Medicare-Medicaid Dual Eligibility for RWHAP Clients
Webinar Medicare Part 3 Transcript

June 23, 2026

Jared Brumbeloe:

Good afternoon, everyone. Thank you for joining us. We are going to let the room fill up. I see our participant number is growing. So, bear with us for just another minute or so while we let folks trickle in from their last meeting, and we will be started momentarily. Thank you again for joining us, we will kick off very soon. Again, thank you for those who are joining us. I'm gonna give it about 30 more seconds, and then we will officially start the webinar. Thank you for joining us today. We will be started very, very soon. Alright, I think, for the sake of time, wanting to make sure we get through all of the content and your questions at the end, we are going to go ahead and get started. So… Good afternoon, everyone. Thank you again for those of us, from those of us here at the ACE TA Center. Thank you for joining us for our third of our three-part series: Medicare and Medicaid Dual Eligibility for the Ryan White HIV/AIDS Program clients. My name is Jared Brumbeloe, I'm an Evaluation Specialist here at JSI with the ACE TA Center, and again, thank you for joining us. We are going to go through a handful of slides and housekeeping, and then we will kick off with our webinar this afternoon.

So before we get started, here are some technical details for anyone that might be new to our webinars. First, attendees are in listen-only mode, but we do encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the chat… during the call via the chat, and we will take as many of your questions as we can at the end of today's session. You can always email us questions as well at acetacenter@jsi.org. The easiest way to listen to our webinar is through your computer. If you have trouble hearing, check to make sure your computer audio is turned on and the volume is turned up. If you're still having issues, try closing out and rejoining the Zoom webinar session. We will, however, put the call-in information in the chat box as well.

Here at the ACE TA Center, we help build the capacity of the Ryan White community to navigate the challenging healthcare landscape and help people with HIV access and use their healthcare coverage to improve health outcomes. Specifically, we support Ryan White recipients and subrecipients to engage, enroll, and retain clients in Medicare, Medicaid, and individual health insurance options, to build organizational health insurance literacy, thereby improving clients' capacity to use the healthcare system, and communicate with clients about how to stay enrolled and use healthcare coverage. We do this by developing and disseminating best practices and supporting resources, and providing technical assistance and training through national and localized activities, such as this webinar today. The ACE TA Center has a number of key audiences, including program staff, clients, program managers and administrators, and also people who help enroll Ryan White clients, such as navigators and certified application counselors. Today, we'll focus primarily on resources for case managers and other staff that work directly with clients. Please visit us at TA4HIV or TA4HIV.org for our ACE TA Center resources. We're working diligently to upload these important resources once they are approved. All participants in today's webinar will receive an email when the resources are posted from today's webinar, so you can share them with your colleagues. I want to note that the majority of us are familiar with the TargetHIV.org resource. However, while Target is on pause, this website, again, TA4HIV.org is a JSI-driven website

specifically for the ACE TA Center and other HIV-related projects housed within the JSI portfolio. Again, as soon as these resources are uploaded, we will send out a notification.

So I want to real quick talk about the roadmap and what we will be discussing for today's webinar. We will kick off with dual eligibility fundamentals, moving to billing and financial help, talking about enrollment challenges and best practices, and then finishing with enrollment support and resources before going into questions at the end. I want to also mention and introduce today's presenters. You all have met me. Again, I'm Jared Brumbeloe, an Evaluation Specialist here with the ACE TA Center. We're also joined by Liesl Lu, who is the ACE TA Center Principal Investigator, and has been a part of this project since the ACE TA Center started in 2013. Liesl has extensive experience employing a range of learning modalities to build the capacity of the Ryan White community to address the healthcare access needs for people with HIV, particularly those aging with HIV. We're also joined by Christine Luong. Christine is the Research and Policy Associate for the ACE TA Center, with a focus on Medicare and Medicare-Medicaid dual eligibility. Christine has 6 years of experience in mixed methods research, health policy analysis, GIS, and data visualization, materials development for Ryan White grantees, clients, and a variety of other audiences. Last but certainly not least, we're joined today by Anne Callachan. Anne is the Bridge Team Project Manager at Community Resource Initiative, or CRI. She is a Certified Medicare SHINE and SHIP Counselor, and a Certified Application Counselor for the Massachusetts Insurance Marketplace. Thank you all for joining us today. With that, I will pass it to Liesl to get us started with Dual Eligibility Fundamentals. Liesl?

Liesl Lu:

Thanks so much, Jared, and hi, everyone. Good to be with you today. Yeah, so let's get started, we'll jump right in. To start off with some basics of dual eligibility, this is when a person is eligible for both Medicare and Medicaid at the same time. Medicare is a federal program, while Medicaid is a state program that's guided by federal rules. And both are important sources of healthcare coverage for Ryan White program clients. Half of all Ryan White clients are covered by either Medicare, Medicaid, or dually eligible for both programs. So there are 3 ways that someone can become eligible for Medicare. The first is being age 65 or older. The second is being under 65 years of age with a qualifying disability, or if someone has end-stage renal disease, or ESRD. So we mostly focus on the first two pathways in this webinar series. So now let's move to Medicaid eligibility, which varies by state. In general, Medicaid is available to people who are considered low income by their state, or if they are part of a specific population group, such as children, pregnant women, adults and families with dependent children, people with disabilities, elderly, people age 65 and older, and another group that we refer to as the Affordable Care Act, or ACA expansion group.

So, as I mentioned, Medicaid eligibility differs widely by state and by population group. Federal law requires states to cover specific low-income populations up to a specific income threshold, and this is calculated as a percentage of the federal poverty level… federal poverty level, sorry about that, or FPL, for the following groups. Children under 19 will be covered by Medicaid up to 138% of the FPL. Pregnant women will be covered, up to 138% as well. Medicaid coverage for adults with dependent children varies by state, but it's often very low income, below 50% FPL. And then these last two core categories, individuals with disabilities, people age 65 and older, and the ACA expansion group, are the most relevant when we think about how Medicaid intersects with Medicare. So, individuals who are 65 and older, blind or disabled, are covered up to 74% of the federal poverty level. And the last group, as I mentioned, referred to as the ACA expansion group, refers to single, childless adults with incomes up to

138%. So many states have adopted the option to expand their Medicaid programs to include income-based eligibility up to 138% of the FPL. And some states have not adopted the Medicaid expansion option. In expansion states, Medicaid eligibility is based on income alone, and it's not dependent on meeting another eligibility category, such as disability.

So now that we've covered the basics of Medicare and Medicaid eligibility, let's talk about the different types of dual eligibility. The first is full benefit. So someone who is considered full benefit will receive the standard package of Medicare benefits, as well as the full range of Medicaid benefits available in their state. They must be enrolled in Medicare Part A and or Part B, as well as full benefit Medicaid in their state. So this is a common type of dual eligibility, with about 74% of dual eligible people falling into this category. The other type of dual eligibility is partial benefit. So someone who is considered partial benefit will receive the standard Medicare package of benefits, so same as the full benefit folks, and their state Medicaid program provides some financial assistance to help pay for their Medicare premiums and or Medicare cost sharing. So they must be enrolled in Medicare Part A and or B, so same as the full benefit people. As well as the state-administered Medicare Savings Program, and we'll talk more about MSPs later in the presentation. So, partial benefit isn't as common overall. It covers about 26% of dual eligible people, and the major difference between full benefit and partial benefit dual eligibility has to do with the level of Medicaid benefits that a person receives.

So let's put this all into context. There are over 13 million dually eligible people in the U.S, and this number is growing. Nearly two-thirds of all Medicare beneficiaries with HIV are dually eligible, and one quarter of Medicare beneficiaries with HIV are… one quarter of Medicaid beneficiaries with HIV are dually eligible. Within the Ryan White program, about 6.9% of clients are dually eligible, and among that group, over 80% of dually eligible Ryan White program clients are age 50 or older, and 41% are age 65 years and older. So this is really important because, as many of you know, the Ryan White population is aging and will need more intense, later-in-life HIV care due to accelerated aging, which can have compounding effects with multiple chronic conditions. In general, people who are dually eligible for Medicare and Medicaid tend to have more complex health needs compared to people who are not dually eligible. Among dually eligible people with HIV specifically, they are more likely to have multiple chronic illnesses or functional disabilities that limit their ability to care for themselves independently.

So you may be wondering, how does someone become dually eligible? Well, there are 3 possible pathways, so let's go through them. The first and most common way is that a person becomes eligible for Medicare first, and then becomes eligible for Medicaid later on. And about two-thirds of dually eligible people fall into this category. The second pathway, which covers about 27% of people, is where a person becomes eligible for Medicaid first, and then becomes eligible for Medicare later on. And the third pathway, which is much less common at 5%, is where a person becomes eligible for both programs simultaneously And we won't focus much on this final pathway today, since it's pretty rare. So let's… look at the first two pathways in more detail.

In the Medicare first pathway to dual eligibility, there are two common scenarios. In Scenario 1, the first one at the top is an individual becomes eligible for Medicare first through the aging pathway, so turning 65, and then becomes eligible for Medicaid after 65 because their income decreases due to retirement or having high medical expenses in some states, for example, and meeting the other Medicaid eligibility criteria in their state. In Scenario 2, an individual becomes eligible for Medicare first through the disability pathway, so by becoming disabled before the age of 65 and receiving Social Security Disability

Insurance Benefits, or SSDI, for at least 24 months, and then becoming auto-enrolled in Medicare. So in this case, where they become eligible for Medicare first through the disability pathway, and then they become eligible for Medicaid because their income decreases. So the two examples on this side aren't the only way to become dually eligible with Medicare first, but these are the two most common scenarios.

So now, switching to the Medicaid first pathway to dual eligibility, there are 3 common scenarios. In Scenario 1, an individual becomes eligible for Medicaid first by meeting the low-income requirements for their state Medicaid program, and then becomes eligible for Medicare through the disability pathway. And so that's, again, by being… before age 65, they receive SSDI benefits for at least 24 months, and then become auto-enrolled in Medicare. So, in Scenario 2, an individual becomes eligible for Medicaid first by receiving supplemental security income, such as SS… known as SSI, and this is due to blindness, disability, or having limited income as defined by their state Medicaid program. So, when they become eligible for Medicaid first by receiving SSI, and then they become eligible for Medicare through the aging pathway, by turning 65. In Scenario 3, an individual becomes eligible for Medicaid first by meeting the low-income requirements for their state Medicaid program, and then becomes eligible for Medicare through the aging pathway. So these three examples on this slide, again, aren't the only way to become dually eligible with Medicaid first, but these are the most common scenarios, and we wanted to outline them here for you.

Finally, there are two special enrollment periods that are important to be aware of for dually eligible people that allow them to change their Medicare coverage on a monthly basis, rather than waiting for annual enrollment. So there's a monthly SEP for dually eligible individuals and or Extra Help recipients. Extra Help is a low-income subsidy. So this SEP is available for these individuals who want to enroll into Original Medicare. So they can switch from Medicare Advantage with a prescription drug coverage plan, with prescription drug coverage included to Original Medicare and enroll in a standalone prescription drug coverage plan. And in Original Medicare, individuals can switch standalone prescription drug coverage plans as well through this SEP. There is also the Integrated Care SEP for full benefit, dually eligible individuals with Medicare Advantage. So they can join or switch to an integrated dual-eligible special needs plan, or DSNP, which is a special type of Medicare Advantage plan, under an aligned Medicaid Managed Care Organization, or MCO. So with both these SEPs, they can make changes, on a monthly basis, and the coverage would take effect the following month. So that wraps up our overview of the fundamentals of Medicare and Medicaid dual eligibility enrollment pathways and special enrollment periods, and now I'll hand it over to Christine.

Christine Luong:

Thank you so much, Liesl. Hello, everybody. Good afternoon, and possibly good morning. So, after learning about the fundamentals, let's pivot a little bit and learn about the billing considerations and sources of financial help for clients who are dually eligible. So let's start with an overview of all of the different payers that are involved. So when a person who is dually eligible receives a service, the order of payers is always going to be Medicare first, Medicaid second, and then Ryan White and ADAP last. And this, coordination of benefits process, usually happens on the back end, so clients really don't need to do anything additional to make sure that their care is covered. As the primary payer, Medicare will always pay first for any medically necessary Medicare-covered services that are also covered by Medicaid. So that includes things like inpatient care and outpatient care. And then as the secondary payer, Medicaid will pay next for any Medicaid-covered services that Medicare either doesn't cover at all, or only partially covers. So that might include things like long-term services and supports. And then finally, as the payer

of last resort, if there is a remaining balance for any services, the Ryan White program and ADAP will pick up the tab for any HIV-related services that Medicare and Medicaid either didn't cover at all or have only partially covered.

So, as you all know, the Ryan White program and ADAP both play a very important role in helping Ryan White clients who are dually eligible. So Ryan White and ADAP are allowed, but are not mandated to provide financial assistance, for Medicare and Medicaid coverage when doing so is determined to be cost-effective for that program. And this is a… this is a decision that's made at the jurisdictional level, so we do encourage you to check with your state's Ryan White and ADAP programs, to learn more about your local policies. So this financial assistance may include coverage of the premiums and cost sharing associated with Medicare Parts B, C, and D. Includes outpatient and ambulatory care under Medicare Part B, prescription drug coverage under Medicare Part D, including at least one drug in each class of core antiretroviral therapeutics, and it may also include coverage of Medicaid premiums, deductibles, and co-pays, if there are any. And if you would like some more information about how Ryan White funds can be used for healthcare coverage premium and cost-sharing assistance, we are chatting out a link to HRSA HAB Policy Clarification Notice 18-01.

Next slide. Great. And so, given what I've just talked about, I do want to highlight, a challenge, that some of you may have encountered. So, if you work with a Ryan White client that receives Social Security benefits, you may already know what I'm talking about. So, the challenge is basically that it is extremely difficult and almost impossible for third-party payers, such as the Ryan White program and the ADAP program to pay for a client's Medicare Part B premium after that premium amount has already been automatically deducted from that client's Social Security check. At this time, the Ryan White program does not have the ability to coordinate with the Social Security Administration to set up a payment arrangement on the back end. And unfortunately, the Ryan White program also cannot pay clients back that Medicare Part B premium amount, because the Ryan White program statute prohibits direct cash payments to clients. So as a result of all of this, it means that for the vast majority of Ryan White clients who do have Medicare, the Medicare Part B premium simply is not a cost that Ryan White and ADAP can pay, even though it is an allowable cost programmatically. But again, this challenge is only applicable to clients who get Social Security benefits. So, if you have clients who don't get Social Security benefits and are direct billed by Medicare for their coverage, then Ryan White and ADAP can easily help pay that bill if it's an allowable cost under your local program's policy. And then when it comes to the cost of prescriptions, ADAP is always the payer of last resort after Medicare and Medicaid. So ADAP will always cover the cost of antiretroviral medications, including copays. But when it comes to non-HIV medications, that coverage will vary. So, as you may know, each… each state's ADAP formulary is different, so we do encourage you to get in touch with your local ADAP to find out what specific medications are covered and which ones are not covered.

Alright, so, let us do a quick knowledge check, there will be a question that pops up on your screen. We can get that, thank you. So the question is, which of the following is the correct order of payers for services provided to duly eligible clients? Is it A) Ryan White ADAP, then Medicare, then Medicaid? Is it B) Medicaid, then Ryan White ADAP, then Medicare? Is it C) Medicare, then Medicaid, then Ryan White ADAP, or is it D) Medicare, then Ryan White ADAP, and then Medicaid? So we'll give folks, a little bit more time to select an answer. And this is going to be the only knowledge check that we have during today's webinar, so no pressure. Alright, so let us… let's end the poll and share back the results. Alrighty, so 96% of you chose C) Medicare, then Medicaid, then Ryan White and ADAP, which is…the correct

answer. Awesome! Alrighty. Congrats on getting that question right. And so now let's talk about some of the sources of financial help for dually eligible clients.

If you joined us last week for Part 2 of this webinar series, we did cover the basics of some of these programs, but today we'll be getting into a little bit more detail. So, on this slide, we're going to start with the Medicare Savings Programs, or MSPs. Basically, these are financial assistance programs that are administered by state Medicaid programs. They help people who have Medicare pay for some or all of their Medicare Part A and Part B costs. You may know them as Medicare buy-in programs, or Medicare Premium Payment Programs, so those are referring, to the same thing. There are four types of Medicare Savings Programs. So the first one is the Qualified Medicare Beneficiary, or QMB, program. The second is the Specified Low Income Medicare Beneficiary Program, or the SLMB. There's the Qualifying Individual Program, or QI. And then the Qualified Disabled, and Working Individuals, or QDWI program. The caveat here is that not every state is going to offer all four of these MSP options. And to make it even trickier, they can also have different names, depending on the state that you live in. Eligibility for an MSP depends on the person's income, and it's calculated as a percentage of the federal poverty level, or FPL. And some states will also take into account how much you have in assets. And then on the next slide, I will share some more details about each of these four Medicare savings programs, but keep in mind that what we're sharing today is really meant to be more of a general guide. Again, since there is some state-to-state variation. We really do encourage you to reach out to your specific state Medicaid program to learn more about the MSPs that are offered where you and your clients live.

Alright, so we're gonna spend a little bit of time on this slide, and I'll walk through all of it, so, in this table, the… each of the columns corresponds to the different types of Medicare savings programs, and then each of the rows will explain what that program covers and some other criteria. Now, on the previous slide, I had told you all that there are 4 types of MSPs, but in this table, you'll see that there are 6 program names. This is because two of the four MSPs have one version that's for full benefit duals, and another version for partial benefit duals, which Liesl had described earlier. So, we'll walk through this table from left to right. So, in the second column, we have the QMB Plus program, which is the most comprehensive of all of these Medicare savings programs. It pays for 100% of all Medicare Part A and B premiums, deductibles, coinsurance, and co-pays, and it also provides full Medicaid coverage. QMB Plus has the most restrictive income limit of all of the MSPs, so income has to be 100% FPL or below, and the vast majority of people who are dually eligible do qualify for this particular program. In column number 3, we have the QMB-only program, which basically is essentially the same as the QMB+, except it does not include Medicaid coverage. In the next column, we have the SLMB Plus program. So, this fund pays for Medicare Part A deductibles, coinsurance, and co-pays, as well as Medicare Part B premiums, deductibles, coinsurance, and co-pays. It does not cover Medicare Part A premiums, but if you recall from the other webinars in this series, most people actually don't have to pay a Part A premium anyway if they have enough Social Security work credits. And this program requires an income between 101% and 120% FPL, so it is a higher income threshold than the QMB.

In the next column, we have the SLMB-only program. It does have the same income criteria as the SLMB+. But it is less comprehensive, so it does not include any Medicare Part A coverage or any Medicaid coverage, and it only helps out with the Medicare Part B premium, but not any of the Part B cost sharing. In the second to last column, we have the QI program. So this is actually exactly the same as the SLMB-only, which I just covered, with the exception of the income eligibility criteria. And so that income threshold is a bit higher, so that's 121% to 135% FPL. And then in the last column, we have the

QDWI program, and this is specifically for individuals who are disabled, but who are still able to work, and we have incomes up to 200% FPL. This program will only pay for Medicare Part A premiums. Does not include any Part A cost sharing or any Part B or Medicaid coverage. So finally, I do want to emphasize again that Medicare savings programs, they are intended to help dually eligible people with their Medicare costs. But, you know, since they are state-administered, they are going to have some state-specific nuances, as I've described, so please do visit your state's Medicaid website, for more detailed information about the MSPs that are offered in your state.

Moving on to another source of financial help, which is called the Extra Help Program, also known as the Part D Low Income Subsidy, or LIS, program. This is a federally administered program that helps low-income people with their monthly premiums, deductibles, and co-pays for Medicare Part D prescription drug coverage specifically. So this program itself does not provide prescription drug coverage, but it's a source of financial help for those who have prescription drug coverage, either through a standalone Medicare Part D plan, or through a bundled Medicare Advantage plan. If you have Medicare Advantage, Extra Help will help pay for the portion of that Advantage plan premium that is associated with Part D prescription drug coverage. As a reminder, as of January 2024, the Extra Help program has been expanded to provide the full subsidy to all eligible individuals with incomes at or below 150% FPL. In the past, if you recall, there used to be two tiers of assistance, depending on your income level, but now it's more streamlined, which is great. And assuming that the client meets the income and asset requirements of the Extra Help program, they'll automatically qualify for Extra Help if they get their prescription drug coverage through Original Medicare, and if they're enrolled in the QMB, SLMB, or the QI Medicare Savings Programs. But also, even if you don't automatically qualify for Extra Help, so for example, if you have a Medicare Advantage plan, you can still submit an application through Social Security to see if you're eligible for Extra Help.

And the next program that I want to share with you all is called LINET, and this stands for the Limited Income Newly Eligible Transition Program. So this is a Medicare program that's administered by Humana that provides temporary and sometimes retroactive prescription drug coverage until the individual is enrolled in a Medicare Part D plan. So, it's available for dually eligible people who qualify for the Extra Help program that I just talked about, but their Extra Help hasn't kicked in yet. So, the LINET program will provide immediate prescription drug coverage, and it will cover all Medicare Part D drugs.
You can also contact the program directly to request reimbursement for any out-of-pocket costs that you may have spent on those Medicare-covered drugs, minus any co-pays during the retroactive period.

And finally, although this resource isn't really super applicable for dually eligible clients, I still want to share it with you all for awareness. So you may have heard of the Medicare Prescription Payment Program, or the MPPP. So this is an optional program that allows people who have Medicare Part D coverage to spread out their out-of-pocket prescription drug costs over the course of the plan year. It doesn't reduce the total amount of, or the total cost of their prescription drugs, but essentially, it allows you to pay off that amount in installments over the calendar year, rather than paying for it all up front, so that's kind of how the program works. But as I alluded to earlier, dually eligible people typically don't qualify for the MPPP program, and generally not recommended for them, for dually eligible Ryan White clients in particular. And this is because… so, at the same time that the MPPP program is rolling out, they also rolled out a cap on out-of-pocket prescription drug costs. So that amount, that cap amount is $2,100 for the 2026 plan year. So basically, folks who are dually eligible who have both Medicare and Medicaid, and who are also enrolled in Ryan White and ADAP, you know, they'll already have most or all

of their Medicare prescription drug costs already covered between Medicare, Medicaid, and Ryan White ADAP. And they'll usually reach that, out-of-pocket cap, that $2,100, very early in the calendar year anyway, so there's really… there's typically no need to enroll in the MPPP because, you know, there won't be an outstanding balance for them to pay, usually. And with that, I'm pleased to turn it over to Anne, who is a SHIP counselor in Massachusetts, and she'll be talking about enrollment challenges and best practices for working with dually eligible clients. Anne?

Anne Callachan:

Thank you, Christine, and thank you everyone for joining us today. So, in the next several slides, I'll review some common enrollment challenges individuals aging into Medicare face, including those with dual eligibility. I'll also review some best practices for Ryan White clients and Ryan White Program staff that support these clients. So, there are a number of challenges dual eligibles face. One of… a very common one is the lack of understanding about how Medicare and Medicaid coverage works. These two programs may not always cover the same things, or may cover them differently. Individuals approved for Medicare Savings Program or Extra Help may need counseling, like specific counseling about the benefits of those programs, what those programs cover for them. And, something I see a lot is that beneficiaries who are approved for Extra Help because they're dual eligible, either through having Medicaid with their Medicare or a Medicare savings program, who aren't enrolled yet into a Medicare drug plan often don't realize that they have access to that temporary coverage through the LINET, and that they'll get automatically enrolled into a Medicare Part D plan in a future month. And be able to access that temporary LINET coverage prior to that.

Another common challenge is when a state Medicaid program auto-enrolls dual eligibles into those integrated care plans, also known as those Dual Eligible Special Needs plans. You know, these plans are great for the people that they work for, who have healthcare providers, who accept those plans, but it doesn't always work for everybody. So, sometimes clients who get auto-enrolled into those plans through their state Medicaid program suddenly can't access care through their providers, and then they need to make changes to their coverage to get back into coverage that their providers accept. Another big thing we see is the deceptive advertising on television, and people receive mailings. A lot of this often leads Medicare beneficiaries to make sort of poor enrollment decisions. In addition to this, some beneficiaries receive direct marketing phone calls, which, by the way, are not legal, but they get sort of convinced to enroll into Medicare Advantage plans that don't work with their existing healthcare providers. You know, based on the promise of extra benefits they may or may not actually get, but if they can't see their existing healthcare providers, it is a problem. And a final thing is just a failure to respond to Medicaid renewal notices, which can lead to a loss of Medicaid coverage and gaps in coverage for those clients. I also wanted to mention that Medicare beneficiaries who lack the 40 work credits they need for premium-free Medicare Part A face their own challenges. Often, these are individuals who are receiving supplemental security income. They may have eligibility for Medicare Part B, because, because of their age, but they may not have this either. So, these are groups of people who it's really important to screen for those Medicare savings programs, especially the QMB program that can pay the premium for both parts A and B, and allow these clients to actually access their Medicare with no out-of-pocket cost. So, screening people for the Medicare savings programs is a really important part of this process for clients who aren't eligible for the premium-free Part A. And I also wanted to just mention that sometimes, if you know somebody has eligibility for Part B, but they don't have eligibility for Premium Free Part A, they can often submit an application through Social Security for what's called a conditional enrollment into Part A that is sort of pending approval for the Medicare Savings QMB, but it's generally, you know, a good

practice to either submit an application using the conditional enrollment, or to get them screened for the Medicare Savings Program first.

Another common challenge happens when Medicaid-eligible individuals lose this eligibility when they turn 65. So, eligibility for Medicaid, while it does vary from state to state, it typically includes both an income and an asset test. People who were eligible for Medicaid under the age of 65 may not always continue to maintain that eligibility once they turn 65. They'll need to submit a renewal application, they'll need to include proof of their income and their assets with that application, once they turn 65 to see if they can maintain their, sort of, full Medicaid benefit once they turn 65. Programs like the Medicare Savings Programs may be available to those who no longer qualify for full Medicaid or full dual eligibility once they turn 65. I guess another thing just to keep in mind is that eligibility for Medicaid and those Medicare savings programs really does vary from state to state, so understanding what the eligibility in your state is, is helpful when you're assisting clients as they're becoming eligible for Medicaid. Medicare, sorry. Thank you.

So, there are several best practices that Ryan White and ADAP clients should be advised to follow. Please remind your clients to contact their case managers with any changes to their life circumstances. Things like, you know, getting married, changes to their household size, any changes to their insurance coverage or their health coverage needs. Clients should always be reminded to check their mail frequently for important documents, including health insurance renewal notices, new insurance cards, or premium bills. Part of why I mentioned this, that when Christine was sort of presenting about that LINET program that gives temporary drug coverage. Those are often the kinds of things that… come to people in the mail as they're becoming eligible for Medicare, and sort of a failure to open those things sometimes leaves people not understanding what their coverage is. Not only should people open their mail, but they should respond to any notices as needed, especially any notices from Social Security, Medicare, Medicaid, or any health insurance coverage plan they might be enrolled in. Remind clients that failing to respond to insurance carrier requests could result in gaps in or loss of coverage. Remind them that these notices could contain important information regarding plan or eligibility changes. Clients should bring notices they do not understand to their case managers or other Ryan White program staff to review the notices with them. Clients should also be counseled about the importance of attending their Ryan White ADAP recertification appointments and to reschedule any appointments they cannot make.

So, some best practices for case managers, who play such an important role in supporting Medicare and dual-eligible clients, verifying that your client's contact information is always up to date, setting up a system in your electronic health records to outreach to clients prior to their 65th birthday about enrolling into Medicare and providing them with enrollment supports as they age into Medicare, assisting these clients to actively enroll and to renew their Medicaid coverage, if they're eligible, when they turn 65. So, completing those Medicaid renewal applications or referring them to somebody who can help with that, and, to be aware of financial assistance programs like the Medicare savings programs that are available in your state, and can reduce beneficiaries' out-of-pocket Medicare costs. And helping clients to access these programs when you think they may be eligible for them. If you're assisting with Medicare enrollments, always look for plans that include additional services or benefits that meet your clients' needs. For some clients, that might mean looking at Medicare Advantage plans that might offer some extra coverage for things that Original Medicare doesn't cover. Review your client's medication lists, and make sure that the plan covers as many of their medications as possible, with the least number of restrictions, things like prior authorizations. For clients who are choosing a Medicare Advantage plan,

make sure to confirm that their existing healthcare providers accept the plan they are choosing. And whenever possible, make sure your clients have enough medications to get through any changes in their health insurance coverage. And consider having… getting trained yourself, or having staff at your organization get trained as SHIP counselors so they're better able to help clients who are transitioning into Medicare and continue to help them with their Medicare needs.

Ryan White, HIV program staff, should make sure to partner with their local aging services access agencies. These agencies provide resources and strategies to support individuals who are aging into Medicare. Another best practice is to establish a relationship with your local SHIP program, the state health insurance program that helps Medicare beneficiaries. And having that relationship will certainly allow you to triage more complex Medicare enrollment issues, including those that come up for beneficiaries who are dual eligible. So, it's no secret that Medicare is complicated, so once again, consider having someone in your organization trained to become a SHIP counselor. Their knowledge and insight regarding how to support people living with HIV and how your program supports those people make them ideal SHIP counselors for clients your program supports. Finally, Ryan White program staff should become familiar with their state's Medicaid, including Medicare Savings Program eligibility, and how to determine when plans meet your client's needs. This includes knowing the pros and cons of those integrated care plans or special needs plans for dual eligible individuals. So, state health insurance assistance programs, also known as SHIP, provide local, in-depth, unbiased enrollment counseling to Medicare-eligible individuals and their family. They are a valuable resource available to you and your Medicare clients to assist with enrollments, answer questions, screen for Medicaid assistance programs, and triage problems. Remember that SHIP may have a different name in your state, and we are chatting out a link to help you locate a SHIP program near you. This site should also have information about what's involved in your state in becoming a SHIP counselor.

As a SHIP counselor myself, I can attest that becoming a certified SHIP counselor was a great decision, and is truly the best way for Ryan White and ADAP staff who are able to do that training, to support their Medicare-eligible clients. As a SHIP counselor, I receive annual trainings about the options available to all Medicare beneficiaries. Federally and individually in my state. I can help individuals review their existing coverage and enroll in new coverage. SHIP counselors can explain how Medicare works on its own, or with other health insurance coverage someone may have. They can screen individuals for state programs, including Medicaid and MSP programs that reduce a beneficiary's out-of-pocket costs, and can help with applications for these programs. SHIP counselors can triage complex Medicare issues, including those that come up for individuals who are dually eligible. Becoming a SHIP counselor has allowed me to support my clients and my program in a way that I couldn't before. In addition to regular trainings about upcoming Medicare changes, I understand the different eligibility for my state's Medicaid assistance programs, so I'm better able to screen clients for those programs. And I also have access to a dedicated Medicaid… Medicare, excuse me, assister line that makes triaging individual Medicare issues much faster and easier. So, I think I am passing this back, but thank you so much.

Liesl Lu:

Thank you so much, Anne, and we have lots of people who are very interested in becoming a SHIP counselor, so we'll loop back to that in a few moments. So I'm gonna give a quick overview of our tools, and then we'll jump into the Q&A, so… Feel free to start chatting in, or keep chatting in your questions. We are triaging them, and we'll try to get to as many of them as we can. So, we have a collection of tools that support much of what we have covered today. We have 6 tools listed here, that cover Medicare

basics. A Medicaid 101 tool, which we've chatted out, and two tools on dual eligibility, that we've also shared. I'll go over these, in detail, but you can find them all at TA4HIV.org, and we're chatting out that link to you. So let's take a closer look at these.

The first tool is a great reference for everything that we've presented today. It is covered in our resource called The Fundamentals of Medicare-Medicaid Dual Eligibility for Ryan White Program Clients. It explains how people become dually eligible, the enrollment considerations and best practices for helping clients, financial help, and more. So, definitely recommend that you download that tool and use it, amongst your teams and for working with clients. The next tool is a client-facing resource titled Understanding Dual Eligibility, a Guide for Consumers About Medicare and Medicaid Coverage. So this is similar to the last tool, but this tool is developed specifically for people with HIV, and provides an overview of the basics of dual eligibility, as well as health coverage and financial assistance options. Specifically for dually eligible Ryan White program clients. This tool is also available in Spanish and Haitian Creole. And then, to brush up on the topics that we covered in Part 1 of this series at the beginning of the month, we have 3 tools that cover the nuts and bolts of Medicare coverage and enrollment. So, the first one, moving left to right, is the basics of Medicare for Ryan White program clients, and this one's also available in Haitian Creole, and Spanish. The middle tool is the Medicare prescription drug coverage for Ryan White program clients, and the final one is how Medicare enrollment works. So all these resources are tailored to helping enroll clients, Ryan White program clients into Medicare.

And for much of what we covered in Part 2 of the series last week, our ACE TA Center team has a number of tools to support you and your clients for the enrollment process. So the first one is one-on-one Medicare enrollment assistance for Ryan White program clients, and this describes how to partner with your local SHIP program and become a SHIP-certified counselor, just like Ann. The middle tool is transitioning from marketplace to Medicare coverage, and the final one is Financial Help for Medicare, and that describes the most common sources for financial assistance for Medicare costs, like the Medicare Savings Programs and the Federal Extra Help program. We also have a Medicaid 101, for Ryan White program recipients and providers, so this tool describes, common Medicaid… the common Medicaid eligibility categories for people with HIV, the application process, what the program covers, and how the Ryan White program and ADAP complement Medicaid coverage. And finally, we'd just like to share some additional resources for elders and people with disabilities from the Administration for Community Living, or ACL. So these aren't… are not limited to people with Medicare coverage or dually eligible people, but they can be helpful in terms of getting clients connected to local resources that are tailored to their needs. So the Elder Care Locator Tool is a nationwide service that connects older Americans and their caregivers to local resources to help with housing, insurance, and benefits, transportation, and much, much more. And the Disability Information Access Line, or DIAL, is a national network of organizations that serves people of any age with disabilities and connects them to resources that promote independent living. So we're going to chat out these links now. And I will hand it over to Jared to get us started with the Q&A.

Jared Brumbeloe:

Thanks so much, Liesl. We are now going to take your questions. We appreciate everyone who has been dropping them in the chat. Our team is excited to be able to go through everything we can today, and if we can go to the next slide, we are pleased to also be joined by Dori Molozanov, too, for the Q&A. Dori is a senior manager on the Health Systems Integration Team. Her work is focused on monitoring

and responding to health systems changes and supporting NASTAD members and navigating insurance enrollment, assessing coverage options, and ensuring medication access for insured individuals. Thank you for joining us, Dori, and thank you, Julia, for dropping the information in the chat as well about our survey. I'm going to go ahead and jump into our first question, and Liesl, since I have you here, the first question will be for you. First question is, regarding the monthly SEP, can clients switch between different Medicare Advantage plans once a month?

Liesl Lu:
So, generally, you cannot use the monthly option to switch to another… the monthly SEP to switch to another Medicare Advantage plan. The monthly SEP is, for…in a standard Medicare Advantage plan, they can use it to drop that plan, and they will transition back to Original Medicare and can enroll in a standalone prescription drug plan. And if a client's already enrolled in Original Medicare, they can use the monthly SEP to switch between standalone prescription drug plans, but Anne, I welcome you to chime in if you have anything else to say on that.

Anne Callachan:
I am not 100%, sorry, I was typing something…

Liesl Lu:
No worries, no problem. Yeah, so I think that it's mostly… you can't… so just to put a fine point on it, you can't… the monthly SEP isn't… can't be used to switch between Medicare Advantage plans. It's used to go from Medicare Advantage to Original Medicare.

Anne Callachan:
That is true. You would have to enroll in a Part D plan. You can't just pick a different Medicare Advantage plan because you have Extra Help and a SEP.

Liesl Lu:
Yeah.

Jared Brumbeloe:
Thanks, Liesl. Liesl, while I have you, I'm gonna follow up with another question for you and Dori on this one. The question reads, can you talk more about dual eligibles and the new Medicaid, quote, work requirements? Folks who are entitled to Medicare Part A or enrolled in Part B are exempt from work requirements, is that right?

Liesl Lu:
Yeah, so we've received a number of questions about the work reporting requirements, and most states are still sorting out how, they will apply those reporting requirements, so we don't have any information to share now, broadly, on, like, how to, how to get ready and how you will be able to respond to the work reporting requirements, but you can be sure that once we do have guidance, we will share it with you all, so we will send that out via our ACE TA Center listserv, so if you're not signed up, please do sign up, and we'll also, you know, if we have enough information, we'll end up having a webinar on it, so definitely stay tuned. And to answer that specific question, Dori, do you want to chime in on…

Dori Molozanov:

Yeah, sure. So, to answer the question specifically about this Medicare exception, and there are several exceptions, like the one based on age, for example, that would work pretty similarly to this. So, the person asking the question is right. People enrolled in Medicare are exempt from work reporting requirements, but I wanted to take a second to actually talk about, like, how that would come up in practice, because, I don't want folks to walk away with the sense that, like, all of their dual eligible clients are going to have to be going through this process. So, here's how it would come up. First, remember, work reporting requirements, community engagement requirements only apply to the Medicaid expansion group. So, in general, if a person is a dual, they're probably not in the Medicaid expansion group, and thus they wouldn't have to go through the demonstrate… the process of demonstrating their compliance. But there are still situations where something like this could happen. So let's say someone is in the Medicaid expansion group, and then they become eligible for disability-based Medicare in between their renewals, but they haven't transitioned out of the expansion group yet. This is, like, an administrative, you know, timing issue. Because they haven't transitioned out yet, they end up having to verify their compliance again. They end up hitting their next renewal. So this exception would allow them to be deemed compliant for any of those months when they were entitled to or enrolled in Medicare. So it's kind of a way of helping people who transition between coverage groups to, you know, if there's a delay there and they hit another work requirement verification, that they would be able to have those months be deemed compliant. But even in those situations where a client would have to be deemed compliant based on Medicare enrollment, we still expect Medicaid agencies to be able to verify this particular fact on an ex parte basis, which means that they can verify it based on information that's available to them without the person needing to prove it, because when someone had Medicare, it's like pretty well-backed up with, like, federal data, right? There's, like, ways that the feds… that the states and feds can verify that. So, even if you have clients that end up having to prove this, we don't expect that they would need to provide documentation. And again, like, unless they get caught in this, like, administrative wrinkle where they're transitioning to a new group, and they haven't… that hasn't happened yet, we wouldn't expect people who are duals to, be asked to do this, like, on any kind of a regular basis. It would really just be those unique situations.

Jared Brumbeloe:

Thanks, Dori. And thanks, thanks to you, Liesl, as well. Anne, I'm gonna ask you the next two questions, actually, but of course, one at a time. So, and the first question we have is, why am I recalling being told that Medicaid is the first payer, then Medicare? Is that a common misconception or misunderstanding? Can exception requests be applied here?

Anne Callachan:

So, I'm… I'm not aware of why…why you're recalling that, and of course, the relationship between Medicare and Medicaid is always complicated, but Medicare is always… Medicaid, your state Medicaid program, is always the payer of last resort when somebody has other health insurance coverage. So, in that circumstance, somebody who's eligible for Medicare, Medicare is always going to be the primary payer, with Medicaid picking up secondary. And there are times when Medicaid might actually be able to cover things that Medicare itself doesn't cover. So, in those circumstances, yes, Medicaid would be the only payer, but it's not really like they'd be the first payer, they're just covering something that they can cover in their state that the federal health insurance, Medicare, doesn't cover. And… I think… I think I got all of that in my answer.

Jared Brumbeloe:
Many thanks, Anne. And the next question, and, excuse me, I will say, and we do have a handful of questions coming in, so I'm gonna keep you spotlighted here for a minute, for the next couple of them we have in a row, but… and the next question is…How does the estate recovery affect eligibility for consumers in the Medicare Savings Program?

Anne Callachan:
So, as far as I know, I mean, I live in the state of Massachusetts and work in the state of Massachusetts, and the Medicare savings programs are not eligible to estate recovery. I do believe the same is true throughout, the country. But, you know, it's hard for me to be definitively answering a question I googled when I was looking it up. I know in my state that, there is no estate recovery for Medicare savings programs. And I believe it's true that federally, that is the case.

Jared Brumbeloe:
Thanks, Anne. And then, one more for you, and then I'll give you a breath, is: Can you elaborate and just speak more about how one goes about getting trained to be a SHIP counselor, maybe the steps to becoming a certified SHIP counselor? Just a little bit more detail from what you had shared on your slides.

Anne Callachan:
So, I mean, I know what I did, and this was probably about 9 years ago. I had established a connection with somebody in the SHINE, which is the name of the SHIP program in Massachusetts, who I sometimes went to when I had difficult cases, and she was like, you should become a SHIP counselor, and she connected me with the person who ran the SHIP program that she was affiliated with, and I asked about training to become a SHIP counselor. My organization seeing the value in it, you know, paid… they didn't have to pay money for the training. The training itself was free. But they paid for my time, for me to complete the SHIP counselor training, and now I am sort of what's known as a partner with that aging services access point where I trained, meaning I don't serve everybody who calls that SHIP program looking for assistance. I primarily serve clients in my program who are living with HIV. And sometimes their SHIP counselors throughout the state will come to my program. So, I think really establishing that connection with your SHIP program and finding out what's involved in being trained, and can you train to be a partner where you're not necessarily helping the aging population as a whole, but you're doing it on behalf of clients who you serve.

Jared Brumbeloe:
Thanks, Anne. Appreciate that extra detail. Christine, I'm gonna pivot to you for our next question. Christine, the question is: Is the state not paying the Medicare Part B premiums? I have a client who has Medicaid, Medicare, and was getting financial assistance with payments to the Medicare premium of around $206, and was told that this year, no longer it will be covered. Do you have any more information on this?

Christine Luong:
Yeah, thanks, Jared. So this is related to the slide I presented earlier about that noteworthy challenge. So…clients who have Medicare Part B and who are also receiving Social Security benefits will have their

Medicare Part B premium automatically deducted from that Social Security check. And logistically, administratively, practically, third-party payers can't coordinate directly with Social Security to pay that Part B premium amount separately, right, even though it is an allowable cost. And as I had mentioned earlier, Ryan White programs also can't pay clients or reimburse them for that premium amount that's been auto-deducted. So in practice, there's really no way for Ryan White and ADAP to cover that Medicare Part B premium. I know that a few states are trying to work out a solution, but so far, I don't think one has been identified, unfortunately. But I hope that that provides a little bit of an explanation for what might be going on behind the scenes.

Jared Brumbeloe:

Thanks, Christine. Dori, I'm gonna pass the next question to you. I think there's some confusion about people being eligible for Medicaid and Ryan White. Can you talk about more… someone asked, I thought folks with Medicaid were not Ryan White eligible. Can you say more about that?

Dori Molozanov:

Yeah, that's a good question, and I understand the confusion, because folks probably know that Medicaid enrollees are typically… are very… well, I wouldn't say typically, I actually don't know how many ADAPs are having this policy now, but, like, historically, typically, and very often, Medicaid enrollees are not eligible for ADAP, particularly, and could be removed from the program. However, when you're talking about Ryan White clients overall, about a third of Ryan White clients have Medicaid, and then another 7 to 8… about 7.5% have both Medicaid and Medicare, so that brings us to a total of almost, you know, getting closer to 40% of people with Medicaid. So it's definitely a really critical source of coverage for Ryan White clients. But you correctly identify that your state ADAP may not have any services available for Medicaid clients, but some ADAPs do wrap around Medicaid by paying the cost sharing for drugs that are on ADAP's formulary premiums, if a Medicaid program has premiums. So, a little bit of yes and no, I guess, there.

Jared Brumbeloe:

Thanks, Dori, appreciate that. Anne, I'm gonna pass it back to you for our next question. And the question is, does LINET or Limited Income Newly Eligible Transition work when someone loses their Medicare Part D for nonpayment for other reasons, or only when they are originally enrolled in Medicare and have not yet picked a plan? And Anne, you are on mute.

Anne Callachan:

Whoops. I… I think the newly eligible name makes this…complicated, but basically, if anybody who's eligible for Extra Help either because they're eligible for a Medicaid savings program that gave them the Extra Help, they have Medicaid, or they applied federally, which I don't see a lot, just for the Extra Help is eligible to access temporary coverage through that LINET program if they are lacking Medicare drug coverage, even if their Medicare drug coverage, like Part D or C, termed for non-payment. So, they just need to be connected with a LINET program who will provide them with that temporary coverage, and then Medicare will automatically re-enroll them into a new Medicare Part D plan with a $0 premium, or they can actively enroll in a plan themselves.

Jared Brumbeloe:
Thanks, Anne. And while I have you, I'm gonna pass you the next question as well. Are there any plans to assist clients who need Medicare Part B premium? For one of my clients, it is over $100, and it is a big expense since they are retired.

Anne Callachan:
Yeah, so the Medicare savings programs are really the best option for help covering those Medicare Part B premiums. So, applying for those plans if they haven't already done so, is really their best option for getting support with a Medicare Part B premium, which is currently, $202.90 a month, but it changes every year. So, it is well over $100.

Jared Brumbeloe:
Thanks, Anne. And then, Anne, the next question, I think is a tricky one, so I'm gonna let you and Christine tag-team, if helpful. I'm wondering… well, the question goes, do you have a suggestion for the process to change plans for dual-eligible clients who have moved to a new state. Is there a best practice order of operations in contacting different state Medicaid programs, Social Security, Medicare, etc? And I guess by tricky, I just mean there might be a lot of pieces to this, so Christine, I welcome you to chime in.

Anne Callachan:
I mean, it is complicated. I'll take a shot at this, and then, Christine, you can add anything you want. I mean, I think moving in and of itself gives somebody eligibility for a special enrollment period to make changes to their Medicare coverage. So, keeping that in mind, as soon as somebody is moving, they should apply for their state Medicaid program, which should not only screen them for comprehensive Medicaid, but will also screen them for programs like those Medicare savings programs that help with some of their Medicare costs. That… that, I would say, is the first and most important thing to do. They should then contact Social Security, make sure they update their address, which also updates their address with Medicare. They should contact any Medicare plan other than… you know, A and B, like a Medicare Advantage plan or a Part D plan to update their address with those plans and find out if they need to change that coverage now that they're living in another state. I would say, you know, a lot of Part D plans or supplemental plans might allow somebody to stay in those plans after they move, but Medicare Advantage plans tend to be very specific to your region. So, chances are you need to change that coverage, you need to change that coverage during this special enrollment period you get as a result of moving. And then I would say probably the last thing they should do is contact the Medicaid plan in the state where they lived before and update their address, which will then sort of terminate their eligibility for Medicaid in that state. Whether or not it's possible for them to stay active in another state's Medicaid plan once they move, I mean, I think that probably depends on how quickly information is shared amongst those organizations, but that would be… my recommendation.

Jared Brumbeloe:
And I'm glad we have you here to walk us through. This sounds… a lot of this is very complex, so thank you for walking us through some of these integral steps. Dori, I'm gonna, I'm gonna pass the next question to you. The question is, I've had issues. Actually, I'm gonna ask Christine if you can pick up the questions for me, as my Google Chrome just restarted.

Christine Luong:
Yeah, want me to host the Q&A? I can do that.

Jared Brumbeloe:
As soon as it's back, I'll take back over.

Christine Luong:
Yeah, sure, alrighty, so we had a question about, medication coverage, so I think this question is for Dori, and maybe Anne, or Liesl, you could weigh in as well. So this person said, I've had issues with medications where Medicare does not cover the full price of the drug, and Medicaid doesn't cover the rest. Why would that be, and would ADAP be a good option to cover what Medicare and Medicaid doesn't. And they clarified, this person clarified, they've seen this happen with both HIV medications and also non-HIV medications.

Dori Molozanov:
Yeah, sure, I can take that one. So, first, I think, the person who's asking this, if you're… Medicaid doesn't cover the rest, I assume you're referring to, like, the residual cost sharing after the person's… Part D and Extra Help have been applied. If I'm incorrect about that, please feel free to drop a comment or let me know what other scenario you're talking about. So the first part of the question is just about why is there a cost? Medicare drug plans, Part D plans, they do have to cover HIV ARVs, without prior authorization or step therapy, and HIV medications are very protected in the Part D world, but there could still be cost sharing, which is co-pays or coinsurance. In this case, copays. Even if the client has extra help, they might still have copays of, like, as low as a couple of dollars, up to close to $13. It depends at that point whether they're getting a generic or a brand name drug. So, that's why there are sometimes residual costs. In terms of the ADAP portion, there's kind of two… Yes, it's allowable for ADAPs to cover this portion, but whether or not that's available to you depends on two things. First, does your ADAP do Medicaid, do a cost-sharing wraparound for clients who are dually eligible? And second, is the drug on the ADAP's formulary? ADAPs do have drugs on their formularies that are not HIV drugs, but they might still have not a completely open formulary, and so if the drug is on ADAP's formulary, and if your state ADAP pays this type of cost sharing, then yes, ADAP could be an option, for paying the residual cost sharing.

Jared Brumbeloe:
Thanks, Dori. And thank you, Christine. I am back into my Google Chrome. So, we received a, a question. I'm gonna open this one up to the team, but Anne, I think you might be able to help us on this one. Do MSPs also help with penalties?

Anne Callachan:
Yes, they do. They erase the penalty. And normally, it, like, goes away, meaning if somebody gets approved for a Medicare savings program, they have a Part B late enrollment penalty, and then 6 months later, they lose that eligibility. I have never seen anybody's Medicare… Part B late enrollment penalty come back after an approval for a Medicare savings, even if they then lose it down the road.

Jared Brumbeloe:

Thanks, Anne. In the spirit of MSP, I know we had, some compliments about the MSP table, so Christine, I'm gonna pass this next one to you, specifically about MSP income eligibility. Just to confirm, it is household magi, correct? Not income for just an individual that's applying?

Christine Luong:

So for the purposes of MSP eligibility, they calculate your income by what your gross monthly income is, not annual. And there are separate income limits, whether you're an individual or a couple. So if you remember that table where it has that range of FPLs, so those amounts are going to vary depending on the specific MSP that you're looking at. In all states, they disregard the first $20 of your monthly income. That's that monthly income disregard, if you've heard of that. They don't count the first $65 of your monthly wages. They don't count the next half of your monthly wages after that $65 is deducted. And they also don't count, if you have SNAP benefits or food stamps, they don't count that as well. So that's sort of, like, the, across the board, what is exempted. Some states, depending on where you live, they might exclude even more of that than just what I've described.

Jared Brumbeloe:

Thanks, Christine. And then, Anne, I'm gonna pass to you our last question for today before we wrap up. If a client has to wait until open enrollment to get Medicare Part D plan, can they apply for LINET, the Limited Income Newly Eligible Transition Program?

Anne Callachan:

I mean, you… technically, you can't really apply for the LINET. You get the LINET because you're eligible for Extra Help, which is a federal subsidy that reduces your Medicare drug costs, and the way in which you get Extra Help is being dual eligible, or qualifying for a Medicare savings program, or individually applying through the federal government for Extra Help. So, it's complicated, but this is, like, one of these things where I'm gonna plug, becoming a SHIP counselor, because there are a lot of weird rules. Meaning, I might be dual eligible today, I lose that dual eligibility tomorrow, but I keep that Extra Help for a long time, meaning I might be able to access that LINET coverage, and being a SHIP counselor allows me to pick up the phone and call a Medicare assister line and a LINET assister line to find out if my client has temporary coverage through the LINET because they still have Extra Help. So, look into it, do it, it helps so much. It makes such a big difference when you're helping clients with their Medicare.

Jared Brumbeloe:

Thank you, Anne. And thank you to all of our panelists who were able to answer our Q&A today. If we can put up our last slide real quick, I do just want to remind everyone here on the webinar that, in case you missed it, we do have our previous two, Parts 1 and Part 2. They are on our TA4HIV.org website. You will be able to, go to the resources tab, and then be able to see, the other information on there. Part 1 is there to see the recording, and then Part 2 will be there very soon. And with that, I do, again, just want to thank everyone for your time today. Thank you for coming to this webinar, for, your… all of your questions, and for helping us to help you. Again, please sign up, download our resources, hear from us from our mailing list, and as always, contact us at acetacenter@jsi.org. Thank you, everyone, and have a great afternoon.