at this point, I would like to pass it off to Christine to kick us off with a recap of our Medicare basics.

Christine Luong:

Thanks so much, Jared. And good afternoon, everybody. So yes. Let me start us off with a brief recap of what we covered two weeks ago in Medicare Part 1. So first, we started by sharing some important data about the changing demographics of Ryan White clients, specifically emphasizing the large proportion of Ryan White clients who are over the age of 55. We covered the main eligibility criteria for Medicare, which I'll review in just a minute. We talked about the different parts of Medicare and what they cover. We also compared original Medicare and Medicare Advantage. And we provided an overview of all the different ways that someone could enroll in Medicare. The webinar recording and the transcript will be available very soon. And when it is available, it will be posted on targethiv.org/ace/webinars. So just to make sure that we are all on the same page, I'm going to briefly highlight the Medicare eligibility criteria. So first and foremost, in order to enroll in Medicare, you must be a US citizen or a legal resident for at least five years. And assuming you meet that criteria, there are three potential eligibility pathways. The first is you can age into Medicare when you turn 65. That's called the aging pathway. If you are under the age of 65, you can be eligible for Medicare if you have a qualifying disability and have received Social Security Disability Insurance or SSDI benefits for at least 24 months. And lastly, if you have end-stage renal disease or ALS, also known as Lou Gehrig's disease, you can enroll in Medicare at any age.

Next, I will summarize some of the key points that we talked about when it comes to comparing coverage and costs between original Medicare and Medicare Advantage. So starting with original Medicare on the left-hand side of that table. Original Medicare, also known as traditional Medicare, allows you to pick and choose which specific Medicare parts you want to purchase based on your healthcare needs. Original Medicare includes Part A, which is hospital insurance, and Part B, which is medical insurance. With original Medicare, you do have the option to add on Part D prescription drug coverage. You can also add on supplemental coverage through a Medigap plan. And original Medicare is administered by the federal government. On the other hand, Medicare Advantage is a single plan that bundles Part A, hospital insurance, part B, medical insurance, and very often, Part D prescription drug coverage as well. Advantage plans usually will include extra benefits like dental and vision, and they can also have lower out-of-pocket costs for some services compared to original Medicare. Advantage plans are offered by private insurance companies that contract with the federal government. You can compare plan coverage and cost at medicare.gov. And no matter which Medicare option you choose, the Ryan White Program, including the AIDS Drug Assistance Program or ADAP, can help pay for Medicare Part B, C, D, and Medigap premiums and out-of-pocket costs. We also provided an overview of the various Medicare enrollment pathways. So this slide is a visual representation of these pathways.



So on the top left, which is the Social Security pathways, you can automatically qualify for Medicare if you've been receiving SSDI benefits for at least 24 months, or if you have received Social Security Retirement Benefits as early as age 62. In the middle of this graphic here, you can enroll during your seven-month initial enrollment period, or IEP, which is when you turn 65. So for many people, this is the very first time that they become eligible for Medicare and choose to enroll. And then at the bottom of this graphic, you can enroll during the annual general enrollment period if you missed your initial enrollment period when you turned 65. And if you experienced specific life events or transitions in coverage, you may also qualify for a time-limited special enrollment period. So on this slide, it just highlights the eight-month SEP for people who are transitioning off of employer-sponsored coverage, as well as the SEP for loss of Medicaid coverage.

However, there are many other Medicare special enrollment periods that are available. And now I am pleased to hand it off to Anne Callachan, who is a licensed SHINE counselor in Massachusetts and a longtime friend of the ACE TA Center. And Anne is going to talk about best practices and enrollment support for Medicare. Thank you.

Anne Callachan:

Thank you, Christine. So in this next section, I'd like to review some best practices for Ryan White staff and ADAP staff to better support clients who are aging into Medicare. So our first best practice is basically to ensure continuity of coverage by assisting clients to actively enroll into Medicare during their initial enrollment period. Christine just reviewed with you the initial enrollment period is a seven-month window that begins three months before the month of somebody's 65th birthday and continues for three months after the month that they were born. As soon as their enrollment into A and B is confirmed, it's a best practice to assist clients with enrollment into other parts of Medicare like Medicare prescription drug coverage, which they can get either through a standalone Medicare prescription drug plan or a Medicare Advantage Plan that includes Rx coverage. Refer clients who you cannot assist to a local SHIP program for help. If you are already connected-- if you are not already connected with a local SHIP program, get connected, it's very helpful. And then make sure you and your clients know how to identify misleading marketing practices geared toward Medicare beneficiaries.

Remember that these practices, these schemes, when successful, often lead to individuals enrolling into plans that may not actually be right for them.

Review your client's Medicare coverage to make sure their providers accept their plan. If not, help them select a plan that works with their healthcare providers. This is especially important for people who choose Medicare Advantage Plans that have specific provider networks. Medicare.gov is a great tool to compare and enroll in Medicare plans. And I think we just chatted out a link for that. When you're working with somebody in the Medicare.gov site, always confirm that your client's HIV and other medications are on the plan's formulary prior to enrollment. And try to select a prescription drug plan that has the least number of obstacles, things like prior authorizations that are needed for certain meds to be covered.

Remind your client which Medicare costs your ADAP or Ryan White program can cover. And the steps involve submitting premium bills or other bills to your program for services you can cover. And then screen them for state programs like Medicaid and Medicare Savings Programs that can help with Medicare costs, including deductibles and co-insurance, sometimes premiums, or refer them to someone who can help them with this. Help your clients connect with Social Security to actively enroll in original Medicare, which includes Part A, hospitalization and Part B, medical coverage.

The easiest way is by creating an individual socialsecurity.gov login account and submitting the Medicare A and B application online. But individuals can also call or visit their local Social Security office. And we just chatted out a link for SSA, Social Security Administration as well. Once their enrollment into A and B is confirmed, help your clients create a medicare.gov login account, which you



can then use to easily compare and enroll in coverage. Their options, once they've enrolled into A and B, include sticking with original Medicare and adding a Part D prescription drug plan. And then they can add a plan to help with some of the out-of-pocket costs as needed or to enroll in a Medicare Advantage Plan that includes drug coverage. Individuals must have both parts A and B to enroll in either a Medicare Advantage or Medigap plan. Remember that it's really only a small subset of individuals who get automatically enrolled into Medicare A and B. Those individuals include people who are already collecting Social Security retirement income prior to age 65.

Individuals who have been collecting Social Security Disability Insurance for 24 months, they get enrolled into Medicare A and B automatically in the 25th month, and then individuals with end-stage renal disease or ALS. Remember, that while these individuals might get automatically enrolled into A and B, they may still need to actively enroll in Part D or a Medicare Advantage Plan to add prescription drug coverage. Helping your clients avoid gaps in coverage and avoid enrollment penalties by assisting them with their Medicare enrollment as soon as possible is another best practice. Consider creating a reminder system in your electronic health records to flag clients for outreach approximately three months prior to their 65th birthday. And it's also a best practice to keep track of clients who are approaching the 25th month of collecting SSDI or Social Security Disability Insurance. Helping these clients to confirm their automatic enrollment into A and B and any other coverage they need, like Part D or a Medicare Advantage Plan, again, best practice.

So outside of an individual's initial enrollment period or eligibility for a special enrollment period, Medicare beneficiaries can change their coverage during one of two annual enrollment windows: during the Medicare Open Enrollment Period, which is the first one shown on the left-hand side of this slide, it runs from October 15th to December 7th every year. Individuals can add to or change their Medicare coverage by enrolling in to a Part D plan, a Medicare Advantage plan, or a Medigap. Those who are enrolled in a Medicare Advantage Plan already can opt to return to original Medicare and add a Part D plan and a Medigap plan as needed, or they could potentially select another Medicare Advantage Plan with different benefits, or maybe one that works with their providers if they're in a plan right now where they can't see all of their healthcare providers. Changes that are made during the annual Medicare Open Enrollment Period become effective on January 1st. The next enrollment period over on the right-hand side of this slide is the Medicare Advantage Open Enrollment Period, which runs from January 1st to March 31st. Individuals who have an active Medicare Advantage Plan on January 1st can make one change to their coverage.

Their option is to enroll in a different Medicare Advantage Plan or return to original Medicare Parts A and B as their primary payers, and then select a Part D prescription drug plan and add a Medigap plan as needed. The Medicare Advantage Open Enrollment Period provides a great opportunity for people who find themselves in a Medicare Advantage Plan where they can't see all of their providers to change their coverage and changes made during the Medicare Advantage open enrollment period become effective on the first of the month after the month that they enroll. And then as a reminder, we talked about the Medicare General Enrollment period a few slides ago. Christine sort of presented that, and it was talked about in more detail during part one of this webinar series. But the Medicare General Enrollment Period, which runs at the same time as the Medicare Advantage Open Enrollment Period, January 1st to March 31st, is an opportunity for individuals who didn't already enroll in Part B during their initial enrollment period or a SEP or who maybe lost their Part B coverage for failure to pay a premium, to enroll in Part B. Please remember that individuals who are missing Part B and enrolled during the general enrollment period may face a late enrollment penalty.

If you or your organization has not already done so, it's a best practice to establish a relationship with your local SHIP program. And I see we just chatted out a link for how to find your local SHIP program. SHIP counselors receive special training to assist Medicare eligible individuals, their families, and caregivers with their Medicare coverage options.

Services are free and unbiased and SHIP counselors are available to help people with a variety of needs. They can help people review their existing coverage and enroll in new coverage. They can



explain how Medicare works on its own or with other existing health insurance coverage, maybe coverage like employer-sponsored insurance. They can screen individuals for state programs, including your state Medicaid program or programs run by your state administered by your state like Medicare Savings Programs. All of these are programs that could help to reduce a beneficiary's out-of-pocket costs. They can also triage complex Medicare issues, including issues that come up for beneficiaries who are dual eligible, those with Medicare and Medicaid. Securing a connection with my local SHIP program when I first started doing this work is what led to my decision to become a SHIP counselor. As a SHIP counselor, I am much better able to serve my ADAP clients' Medicare needs.

So the next best practice is to really encourage Ryan White and ADAP staff to train to become SHIP counselors. HIV clinic staff who become SHIP counselors will have a better understanding of how their program supports people living with HIV, including those with Medicare. As a SHIP counselor, you can work directly with your clients to help them find the Medicare plans that work best for them. Ryan White and ADAP staff also know which Medicare costs their programs can cover, which is helpful when you're shopping for plans. It's certainly no secret that Medicare is complicated. Being a certified SHIP counselor has allowed me to support clients in a way I couldn't before. I receive regular trainings about upcoming Medicare changes that sort of keep me in the know. I better understand the eligibility criteria for my state's Medicaid programs, including things like Medicare Savings Programs that can help reduce the out-of-pocket costs that Medicare beneficiaries face. As a SHIP counselor, I also have access to a dedicated Medicare assister line that makes triaging individuals' Medicare issues faster and easier.

So I strongly encourage all Ryan White and ADAP staff to contact their local state department to find out more about becoming a SHIP counselor. And we chatted out a link about that. And I am going to pass this back to Christine for a minute, just to throw out another poll.

Christine Luong:

Thank you so much, Ann. If we could go back one slide with the poll, please. Going backwards, civil if possible. We're looking for slide 23, I believe. Back one more. All right. No worries. I have the poll memorized by heart, folks. Not to worry. So let's launch poll number two. Let's get that question up on your screens. So the poll question is: is your organization connected with your state's SHIP program? So you could choose, yes we have SHIP counselors on staff, yes we refer our clients to a SHIP counselor, no we're not connected but we're working on it, no we're not aware of SHIP in our area, or something else. If you fall into that other category, feel free to chat in your response. So let's give folks a few seconds to respond. As Anne said, SHIP is a really great program, and we definitely want to get the word out. All right. I think we can end the poll now and let's share the results. Let's see what you all answered. Okay. So I'm seeing 40% of you said you are not aware of SHIP in your area. 15%, you're not connected, but you're working on it. 25%, you already refer your clients to a SHIP counselor.

And 10% of you already have SHIP counselors on staff. For those of you who are not aware of SHIP, we do encourage you to go to shiphelp.org, click on the map function, and get connected with the SHIP program in your state. It really is an amazing resource. All right. We can stop sharing the poll now, and I will pass it back to Anne. Thank you.

Anne Callachan:

I think I just need slide 24, but-- the next best practice I'd like to talk about is being able to identify misleading Medicare marketing practices, fraud, and scams. So the first thing I'd like to talk about is just some examples of Medicare fraud that should be reported to Medicare and how people can identify these. So some of the examples are providers billing Medicare for services an individual did not receive or billing Medicare twice, and unauthorized use of an individual's Medicare number to submit false claims. So to spot and prevent fraud, individuals should be counseled to regularly review the Medicare summary notices they receive to make sure the charges they see on those summaries are legitimate.



Any suspected fraudulent activity should be reported to Medicare at 1-800-MEDICARE, and we just chatted out a link with more info about how to report Medicare fraud. Every year, it seems like the number of Medicare ads promising all kinds of extra benefits to beneficiaries increase.

These ads often contain misleading info geared toward getting individuals to change their Medicare coverage. While some of these ads are legitimately sponsored by Medicare Plan Carriers, many are sponsored by sales brokers looking to get a commission. The result is basically the same. These ads are an attempt to get Medicare beneficiaries to change their coverage with a promise of extra benefits. The extra benefits often include things like dental, vision, and hearing coverage, which are things that original Medicare doesn't traditionally cover, but they also sometimes talk about cash back benefits that reduce Medicare costs. Medicare beneficiaries may also receive marketing mailings promising the same kinds of extra benefits, and should be really wary of and watch out for these. Another common misleading marketing practice, and this is something I come across on a regular basis, is Medicare beneficiaries who receive unsolicited phone calls from their existing Medicare Prescription Drug Plan Carrier or a sales broker on the carrier's behalf. The goal of these calls is to get an individual to change their coverage to a Medicare Advantage plan offered by the same insurance carrier. Knowing how to spot what's legitimate and what is not is difficult.

And the key takeaway is to counsel your clients to always contact you, or a SHIP counselor, before enrolling in or making any changes to their Medicare coverage. Finally, remind your client that it's a best practice to always consult with somebody whose experienced before making changes to their Medicare coverage and to work with somebody who's experienced, like their case manager or a SHIP counselor, to review their current coverage. Never enroll in a Medicare plan based solely on a TV ad, unsolicited phone call, or a marketing mailing they receive at their home. Beneficiaries should never give their Medicare number or other personal information to someone they do not know, especially somebody trying to sell them a Medicare plan. Make sure they know that Medicare and Social Security don't call people with sales pitches. And remind them that while Medicare Advantage plans may offer benefits that original Medicare does not, these plans have specific provider networks and may not be the right choice for everyone. And I'm going to pass this back to Christine to go over some enrollment challenges. Thank you.

Christine Luong:

Thank you so much Anne for sharing your expertise with us. I know that misleading marketing has been a huge issue, and we really appreciate the tips that you just shared with us. Yep. So now I'm going to take us through some other common Medicare enrollment challenges as well as some tips to navigate those challenges. So the first common enrollment challenge that I'll talk about today is avoiding late enrollment penalties when deferring Medicare enrollment. So let's start with Part A. The Medicare Part A penalty only applies to people who do not qualify for what's called premium-free Part A. And as it suggests in the name, that's people who don't have to pay a premium for their Part A coverage. Most people do qualify for premium-free Part A if they've been working and paying taxes towards Social Security and have earned 40 work credits over the years, which is equivalent to about 10 years of work. Anyone who doesn't have enough work credits to qualify for premium-free Part A and who also did not enroll in Part A when they were first eligible may face a penalty of 10% on top of their monthly Part A premium for twice the number of years they were eligible but chose not to enroll. So as an example, let's say you're working with a client who does not have enough work credits, so they don't qualify for premium-free Part A. They waited two years to enroll in Part A. What that means is they now have to pay 10% more per month for four years. You can avoid this penalty if you're still working and if you have employer-sponsored coverage.

And then moving on to the Part B penalty. Anyone who did not enroll in Part B when they were first eligible may face a penalty of 10%, that's on top of their monthly Part B premium, for each year they were eligible, but they chose not to enroll. And the difference here is that the Part B penalty is a lifetime



penalty. So as another example, let's say you have a client who waited three years to enroll in Part B. Three times 10% is 30%. So they're going to have to pay 30% more per month for as long as they have Medicare Part B, which, as you can imagine, can really add up. You can avoid this penalty if you are still working and have employer-sponsored coverage or if you qualify for a Medicare savings program in your state. For clients who may have incurred a Part B penalty prior to age 65, meaning they became eligible for Medicare for reasons other than age, that penalty will reset when they turn 65. And then one additional thing to note about the Part B penalty is that if a client does not pay that penalty, their Part B coverage may be dropped. So for this reason, it's very important to check in with Social Security if your client is considering deferring enrollment. And now let's talk about Part D. So the Medicare Part D penalty applies to people who do not have prescription drug coverage, either through a Medicare Part D plan, a Medicare Advantage Plan, or through some other form of creditable coverage. So creditable coverage, it includes coverage through a current or former employer or union.

It includes TRICARE, the Indian Health Service, the Department of Veteran Affairs, or Individual Health Coverage. Anyone who is eligible for prescription drug coverage through either of those routes, but choose not to enroll in it or in Medicare, may face a penalty of 1% of a specific benchmark amount for each full month that they did not have coverage. So similar to Part B, the Part D penalty is also a lifetime penalty. But unlike Part A and Part B, it is generally a lot easier to defer enrollment in Part D. And these penalties are also significantly smaller and usually much easier to resolve. You can avoid the Part D penalty if you are still employed and haven't retired or have qualifying insurance that provides creditable prescription drug coverage. You can also avoid the penalty if you qualify for the Federal Extra Health Program, also known as the Part D Low-Income Subsidy, and most Ryan White clients will qualify for this program, which is income-based.

And in some cases, if your client qualified for Medicare under age 65, they may also be able to have this penalty forgiven once they turn 65. So you should make sure that your Ryan White clients are enrolling in Medicare Parts A, B, and/or D when they are first eligible unless they have a legitimate reason to defer their enrollment to a later date. And by first eligible, for most people, this means their initial enrollment period, or IEP. Again, this is the seven-month period that's centered around the month of your 65th birthday.

Again, some examples of what we're calling a legitimate reason to defer, like the ones I talked about on the last few slides, would be if the client is still working and has employer-sponsored insurance. So that would eliminate the Part A and B penalty. If the client is eligible for a Medicare savings program, which eliminates the Part B penalty, if the client has other creditable prescription drug coverage, which eliminates the Part D penalty, or if the client qualifies for the extra help program, which also eliminates the Part D penalty. Just keep in mind that this is not an exhaustive list. So whether a client is going to incur a penalty and how much that penalty will be really depends on each client's individual circumstances.

These just happen to be the most common reasons for deferring enrollment that would allow you to be exempt from the penalty, but it's still important to check in with the Social Security Office about deferring enrollment to make sure that there won't be any surprises later on.

Next slide. Great. So enrollment challenge number two is deciding whether and how to defer Medicare enrollment if your client has employer-sponsored insurance. So let's say your client becomes eligible for Medicare at age 65, but they're still working, and they plan to keep working and keep their employer-sponsored insurance. The first thing that they should do is check in with the employer's human resources department. The employer can tell the client if the plan that they provide is considered qualifying insurance. If it is qualifying insurance, then the next step is to have a discussion with your client about which Medicare part or parts they want to defer. Now, for Medicare Part A, specifically, if your client or their spouse has at least 40 work credits, they'll be eligible for premium-free Part A. If they don't have enough work credits, they can always continue to work until they do qualify for premium-free Part A. Your client can also call Social Security to ask how many credits they have, and clients can also generally enroll in just Part A while still keeping their employer-sponsored plan. This is something that's



a pretty common practice. For Medicare Part B, your client can defer Part B as long as their employer-sponsored coverage is considered qualifying insurance. Note that COBRA coverage and retiree plans are not considered qualifying coverage. So if you just have that, it will not exempt you from the Part B penalty.

For Part D, prescription drug coverage, keep in mind that even if the employer-sponsored plan is considered qualifying coverage, it may not necessarily provide creditable prescription drug coverage. If they do not have creditable prescription drug coverage, they're going to need to enroll in a Medicare Part D plan when they first become eligible in order to avoid a penalty. Now, if and when your client chooses to quit or retire from their job, the employer will need to complete a Medicare enrollment form that the client has to return to Social Security with their own enrollment form. The reason for this is to ensure that when their employment ends, that they're eligible for a Medicare special enrollment period that allows them to enroll in the parts of Medicare that they're missing and avoid those penalties. So there's an eight-month SEP to enroll in Medicare Part B coverage, and then there's also a two-month SEP to enroll in Part D coverage. Medicare coverage begins on the first of the month after you enroll. So if your client retires and signs up for Medicare in February, their coverage is going to begin on March 1st. But to avoid a gap in coverage, we do encourage clients to enroll in Medicare the month before their job-based insurance will end.

Next slide. Great. So we are going to do a quick knowledge check because I've just said a lot of stuff. So the question here is, which of the following-- oh, I think we had the wrong poll up, but that is okay. The one that you see on your screen is what steps should Ryan White clients take if they're considering deferring-- oh, I see our-- sorry for the tech issues, folks. Okay. The poll resets. This is what you're seeing on the slide as well. Which of the following is a legitimate reason to defer enrollments in Medicare Part B? So you can select one. Having COBRA coverage, having employer-sponsored coverage, having retiree insurance, all of the above, or none of the above. I'm going to give folks another five seconds or so to respond. Okay. Let's close the poll and share the results. Okay. So most of you said B, which is having employer-sponsored coverage, and then about a third of you said all of the above. If we go to the next slide, I will show you our answer. And the answer is B. So, having employer-sponsored coverage only. For those of you who selected all of the above, just a reminder that COBRA and retiree insurance are not considered qualifying coverage for the purposes of deferring Medicare enrollment without a penalty.

Let's go to knowledge check number two, and let's see if we can relaunch that poll again. Well, great. Awesome. So, knowledge check number two is what steps should clients take if they're considering deferring Medicare enrollment and keeping their employer-sponsored insurance? So there's just one correct answer here. A is contact HR, B is contact Social Security, C is time your deferment during your IEP, all of the above, or none of the above. This is a longer question, so I'll give folks a little bit more time to review and choose their answer.

[silence]

Okay. I think we can end the poll and share our results. Let's see. Okay. So 29% of you said contact HR, 22% said contact Social Security, 3% said time or deferment during your IEP, and 45% of you chose the correct answer, which is D, all of the above. Please do all of the above if you're working with a client who is considering deferring enrollments and keeping their employer-sponsored insurance. All right. Great. Thank you. Let's go to the next slide. All right. So the next slide here is enrollment challenge number three. This is transitioning from Marketplace to Medicare coverage. So there are two things I want us to keep in mind here. So the first thing is the timing. For clients who are enrolled in Marketplace coverage, they should be enrolling in Medicare when they first become eligible. Again, that's usually during their initial enrollment period when they turn 65. And this is because it's going to help them avoid late enrollment penalties and avoid coverage gaps. If the client happens to miss their initial enrollment period when they turn 65, they can enroll during the next general enrollment period. Again, that's from January through March. There are also a number of Medicare Part B special enrollment periods that are



available for those who miss both the IEP and the GEP. They can also apply for something called the equitable relief.

This allows an individual to request immediate or retroactive Medicare enrollment and eliminate any Part D penalties that they may have incurred. And this is something that's used if the client failed to enroll in Medicare as a result of an action or receiving inaccurate or misrepresented information from a federal employee. So this is not always the case with folks, but if it does happen to be the case for your particular client, equitable relief has to be requested through the Social Security Office because it is an administrative process rather than an enrollment process. And then the second thing to keep in mind here on this slide is that Marketplace coverage termination usually does not happen automatically. So once your client is enrolled in Medicare, they are still going to have to go back and terminate their Marketplace coverage.

Furthermore, it is possible that if your client has advanced premium tax credits or APTCs from the Marketplace, they could lose those APTCs if they're either eligible for premium-free Part A and still enrolled in Marketplace coverage or if they're enrolled in Medicare Part A with the premium. Clients can keep their APTCs only if they're eligible for but not enrolled in Medicare Part A with a premium. So this is for a much smaller subset of folks. Deciding between Marketplace and Medicare is complicated, and it does include comparing those current premium costs against the potential costs of late enrollment penalties.

Next slide. Great. So to that end, when you are helping your clients transition from Marketplace to Medicare coverage, make sure to encourage them to check their mail frequently for any notices from the Marketplace or Medicare. And as Ann said, also be aware of any brochures or marketing materials from insurance companies that might look like official notices but aren't actually from the government. Encourage your clients to find out exactly when their Medicare Part A, B, and D coverage begins before they terminate their Marketplace coverage so that they can avoid any coverage gaps. And then lastly, always make sure to contact Social Security if they encounter any enrollment issues. And finally, the last enrollment challenge that I'm going to cover today is transitioning from Medicaid to Medicare. As you are all probably aware of, states have wrapped up a very long Medicaid unwinding period where people who were no longer eligible for Medicaid were disenrolled from the program and either had to re-enroll in Medicaid or they had to find another source of health coverage. This was a period of high coverage churn. And on this slide, we compiled a list of tips to help clients avoid gaps in coverage when transitioning off of Medicaid. So the first tip here is to make sure clients are updating their contact info with their state Medicaid agency. Encourage them to check their mail frequently for letters from their state Medicaid agency. Help clients complete their Medicaid renewal form if they do receive one.

And lastly, if the client is truly ineligible for Medicaid, help them to enroll into another form of health coverage, such as Medicare or Marketplace. So if your client is now in this situation where they are transitioning directly from Medicaid to Medicare, there is a six-month special enrollment period specifically for this scenario. So this six-month special enrollment period begins when the client's Medicaid eligibility ends or when they're notified that their coverage will be terminated, whichever is the later date. They can choose between retroactive coverage or coverage beginning on the first of the month after they enroll. But keep in mind that if you choose the retroactive coverage option, you are going to have to pay the Medicare premiums during that retroactive period. All right. So that wraps up this section on enrollment challenges. And now I'm going to pass it to Molly to talk about financial help for Medicare costs.

Molly Tasso:

Great. Thank you, Christine. And thank you, Anne. Hi, everyone. I'm going to walk us through some slides on financial help for Medicare costs. I do want to keep in mind, though, that these slides are not an exhaustive list of financial assistance options. So you should be checking for any state-specific or even regional programs that might be available in your area as well. So one important source of financial



assistance to always keep in mind is the Ryan White Program. The Ryan White program can help with premiums and cost-sharing for Medicare Parts B, C, and D coverage. This includes outpatient and ambulatory health services under Medicare Part B and prescription drug coverage under Medicare Part D. That includes at least one drug in each class or core antiretroviral therapeutics. The Ryan White Program, Medicaid, and other payers may also provide additional services such as case management and transportation assistance that Medicare does not provide. Ryan White funds cannot be used to pay for Medicare Part A premiums. But as a reminder, most people don't have to pay premiums for Medicare Part A if they have sufficient work credits. If you're not sure what the Ryan White Program in your area covers, check with your state ADAP program and/or your local Part A program for more details. We went ahead and chatted out a link to the HRSA HAB PCN, Policy Clarification Notice 1801, which explains in more detail what Ryan White funds can be used for. So in helping clients use the Ryan White Program to help with the cost of Medicare, you should remind them that Medicare is their primary insurance and that ADAP is always the payer of last resort. And this holds true whether they're covered through the marketplace or through Medicaid, ADAP is always the payer of last resort. So this means that if your client is going to the pharmacy to pick up some medication, they should pay the copay with their Medicare Part D or Medicare Advantage card first, and then ADAP will pay second if it's needed.

This helps make sure that the client is paying toward the deductible for their Medicare plan if they have a deductible requirement. Another tip to be aware of is that premium amounts can change throughout the year. So to avoid coverage termination or accruing past due amounts, both clients and case managers should keep an eye out for any notices in the mail about changes to their premium amounts. And this will just help ensure that the Ryan White Program is helping folks pay the premiums in full and on time. So popular financial assistance option is Medicare Savings Programs or MSPs.

These are federally funded but state-administered programs for certain low-income individuals, and they help pay for some or all of a Medicare enrollee's Medicare premiums and out-of-pocket expenses. They're available to most people who are duly eligible, meaning folks who are qualified and are enrolled in both Medicaid and Medicare. We will talk more about dual eligibility in our next webinar, which is happening two weeks from today, which is focused solely on dual eligibility. So today, I'm just going to provide a very general overview of the program. So there are four different types of MSPs. First is the Qualified Medicare Beneficiary, which is the most comprehensive and pays for all Medicare costs. And then the three other are the Specified Low-Income Medicare Beneficiary, the Qualifying Individual, and then the Qualified Disabled and Working Individuals. These three MSPs only pay for some of the Medicare costs. All of these MSPs have slightly different eligibility criteria, and not every state will have all four of these programs. And it's also important to know that just like Ryan White Programs or ADAP programs, they might have a different name depending on where you live. So if you think that your client might be eligible for a Medicare Savings Program, you should apply through your state's Medicaid website.

And we are chatting a link to some more information about MSPs. There's also the Extra Help Program, which is known as the Part D Low-Income Subsidy. This is a federal program, and it helps individuals pay for some or most of the out-of-pocket costs associated with Medicare Part D prescription drug coverage. The program itself - it's important to know - is not in and of itself prescription drug coverage. The client must already be enrolled in a Part D plan in order to apply for Extra Help to help with those costs. So news last year, Extra Help was expanded so that all eligible individuals with incomes under 150% of the federal poverty line, they receive the full subsidy amount. So you can help your client enroll into Extra Help either through the Social Security Administration, online, or with the paper application. Important to note that for folks enrolled in a Medicare Savings Program, which we just talked about, they'll usually qualify for Extra Help automatically. Clients can qualify for both MSPs, the Medicare Savings Programs, and Extra Help because MSPs, as I mentioned, are administered by the state, and then Extra Help is a federally administered program. So you can be receiving both of those assistance-- be accessing both of those assistance programs. And then because they are both, MSPs and Extra Help, income-based in terms of eligibility, most Ryan White clients will qualify for both programs. We're going to go ahead and chat out, again, a link to some more information about the Extra Help Program.



And then there are some other sources of financial help, which may be specific, again, to your state or local community. These include State Pharmacy Assistance Programs, or SPAPs. These are offered in some states to help folks pay for their prescription drugs based on their financial need, their age, or whether they have a certain medical condition in some states, such as HIV.

There's also PAPS, or Patient Assistance Programs. These are offered by some major drug manufacturers, so those are pharmaceutical companies. And depending on the specific program, the client may be able to get their medication for free or at a very low cost. Of course, each program has different requirements. Some do have copays, and some have different processes for applying. But most of these programs do have an online application, and we encourage folks to check out the availability of those in your areas. And then lastly, it's called Programs of All-Inclusive Care for the Elderly, or PACE. These are state-administered programs for people who require nursing home-level care but are still able to live in the community. Most people who are eligible for the PACE program are, again, dually eligible. Again, that's Medicaid and Medicare. And PACE will pay for some or all of the Medicare costs. If you believe that your client might be eligible for a PACE program, again, check with your state's Medicaid program to see if it's offered and how to enroll. And then, finally, a few more sources of financial help. Another option is called the Low-Income Newly Eligible Transition, or the LINET Program. This provides temporary and sometimes retroactive Medicare Part D coverage. This is for folks who qualify for Extra Help and have either both Medicare and Medicaid. So they're either dually eligible or they have both Medicare and SSI. This also includes people who are on Medicaid and are waiting for their Medicare Part D coverage or their Medicare Advantage coverage to start. So it's sort of helping folks bridge that gap. And we're going to go ahead and chat out a link to a web page with more information about this program.

And there might be some other state or local resources near you, such as a clinic or hospital's financial assistance program. And if your client is a patient at a hospital or clinic, they can get in touch with the insurance department or financial assistance department to find out if they might qualify for assistance. And finally, this last one, the Medicare Prescription Payment Plan. This is not a financial assistance program, so I want to be very clear about that upfront. It's an optional program for Medicare beneficiaries to help pay their Medicare Part D out-of-pocket cost in a monthly amount over the course of a plan year. You may have heard folks refer to this as a smoothing process. So if an enrollee chooses to opt into the program, they're going to pay a monthly amount directly to the Medicare Part D or the Medicare Advantage Plan instead of paying the entire amount out of pocket at a pharmacy. I will note, though, that for ADAP clients who can expect that all of their Medicare Part D cost sharing would be paid by ADAP. This program, the Medicare prescription payment plan, is likely really not a good option for them. Even if the client needs to access meds that are not on the ADAP formulary, it's important to keep in mind that we now have a \$2,000 annual out-of-pocket maximum for Part D costs. And so it will likely be the case that the Medicare Part D cost-sharing payments made by ADAP on behalf of the client will reach that \$2,000 out-of-pocket max fairly early in the plan year. We know HIV meds can be quite expensive. And so once that \$2,000 cap is hit, then there's going to be no cost sharing for the rest of the year, regardless of whether or not a person is filling ADAP formulary or non-ADAP formulary drugs. So we really encourage caution when contemplating whether or not to have a client enroll in this plan. And we have a fact sheet that we'll share in a few slides that can help answer some questions.

So to that end, I'm just going to share a few resources, and then we're going to move into our Q&A. So on the next slide, we have three tools that cover really the nuts and bolts of Medicare coverage. The first is the basics of Medicare, moving from left to right on the slide. Basics of Medicare for Ryan White clients talks about common eligibility pathways and the different parts of Medicare. The second tool is Medicare prescription drug coverage for Ryan White clients. So this is talking about how to get prescription drug coverage, coverage for HIV medications, and how ADAP can help. And then the third tool is how Medicare enrollment works, which goes into detail about the initial enrollment period, the IEP, the Special Enrollment Period, and the General Enrollment Period. And then how to avoid penalties, which we should all be very curious to avoid.



The next slide, we have a tool about one on one Medicare enrollment assistance for clients. So this goes into detail about a lot of what we talked about today, and really the benefits of partnering with a local SHIP program. Also talks about how to become a certified SHIP counselor like Ann. So we really strongly encourage you to check this out. I know I've seen many chats coming in with folks interested in becoming a SHIP counselor. So this would be a great resource for you. Next slide, we have the transitioning from Marketplace to Medicare Health Coverage Tool. And this includes a comprehensive FAQ and decision tree that helps make this process seamless and painless as possible. And then we have the financial help from Medicare tool. And this one describes a lot of what I just talked about. The most common sources of financial assistance for Medicare costs like the Medicare Savings Programs, the MSPs, and the Extra Health Program that I discussed. And then this is the FAQ that I mentioned also about the Medicare Prescription Payment Plan. This will go through in much more detail about the program, and again, the pros and cons of enrolling into the program for a Ryan White client. And then finally, we have this client-facing resource. This is called the ABCDs of Medicare coverage. Again, it's client-facing. It's a brief, plain language tool that helps describe the different parts of Medicare, the difference between original Medicare and Medicare Advantage. And we really envision this being a tool that you could print out and either sort of walk through with the client or give to them to take home and look at themselves. And it's also available in Spanish and Haitian Creole. And so we really strongly encourage you to have some of these on hand within your clinics or places of work.

All right. One more quick poll before we move into the Q&A. So, how do you typically share tools, resources, and information with your Ryan White clients? And you can select all that apply during in-person appointments, during virtual appointments. Let's see. During virtual appointments, via email, via text, or other? Let's see here. I'm not seeing it. There we go. Thank you. All right. Again, how do you typically share tools, resources, and information with clients? In person, during maybe Zoom or Teams meetings, FaceTime calls, over email, over text, or other? I see someone chatted in over the phone, which makes a lot of sense. Patient portals, through health outreaches, health outreach events, Facebook Messenger. Great. These are all really great monthly check-ins. Awesome. All right. I think we can close the poll. We'll share the results. So it looks like in-person appointments, a lot of you, almost all of you, are using that opportunity to connect and share information with clients, which is great. Also over email and text, I'm seeing in the chat, again, Facebook Messenger, patient portals, other sort of online-based opportunities to connect with folks, which is great. All right. Well, thank you so much. Oh, there's one more. So sorry. One more poll.

And this poll is really kind of getting at Ace TA center, we want to be responsive and helpful to you all in what you need on the ground to do your job. So we're curious, what types of resources would be most useful to share with your clients? Are those printable PDF fact sheets, palm cards, brochures, or smaller printouts, kind of postcard style or postcard size, online-based webpages and FAQs, or again, any sort of other formats? And this information is really helpful to guide our sort of choices and processes when we're putting together resources. So we really appreciate this feedback. QR scan codes. That's great. I'm reading the chat. Online live chat function, informative videos, in-person seminars, email.

Awesome. All right. Let's go ahead and close the poll. So it looks like printable fact sheets, palm card, or other printouts would be really helpful for you all. I'm seeing.