

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

Access, Care, and Engagement (ACE) TA Center

June 2, 2026



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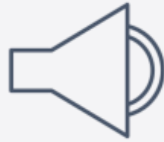
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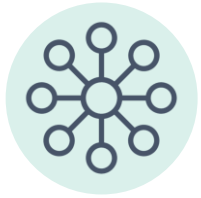
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# The ACE TA Center helps organizations



## **Engage, enroll, and retain**

clients in health care 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 care coverage to improve health care access.



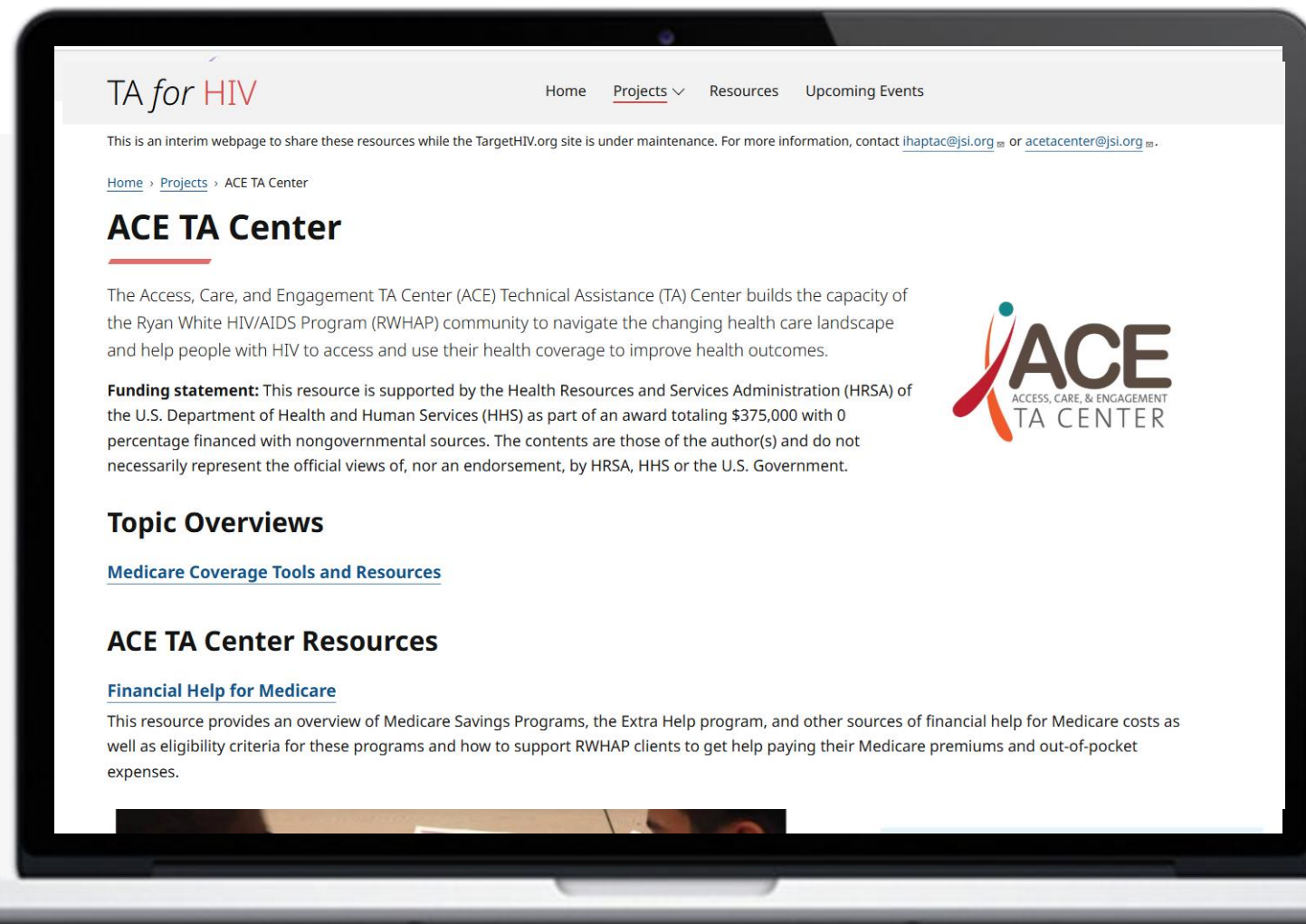
## **Improve the clarity**

of their communication around health care access and health insurance.



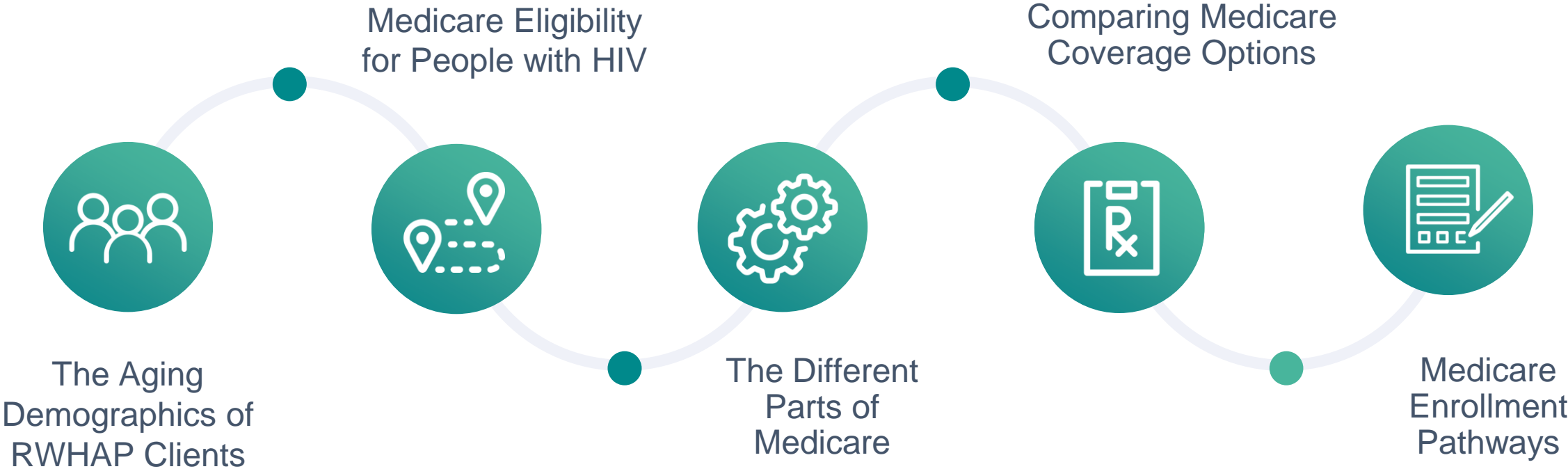
- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Programs (SHIP) counselors and other in-person assisters that help enroll RWHAP clients in health care coverage

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# Roadmap for today's webinar



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# Today's presenters

**Liesl  
Lu**



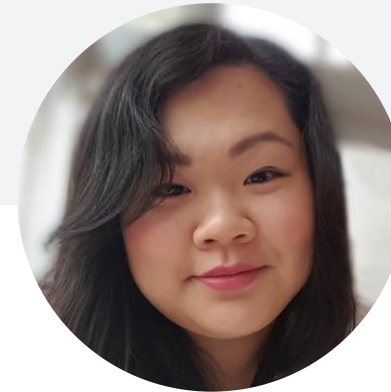
Principal Investigator,  
ACE TA Center

**Molly  
Tasso**



Project Director,  
ACE TA Center

**Christine  
Luong**



Research & Policy Associate,  
ACE TA Center

# The Aging Demographics of RWHAP Clients



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# More RWHAP clients are aging into Medicare

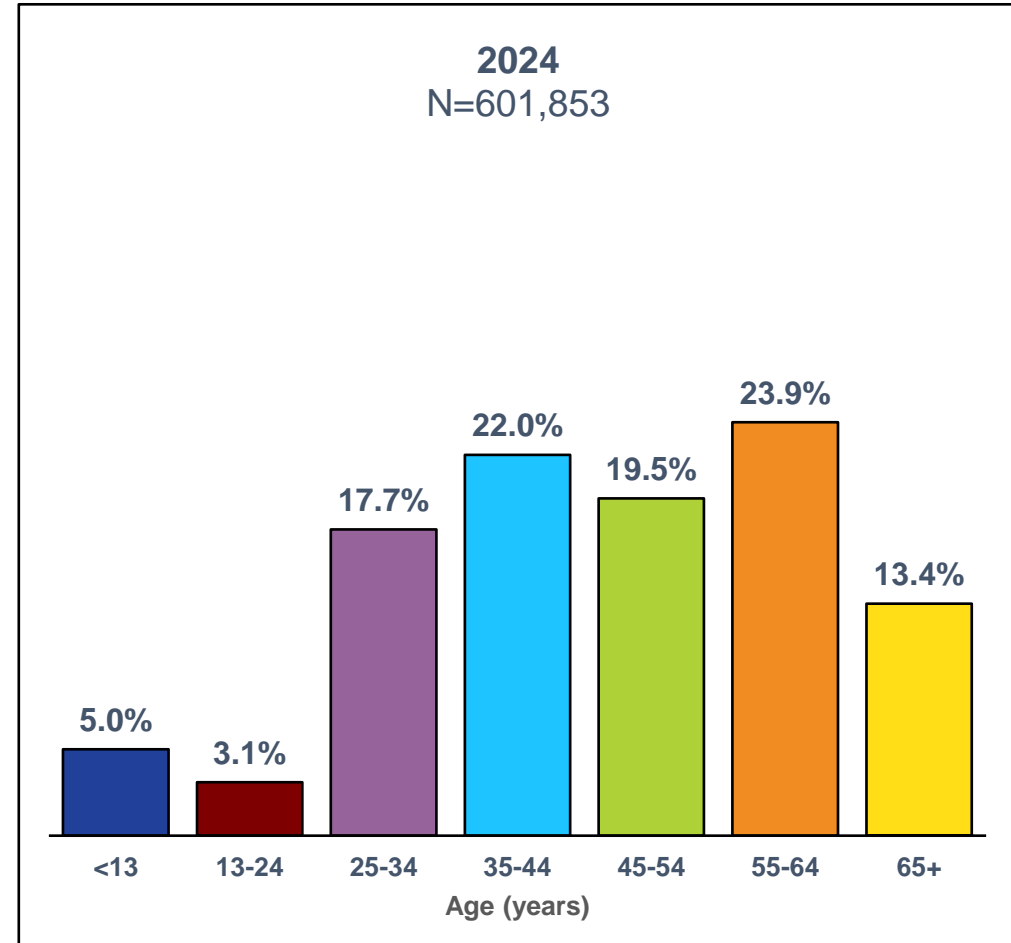
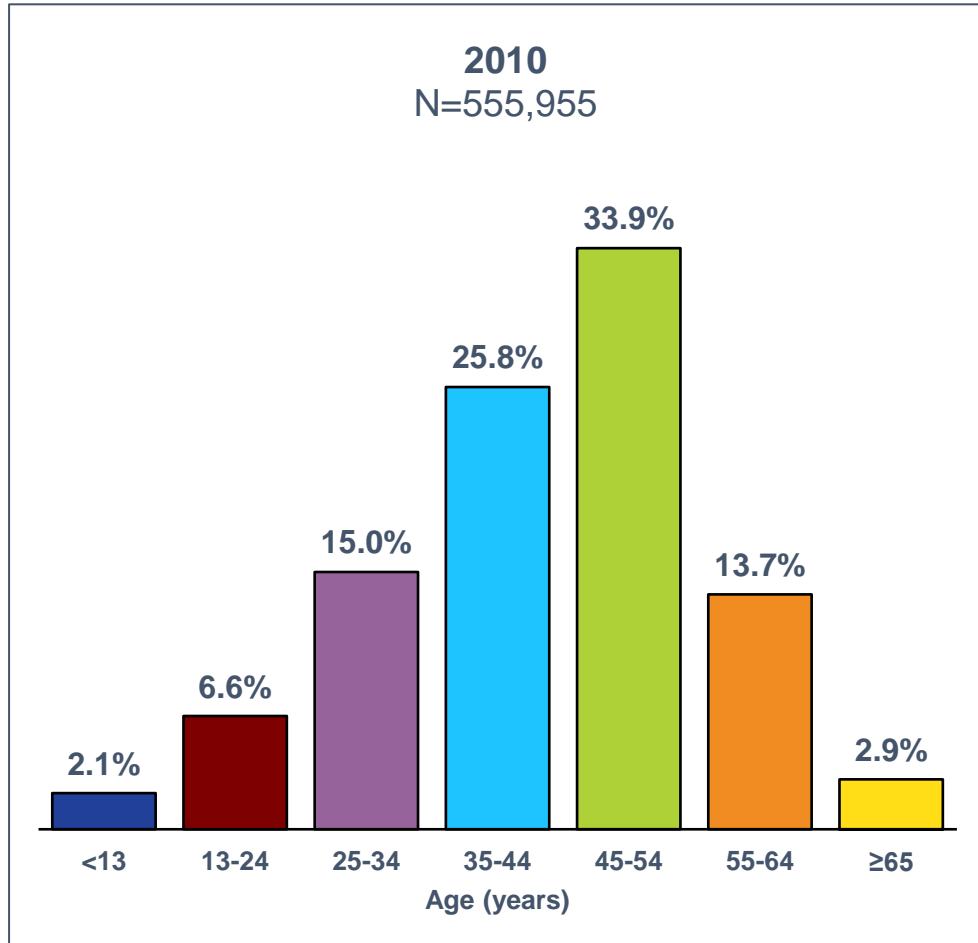
- Medicare is the **second largest source** of federal funding for HIV/AIDS care in the U.S.
- **Over one quarter (28%) of all people with HIV in the U.S.** get their health care coverage through Medicare.
- **Within the RWHAP, 17.6% of RWHAP clients had Medicare coverage**, including those who were dually eligible.
- In 2024, **nearly half (47.4%) of all RWHAP clients were aged 50 years and older**, and this number is projected to rise to 64.1% by 2030.

Sources:

- KFF - Medicare and HIV (2023)
- HRSA HAB - Clients Served by the Ryan White HIV/AIDS Program 2024 (2026)
- HRSA HAB – Projected Growth and Needs of Aging People Living with HIV in HRSA's RWHAP (2019)

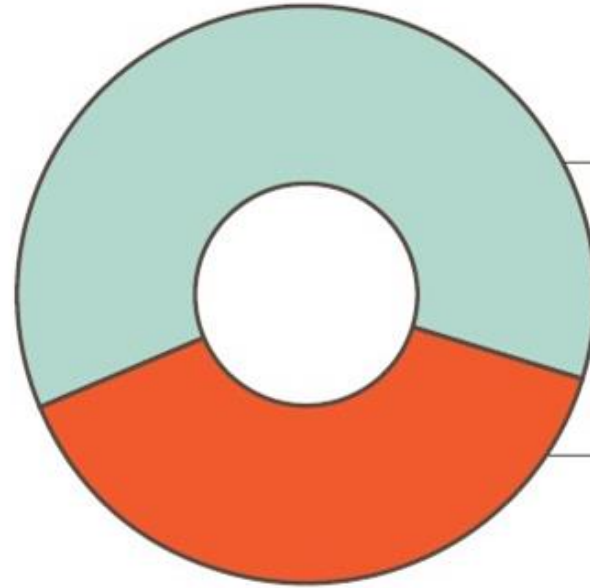


# Ryan White HIV/AIDS Program clients, by age group, 2010 and 2024—United States and 3 territories



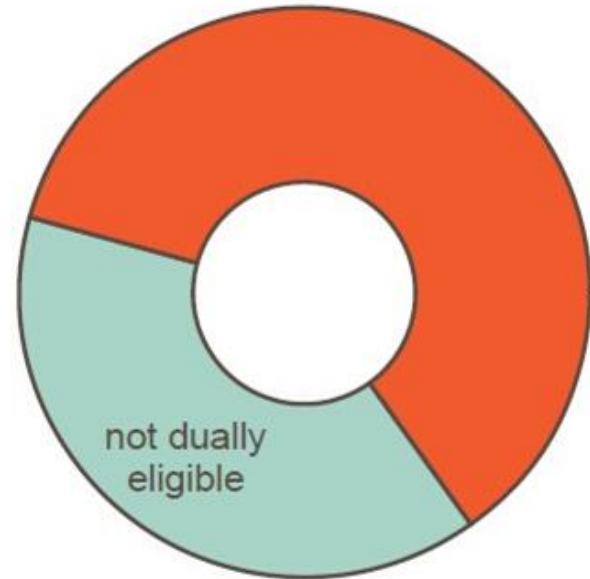
Source: HRSA HAB - Clients Served by the Ryan White HIV/AIDS Program 2024 (2026)

# Medicare beneficiaries with HIV



**61% are under age 65** and qualify due to disability (compared to 13% of Medicare beneficiaries overall)

**39% are aged 65+**



**61% are dually eligible** for Medicare and Medicaid (compared to 18% of Medicare beneficiaries overall)

# Medicare Eligibility for People with HIV



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# Primary criteria for Medicare eligibility

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years.
- **Three potential pathways:**
  - Age 65 or older
  - Under 65 with a qualifying disability
  - Have end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also known as Lou Gehrig's disease)

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# Qualifying for Medicare under 65 with a disability

- In order to qualify for Medicare under age 65 due to a disability, an individual must:
  - Qualify for **Social Security Disability Insurance (SSDI)** benefits
  - Have received SSDI payments for **at least 24 months**
- **HIV status alone generally does not qualify for SSDI**
- People with HIV can still qualify for SSDI by meeting the medical requirements for another physical or mental health condition.

# Medicare Parts: What They Are and What They Cover



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# Medicare Part A: Hospital coverage



- Covers **hospital-related care** including:
  - Inpatient hospital care
  - Skilled nursing facility care
  - Hospice care
  - Home health care
- Most people qualify for “**premium-free**” **Medicare Part A** if they:
  - Work in a job that pays towards Social Security taxes
  - Accumulate 40 Social Security work credits by age 65 (approximately 10 years of work history)

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# Medicare Part B: Medical coverage



- Covers **medical services** including:
  - Services from doctors and other health care providers
  - Preventative services
  - Outpatient care
  - Physician-administered medications
  - Home health care
  - Chronic pain management and treatment services
  - Outpatient mental health care
  - At-home telehealth
- **New!** Now covered in 2026:
  - Advanced Primary Care Management services

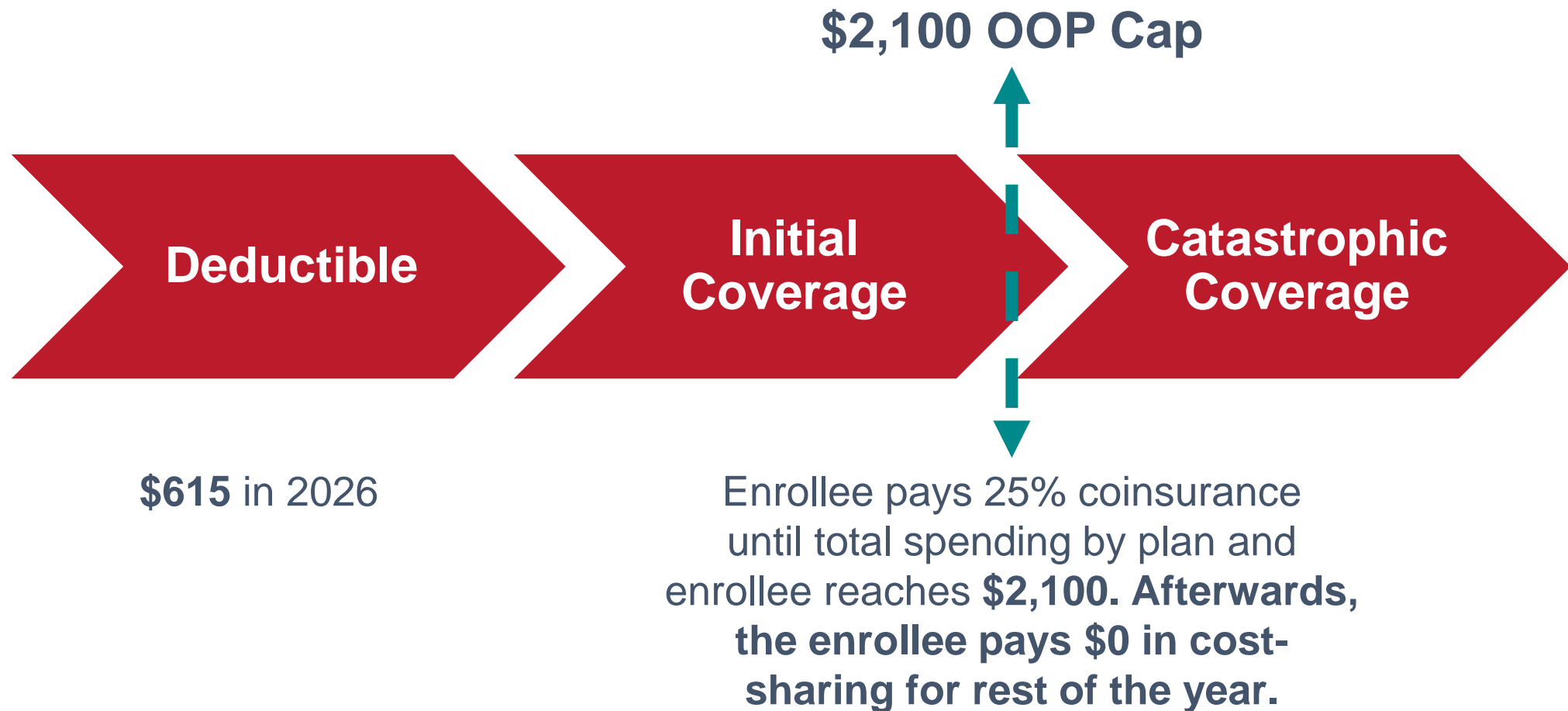
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# Medicare Part D: Prescription drug coverage



- Covers outpatient prescription drugs, including all HIV antiretroviral medications
- Insulin available without a deductible for no more than \$35 per month
- Vaccines recommended by the Advisory Committee on Immunization Practices available without cost-sharing
- **Reminder!** There is now a cap on Medicare Part D out-of-pocket (OOP) costs - \$2,100 in 2026.
  - RWHAP Part B AIDS Drug Assistance Program (ADAP) and Extra Help contributions count towards the cap
  - No copay or coinsurance for the rest of the year after reaching the cap

# Beginning January 1, 2026: Medicare Part D Cost-Sharing Phases



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# Original Medicare: The Basics

- Also known as “traditional” Medicare
- Administered by the federal government
- Includes:
  - **Medicare Part A** (hospital coverage)
  - **Medicare Part B** (medical coverage)
- Does NOT include:
  - Medicare Part D (prescription drug coverage), which must be purchased separately if needed



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# Original Medicare: Pros

- Extensive network allows beneficiaries to receive care from any doctor, provider, hospital, or healthcare facility across the U.S. who accepts Medicare
- Do not need to choose a primary care doctor
- Generally do not need a referral to see a specialist
- May be a better option for clients who value having a greater choice of providers



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# Original Medicare:

## Cons



- The **Medicare Part A deductible** is based on a 90-day benefit period.
  - The deductible can be applied more than once a year.
  - Once the deductible is met, beneficiaries could face additional charges for hospitalizations, skilled nursing care, and blood products.
- The **Medicare Part B deductible** is based on an annual benefit period.
  - After the deductible is met, Medicare pays 80% of approved charges and beneficiaries are responsible for the remaining 20%.

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# Original Medicare:

## Adding on prescription drug coverage



- Individuals with Original Medicare have the option to **purchase** a separate Medicare Part D prescription drug coverage plan.
- All Medicare prescription drug plans are required to cover all or nearly all drugs in **6 protected drug classes**, including HIV antiretroviral treatments.
- HIV drugs are required to be covered **without any utilization management** (e.g., prior authorization or step therapy).
- However, there are some **Part D restrictions for non-HIV medications**, including “medication not on formulary” and “quantity limit” issues.

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# Original Medicare: Considerations for adding on prescription drug coverage

- Encourage all clients to enroll in both Part A and B if eligible.
  - However, Original Medicare enrollees only need to have Medicare Part A or Part B to purchase a Part D plan.
- Part D premiums may be expensive, so work with clients to see if they are eligible for the Extra Help program.
  - If not, RWHAP ADAP can pay the premium, but the decision is up to individual state/territory ADAP.

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# Medigap: Medicare Supplemental Insurance



- Plans sold by private companies but standardized by law.
- Provides **supplemental insurance** to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.
- A client must have Medicare Parts A and B (Original Medicare) to enroll in a Medigap policy.
- Does not cover Medicare Part D prescription drug coverage copays, co-insurance, or deductibles.

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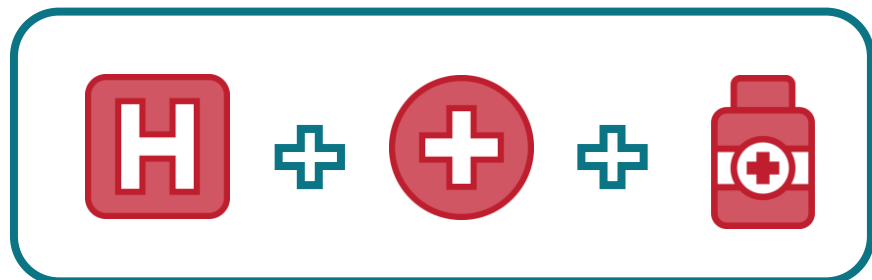
# Medigap: Medicare Supplemental Insurance (cont.)



- Medigap beneficiaries pay a **monthly premium** that determines exactly what their out-of-pocket costs will be, if any.
  - RWHAP ADAP may be able to pay this.
- Usually, the more expensive the plan, the greater the benefits. However, they generally don't cover long-term care, vision, or dental care.
- May be a good add-on for clients with more complex medical needs

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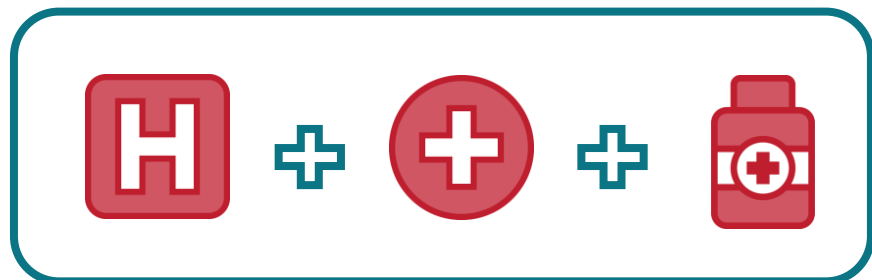
# Medicare Advantage: The Basics



- Also known as Medicare Part C
- Administered by private insurance companies that contract with the government.
- A single plan that bundles Medicare Part A (hospital), Part B (medical), and often Part D (prescription drug) coverage

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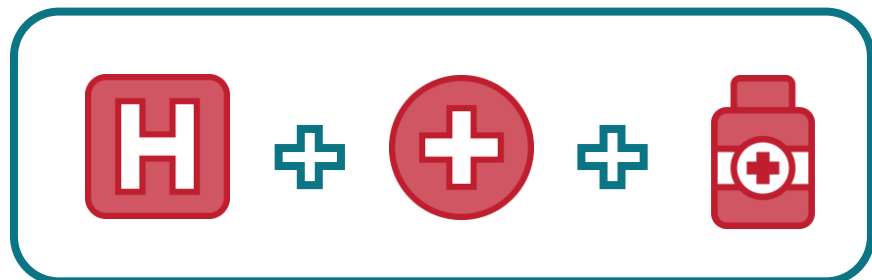
# Medicare Advantage: Pros



- Plans may have no monthly premium or a low monthly premium on top of the Medicare Part B premium.
  - RWHAP ADAP may be able to help clients with their premium payment
- May provide extra services, such as vision or dental.
- Can have lower out-of-pocket costs for some services
- May be a better option for clients with less complex medical needs

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# Medicare Advantage: Cons



- Generally an HMO or PPO plan with a specific network of preferred providers
  - Varies widely state to state
  - Clients may not be able to find a plan that all their providers accept
  - Clients could face higher out-of-pocket costs to see an “out of network” provider, especially for inpatient services
- May need to get certain services approved ahead of time
- May need to get a referral from the client’s primary care doctor to see a specialist

# Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at [www.medicare.gov](http://www.medicare.gov)
- The RWHAP Part B AIDS Drug Assistance Program (ADAP) may help pay for Medicare and/or Medigap premiums, deductibles, and copayments.

<b>Original Medicare</b> (Parts A and B)  	<b>Medicare Advantage</b> (also called Part C) 
<p><b>Includes:</b></p> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <p><b>Clients can purchase:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Part D (prescription drug coverage)</li><li><input type="checkbox"/> Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy</li></ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"><li>▪ The federal government</li></ul>	<p><b>Includes:</b></p> <ul style="list-style-type: none"><li>▪ Part A (hospital insurance)</li><li>▪ Part B (medical insurance)</li></ul> <p><b>Most plans include:</b></p> <ul style="list-style-type: none"><li>▪ Part D (prescription drug coverage)</li></ul> <p><b>Some plans also include:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Lower out-of-pocket costs</li><li><input type="checkbox"/> Extra benefits</li></ul> <p><b>Plans administered by:</b></p> <ul style="list-style-type: none"><li>▪ Private insurance companies that contract with the government</li></ul>

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# Knowledge Check #1

**Which of the following is true about Medicare Part D prescription drug coverage? (Select all that apply.)**

- a) It can be purchased separately to add on to Original Medicare
- b) It can be part of a bundled Medicare Advantage plan
- c) Cost-sharing is capped at \$2,100 a year
- d) All of the above
- e) None of the above

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# Knowledge Check #1

Which of the following is true about Medicare Part D prescription drug coverage? (Select all that apply.)

- a) It can be purchased separately to add on to Original Medicare
- b) It can be part of a bundled Medicare Advantage plan
- c) Cost-sharing is capped at \$2,100 a year
- d) All of the above**
- e) None of the above

**Answer: (D)**

# Medicare Enrollment Pathways



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# Medicare enrollment pathways for newly eligible individuals



## Claiming Social Security Benefits

Receiving disability or retirement benefits before 65



## Initial Enrollment Period (IEP)

For people turning 65 years old



## Special Enrollment Periods (SEP)

For people experiencing specific life events, such as moving, losing or changing their health care coverage, etc.



## General Enrollment Period (GEP)

For people who missed their IEP, don't qualify for an SEP, and want to enroll in Medicare Part B

# Initial Enrollment Period (IEP) for people about to turn 65

## Medicare Initial Enrollment Period (IEP)



If a person signs up for Medicare during the first 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of their birthday month (the fourth month of the IEP\*).

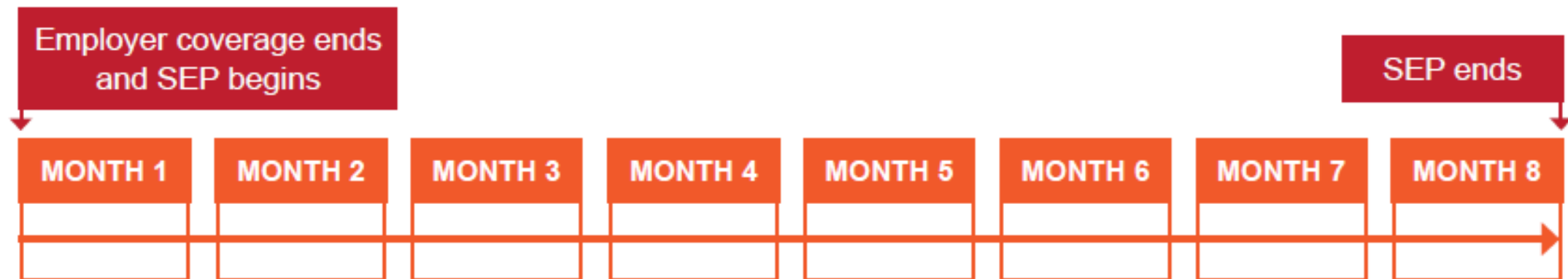
If a person signs up for Medicare during their birthday month (the fourth month of the IEP\*) or during the last 3 months of their Initial Enrollment Period, their Medicare coverage will begin on the first day of the month after they enroll.

\*If a person's birthday falls on the first of the month, their IEP is shifted one month earlier to include the 4 months prior to the birthday month, the month the person turns 65, and the 2 months after the birthday month.

# Special Enrollment Period (SEP) for people transferring from employer coverage after 65

- If a client is covered by employer insurance (their own or their spouse's), they are NOT required to sign up for Medicare at age 65.
- When their employer coverage ends, they qualify for an 8-month SEP.

## Medicare Special Enrollment Period (SEP) for Loss of Employer Coverage

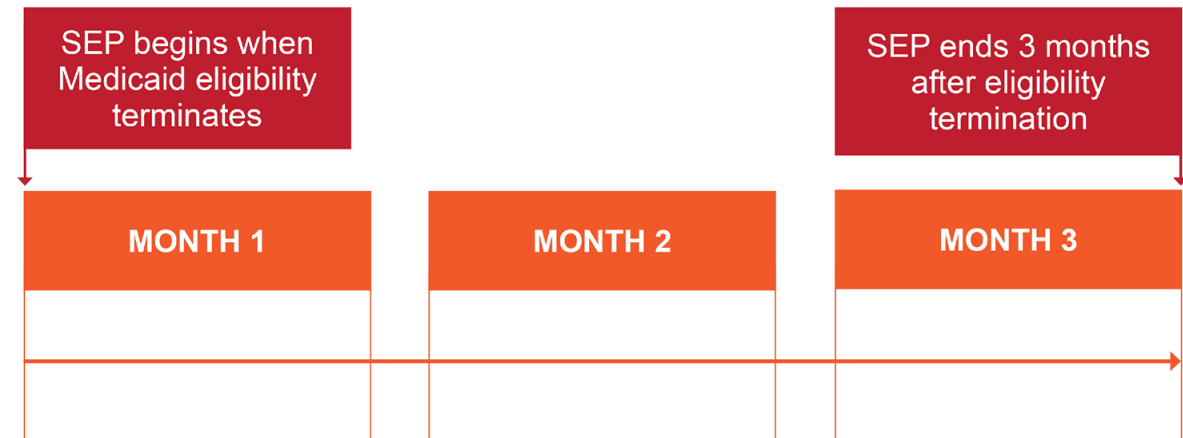


Coverage begins on the first day of the month after an individual enrolls.

# Special Enrollment Period (SEP) for people whose Medicaid eligibility is terminated

- SEP allows clients to enroll in Medicare after termination of Medicaid eligibility. Clients can choose between:
  - Retroactive coverage back to the date of termination (no earlier than 1/1/23), but the client must pay the premiums for the retroactive covered time period.
  - Coverage beginning on the 1<sup>st</sup> of the month after enrolling

Medicare Special Enrollment Period (SEP) to Coordinate with Termination of Medicaid Coverage



Individuals who enroll in Medicare coverage during this SEP will have coverage beginning on the first of the month following enrollment.

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# Additional Medicare SEPs

- SEP for individuals impacted by an emergency/disaster
- SEP for health plan or employer error
- SEP for misleading marketing information
- SEP for formerly incarcerated individuals
- **Reminder!** As of 2024, individuals who sign up for Medicare Part A or B during an SEP because of an exceptional condition will have 2 months to join a Medicare Advantage plan or a Part D plan.

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# General Enrollment Period (GEP) for late enrollees

- Enroll through the GEP if they missed the IEP and don't qualify for an SEP.
- The GEP runs from January 1 to March 31 annually, coverage will begin on the first of the month after enrollment.
- A client may have to pay a late enrollment penalty for Medicare Part A (if they don't qualify for premium-free Part A) or Medicare Part B.
- They have 2 months to enroll in Medicare Part D after signing up for Medicare Part A with a premium and/or Medicare Part B.

## Medicare General Enrollment Period (GEP)

### Enrollment



Coverage begins the first day of the month after an individual enrolls. *For example, if a person signs up for Medicare during January of the GEP, their Medicare coverage will begin on February 1.*

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# Knowledge Check: Keith



Keith is turning 65 in July. He is currently enrolled in Marketplace coverage. What should he do?

- a) Keep his Marketplace coverage through the end of the year and enroll in Medicare during the General Enrollment Period next year.
- b) Enroll in Medicare during his Initial Enrollment Period (April – October) and then cancel his Marketplace plan.
- c) Enroll through a Special Enrollment Period at any point after he turns 65.

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# Knowledge Check: Keith



Keith is turning 65 in July. He is currently enrolled in Marketplace coverage. What should he do?

- a) Keep his Marketplace coverage through the end of the year and enroll in Medicare during the General Enrollment Period next year.
- b) Enroll in Medicare during his Initial Enrollment Period (April – Oct) and then cancel his Marketplace plan.**
- c) Enroll through a Special Enrollment Period at any point after he turns 65.

**Answer: (B)**

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# Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for any Special Enrollment Periods. She enrolled during the General Enrollment Period in February this year. When did her coverage start?

- a) On her 65<sup>th</sup> birthday last year
- b) March of this year
- c) January of next year

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# Knowledge Check: Sandra



Sandra missed her Initial Enrollment Period and does not qualify for any Special Enrollment Periods. She enrolled during the General Enrollment Period in February this year. When did her coverage start?

- a) On her 65<sup>th</sup> birthday last year
- b) March of this year**
- c) January of next year

**Answer: (B)**



# Resource Round-Up





- Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works
- The ABCDs of Medicare Coverage (Client Resource)
- Medicare Prescription Payment Plan

# Tool:

## The Basics of Medicare

**ACE TA CENTER MEDICARE TOOL**

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

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities.<sup>1</sup> Medicare is now the single largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare.<sup>2</sup>

Historically, most Medicare beneficiaries living with HIV have been under age 65 and qualified for Medicare because of a disability. However, there are more older adults living with HIV, and served by the 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.<sup>4</sup>

#### Medicare Beneficiaries Living with HIV<sup>3</sup>

Category	Percentage	Additional Info
Under age 65 and qualify due to disability	79%	(compared to 17% of Medicare beneficiaries overall)
Aged 65+	21%	(63% of these clients became eligible based on age alone)
Dually eligible for Medicare and Medicaid	69%	
Not dually eligible	31%	

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](http://www.ssa.gov/planners/disability)

ACE TA CENTER | The Basics of Medicare for RWHAP Clients

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# Tool: Medicare Prescription Drug Coverage

ACE TA CENTER MEDICARE TOOL

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

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

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

However, if a Medicare enrollee is enrolled in Original Medicare and chooses **not** to enroll in drug coverage when they are first eligible, they will likely have to pay a **late enrollment penalty** to join later, unless they have other **creditable prescription drug coverage**. The penalty is in addition to their monthly premium for as long as they have a Medicare drug plan. Clients with **creditable drug coverage** should receive a written notice each September from their health plan.<sup>2</sup> If clients are unsure, they should ask their health plan administrator for a copy of the notice.

**Creditable prescription drug coverage** 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 Medicare Part D plan later.

### 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?

# Tool: How Medicare Enrollment Works

ACE TA CENTER MEDICARE TOOL

## How Medicare Enrollment Works

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

### 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](http://www.ssa.gov/planners/disability).

- People who turn 65 without having the necessary work credits to qualify can sign up for **Medicare Part A** coverage, but they will have to pay premiums. They must also be a U.S. citizen or have been a permanent resident for at least five years.
- People can sign up for **Medicare Part B** at age 65 regardless of how many work credits they have.

### For individuals that have claimed Social Security benefits before their 65th birthday:

- Enrollment in Medicare Parts A and B is automatic. Their Medicare card will arrive in the mail **three months before** their birthday and coverage begins the first day of the month in which they turn 65.




### For individuals that have not yet signed up for Social Security benefits, Medicare offers an Initial Enrollment Period around their 65th birthday.

- They can sign up for Part A once their **Initial Enrollment Period** starts. But they can only sign up for Part B at specific times.
- If they miss the window to sign up for Part B, they will be subject to a late enrollment surcharge equal to 10 percent of the standard Part B premium for each 12 months of delay—a **penalty that continues forever**.

### Find the answers to these questions:

1. What is the difference between the Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period for Medicare?
2. When do clients need to enroll in Medicare to avoid late enrollment penalties?
3. What should clients enrolled in a Marketplace plan do when they enroll in Medicare?
4. How can clients make changes to their Medicare coverage?

### Medicare Parts At-a-Glance

-  Medicare Part A: Hospital coverage
-  Medicare Part B: Medical coverage
-  Medicare Part D: Prescription drug coverage

ACE TA CENTER | How Medicare Enrollment Works

Page 1

# Client Resource: The ABCDs of Medicare Coverage

**The ABCDs of Medicare Coverage**

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with a qualifying disability.

HIV status alone doesn't usually qualify someone for Medicare. Talk to your case manager to learn more about Medicare. You can get help enrolling in Medicare, and once you are enrolled, the Ryan White HIV/AIDS Program (RWHAP) and its AIDS Drug Assistance Program (ADAP) may be able to help you pay for some out-of-pocket costs for Medicare coverage.

**Medicare is broken up into parts, and each one covers a different aspect of your care.**

- Part A (Hospital Coverage):** Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care services.
- Part B (Medical Coverage):** Covers services from doctors and other health care providers, preventive services, outpatient care, medications given by a physician, home health care, and some medical equipment.
- Part D (Prescription Drug Coverage):** Covers the costs of outpatient prescription drugs, including HIV medications.

Visit [www.medicare.gov/eligibilitypremiumcalc](http://www.medicare.gov/eligibilitypremiumcalc) to see if you qualify for Medicare.

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# FAQ: Medicare Prescription Payment Plan (MPPP)

## FAQ: Medicare Prescription Payment Plan

Last updated April, 2026

The Inflation Reduction Act (IRA) was passed in 2022, and included significant changes to Medicare benefit design and prescription drug access. The following FAQ explains two important provisions of the IRA that went into effect on January 1, 2025: the new Medicare Prescription Payment Plan (MPPP) and the Medicare Part D out-of-pocket (OOP) cap. This FAQ document is intended to support Ryan White HIV/AIDS Program (RWHAP) and AIDS Drug Assistance Program (ADAP) administrators, case managers, and other staff as they work with RWHAP clients with Medicare Part D prescription drug coverage to decide if enrolling in the MPPP is a good option for them.

### 1. What is the Medicare Prescription Payment Plan?

The MPPP is an optional program for Medicare beneficiaries to help pay Medicare Part D OOP costs in monthly amounts over the course of a plan year. This process of spreading out OOP prescription drug costs is often referred to as "smoothing." The program is designed to help beneficiaries with the cost-sharing for expensive drugs. All Medicare prescription drug plans – including both standalone Medicare Part D plans and Medicare Advantage plans with prescription drug coverage – are required to offer beneficiaries the option to enroll into the program. If an enrollee chooses to "smooth" their OOP prescription drug costs, they will pay monthly amounts directly to the Medicare Part D or Advantage plan, instead of paying the entire OOP amount at the pharmacy. In addition to their monthly Medicare Part D premium bill, enrollees who opt into the MPPP will receive a separate bill for their "smoothed" prescription drug costs.

This program does not lower the total annual cost-sharing a person will pay for their prescription drugs; instead, it allows cost-sharing to be smoothed over the plan year. The program is available to anyone with Medicare prescription drug coverage, but is expected to be most helpful for enrollees who incur high prescription drug costs in the plan year. The benefits of the MPPP for RWHAP clients are likely limited, and clients should discuss the program with their case manager or other RWHAP staff before deciding to enroll (see questions 3, 4, 5 and 6 for more information).

The MPPP was implemented in the 2025 plan year, starting January 1, 2025. Medicare Part D and Medicare Advantage plans notified beneficiaries who may benefit from the program – specifically, those who paid at least \$2,000 in Medicare Part D cost sharing in 2024 and those who were expected to incur OOP costs of \$600 or more for a single medication in 2025 – during the 2025 Medicare Open Enrollment Period (October 15 - December 7, 2024).

# Questions?



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# Thank you.



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