

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

Access, Care, and Engagement (ACE) TA Center

June 16, 2026



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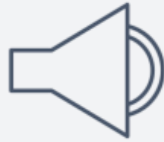
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# The ACE TA Center helps organizations



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

clients in health care coverage (e.g., Marketplace and other private health care coverage, 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**

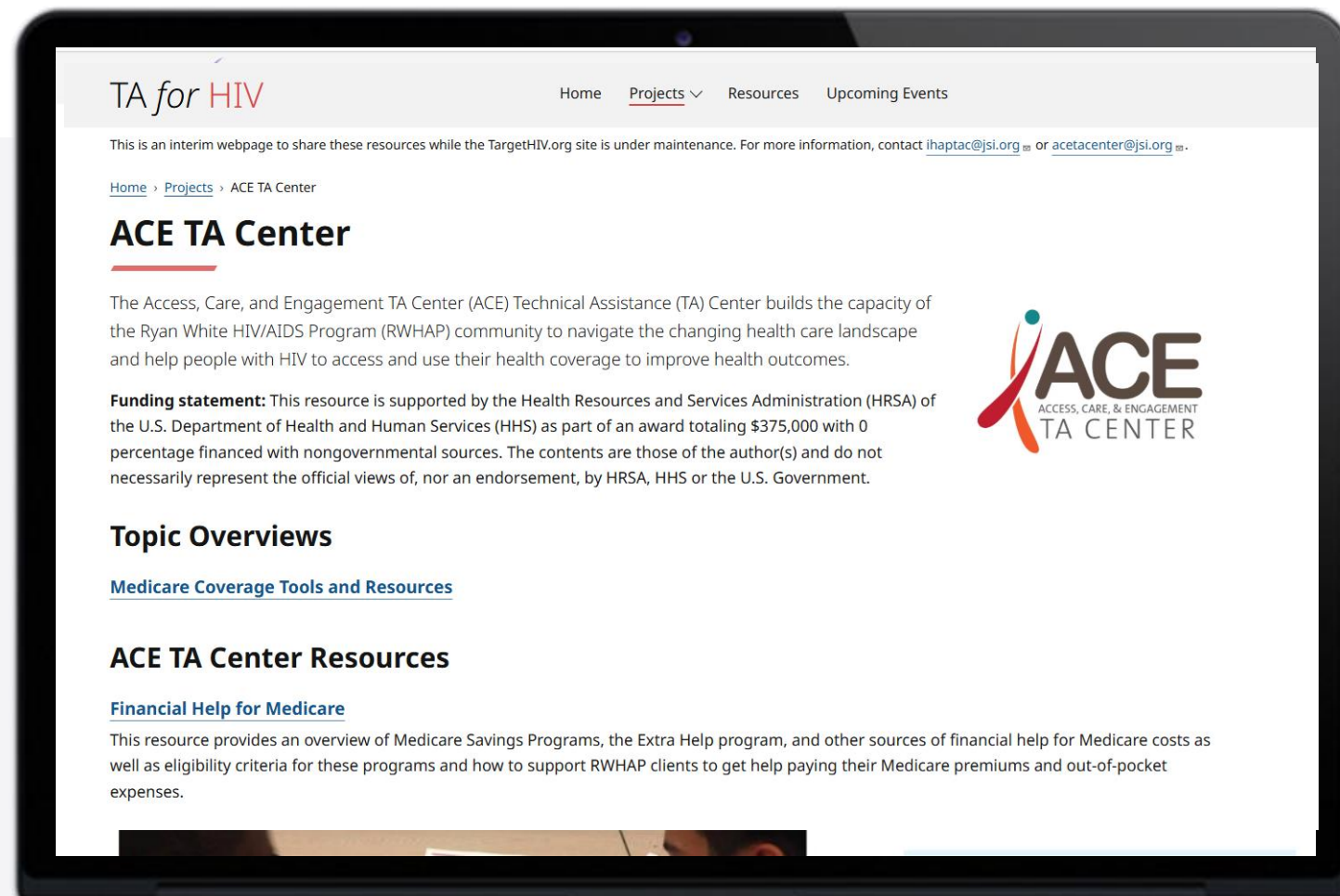
of their communication around health care access and health care coverage.



# Audiences

- 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

Visit us at  
**taforhiv.org**



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# Roadmap for today's webinar



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# Today's presenters

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**Christine  
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Research and  
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ACE TA Center

# Recap: Medicare Basics



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# Recap: Part I

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




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# Primary criteria for Medicare eligibility


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

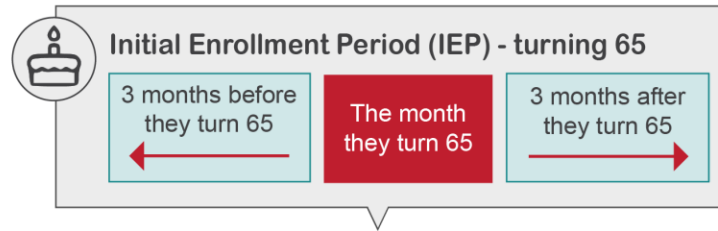
# Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at [www.medicare.gov](http://www.medicare.gov)
- The RWHAP 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>

 **Claiming Social Security Disability Insurance (SSDI) – under age 65**  
 A person with SSDI will automatically qualify for Medicare after they have received SSDI payments for 24 months.


 **Claiming Social Security Retirement Benefits – age 62 to 65**  
 A person may claim Social Security retirement benefits as early as 62, and will be auto-enrolled into Medicare at 65.




65

 **General Enrollment Period (GEP) - age 65+**  
 Runs annually from January 1 to March 31 for those who missed the IEP.

JAN	FEB	MAR
1		31

 **Special Enrollment Period (SEP) - age 65+**  
 8 month window to apply after losing employer sponsored coverage.

Loss of employer coverage	8 MONTHS	SEP ends

 **Special Enrollment Period (SEP) for Loss of Medicaid Coverage**  
 3 month period to apply after losing Medicaid coverage.

Medicaid eligibility terminates	3 MONTHS	SEP ends

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

# Overview of Medicare Enrollment Pathways

# Best Practices and Enrollment Support



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# Best practices to support Medicare enrollment

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

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## BEST PRACTICE #1: Ensure continuity of coverage

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

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## BEST PRACTICE #2: Actively enroll

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

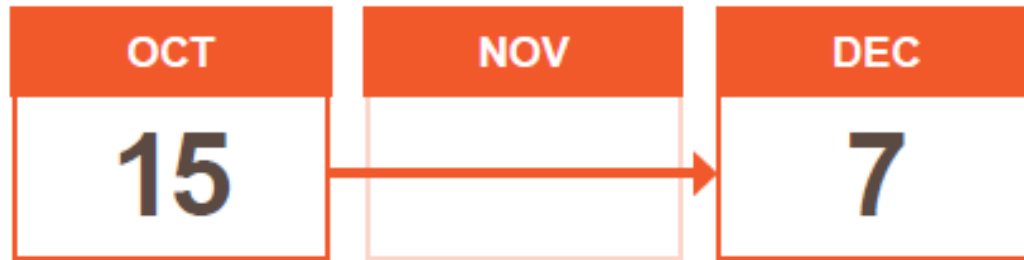
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## BEST PRACTICE #3: Enroll when first eligible

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

# Changing Medicare plans after enrollment

## Medicare Open Enrollment Period

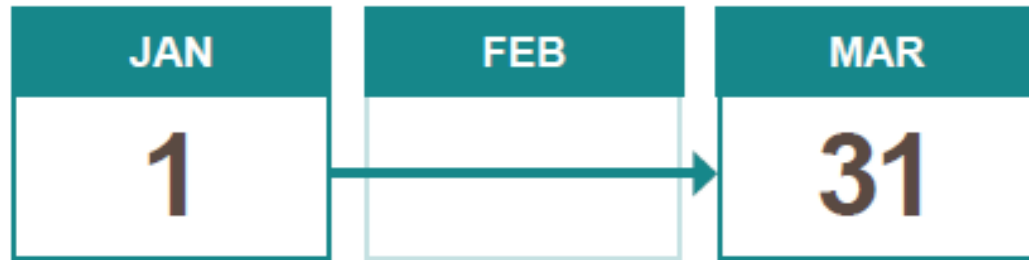


### October 15 – December 7 annually

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

New coverage begins January 1 the following year.

## Medicare Advantage Open Enrollment Period



### January 1 – March 31 annually

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

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

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

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

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

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

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## BEST PRACTICE #5:

# Be able to identify misleading marketing practices

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

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## BEST PRACTICE #5:

# Be able to identify misleading marketing practices

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

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## BEST PRACTICE #5:

# Be able to identify misleading marketing practices

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

# Enrollment Challenges



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## ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **Medicare Part A Penalty**
  - Only applies to people who do not qualify for premium-free Part A (i.e., not enough Social Security work credits) and enroll late
  - Calculated as an additional 10% on top of the monthly Medicare Part A premium for twice the number of years they were eligible but did not enroll
  - Can be avoided if deferring Medicare Part A enrollment in favor of “creditable” employer-sponsored coverage that is as good as or better than Medicare coverage

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## ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **Medicare Part B Penalty**
  - Applies to people who are eligible for Medicare Part B but enroll late
  - Calculated as an additional 10% on top of the monthly Medicare Part B premium for each year they were eligible but chose not to enroll - **a lifetime penalty!**
  - Can be avoided if deferring Medicare Part B enrollment in favor of “creditable” employer-sponsored coverage that is as good as or better than Medicare coverage
  - Can be eliminated if enrolled in a Medicare Savings Program
  - If incurred prior to age 65, can be reset to \$0 during IEP at age 65

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# ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

- **Medicare Part D Penalty**
  - Applies to people who are eligible for Medicare Part D but enroll late
  - Calculated as an additional 1% of a national benchmark amount on top of the monthly Medicare Part D premium for each full, uncovered month they did not enroll in Medicare Part D
  - Generally significantly smaller than Medicare Part A or B penalties and much easier to resolve, **but still a lifetime penalty!**
  - Can be avoided by having creditable prescription drug coverage from an employer plan, union, TRICARE, etc. that is as good as or better than Medicare
  - Can be eliminated if enrolled in the Extra Help program

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## ENROLLMENT CHALLENGE #1: Avoiding late enrollment penalties

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

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

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

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# Knowledge Check #1

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

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

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# Knowledge Check #1

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

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

**Answer: (B)**

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# Knowledge Check #2

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

- a) Contact their employer's human resources department to confirm if the employer-sponsored coverage is considered "creditable" by Medicare's standards
- b) Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- c) Contact the Social Security Administration during their 7-month Initial Enrollment Period to defer automatic enrollment in Medicare Part B
- d) All of the above
- e) None of the above

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# Knowledge Check #2

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

- a) Contact their employer's human resources department to confirm if the employer-sponsored coverage is considered "creditable" by Medicare's standards
- b) Contact the Social Security Administration to confirm whether deferring Medicare Part B coverage will incur a penalty
- c) Contact the Social Security Administration during their 7-month Initial Enrollment Period to defer automatic enrollment in Medicare Part B
- d) All of the above**
- e) None of the above

**Answer: (D)**

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# ENROLLMENT CHALLENGE #3: Transitioning from Marketplace to Medicare

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

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

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

# ENROLLMENT CHALLENGE #4: Transitioning from Medicaid to Medicare

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

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

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

# Financial Help



# How the RWHAP can help

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



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



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

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

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# Tips for helping clients use RWHAP with Medicare coverage

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

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# Medicare Savings Programs (MSPs) for dually eligible clients

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

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

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

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# Other sources of financial help

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

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# Other sources of financial help

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

# Resource Round-Up





- Basics of Medicare for RWHAP Clients
- Medicare Prescription Drug Coverage for RWHAP Clients
- How Medicare Enrollment Works
- Medicare One-on-One Enrollment Assistance
- Transitioning from Marketplace to Medicare
- Financial Help for Medicare
- Medicare Prescription Payment Plan
- The ABCDs of Medicare Coverage (Client Resource)

# ACE TA Center Medicare resources

**ACE TA CENTER MEDICARE TOOL**

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

Medicare is the federal health coverage program for people who are 65 or older and certain younger people with disabilities. 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>1</sup>

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

**60+** Of the more than half a million clients served by the RWHP, 44.4 percent are aged 50 years and older.<sup>2</sup>

### Medicare Beneficiaries Living with HIV<sup>2</sup>

- 79% are under age 65 and qualify due to disability (compared to 17% of Medicare beneficiaries overall)
- 21% are aged 65+ (63% of these clients became eligible based on age alone)
- 69% are dually eligible for Medicare and Medicaid

**Find the answers to these questions:**

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

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

ACE TA CENTER | The Basics of Medicare for RWHP Clients Page 1

**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 Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.

1. Purchasing a Medicare Advantage Plan, which includes prescription drug coverage.
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. 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.

**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.

**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 when they who have other creditable prescription drug coverage when they apply for Medicare, such as through an employer, can generally keep that coverage without paying a penalty if they decide to enroll in a Part D plan later.<sup>3</sup>

**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 cover HIV medications?
4. How can the RWHP, including its AIDS Drug Assistance Program (ADAP), help clients pay for Medicare prescription drug coverage?
5. What is the "donut hole" period for prescription drug coverage?

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

ACE TA CENTER | Medicare Prescription Drug Coverage for RWHP Clients Page 1

**ACE TA CENTER MEDICARE TOOL**

## 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](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.

**Medicare Parts At-a-Glance**

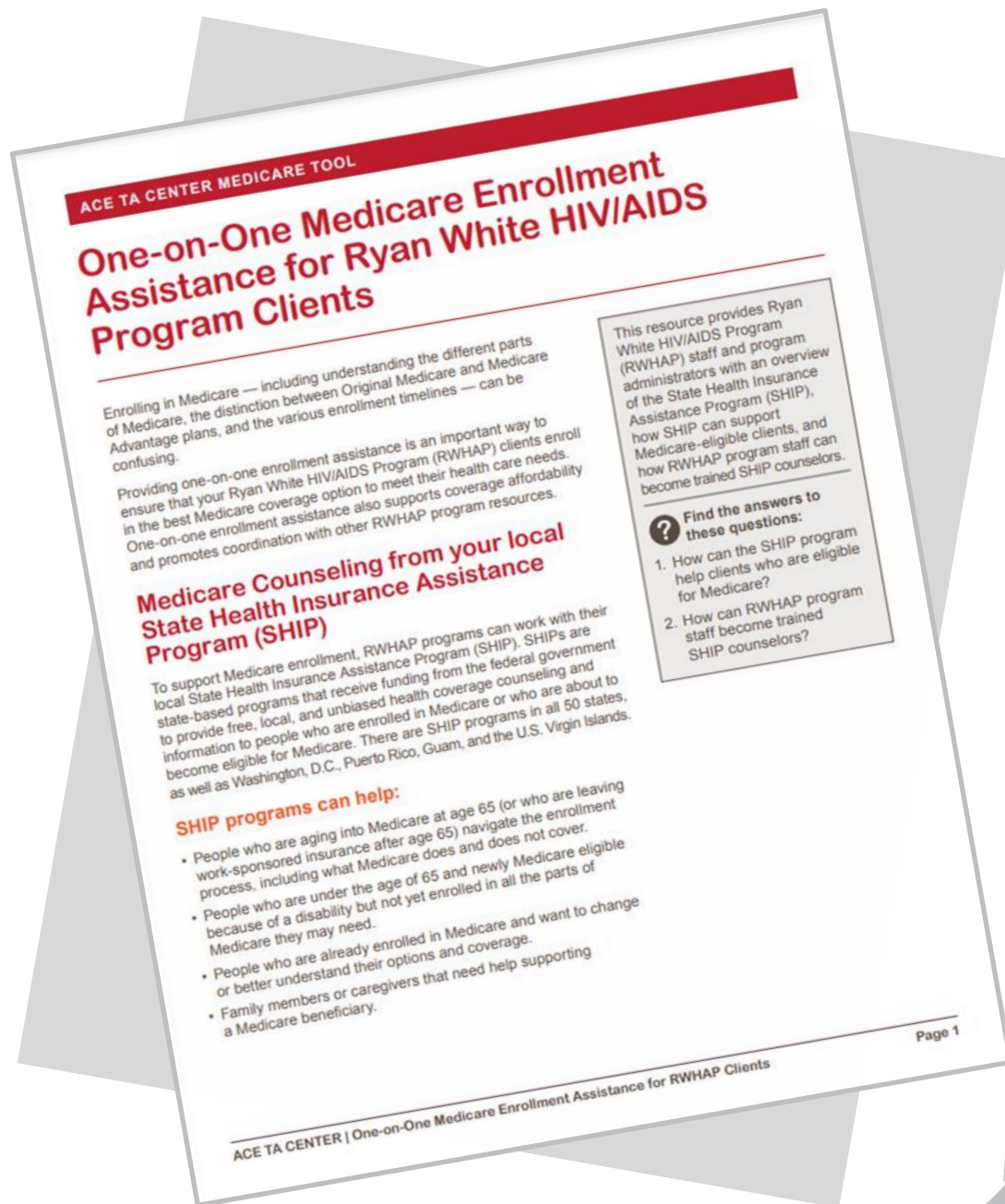
- H Medicare Part A: Hospital coverage
- + Medicare Part B: Medical coverage
- DC Medicare Part D: Prescription drug coverage

**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?

ACE TA CENTER | How Medicare Enrollment Works Page 1

# Tool: One-on-One Medicare Enrollment Assistance



# Tool: Transitioning from Marketplace to Medicare

**ACE TA CENTER MEDICARE TOOL**

## 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.

**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.

Visit [TargetHIV.org](http://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

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

ACE TA CENTER | Transitioning from Marketplace to Medicare for RWHAP Clients

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# Tool: Financial Help for Medicare

ACE TA CENTER MEDICARE TOOL

## Financial Help for Medicare Medicare Savings Programs and the Extra Help Program for Ryan White HIV/AIDS Program Clients

**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.<sup>1,2</sup>

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).<sup>1,2</sup>

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.<sup>1,3</sup>

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).

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](http://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicare-savings-programs)

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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).

# 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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# Questions?



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# Thank you.



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