Preparing for Open Enrollment, Part 1: Strategies and Resources for New Program Staff

Access, Care, and Engagement (ACE) TA Center

September 13, 2022

How to ask questions

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

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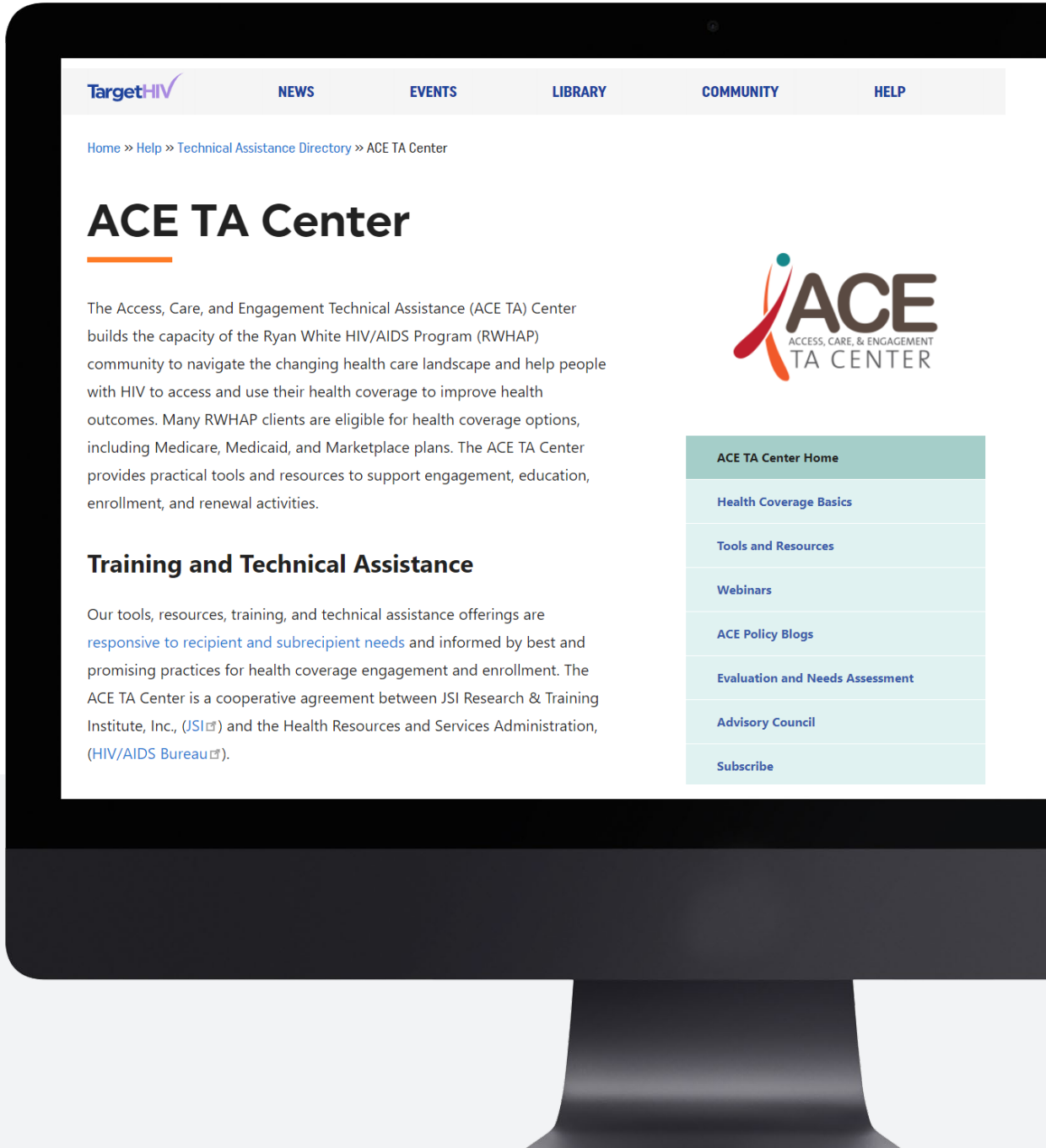
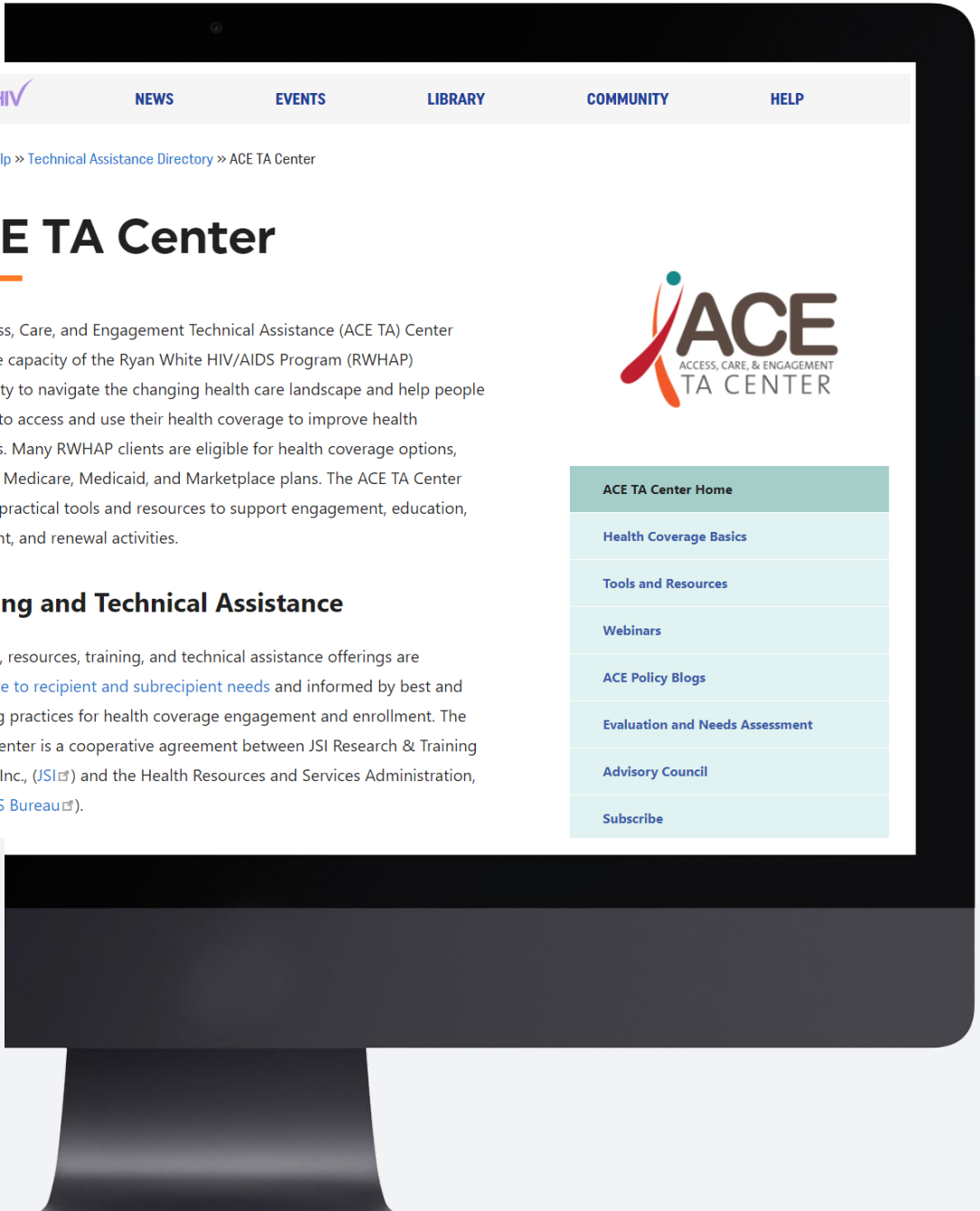
You may also **email questions** to acetacenter@jsi.com after the webinar.





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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, including through the use of Treatment as Prevention principles.

Improve the clarity
of their communication around health care access and health insurance.

Audiences

- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators and other in-person assisters that help enroll RWHAP clients in health coverage

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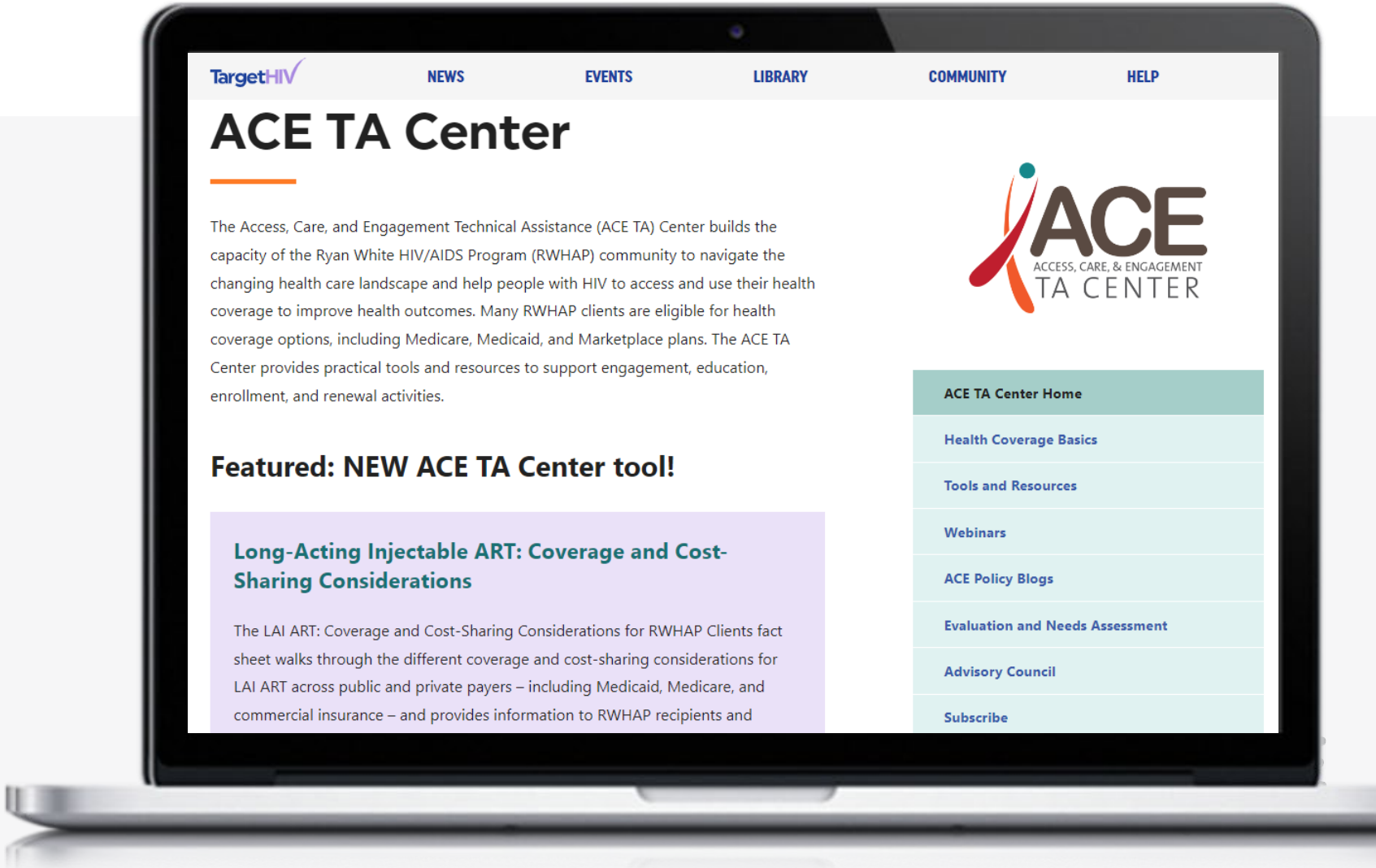

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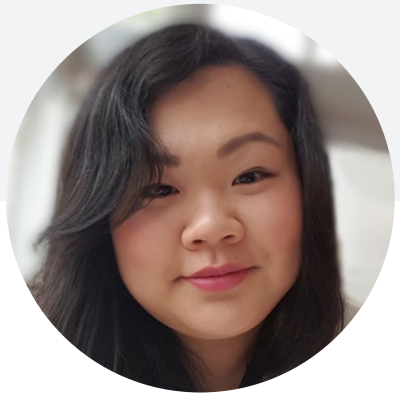

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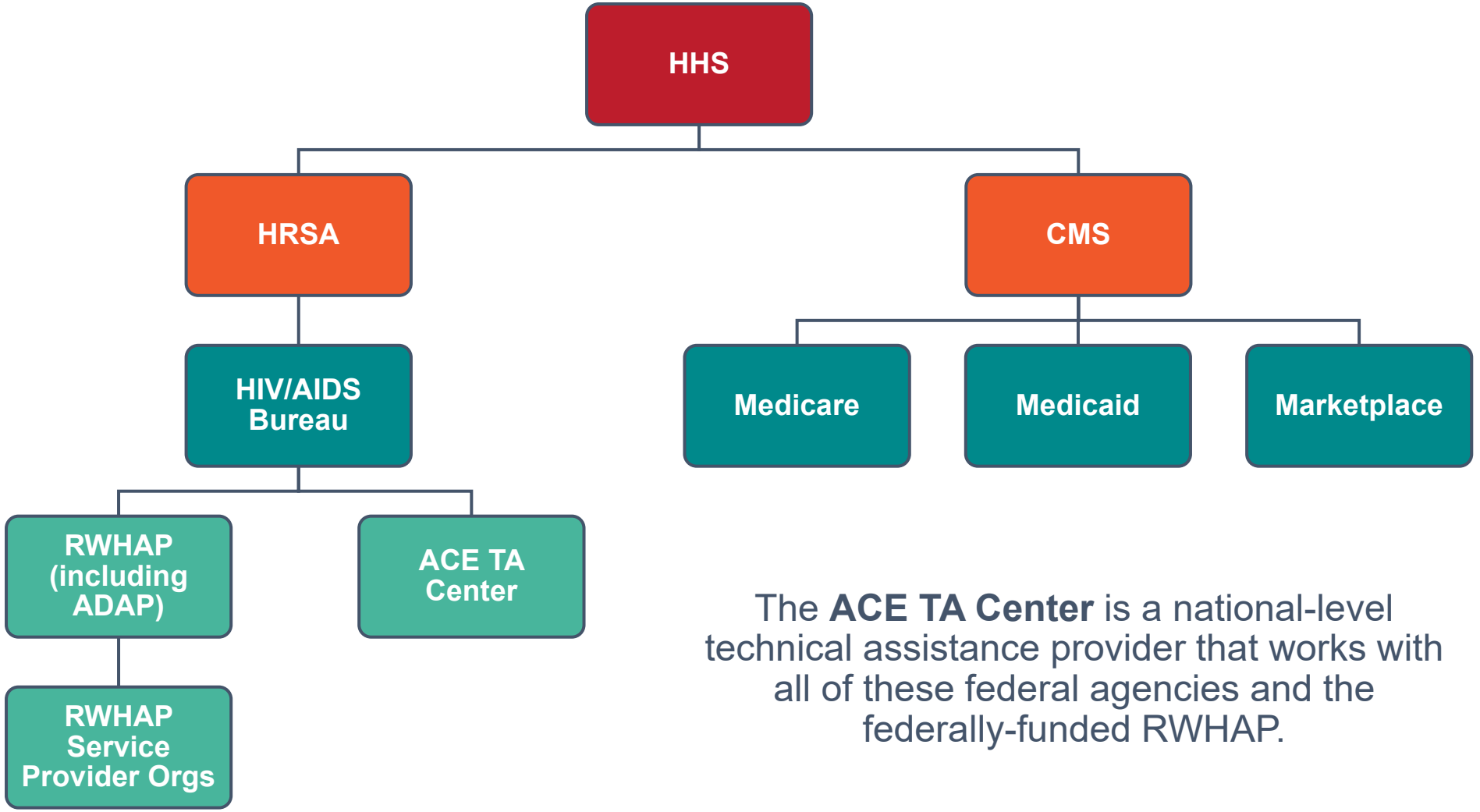
Roadmap for today's webinar

Before We Start, Who's Who?



The **ACE TA Center** is a national-level technical assistance provider that works with all of these federal agencies and the federally-funded RWHAP.

Poll #1

How long have you been in your current role at your organization?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 5 or more years

Poll #2

What challenges have you experienced when enrolling clients into health coverage? (Check all that apply.)

- Addressing client concerns about health coverage, such as mistrust of health systems or plan affordability
- Determining client eligibility for health coverage
- Completing enrollment applications
- Knowing when to enroll
- Developing partnerships with other enrollment assisters
- Something else (let us know in the chat)

Importance of Health Coverage for RWHAP Clients

What is health coverage?

- Private coverage programs, such as:
  - **Federal Marketplace**
  - **State Marketplace**
  - Employer-sponsored insurance
  - Off-Marketplace plans
- Public coverage programs, such as:
  - **Medicare**
  - **Medicaid**
  - Children's Health Insurance Program (CHIP)
  - TRICARE

Benefits of Health Coverage for People with HIV

- Provides individuals with affordable access to both HIV-related and non-HIV-related health care services and medications
- Provides financial protection against unexpected costs
- Individuals do not have to get sick to receive health benefits
- Individuals cannot be denied coverage for having pre-existing conditions, such as HIV

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Health Coverage Over the Lifespan

- Coverage types can change and even overlap over the lifespan, depending on individuals' unique health conditions, healthcare needs, age, income, family size, etc.
- Remember: Plans change, people change!
  - Don't assume that last year's health coverage remains the best option for this year
  - Support active plan selection, which means reviewing all coverage options and making an informed choice

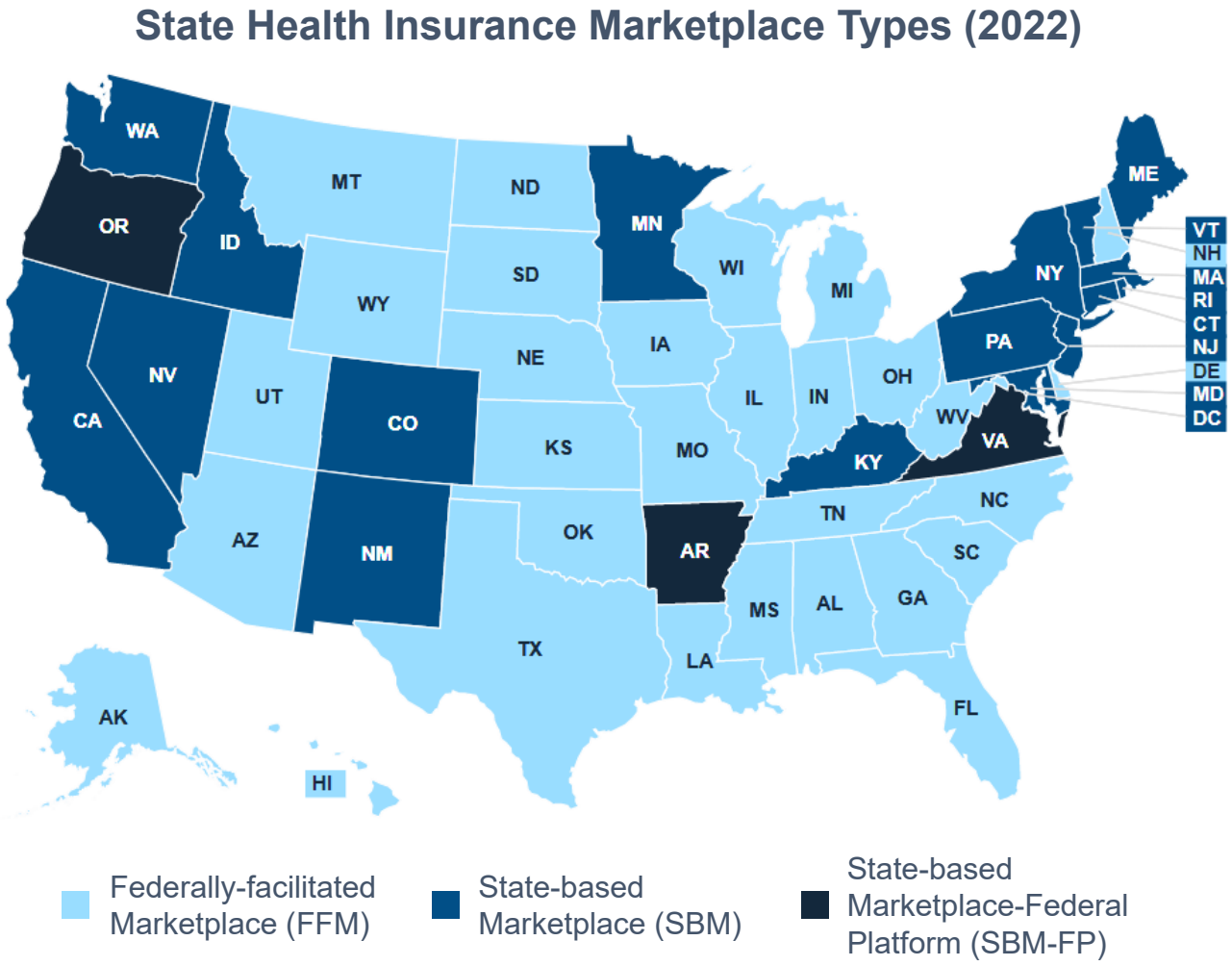
Role of RWHAP and ADAP

- The Ryan White HIV/AIDS Program (RWHAP), including its AIDS Drug Assistance Program (ADAP):
  - Ensures HIV coverage completion for insured clients
  - Provides enrollment support into health coverage
  - Often provides financial assistance with health coverage costs
  - Assists with linkage to additional local, state, and federal assistance programs
  - Serves as a safety net for uninsured clients
- **The RWHAP is not health insurance!**
- See HRSA HAB Policy Clarification Notice (PCN) #16-02 for more info about allowable uses of RWHAP and ADAP funds

Marketplace Health Coverage

What is the Marketplace?

- A virtual shopping and enrollment platform (aka an “exchange”) for medical insurance
- There are three types of Marketplace platforms:
  - Federally-facilitated Marketplace (HealthCare.gov)
  - State-based Marketplaces
  - Joint state-based/federally-facilitated Marketplaces
- All Marketplaces offer Qualified Health Plans (QHPs) that cover 10 essential health benefits required by law



Source: “State Health Insurance Marketplace Types,” KFF State Health Facts, 2022.
https://www.kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types

Marketplace Eligibility

- To be eligible to enroll into health coverage through the Marketplace, you:
  - Must live in the United States
  - Must be a U.S. citizen or national (or be lawfully present)
  - Cannot be incarcerated

Marketplace Financial Assistance

- Premium Tax Credits (PTCs)
  - A tax credit used to lower monthly premium payments
  - Calculated based on estimated income and household information, which is provided during enrollment application
  - Available to individuals with household income above 100% of the Federal Poverty Level (FPL)
  - Can be provided “up front” in form of Advanced Premium Tax Credit (APTC)
- Cost-Sharing Reductions (CSRs)
  - A discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance
  - Automatically calculated and applied during the application process

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Marketplace Enrollment

- Annual Open Enrollment (OE) Period
  - Enrollment on HealthCare.gov takes place annually **Nov. 1 – Jan. 15**
  - Enrollment through state-based exchanges can vary
    - Often overlaps with HealthCare.gov OE, but can be extended
- Special Enrollment Periods (SEPs)
  - Allows for enrollment outside of OE
  - Triggered by specific life events, such as:
    - Changes in household (e.g. marriage, having a child, divorce, etc.)
    - Changes in residence
    - Loss of other coverage
  - **Ongoing: Low-Income SEP** for individuals who qualify for APTCs and have incomes at or below 150% FPL

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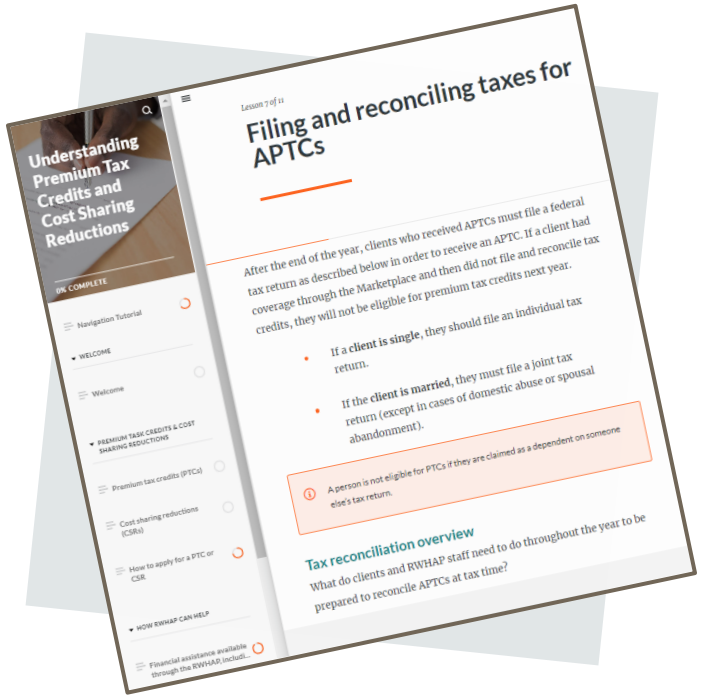
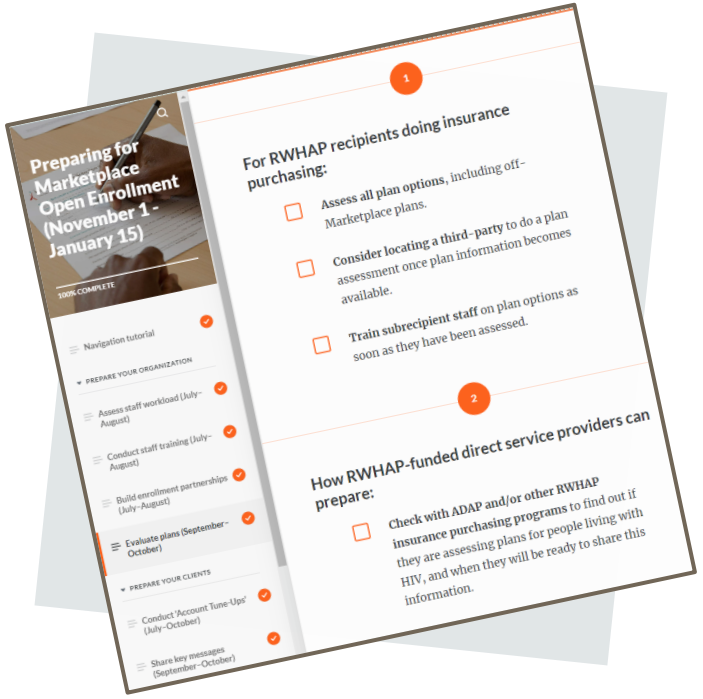
Marketplace and the RWHAP/ADAP

- Many ADAP programs (in states/territories) and some RWHAP Part A programs (metropolitan areas) provide financial assistance to help eligible clients pay premiums, co-pays, and deductibles for certain health plans
  - Assistance may be available to clients who enroll into health coverage on ***or*** off Marketplace
  - RWHAP and ADAP funds may be used to cover the cost of both HIV and non-HIV services
- RWHAP also provides a safety net for clients who are not eligible for Marketplace coverage or otherwise remain uninsured
- See HRSA HAB Policy Clarification Notice (PCN) #18-01 for more info

ACE Marketplace Resources





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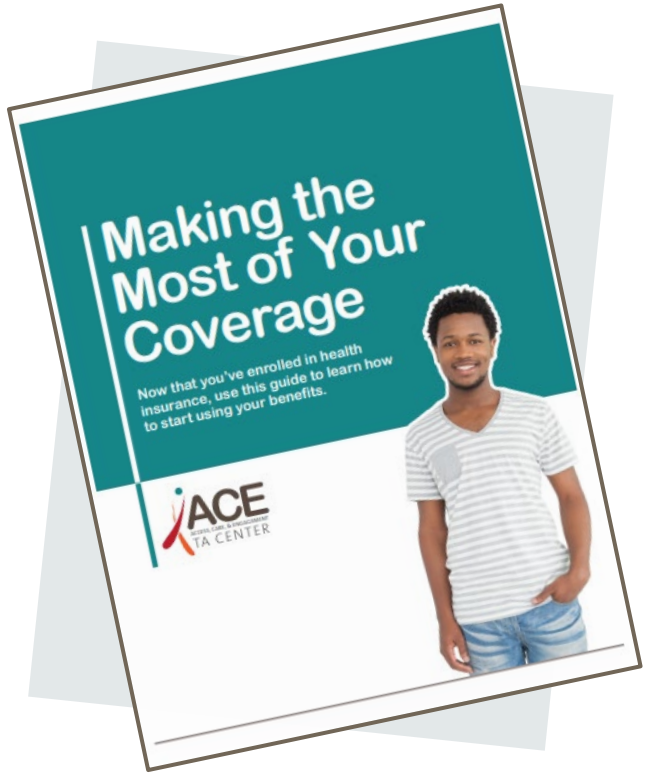
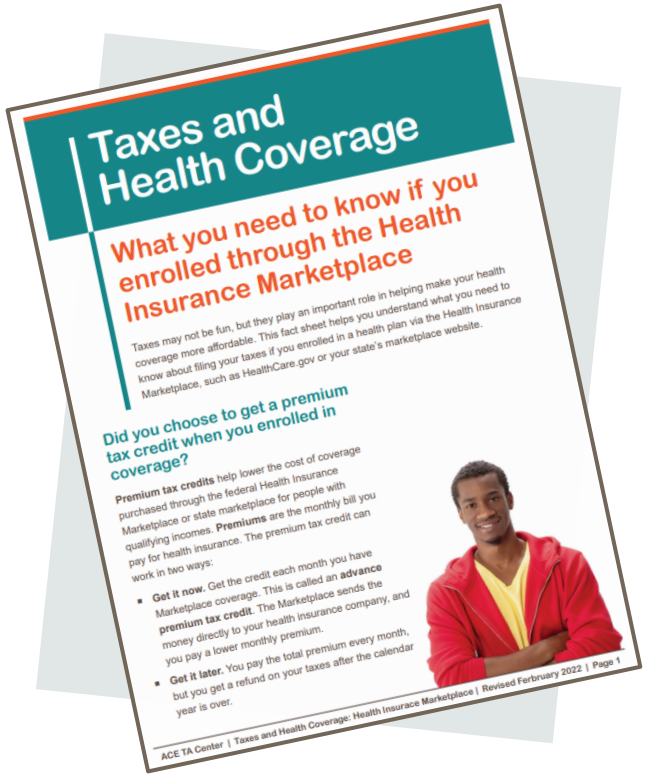
ACE Marketplace Resources for Clients





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Medicare Health Coverage

What is Medicare?

- Federal health coverage program for seniors and people with disabilities
- Provides coverage for specific services in multiple Medicare “Parts”
  - Part A: Inpatient / Hospital
  - Part B: Outpatient / Medical
  - Part C: Medicare Advantage (an alternative way to receive Medicare Part A, B, and D benefits)
  - Part D: Prescription Drug
- **Main source of health coverage for 25% of people with HIV in the U.S.**

Medicare Eligibility

- Individuals can qualify if they meet any of the following criteria:
  - Are age 65 or older, or
  - Age under age 65 and have a qualifying disability, or
  - Have End Stage Renal Disease (ESRD)

Medicare Enrollment

- Choose from one of two ways to receive Medicare benefits
  - Original Medicare
    - Includes Medicare Parts A and/or B
    - Can add on Medicare Part D
    - Can add on a Medigap policy (Medicare supplemental coverage)
  - Medicare Advantage
    - Bundles Medicare Part A, Part B, and usually Part D coverage
    - Cannot add on additional coverage

Medicare Enrollment

- Enroll in coverage during one of the following enrollment periods:
  - **Initial Enrollment Period (IEP):**
    - 7 month period centered around 65th birthday month (3-1-3 period)
  - **Special Enrollment Period (SEP):**
    - 8 month period triggered by losing employer-sponsored coverage after age 65
  - **General Enrollment Period (GEP):**
    - 3 month period (Jan 1 – Mar 31) if unable or ineligible to enroll via IEP or SEP

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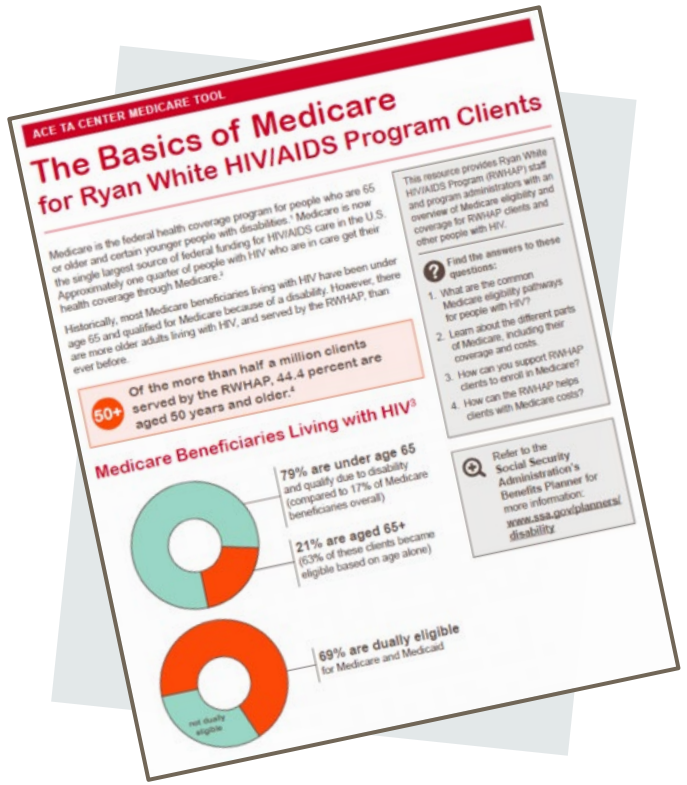
Medicare Auto-Enrollment: Social Security

- If receiving Social Security **retirement benefits** as early as age 62, auto-enrolled in Medicare Parts A and B when you turn 65
- If under age 65 and receiving **Social Security Disability Insurance** (SSDI) benefits for at least 24 months, auto-enrolled Medicare Parts A and B when you receive your 25th month of benefits

Medicare and RWHAP/ADAP

- RWHAP and ADAP funds may be used to cover the cost of premiums and cost-sharing for Medicare Parts B, C, and D coverage, including:
  - Outpatient/ambulatory health services
  - Prescription drug coverage that includes at least one drug in each class of core antiretroviral therapeutics
- RWHAP and ADAP funds may **not** be used to pay for Medicare Part A premiums or cost-sharing
- See HRSA HAB Policy Clarification Notice (PCN) #18-01

ACE Medicare Resources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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.[1] 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.[2]

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

50+ Of the more than half a million clients served by the RWHAP, 44.4 percent are aged 50 years and older.[4]

Medicare Beneficiaries Living with HIV[3]

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

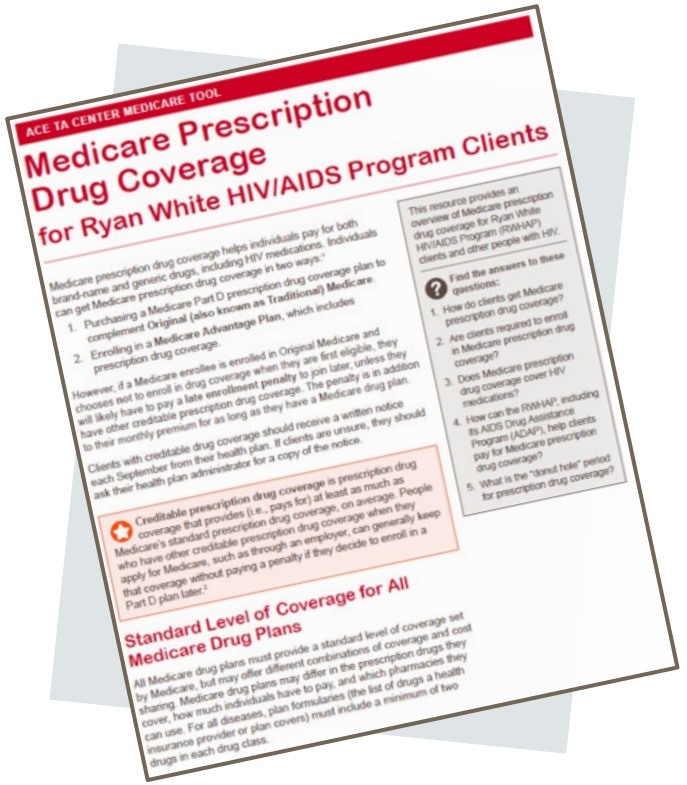
not dually eligible

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHAP clients and other people with HIV.

Find the answers to these questions:

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

Refer to the Social Security Administration's Benefits Planner for more information: www.ssa.gov/planners/disability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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:[1]

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.[2]

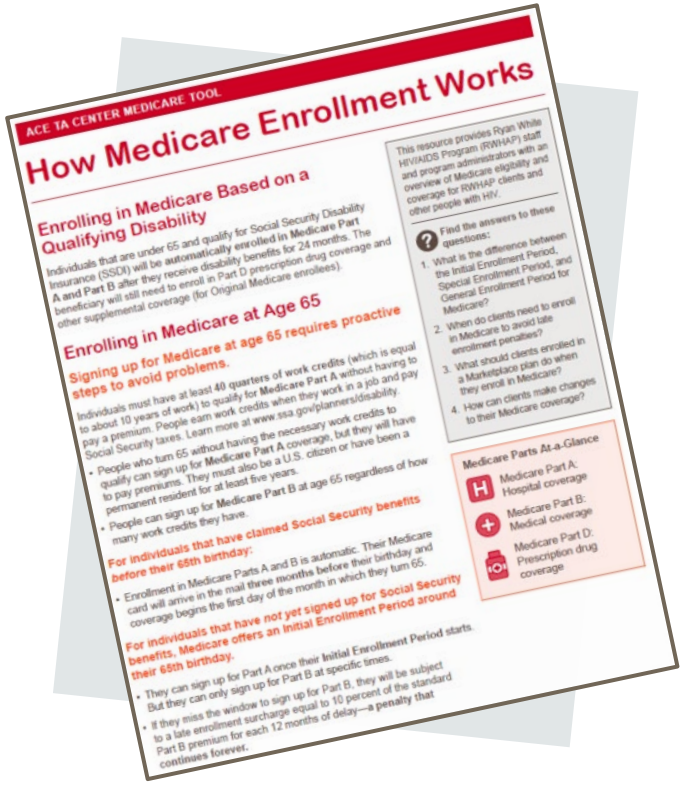
Standard Level of Coverage for All Medicare Drug Plans

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

This resource provides an overview of Medicare prescription drug coverage for Ryan White HIV/AIDS Program (RWHAP) clients and other people with HIV.

Find the answers to these questions:

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

Enrolling in Medicare Based on a Qualifying Disability

Individuals that are under 65 and qualify for Social Security Disability Insurance (SSDI) will be **automatically enrolled in Medicare Part A and Part B** after they receive disability benefits for 24 months. The beneficiary will still need to enroll in Part D prescription drug coverage and other supplemental coverage (for Original Medicare enrollees).

Enrolling in Medicare at Age 65

Signing up for Medicare at age 65 requires proactive steps to avoid problems.

Individuals must have at least **40 quarters** of work credits (which is equal to about 10 years of work) to qualify for **Medicare Part A** without having to pay a premium. People earn work credits when they work in a job and pay Social Security taxes. Learn more at www.ssa.gov/planners/disability.

- 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.**

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare eligibility and coverage for RWHAP clients and other people with HIV.

Find the answers to these questions:

1. What 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
- Rx Medicare Part D: Prescription drug coverage

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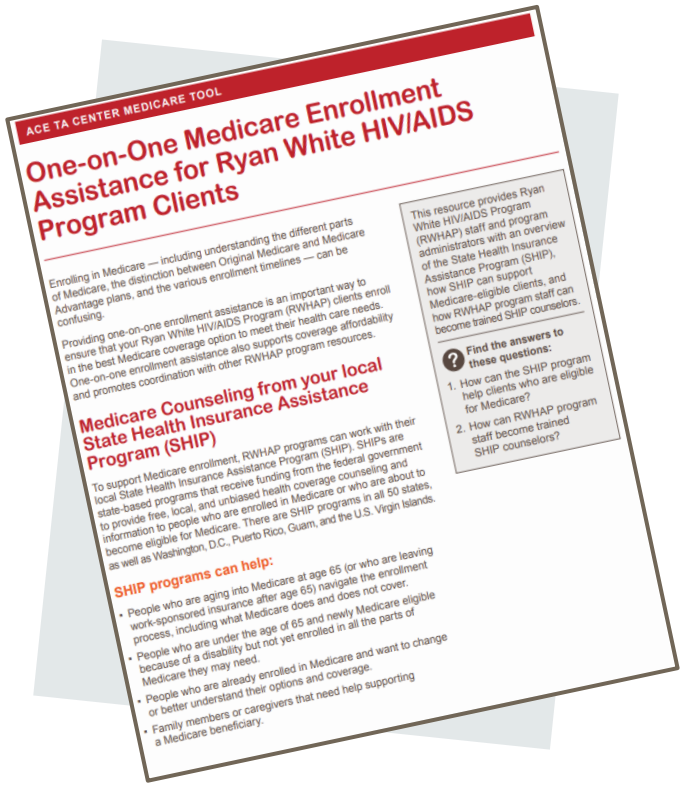
ACE Medicare Resources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One-on-One Medicare Enrollment Assistance for Ryan White HIV/AIDS Program Clients

Enrolling in Medicare — including understanding the different parts of Medicare, the distinction between Original Medicare and Medicare Advantage plans, and the various enrollment timelines — can be confusing.

Providing one-on-one enrollment assistance is an important way to ensure that your Ryan White HIV/AIDS Program (RWHAP) clients enroll in the best Medicare coverage option to meet their health care needs. One-on-one enrollment assistance also supports coverage affordability and promotes coordination with other RWHAP program resources.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the State Health Insurance Assistance Program (SHIP). how SHIP can support Medicare-eligible clients, and how RWHAP program staff can become trained SHIP counselors.

Find the answers to these questions:

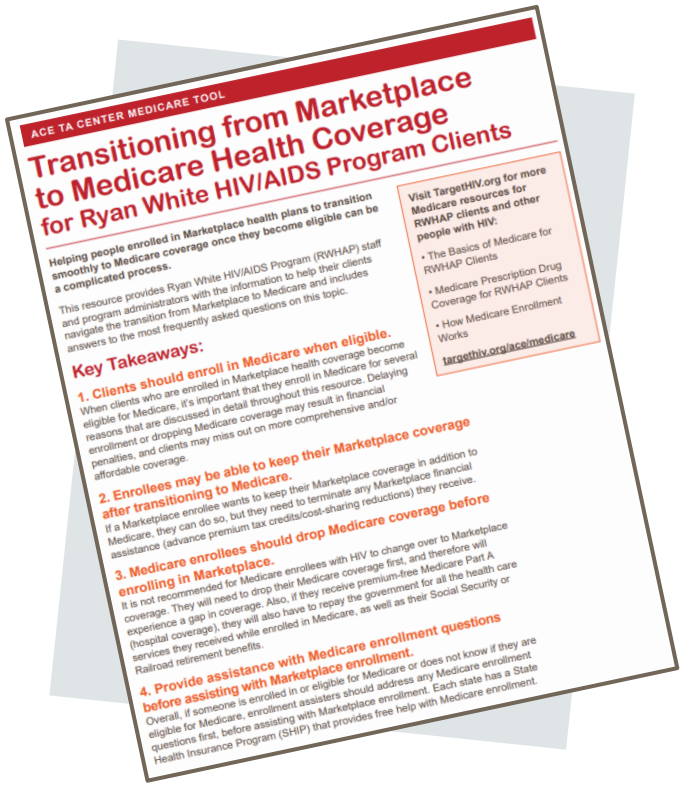
1. How can the SHIP program help clients who are eligible for Medicare?
2. How can RWHAP program staff become trained SHIP counselors?

Medicare Counseling from your local State Health Insurance Assistance Program (SHIP)

To support Medicare enrollment, RWHAP programs can work with their local State Health Insurance Assistance Program (SHIP). SHIPs are state-based programs that receive funding from the federal government to provide free, local, and unbiased health coverage counseling and information to people who are enrolled in Medicare or who are about to become eligible for Medicare. There are SHIP programs in all 50 states, as well as Washington, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands.

SHIP programs can help:

- People who are aging into Medicare at age 65 (or who are leaving work-sponsored insurance after age 65) navigate the enrollment process, including what Medicare does and does not cover.
- People who are under the age of 65 and newly Medicare eligible because of a disability but not yet enrolled in all the parts of Medicare they may need.
- People who are already enrolled in Medicare and want to change or better understand their options and coverage.
- Family members or caregivers that need help supporting a Medicare beneficiary.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Transitioning from Marketplace to Medicare Health Coverage for Ryan White HIV/AIDS Program Clients

Helping people enrolled in Marketplace health plans to transition smoothly to Medicare coverage once they become eligible can be a complicated process.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with the information to help their clients navigate the transition from Marketplace to Medicare and includes answers to the most frequently asked questions on this topic.

Visit TargetHIV.org for more Medicare resources for RWHAP clients and other people with HIV:

- The Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works

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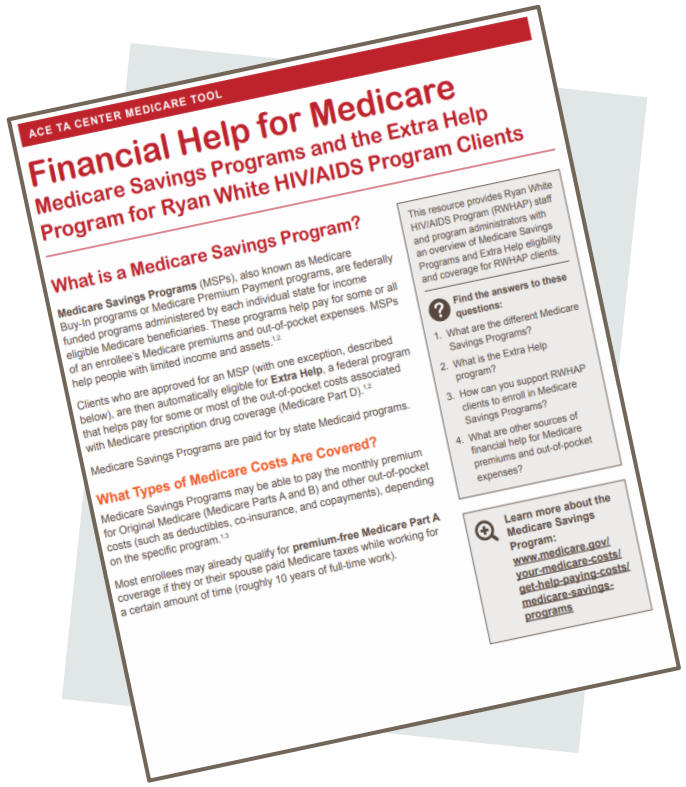
Key Takeaways:

1. Clients should enroll in Medicare when eligible.
When clients who are enrolled in Marketplace health coverage become eligible for Medicare, it's important that they enroll in Medicare for several reasons that are discussed in detail throughout this resource. Delaying enrollment or dropping Medicare coverage may result in financial penalties, and clients may miss out on more comprehensive and/or affordable coverage.

2. Enrollees may be able to keep their Marketplace coverage after transitioning to Medicare.
If a Marketplace enrollee wants to keep their Marketplace coverage in addition to Medicare, they can do so, but they need to terminate any Marketplace financial assistance (advance premium tax credits/cost-sharing reductions) they receive.

3. Medicare enrollees should drop Medicare coverage before enrolling in Marketplace.
It is not recommended for Medicare enrollees with HIV to change over to Marketplace coverage. They will need to drop their Medicare coverage first, and therefore will experience a gap in coverage. Also, if they receive premium-free Medicare Part A (hospital coverage), they will also have to repay the government for all the health care services they received while enrolled in Medicare, as well as their Social Security or Railroad retirement benefits.

4. Provide assistance with Medicare enrollment questions before assisting with Marketplace enrollment.
Overall, if someone is enrolled in or eligible for Medicare or does not know if they are eligible for Medicare, enrollment assisters should address any Medicare enrollment questions first, before assisting with Marketplace enrollment. Each state has a State Health Insurance Program (SHIP) that provides free help with Medicare enrollment.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Financial Help for Medicare
Medicare Savings Programs and the Extra Help Program for Ryan White HIV/AIDS Program Clients

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of Medicare Savings Programs and Extra Help eligibility and coverage for RWHAP clients.

Find the answers to these questions:

1. What are the different Medicare Savings Programs?
2. What is the Extra Help program?
3. How can you support RWHAP clients to enroll in Medicare Savings Programs?
4. What are other sources of financial help for Medicare premiums and out-of-pocket expenses?

Learn more about the Medicare Savings Program:
www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs

What is a Medicare Savings Program?

Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment programs, are federally funded programs administered by each individual state for income eligible Medicare beneficiaries. These programs help pay for some or all of an enrollee's Medicare premiums and out-of-pocket expenses. MSPs help people with limited income and assets.[1,2]

Clients who are approved for an MSP (with one exception, described below), are then automatically eligible for **Extra Help**, a federal program that helps pay for some or most of the out-of-pocket costs associated with Medicare prescription drug coverage (Medicare Part D).[1,2]

Medicare Savings Programs are paid for by state Medicaid programs.

What Types of Medicare Costs Are Covered?

Medicare Savings Programs may be able to pay the monthly premium for Original Medicare (Medicare Parts A and B) and other out-of-pocket costs (such as deductibles, co-insurance, and copayments), depending on the specific program.[1,3]

Most enrollees may already qualify for **premium-free Medicare Part A** coverage if they or their spouse paid Medicare taxes while working for a certain amount of time (roughly 10 years of full-time work).

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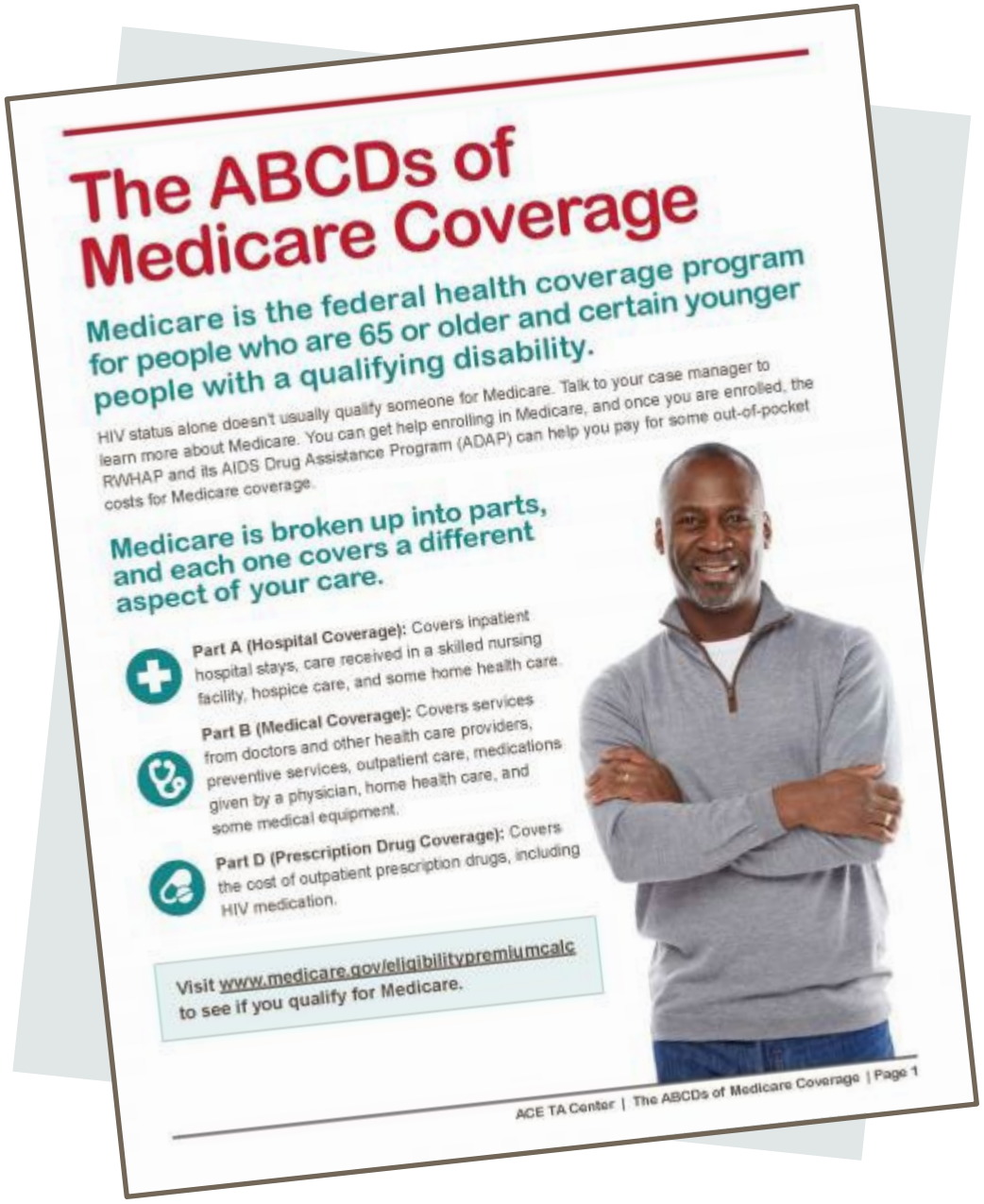
ACE Medicare Resource for Clients



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 RWHAP and its AIDS Drug Assistance Program (ADAP) can 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 received in a skilled nursing facility, hospice care, and some home health care.

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 cost of outpatient prescription drugs, including HIV medication.

Visit www.medicare.gov/eligibilitypremiumcalc to see if you qualify for Medicare.

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

targethiv.org/ace/medicare

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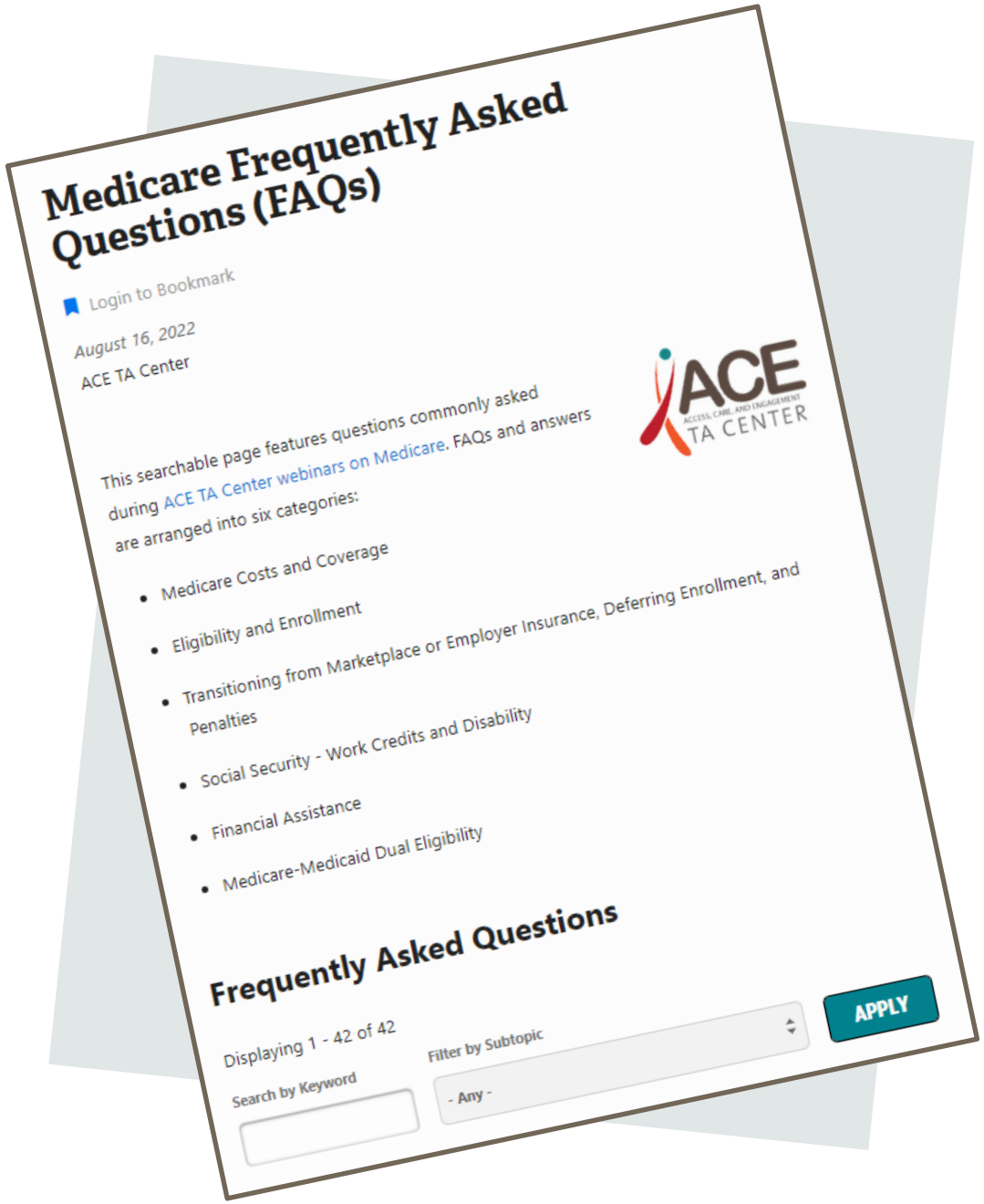
ACE Medicare FAQ Resource



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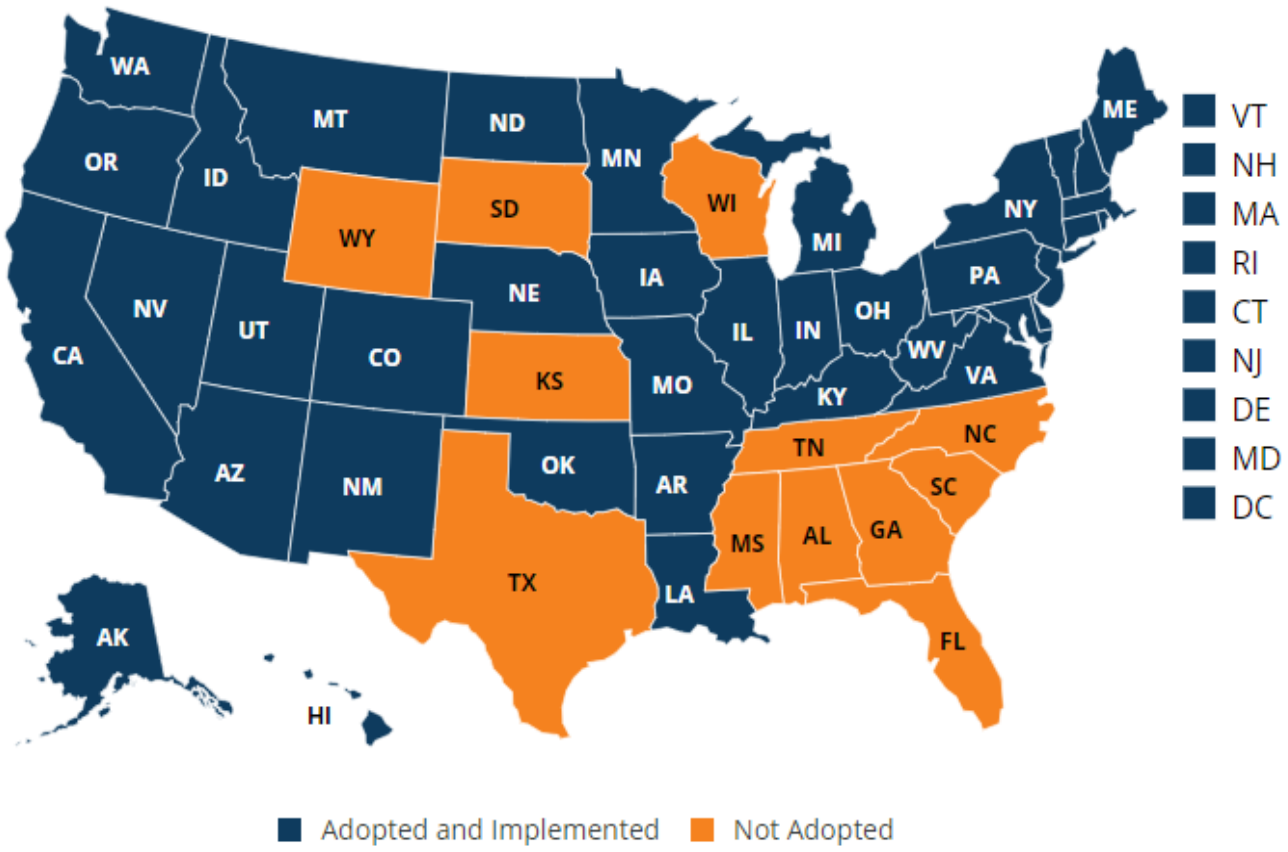
Medicaid Health Coverage

What is Medicaid?

- Public coverage program administered by states according to federal requirements
- Provides free or low-cost health coverage to eligible low-income adults, children, pregnant people, elderly adults, and people with disabilities
- **Largest source of insurance coverage for people with HIV in the U.S.**
- Program eligibility, benefits, and costs vary widely by state and Medicaid expansion status

Status of State Medicaid Expansion Decisions (2022)



Source: “Status of State Action on the Medicaid Expansion Decision,” KFF State Health Facts, updated July 21, 2022.
https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

Medicaid Eligibility

- In states that have expanded Medicaid coverage, individuals can qualify based on income alone (at or below 138% FPL)
- In states that have not expanded Medicaid coverage, individuals can qualify if they:
  - Have income at or below 100% FPL, and
  - Fall into one of the following groups:
    - Children
    - Pregnant people
    - Adults in families with dependent children
    - Individuals with disabilities
    - Elderly people
- Contact your state Medicaid program for exact eligibility criteria

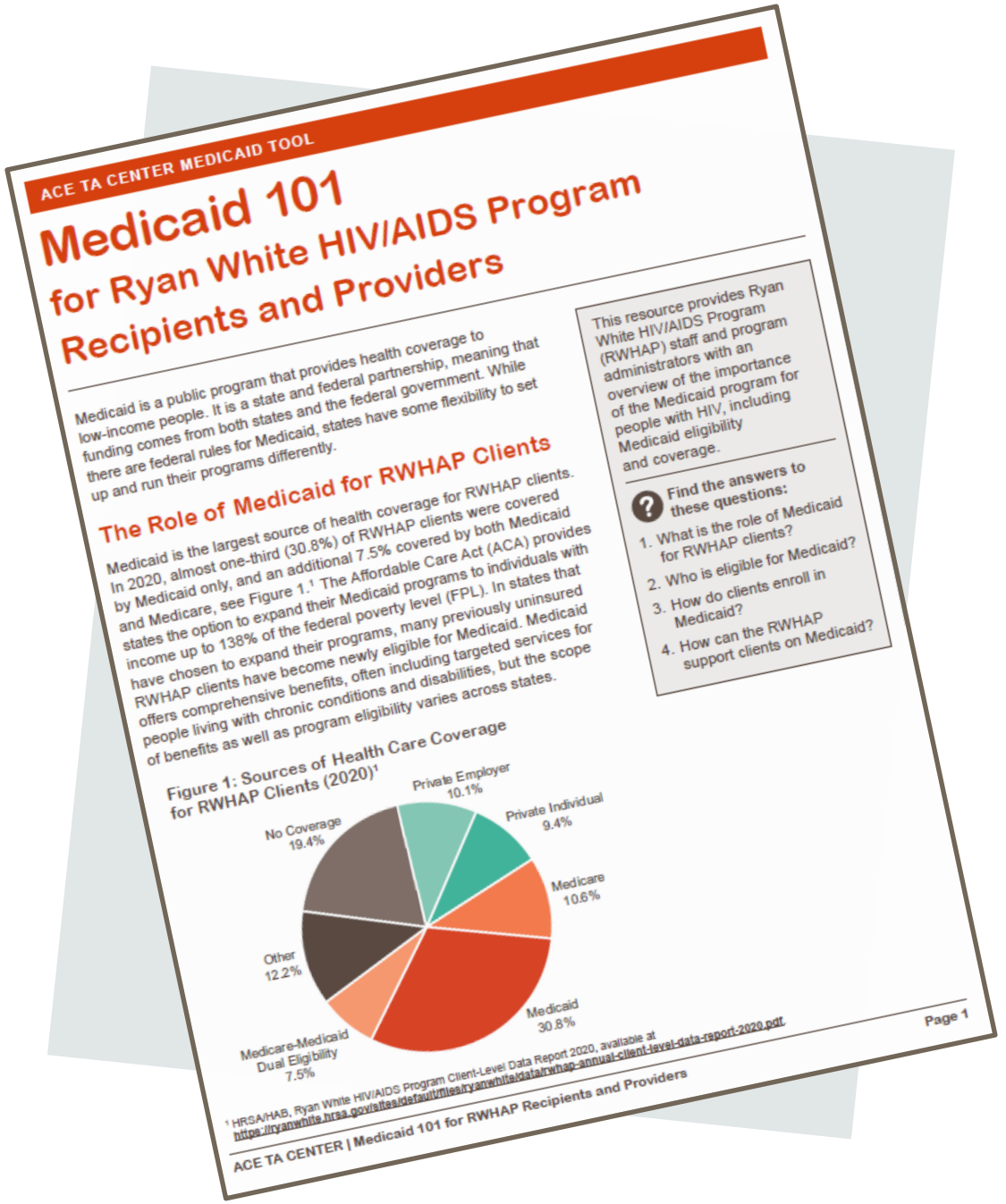
Medicaid Enrollment

- **Option 1: Fill out an application through the Marketplace**
  - Marketplace will automatically assess applicants for Medicaid or CHIP eligibility
  - For eligible applicants, Marketplace will send application data directly to the state Medicaid agency
  - Medicaid will contact eligible applicants about enrollment
- **Option 2: Apply directly through your state Medicaid agency**
  - Online, by mail, by phone, in-person
- No Open Enrollment periods – apply any time during the year

Medicaid and RWHAP/ADAP

- RWHAP and ADAP funds may be used to cover the cost of Medicaid coverage, including premiums, deductibles, and copayments
  - Not all state Medicaid programs charge beneficiaries for cost-sharing
- Both Medicaid and RWHAP/ADAP are considered payors of last resort
  - RWHAP/ADAP will always pay last for any premium and/or cost-sharing that is not covered or only partially covered by other sources
- See HRSA HAB Policy Clarification Notice (PCN) #18-01

ACE TA Center Medicaid Resource



ACE TA CENTER MEDICAID TOOL

Medicaid 101 for Ryan White HIV/AIDS Program Recipients and Providers

Medicaid is a public program that provides health coverage to low-income people. It is a state and federal partnership, meaning that funding comes from both states and the federal government. While there are federal rules for Medicaid, states have some flexibility to set up and run their programs differently.

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of the importance of the Medicaid program for people with HIV, including Medicaid eligibility and coverage.

Find the answers to these questions:

1. What is the role of Medicaid for RWHAP clients?
2. Who is eligible for Medicaid?
3. How do clients enroll in Medicaid?
4. How can the RWHAP support clients on Medicaid?

The Role of Medicaid for RWHAP Clients

Medicaid is the largest source of health coverage for RWHAP clients. In 2020, almost one-third (30.8%) of RWHAP clients were covered by Medicaid only, and an additional 7.5% covered by both Medicaid and Medicare, see Figure 1.[1] The Affordable Care Act (ACA) provides states the option to expand their Medicaid programs to individuals with income up to 138% of the federal poverty level (FPL). In states that have chosen to expand their programs, many previously uninsured RWHAP clients have become newly eligible for Medicaid. Medicaid offers comprehensive benefits, often including targeted services for people living with chronic conditions and disabilities, but the scope of benefits as well as program eligibility varies across states.

Figure 1: Sources of Health Care Coverage for RWHAP Clients (2020)[1]

[1] HRSA/HAB, Ryan White HIV/AIDS Program Client-Level Data Report 2020, available at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/rwhap-annual-client-level-data-report-2020.pdf

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Medicare-Medicaid Dual Eligibility

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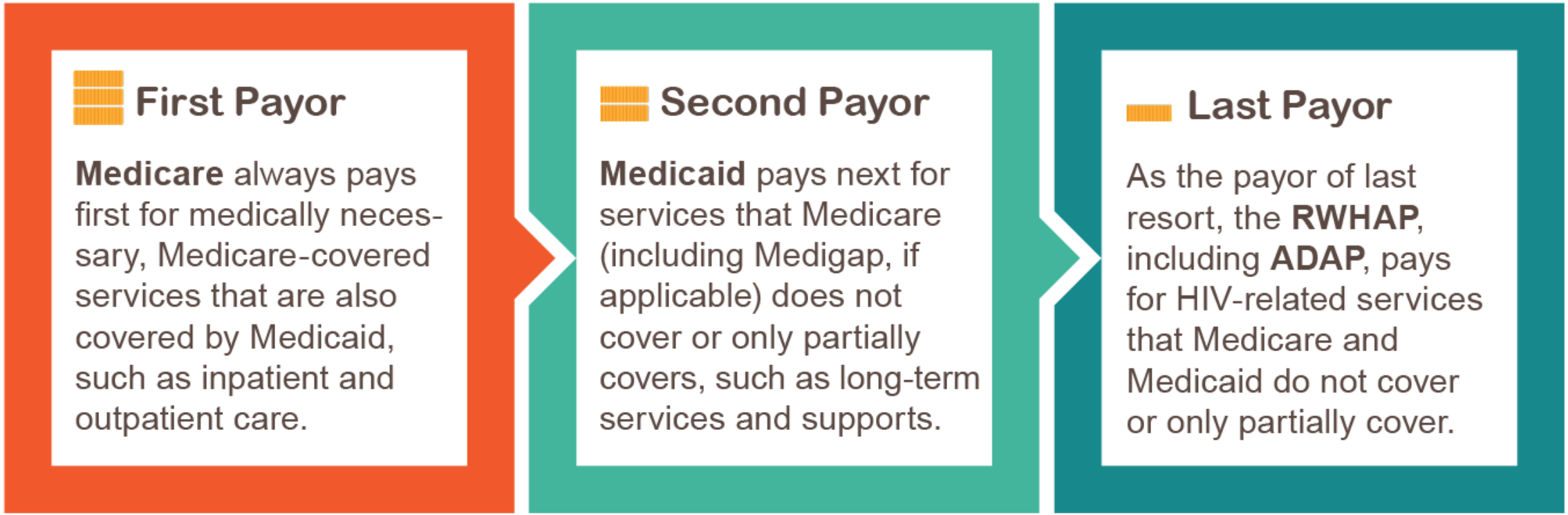
What is Dual Eligibility?

- Dual eligibility is when an individual is eligible for both Medicare and their state Medicaid program simultaneously
- A growing number of RWHAP clients are becoming dually eligible due to age, disability, income changes, etc.
- Benefits of dual eligibility:
  - More comprehensive health coverage (e.g. Medicare can cover services that Medicaid does not cover, and vice-versa)
  - More financial assistance depending on income and level of Medicaid benefits

Medicare-Medicaid Enrollment

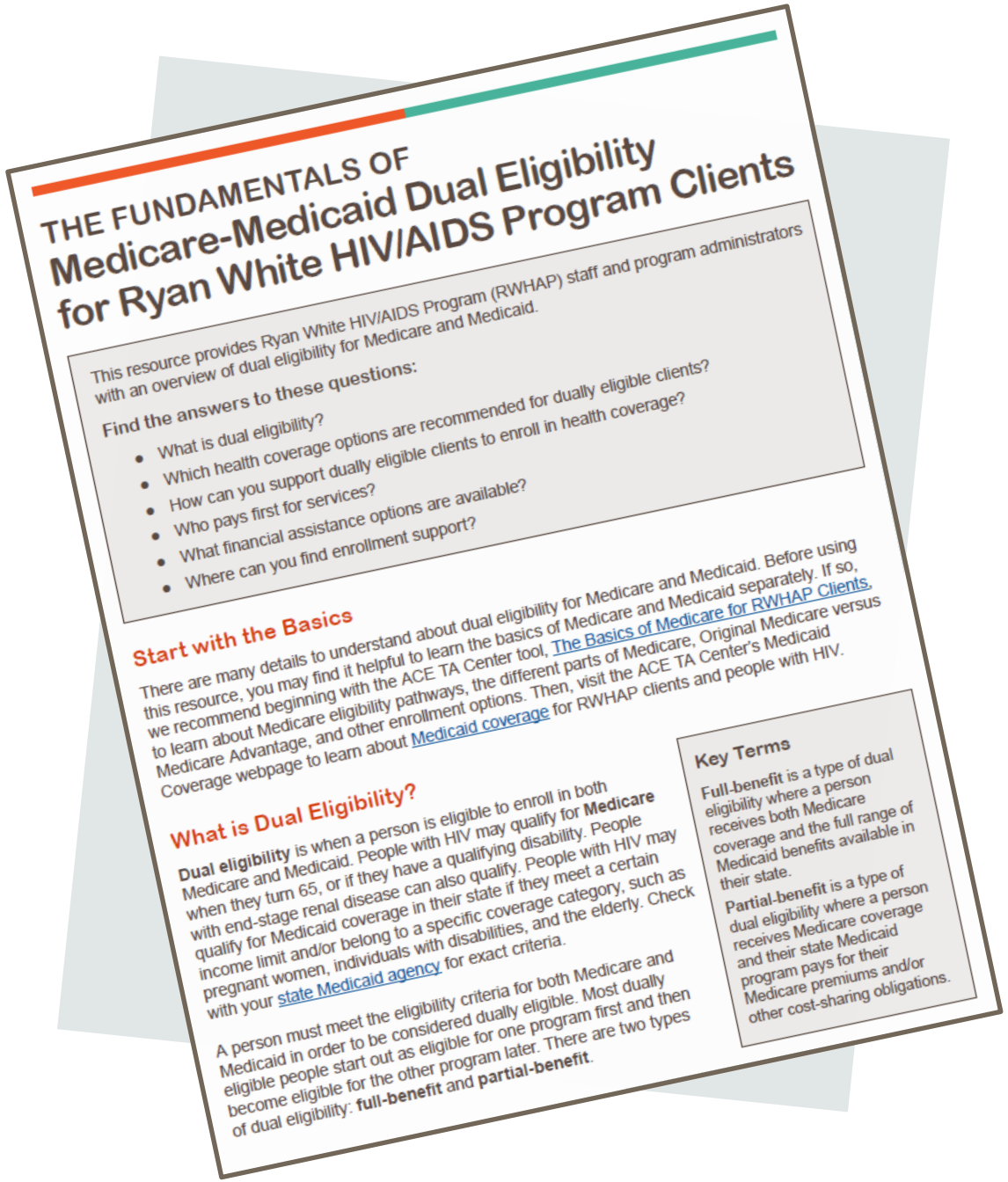
- **Option 1: Enroll in both programs separately**
  - Actively enroll or
  - Be auto-enrolled, if applicable
- **Option 2: Enroll in an Integrated Care Plan (ICP), if available**
  - ICPs coordinate with Medicare and Medicaid to manage administration, financing, care management, and service delivery under one health plan
  - Multiple types of ICPs exist, but availability varies by location

Dual Eligibility and the RWHAP/ADAP



See HRSA HAB Policy Clarification Notice (PCN) # 18-01 for more information.

ACE TA Center Dual Eligibility Resource



THE FUNDAMENTALS OF
Medicare-Medicaid Dual Eligibility
for Ryan White HIV/AIDS Program Clients

This resource provides Ryan White HIV/AIDS Program (RWHAP) staff and program administrators with an overview of dual eligibility for Medicare and Medicaid.

Find the answers to these questions:

- What is dual eligibility?
- Which health coverage options are recommended for dually eligible clients?
- How can you support dually eligible clients to enroll in health coverage?
- Who pays first for services?
- What financial assistance options are available?
- Where can you find enrollment support?

Start with the Basics

There are many details to understand about dual eligibility for Medicare and Medicaid. Before using this resource, you may find it helpful to learn the basics of Medicare and Medicaid separately. If so, we recommend beginning with the ACE TA Center tool, The Basics of Medicare for RWHAP Clients, to learn about Medicare eligibility pathways, the different parts of Medicare, Original Medicare versus Medicare Advantage, and other enrollment options. Then, visit the ACE TA Center's Medicaid Coverage webpage to learn about Medicaid coverage for RWHAP clients and people with HIV.

What is Dual Eligibility?

Dual eligibility is when a person is eligible to enroll in both Medicare and Medicaid. People with HIV may qualify for **Medicare** when they turn 65, or if they have a qualifying disability. People with end-stage renal disease can also qualify. People with HIV may qualify for Medicaid coverage in their state if they meet a certain income limit and/or belong to a specific coverage category, such as pregnant women, individuals with disabilities, and the elderly. Check with your state Medicaid agency for exact criteria.

A person must meet the eligibility criteria for both Medicare and Medicaid in order to be considered dually eligible. Most dually eligible people start out as eligible for one program first and then become eligible for the other program later. There are two types of dual eligibility: **full-benefit** and **partial-benefit**.

Key Terms

Full-benefit is a type of dual eligibility where a person receives both Medicare coverage and the full range of Medicaid benefits available in their state.

Partial-benefit is a type of dual eligibility where a person receives Medicare coverage and their state Medicaid program pays for their Medicare premiums and/or other cost-sharing obligations.

targethiv.org/ace/dual-eligible

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Knowledge Check #1

True or false? The Ryan White HIV/AIDS Program (RWHAP) and the AIDS Drug Assistance Program (ADAP) is considered health insurance.

- True
- False

Knowledge Check #1

True or false? The Ryan White HIV/AIDS Program (RWHAP) and the AIDS Drug Assistance Program (ADAP) is considered health insurance.

- True
- **False**

Answer: False! RWHAP/ADAP is not considered health insurance. The RWHAP, including ADAP, serves as a safety net for uninsured clients and ensures HIV coverage completion for insured clients.

Enrollment Strategies for New Program Staff

JSI

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Provide One-on-One Enrollment Assistance

- Take the time to understand clients' unique HIV-related and non-HIV-related health coverage needs
- Consider clients' culture, language, health literacy, and past experiences with the health care system
- Provide ample time to discuss clients' questions and concerns about health coverage
- Tailor messaging to reflect clients' needs and concerns
- Use plain language to describe complicated health insurance terms and concepts
- Individually assess each client to ensure they enroll in the appropriate coverage option(s) for their specific circumstances

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Work with External Enrollment Partners

- External enrollment partners may include:
  - Certified Application Counselors (CACs)
  - Navigators
  - Health insurance agents and/or brokers
  - Area Aging Agencies/ State Health Insurance Programs (SHIPs)
- Consider providing cross-training to partners who do not specialize in HIV or the RWHAP

SHIPs are particularly important enrollment partners!

- SHIPs provide free, one-on-one insurance counseling assistance to Medicare-eligible individuals, their families, and caregivers
- RWHAP programs are encouraged to become SHIP-certified organizations
- RWHAP staff are encouraged to become SHIP-certified counselors

Conduct Periodic Account Tune-Ups

- An account tune-up is a pre-enrollment appointment to:
  - Check client paperwork, accounts, and payments
  - Review finances
  - Confirm enrollment in RWHAP and ADAP
  - Help clients prepare for their enrollment appointment
- Conduct periodic account tune-ups with clients on your caseload!

Addressing Common Enrollment Challenges

Challenge #1:

Changes in provider networks and medication coverage

- Challenge:
  - Plan networks and benefits can change from year to year
  - Clients' preferred providers may no longer be in-network
  - Clients' medications may no longer be covered, or may have additional cost-sharing requirements
- Solution:
  - Help clients compare plans by searching for their preferred providers and frequently used medications on plan websites (e.g. Find A Doctor tool)

Challenge #2:

Concerns about plan affordability

- Challenge:
  - Plan premiums, deductibles, copayments, and coinsurance amounts can change from year to year
- Solution:
  - Help your clients calculate their premiums and out-of-pocket costs while comparing plans
  - Explain that financial assistance depends on eligibility criteria, such as household income and size, that can change over time
  - Share stories from other clients who got help paying for health coverage
  - Explain how RWHAP, including ADAP, may be able to help

Challenge #3:

Understanding complex health coverage terms and concepts

- Challenge:
  - Health insurance terminology is complicated and can be difficult to understand
  - Clients may have limited English proficiency, limited literacy or health literacy, a disability, or a behavioral health condition that affects their ability to understand health insurance information and to communicate with healthcare providers
- Solution:
  - Provide written and verbal health insurance information in plain language
  - Communicate with clients in their preferred language, whenever possible

Challenge #4:
Mistrust of health systems

- Challenge:
  - Clients may have been denied coverage in the past due to a pre-existing condition
  - Clients may have experienced financial difficulty paying for health coverage
  - Clients may have been treated disrespectfully when enrolling in or using health coverage
  - Clients may mistrust health care systems in general
- Solution:
  - Gain clients' trust by being empathetic, clear, honest, and respectful in your communication
  - Refer clients to providers who are culturally and linguistically competent
  - Make it clear that clients cannot be denied coverage for having a pre-existing condition

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Challenge #5:
Immigration-related concerns

- Challenge:
  - Clients may assume they are not eligible for health coverage simply because of their immigration status
  - Clients may fear that enrolling in coverage will put their or their family members' immigration status at risk
- Solution:
  - Explain that non-citizens are not automatically barred from all forms of health coverage, and that each program has a different set of residency and citizenship/immigration requirements
    - Ex: The Marketplace lists specific immigration statuses that qualify for coverage.
    - Ex: Some state Medicaid programs provide coverage for non-citizens and/or undocumented individuals.

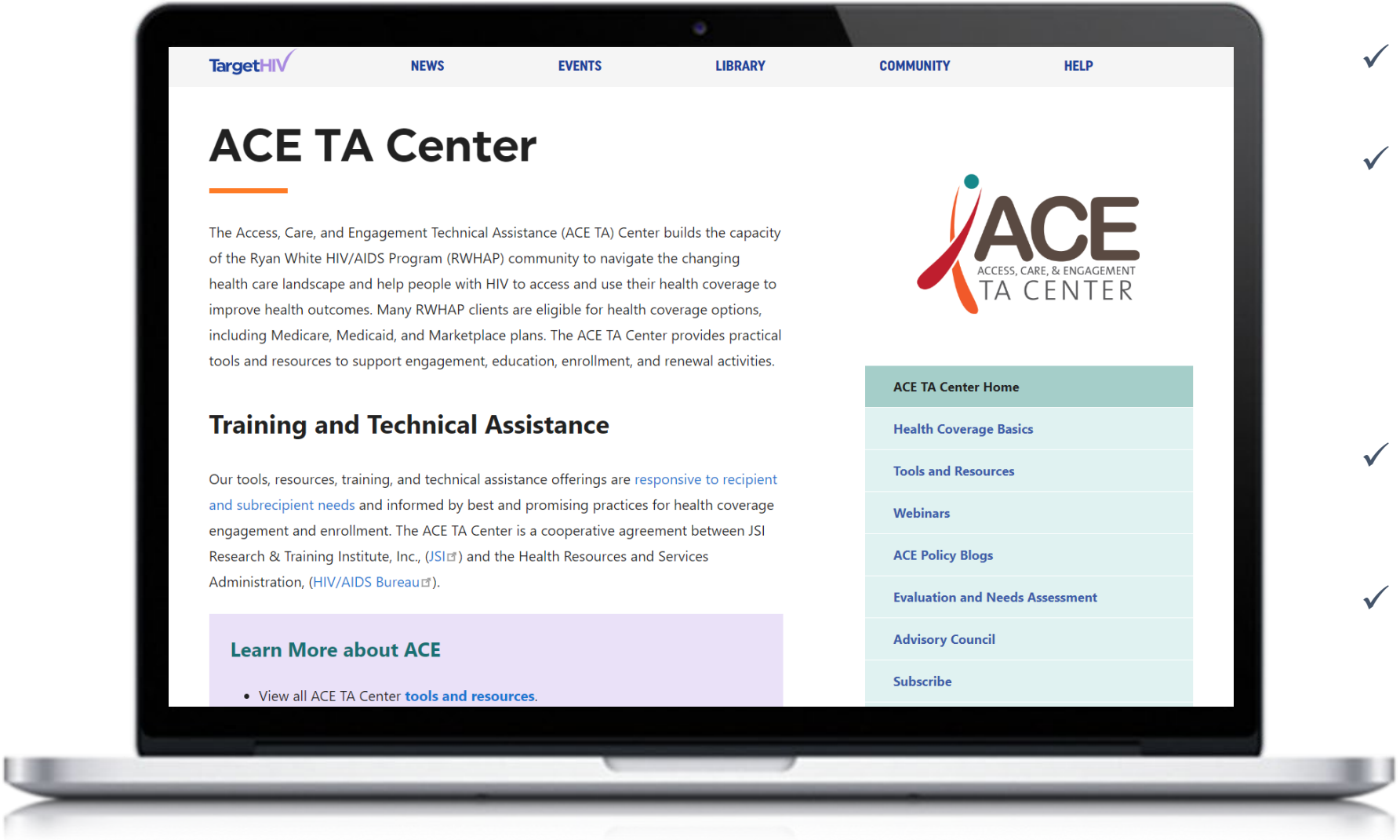
Poll #3

Which of the following enrollment challenges have your clients encountered?

- Finding a plan that fits their health care needs (including provider network and medications)
- Concerns about plan affordability
- Understanding complex health coverage terms and concepts
- Mistrust of health systems
- Immigration-related concerns
- Something else (chat in your response)

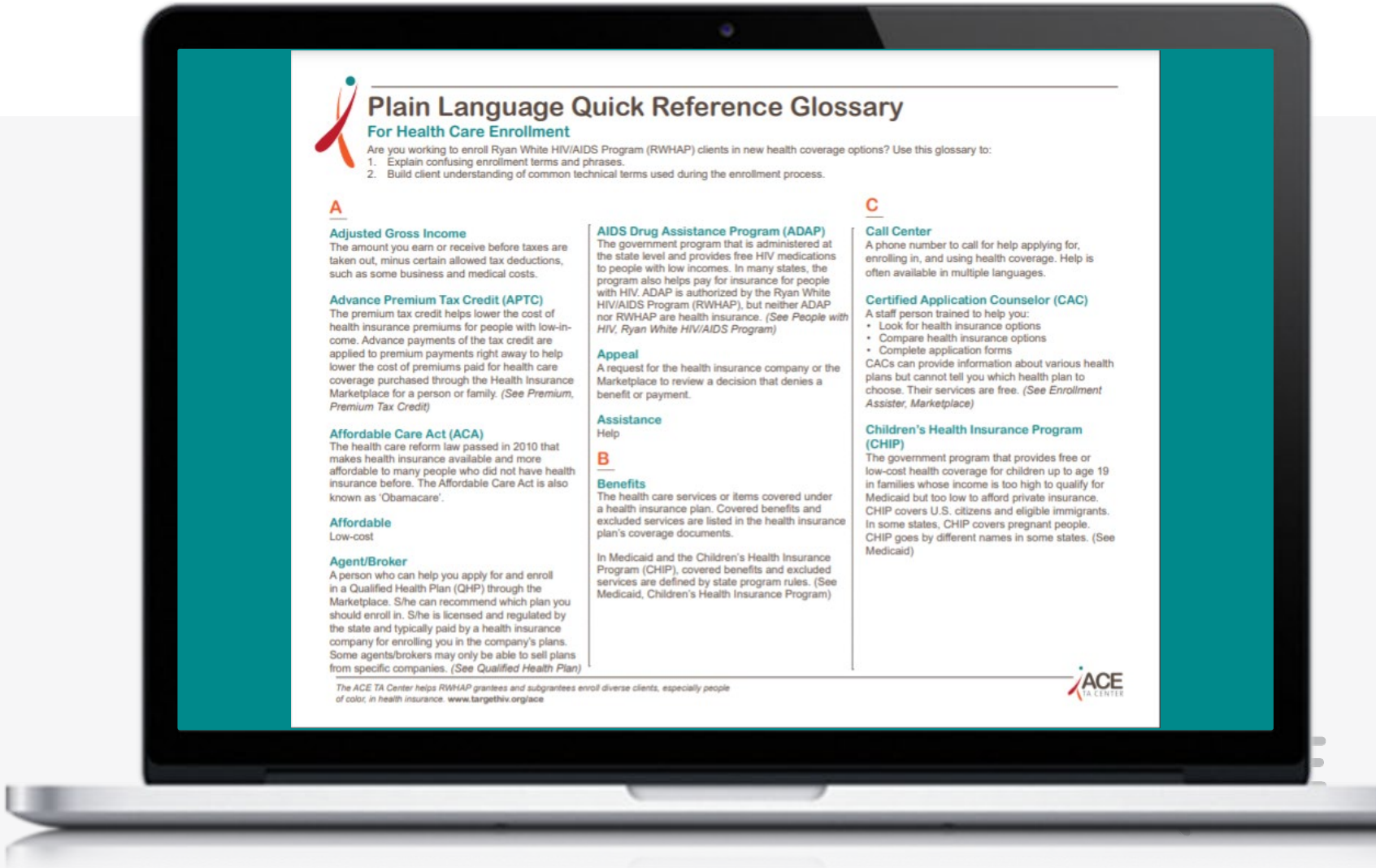
Resource Round-Up

Visit Us: targethiv.org/ace



- ✓ Start with an overview of **Health Coverage Basics**
- ✓ Browse our **Tools and Resources**, organized by coverage type
  - ➢ Marketplace
  - ➢ Medicare
  - ➢ Medicaid
- ✓ Watch our **Archived Webinars**, organized by topic area
- ✓ Read our **Policy Blogs** to stay up-to-date on health care policy news

Plain Language Glossary



Plain Language Quick Reference Glossary

For Health Care Enrollment

Are you working to enroll Ryan White HIV/AIDS Program (RWHAP) clients in new health coverage options? Use this glossary to:

1. Explain confusing enrollment terms and phrases.
2. Build client understanding of common technical terms used during the enrollment process.

A

Adjusted Gross Income
The amount you earn or receive before taxes are taken out, minus certain allowed tax deductions, such as some business and medical costs.

Advance Premium Tax Credit (APTC)
The premium tax credit helps lower the cost of health insurance premiums for people with low-income. Advance payments of the tax credit are applied to premium payments right away to help lower the cost of premiums paid for health care coverage purchased through the Health Insurance Marketplace for a person or family. *(See Premium, Premium Tax Credit)*

Affordable Care Act (ACA)
The health care reform law passed in 2010 that makes health insurance available and more affordable to many people who did not have health insurance before. The Affordable Care Act is also known as 'Obamacare'.

Affordable
Low-cost

Agent/Broker
A person who can help you apply for and enroll in a Qualified Health Plan (QHP) through the Marketplace. S/he can recommend which plan you should enroll in. S/he is licensed and regulated by the state and typically paid by a health insurance company for enrolling you in the company's plans. Some agents/brokers may only be able to sell plans from specific companies. *(See Qualified Health Plan)*

AIDS Drug Assistance Program (ADAP)
The government program that is administered at the state level and provides free HIV medications to people with low incomes. In many states, the program also helps pay for insurance for people with HIV. ADAP is authorized by the Ryan White HIV/AIDS Program (RWHAP), but neither ADAP nor RWHAP are health insurance. *(See People with HIV, Ryan White HIV/AIDS Program)*

Appeal
A request for the health insurance company or the Marketplace to review a decision that denies a benefit or payment.

Assistance
Help

B

Benefits
The health care services or items covered under a health insurance plan. Covered benefits and excluded services are listed in the health insurance plan's coverage documents.

In Medicaid and the Children's Health Insurance Program (CHIP), covered benefits and excluded services are defined by state program rules. (See Medicaid, Children's Health Insurance Program)

C

Call Center
A phone number to call for help applying for, enrolling in, and using health coverage. Help is often available in multiple languages.

Certified Application Counselor (CAC)
A staff person trained to help you:

- Look for health insurance options
- Compare health insurance options
- Complete application forms

CACs can provide information about various health plans but cannot tell you which health plan to choose. Their services are free. *(See Enrollment Assister, Marketplace)*

Children's Health Insurance Program (CHIP)
The government program that provides free or low-cost health coverage for children up to age 19 in families whose income is too high to qualify for Medicaid but too low to afford private insurance. CHIP covers U.S. citizens and eligible immigrants. In some states, CHIP covers pregnant people. CHIP goes by different names in some states. (See Medicaid)

The ACE TA Center helps RWHAP grantees and subgrantees enroll diverse clients, especially people of color, in health insurance. **www.targethiv.org/ace**

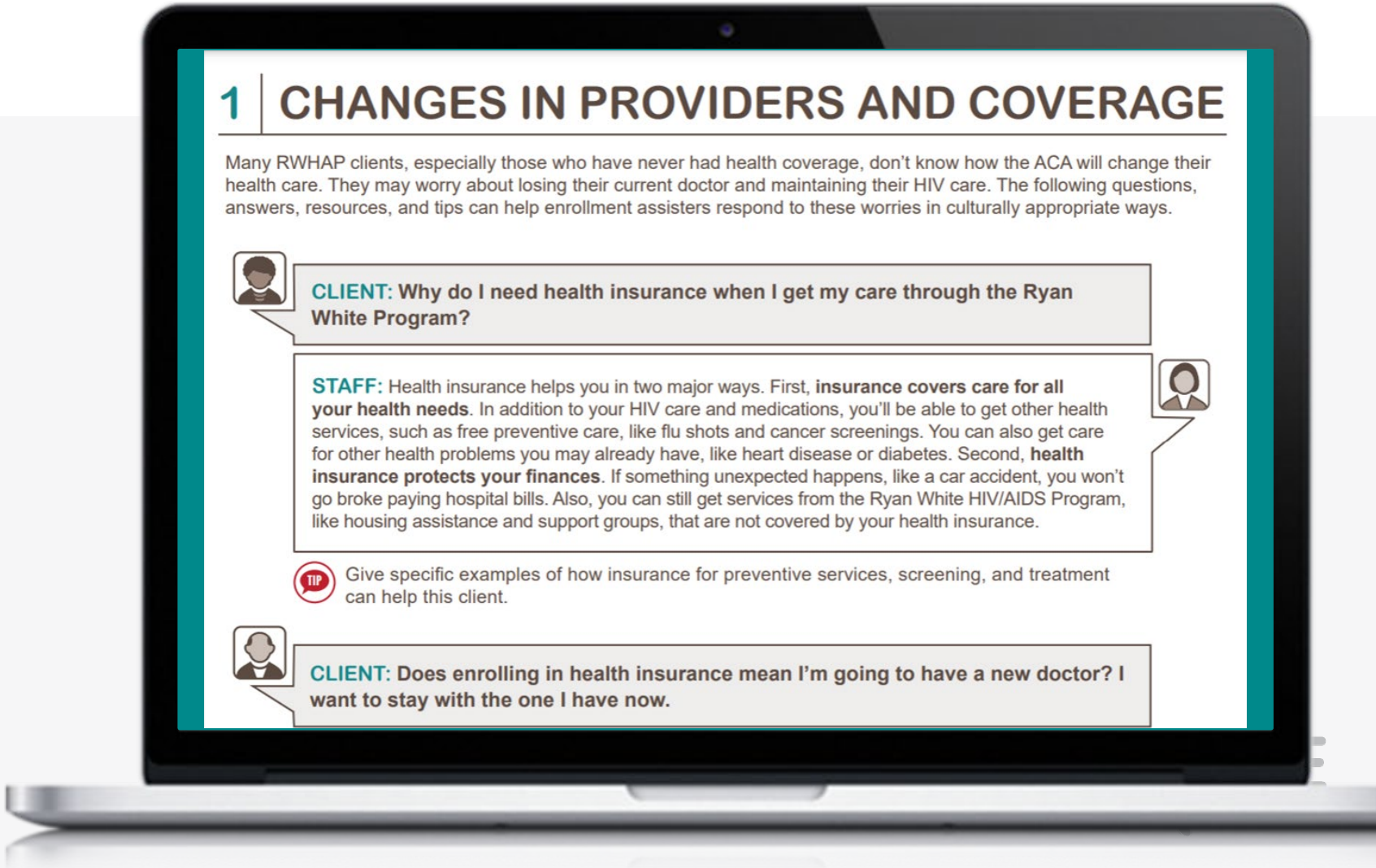
ACE TA CENTER

Also available in Spanish and Haitian Creole!

Additional Resources for New Enrollment Assisters

targethiv.org/assisters

Common Questions & Suggested Responses for Engaging Clients in Health Coverage



External Resources

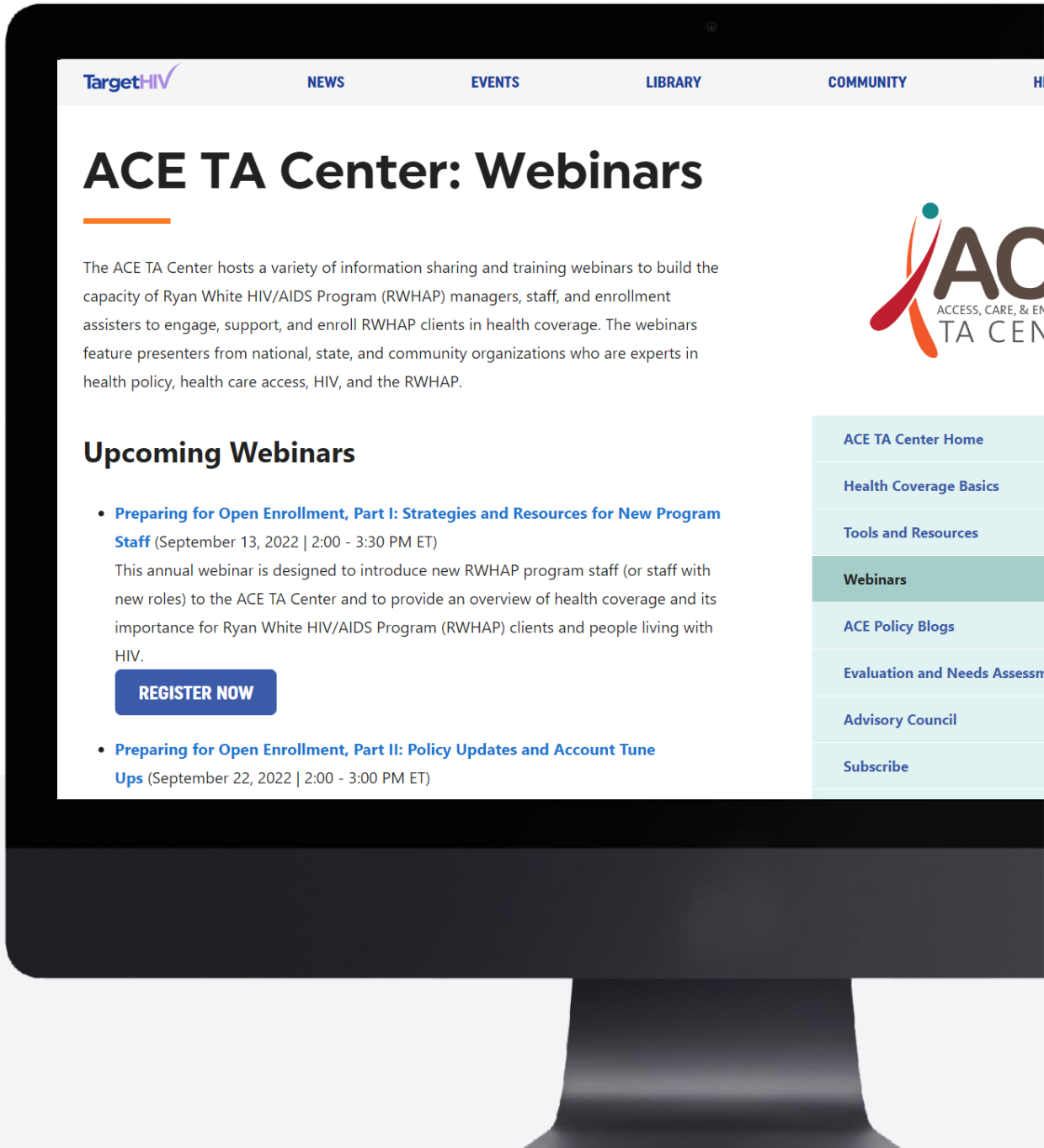
- Find your local State Health Insurance Program using the **SHIP Locator Tool**: https://www.shiphelp.org/about-medicare/regional-ship-location
- Find your local ADAP using the NASTAD **ADAP Directory**: https://nastad.org/member-directory
- Find RWHAP-funded recipients near you using the **RWHAP Locator**: https://targethiv.org/community/rwhap-locator
- Find local support for housing, insurance, benefits, and more for older adults using the ACL's **Eldercare Locator**: eldercare.acl.gov
- Access the CMS **Assister Microlearning Modules**: https://marketplace.cms.gov/technical-assistance-resources/marketplace-assister-microlearning

Join us for Part 2!

Preparing for Open Enrollment, Part 2: Policy Updates and Conducting Account Tune-Ups

Thursday, September 22
2PM – 3:30PM ET

targethiv.org/ace/webinars



New ACE Resource Coming Soon: User Testing Opportunity!

- User testing opportunity involves:
  1. Downloading and using the new tool (5-10 minutes).
  2. Providing feedback via online form (5-10 minutes).

- Interested in volunteering?
  - You can sign up via today's webinar evaluation form (see question #1).
  - Look for an email with instructions from the ACE TA Center in October.
  - Reach out to acetacenter@jsi.com with questions!

Questions?

Thank you!

targethiv.org/ace
Sign up for our mailing list, download tools and resources, and more.

Contact Us
acetacenter@jsi.com