

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.

Dual Eligibility, HIV, and the Ryan White HIV/AIDS Program

As people with HIV live longer and healthier lives, more are aging into Medicare at 65 and becoming dually eligible later in life. Compared to the overall Medicare and Medicaid populations, dually eligible people with HIV are more likely to have multiple chronic illnesses or functional disabilities that limit their ability to live independently.

As of 2023, 7.3 percent of all RWHAP clients were dually eligible for Medicare and Medicaid. Within this population, over three-quarters are over age 50, and over one-quarter are over age 65.

Integrated Care for Dually Eligible People

Integrated care plans are a type of health plan that coordinates Medicare and Medicaid payment and service delivery for dually eligible people. Integrated care plans have various levels of integration, but in general, these plans increase health care access, improve care quality, and reduce costs. Integrated services typically include primary and acute care, as well as behavioral health and long-term services and supports when possible.

Overview of Integrated Care Plans

Level of Integration	Integrated Care Plan	Description
Low	Dual Eligible Special Needs Plan (D-SNP)	A type of Medicare Advantage plan that contracts with a state Medicaid agency to coordinate all primary and acute care services.
Moderate	Highly Integrated Dual Eligible Special Needs Plan (HIDE-SNP)	A more integrated type of D-SNP that also provides coverage for long-term services and supports and/or behavioral health services.
High	Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)	The most fully integrated type of D-SNP that coordinates care under a single managed care organization, provides coverage for long-term services and supports, and may also provide coverage for behavioral health services.
High	Medicare-Medicaid Plan (MMP)	A type of health plan in which a state, the Centers for Medicare & Medicaid Services, and a health plan enter into a three-way contract to provide comprehensive enrollment, communication, care coordination, and delivery of benefits. (Note: MMPs are only available to full-benefit dually eligible people.)
High	Programs of All-Inclusive Care for the Elderly (PACE)	A type of adult day care program that offers comprehensive medical and social services to people over 55 who need a nursing home level of care. (Note: PACE is not exclusive to dually eligible people; however most enrollees are full-benefit dually eligible.)

Plan names and availability vary by state and service area. To find out what integrated care options may be available in your state, refer to the Integrated Care Resource Center.

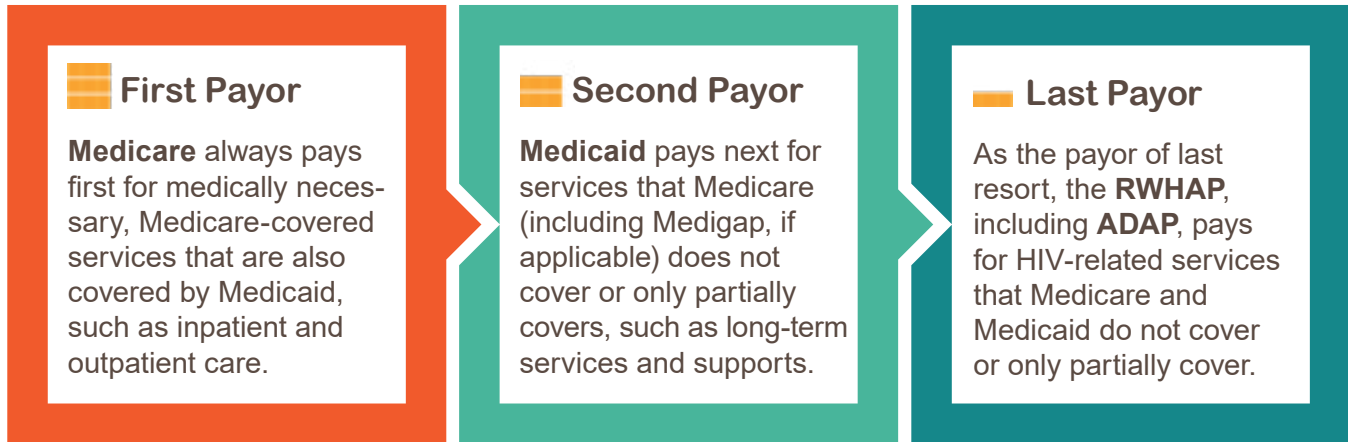
Best Practices for Enrolling Dually Eligible Clients in Health Coverage

- ✓ Set up 65th birthday reminders for clients aging into Medicare.
- ✓ Partner with local aging agencies to identify resources and strategies to support clients aging into Medicare.
- ✓ Review clients' contact information and ensure that their mailing address and phone number are up-to-date.
- ✓ Encourage clients to check their mail frequently for important documents such as health insurance cards, as well as notices from their health care coverage providers. These notices may contain helpful information such as potential changes to their eligibility for coverage or financial assistance, who to contact for assistance, and answers to frequently asked questions.
- ✓ Help clients search for a Medicare plan (or an integrated care plan, if available in your area) that includes supplemental services that fit their needs. These could include home-delivered meals, assistive technology, and even dental services depending on the plan.
- ✓ For clients who choose to enroll in a Medicare Advantage plan, verify that their existing providers are in-network.
- ✓ Help clients review their medication lists and make sure their medications are covered by the plan they are considering.
- ✓ Support clients to actively enroll in Medicare and renew or reapply for Medicaid coverage when they turn 65.
- ✓ Gaps in coverage can lead to gaps in care. If you anticipate that your client may experience gaps in coverage, work with their clinical provider and/or the RWHAP, including the AIDS Drug Assistance Program (ADAP), to make sure they have enough medications to get through the transition period.
- ✓ Work with your State Health Insurance Program (SHIP) to troubleshoot Medicare enrollment issues. Please refer to the SHIP TA Center to find the SHIP in your state.
- ✓ Consider getting trained to become a certified SHIP counselor.

Billing and Payor of Last Resort Requirements

When paying for services provided to dually eligible RWHAP clients, Medicare generally pays first, then Medicaid, followed by the RWHAP, including ADAP.

Payors for Services for Dually Eligible People



Sources of Financial Help

The **Medicare Savings Programs** (MSPs), also known as Medicare Buy-In Programs or Medicare Premium Payment Programs, are financial assistance programs in which state Medicaid programs help enrollees pay for some or all of their Medicare Part A and Part B costs.

- Two MSPs are available to full-benefit dually eligible people: the **Qualified Medicare Beneficiary** (QMB) program and the **Specified Low-Income Medicare Beneficiary** (SLMB) program.
 - QMB Plus helps pay for 100% of all Medicare Part A and Part B premiums, deductibles, coinsurance, and copayments. The vast majority of dually eligible people qualify for the QMB program.
 - SLMB Plus helps pay for Medicare Part B premiums only.
- Two MSPs are available to partial-benefit dually eligible people: the **Qualifying Individual** (QI) program and the **Qualified Disabled and Working Individuals** (QDWI) program.
 - QI helps pay for Medicare Part B premiums only.
 - QDWI helps pay for Medicare Part A premiums only.

The **Extra Help Program**, also known as the Medicare Part D Low-Income Subsidy (LIS), helps pay Medicare monthly premiums, annual deductibles, and copayments for people with Medicare Part D prescription drug coverage and who meet income and resource limits.

- Full-benefit dually eligible people who get their Medicare coverage through Original Medicare, and who are already enrolled in the QMB or SLMB Medicare Savings Programs, automatically qualify for Extra Help.
- These enrollees will receive a consumer mailing from the Centers for Medicare & Medicaid Services (CMS) notifying them that they will be automatically enrolled in a Medicare Part D prescription drug plan unless they decline coverage or enroll in a plan themselves. This notice will specify the expected premium, deductible, and copay amounts for the plan year.

The **Limited Income Newly Eligible Transition (LINET)** Program provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan. LINET is available for some dually eligible people who also receive Extra Help.

- Individuals who qualify for retroactive coverage will receive a notice from CMS notifying them that they will be automatically enrolled in a Medicare Part D prescription drug plan unless they decline coverage or enroll in a plan themselves.
- Individuals can contact the LINET program at 1-800-783-1307 to request reimbursement for out-of-pocket costs spent on Medicare-covered drugs, minus any copays, during the retroactive period.

The **RWHAP**, including **ADAP**, may help dually eligible clients pay for Medicare and Medicaid coverage, when doing so is determined to be cost-effective for the RWHAP. Check with your state ADAP or RWHAP to find out what is covered in your jurisdiction. Assistance may include coverage for the following:

- Premiums and cost-sharing associated with Medicare Parts B, C, and D, including the costs of outpatient and ambulatory care under Medicare Part B and prescription drug coverage under Medicare Part D that includes at least one drug in each class of core antiretroviral therapeutics.
- Medicaid premiums, deductibles, and copayments, if any.

For more information about using RWHAP funds for health care coverage premium and cost sharing assistance, see [HRSA HAB Policy Clarification Notice \(PCN\) #18-01](#).

Prescription drug plans with \$0 premiums may be available.

Individuals who are already enrolled in a Medicare Part D plan prior to receiving approval for Extra Help may want to consider shopping for a Medicare Part D plan where their premium drops to \$0.

Remember: The RWHAP is not health insurance.

The RWHAP, including ADAP, provides HIV primary medical care, essential support services, and medications. It fills in the gaps in HIV care, coverage, and affordability. If they are eligible, help your clients enroll in comprehensive health coverage, such as Marketplace, Medicare, or Medicaid.

Sources of Enrollment Support

RWHAP program staff, including case managers, can find Medicare enrollment support for their dually eligible clients through their local **State Health Insurance Program (SHIP)**. SHIPs provide free, personalized insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. Check with your local SHIP to find out what state and local programs your clients may be eligible for, how Medicare works with Medicaid for dually eligible individuals, and how to get trained as a SHIP counselor yourself. Please refer to the SHIP TA Center to learn more.

RWHAP program staff can find information about efforts to develop and coordinate integrated care options for dually eligible clients in their state through the **Integrated Care Resource Center**.

Local resources for older adults and people with disabilities are available

- The **Eldercare Locator** is a nationwide service that connects older Americans and their caregivers with local sources of support for housing, insurance and benefits, transportation, and more. Visit eldercare.acl.gov and enter your location to find resources near you.
- The **Disability Information and Access Line (DIAL)** is a national network of organizations that serve people with disabilities that connects callers to information and essential services that promote independent living. Visit acl.gov/DIAL, call 1-888-677-1199, or email DIAL@usaginganddisability.org to find resources in your community.

References

Dually Eligible Benefits

- Dually Eligible Beneficiaries: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf
- Dually Eligible Individuals - Categories (CMS): <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf>

Additional Resources

- Health Resources and Services Administration (HRSA) RWHAP Service Report, 2023: <https://ryanwhite.hrsa.gov/data/reports>
- Guide to Consumer Mailings (CMS): <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf>
- PCN #18-01 (HRSA): <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/18-01-use-rwhap-funds-premium-cost-sharing-assistance.pdf>



The Access, Care, and Engagement TA Center (ACE Technical Assistance (TA) Center builds the capacity of the RWHAP community to navigate the changing health care landscape and help people with HIV to access and use their health coverage to improve health outcomes.



This resource was prepared by JSI Research & Training Institute, Inc., and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.