GEAR UP for Medicare Literacy, Navigation, and Plan Selection

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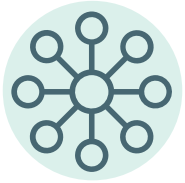
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Presentation Outline

- Helping RWHAP clients choose the right Medicare coverage

- RWHAP coordination with Medicare

- Nursing home access for Medicare enrollees aging with HIV

- Emerging challenges: serving RWHAP clients aging with HIV

Helping RWHAP clients choose the right Medicare coverage

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The ACE TA Center
helps organizations

Engage, enroll, and retain
clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).

Communicate with RWHAP clients
about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.

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

Audiences

- RWHAP program staff, including case managers

- RWHAP organizations (leaders and managers)

- RWHAP clients

- Navigators, State Health Insurance Assistance Programs (SHIP) counselors and other in-person assisters that help enroll RWHAP clients in health coverage

Visit us at:
targethiv.org/ace
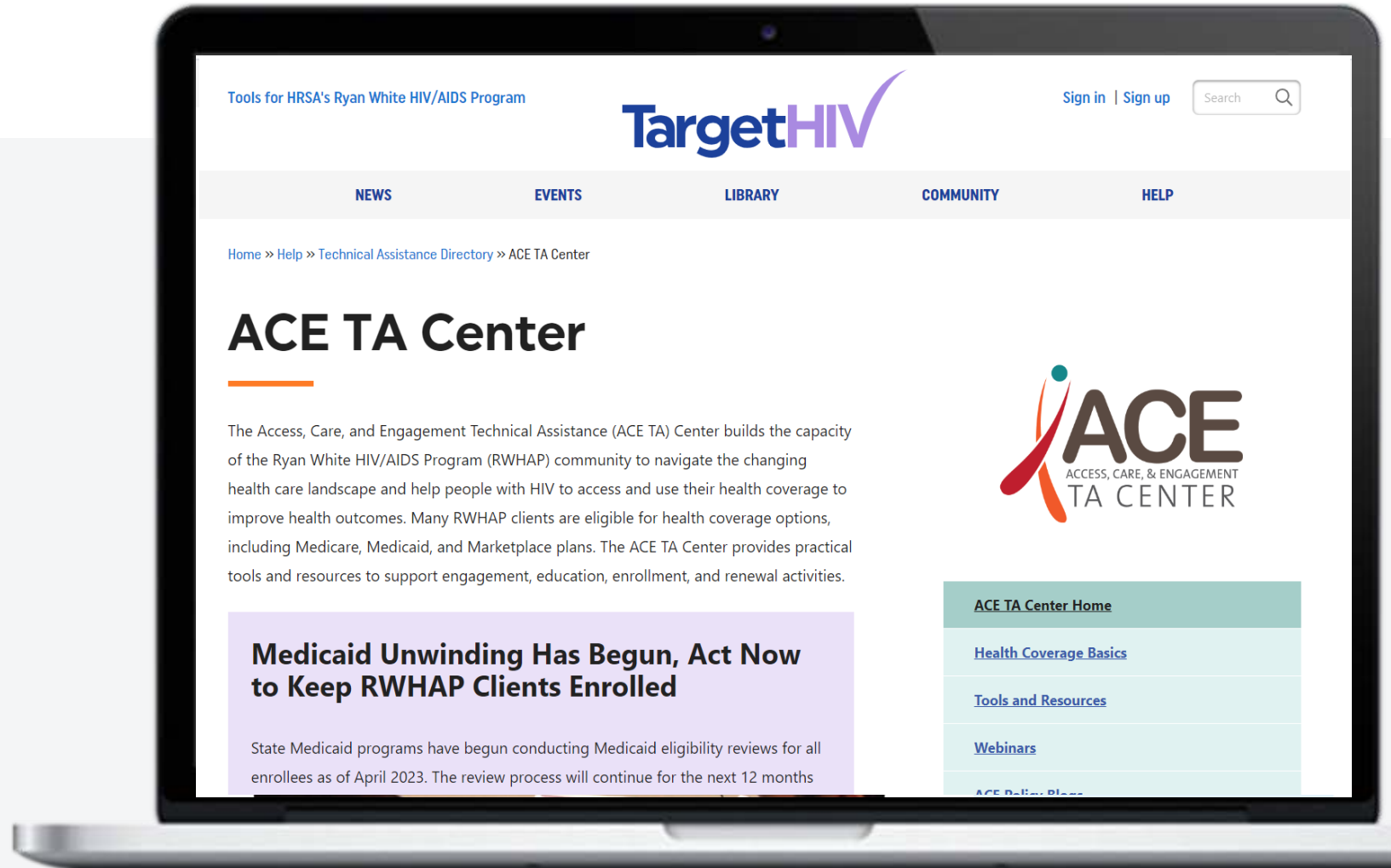
What Medicare Covers

Medicare Parts A, B, and D

Medicare Part A Hospital Coverage

Covers:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health care

Medicare Part B Medical Coverage

Covers:

- Services from doctors and other health care providers
- Preventive services
- Outpatient care
- Medications administered by a physician
- Home health care
- Durable medical equipment

Medicare Part D Prescription Drug Coverage

Covers:

- Cost of outpatient prescription drugs, including all HIV antiretroviral medications

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Original Medicare

Original Medicare: The Basics

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

Original Medicare: Pros

- Extensive network allows you receive care from any doctor, provider, hospital, or healthcare facility across the U.S. who accepts Medicare

- Do not need to choose a primary care doctor

- Generally do not need a referral to see a specialist

- May be a better option for clients who value having a greater choice of providers

Original Medicare: Cons

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

Medigap: Medicare Supplemental Insurance

- Plans sold by private companies but standardized by law.

- Provides supplemental insurance to help cover the remaining costs of Medicare Parts A and B coverage, such as copays and deductibles.

- A client must have Medicare Parts A and B (Original Medicare) to enroll in a Medigap policy.

- Does not cover Medicare Part D prescription drug coverage copays, co-insurance, or deductibles.

Medigap: Medicare Supplemental Insurance (cont.)

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

Medicare Advantage

Medicare Advantage: The Basics

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

Medicare Advantage: Pros

- Plans may have no monthly premium or a low monthly premium on top of the Medicare Part B premium.
  - RWHAP ADAP may be able to help
- May provide extra services, such as vision or dental.
- Can have lower out-of-pocket costs for some services
- May be a better option for clients with less complex medical needs and those who do not often travel outside their state.

Medicare Advantage: Cons

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

Comparing coverage and costs

- Shop and compare Original Medicare and Medicare Advantage Plans at www.medicare.gov
- The RWHAP, including ADAP, may help pay for Medicare and/or Medigap premiums, deductibles, and copayments.

Original Medicare (Parts A and B)	Medicare Advantage (also called Part C)
Includes:	**Includes:**
▪ Part A (hospital insurance)	▪ Part A (hospital insurance)
▪ Part B (medical insurance)	▪ Part B (medical insurance)
Clients can purchase:	**Most plans include:**
❑ Part D (prescription drug coverage)	▪ Part D (prescription drug coverage)
❑ Supplemental coverage to help pay out-of-pocket costs—such as a Medicare Supplement Insurance (Medigap) policy	**Some plans also include:** ❑ Lower out-of-pocket costs ❑ Extra benefits
Plans adminstered by:	**Plans adminstered by:**
▪ The federal government	▪ Private insurance companies that contract with the government

Medicare Part D:
A Deeper Dive Into Prescription Drug Coverage

Two ways to get Medicare prescription drug coverage

Purchasing
an optional **Medicare Part D prescription drug coverage** plan (along with Original Medicare)

Enrolling
in a **Medicare Advantage Plan (Medicare Part C)** that includes prescription drug coverage

- All Medicare prescription drug plans are required to cover all or nearly all drugs in **6 protected drug classes**, including HIV antiretroviral treatments.

- HIV drugs are required to be covered **without any utilization management** (e.g., prior authorization or step therapy).

- However, there are some Part D restrictions for non-HIV medications, including "medication not on formulary" and "quantity limit" issues.

Part D: Key Considerations

- Original Medicare enrollees only need to have Medicare Part A **or** Part B to purchase a Part D plan.
    - Encourage all clients to enroll in both Part A and B (unless they have coverage that allows them to defer enrollment without incurring a penalty).
- Part D premiums may be expensive, so work with clients to see if they are eligible for the Extra Help program.
    - If not, ADAPs can pay the premium, but the decision is up to individual state/territory ADAP.

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RWHAP coordination with Medicare

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The Importance of Medicare for People Aging with HIV

- In 2020, 28% of all PWH in the US were estimated to be covered by Medicare

- Over half of adults with HIV are over age 50
  - It is estimated that, by 2030, over 70% of the HIV-positive population in the US will be over age 50

- Medicare enrollees with HIV are:
  - Disproportionately under age 65
  - Historically, more likely to originally qualify for Medicare based on disability rather than age
    - However, as the population of people with HIV ages, clients are increasingly likely to qualify for Medicare based on age

*Medicare and People with HIV,* Kaiser Family Foundation, https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

The Importance of Medicare for People Aging with HIV

Figure 3

Medicare is the Second Largest Source of Federal Financing for the Care and Treatment of People with HIV

FY2022 U.S. Federal Funding, In Billions.

Total Federal Funding = $29 billion

Pie chart:
- Other ($2.1) 7%
- Ryan White ($2.5) 9%
- Medicaid ($13.0) 45%
- Medicare ($11.3) 39%
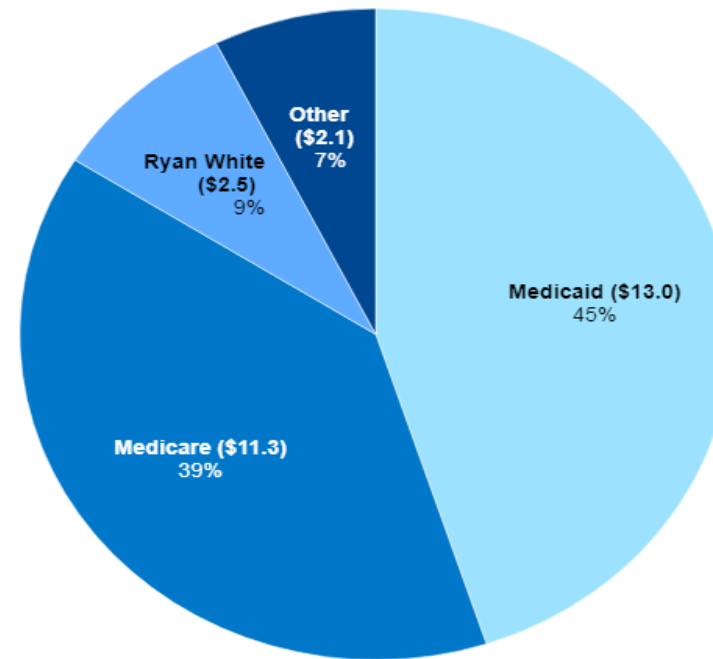
NOTE: Total Medicaid funding includes only federal spending. A small amount of VA prevention funding is included in "other" as it was not possible disaggregate care and prevention funding for that account (possibly around $18m). Several accounts in "other" are amounts that have been carried forward from FY17.
SOURCE: Calculation based on KFF review of Congressional Budget Justifications, other budget documents, and personal agency correspondence • PNG

KFF

Medicare and People with HIV, Kaiser Family Foundation, https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

The Growing Importance of Medicare for RWHAP Clients

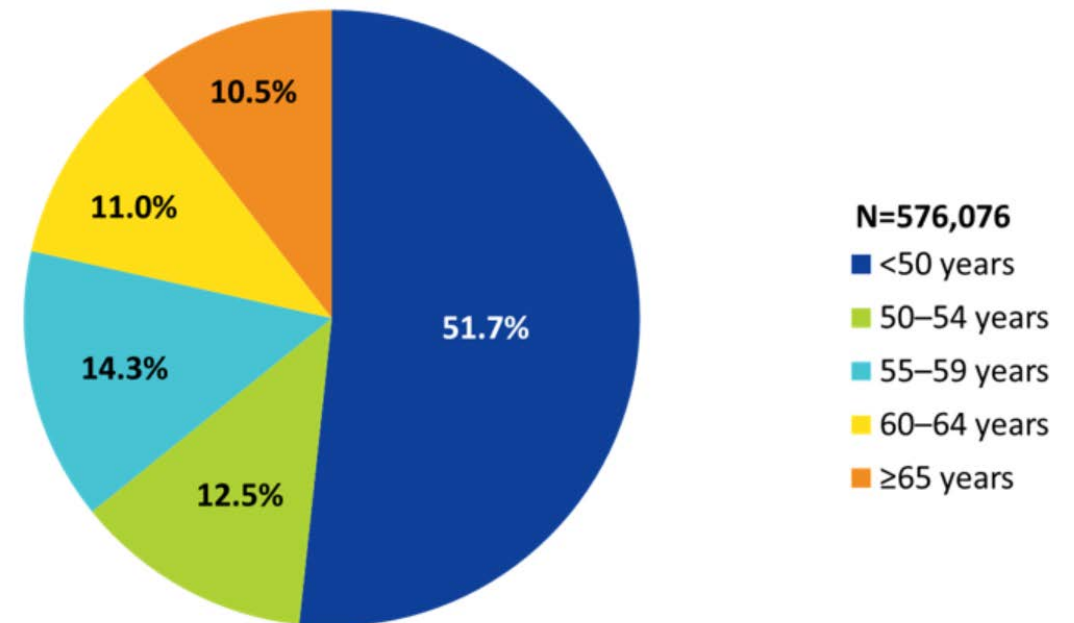**2008:** 2 percent of ADAP clients served were age 65 or older

2015: 6 percent of ADAP clients served were age 65 or older

2018: 8 percent of ADAP clients served were age 65 or older

2020: 10 percent of ADAP clients served were age 65 or older

2021: 11 percent of Part B/ADAP clients served were age 65 or older

Clients Served by the Ryan White HIV/AIDS Program, by Age Group, 2021—United States and 3 Territories[a]

N=576,076
- <50 years — 51.7%
- 50–54 years — 12.5%
- 55–59 years — 14.3%
- 60–64 years — 11.0%
- ≥65 years — 10.5%

Older Adults Served by RWHAP, 2021, HRSA Ryan White HIV/AIDS Bureau, https://ryanwhite.hrsa.gov/data/reports

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HRSA PCN 18-01

RWHAP recipients may pay for certain Medicare costs, consistent with HRSA policies and each jurisdiction's individual RWHAP policies.

RWHAP funds may be used for Medicare premiums and cost-sharing associated with Medicare Parts B, C, and D when doing so is determined to be cost-effective in the aggregate and includes coverage for both:

- *Outpatient/ambulatory health services, **and***

- *Prescription drug coverage that includes at least one drug in each class of core antiretroviral therapeutics*

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RWHAP Payment of Medicare Premiums

Medicare Part A premiums	**Not allowed**. RWHAP funds may not be used for inpatient care.
Medicare Part B premiums	**Allowed.** The program must also assist with Medicare Part D premiums or cost-sharing. • However, there is currently no mechanism by which RWHAP can pay Original Medicare Part B premiums for most clients.
Medicare Part D premiums	**Allowed.** Works similarly to payment of private insurance premiums on behalf of RWHAP clients. RWHAP Part A, B, C, and D must also assist with Medicare Part B or Part C premiums or cost-sharing. However, ADAPs may pay premiums for Part D only.
Medicare Part C (Medicare Advantage) premiums	**Allowed.** Works similarly to payment of private insurance premiums on behalf of RWHAP clients. Plan must include prescription drug benefits; otherwise, program must also pay premiums or cost-sharing for a standalone Part D plan.
Medicare supplemental plan/Medigap premiums	**Allowed.** Works similarly to payment of private insurance premiums on behalf of RWHAP clients.

RWHAP Payment of Medicare Cost-Sharing

Medicare Part A cost-sharing	**Not allowed**. RWHAP funds may not be used for inpatient care.
Medicare Part B cost-sharing	**Allowed.** **ADAP** may pay cost-sharing **only** for provider-administered ARVs and associated office visits for medication administration. Other RWHAP parts can pay for many injected or infused medications in outpatient settings unless also covered by the ADAP.
Medicare Part D cost-sharing	**Allowed.** RWHAP cost-sharing payments count towards the client's true out-of-pocket costs (**TrOOP**), helping clients get through the Medicare coverage gap ("donut hole").
Medicare Part C (Medicare Advantage) cost-sharing	**Allowed.**

How Can RW/ADAP Support Medicare-Eligible Clients?

- Providing wraparound services and supports

- Supporting clients with transition to Medicare from other coverage

- Assessing Medicare coverage options

- Assisting with applications for cost-saving programs

- Identifying financial assistance and/or assessing alternative coverage options for clients that must pay Medicare Part A premiums

- Identifying local assistance for clients experiencing challenges with Medicare or Social Security benefits

- Supporting clients with discharge planning and care coordination after hospitalization or skilled nursing facility (SNF) care

Nursing home access for Medicare enrollees aging with HIV

Care Settings for Clients Aging with HIV

Skilled Nursing Care

Nursing care such as help with medications, caring for wounds, and therapy and rehabilitation. Skilled care usually requires the services of a licensed professional such as a nurse, doctor, or therapist.

Medicare Skilled Nursing Facilities (SNFs) are a type of nursing home that provides skilled care. Medicare does not cover nursing homes that are not SNFs.

Long-Term Care

Medical and non-medical care for people with chronic illness or disability, to help meet health or personal needs. The most common type of long-term care service is assistance with activities of daily living (ADL).

Long-term care may be provided in institutional (e.g., nursing homes/facilities) or home- and community-based settings. Most long-term care is provided at home by unpaid family members and friends.

Care Settings for Clients Aging with HIV

Custodial Care

Long-term caregiver support for seniors who primarily need ongoing non-medical assistance. Intended to maximize resident independence. May also provide respite for primary caregivers.

Assisted living communities are a common type of non-medical, supportive setting for seniors. These communities provide moderate care and assistance with daily activities, aimed at maximizing resident independence (e.g., bathing, dressing, using the bathroom, eating, managing medication).

Continuing Care Retirement Communities (CCRC)

Continuing Care Retirement Communities (CCRC) provide varying levels of care, often encompassing independent living, assisted living, and skilled nursing care on a single campus. Residents transition between levels of care as their health and care needs change, allowing them to "age in place."

Medicare Coverage of Skilled Nursing Care

Skilled Nursing Facility (SNF) care (Medicare Part A)

- Skilled nursing care provided in Medicare-certified SNFs
- Covered for limited period (up to 100 days) after an inpatient hospital stay of 3+ days *(average = 22 days)*
  - Out-of-pocket costs depend on length of stay
  - Medigap can help with cost-sharing and provide additional days of coverage
- SNFs don't have to accept all applicants, but may not discriminate based on race, color, national origin, disability, or age
- Drug coverage: Capitated payment rate includes medication

Medicare Coverage of Skilled Nursing Care

Home Health Services (Medicare Part A and/or Part B)

- Part-time or intermittent skilled nursing services for "homebound" patients provided by Medicare-certified home health agencies (HHAs)
  - Does **not** include: 24-hour care, meals, custodial care, prescriptions
- Usually covered by Medicare Part B – no hospital stay required, no 100-day limit
  - May be covered by Part A if patient is transitioning from a hospital or SNF
- No out-of-pocket costs under Original Medicare
- Covered for both temporary and chronic conditions
- Drug coverage: Medicare Part D or Medicare Advantage

Hospital Discharge Planning

- Medicare requires hospitals to screen **inpatients** and provide discharge planning for those who need it

- A discharge plan should:
  - Specify where client will be discharged to and the types of care needed
  - Incorporate patient requests and feedback as much as possible
  - Prioritize returning the patient to the setting they left before hospitalization
  - Consider the full range of patient needs, including non-medical needs

- Hospital staff must arrange all referrals for other care, including referrals to physicians, home health, SNFs

- Clients may request discharge planning evaluation if they have concerns about their discharge plan

Care Coordination After a Hospital or SNF Stay

- Medicare Part B covers Care Coordination services for patients who need assistance organizing their care after leaving a hospital or SNF
  - Also referred to as Transitional Care Management
- Provided by client's primary care provider (PCP)
  - Client can request services by asking the hospital or SNF to notify PCP about the discharge
- Services may include:
  - Working with other providers to help client transition back to living at home
  - Arranging referrals to follow-up care
- Avoids fragmented care, which can be especially detrimental for patients with chronic conditions

Long-Term Care

- 80 percent of long-term care at home is provided by unpaid caregivers

- Medicaid is the largest public payer for long-term care services
  - Service delivery: institutional care (Medicaid Nursing Facility) or home- and community-based services (HCBS)
  - Complex and stringent eligibility requirements, estate recovery

- *Olmstead v. L.C.* (1999) – unjustified institutionalization, by public programs, of people with disabilities is a violation of the ADA

- The most common long-term care service is Activities of Daily Living (ADL)
  - As a general rule, Medicare does not pay for personal needs that could be done safely and reasonably without professional skills or training

- Drug coverage for dual-eligibles: Medicare Part D or Medicare Advantage
  - No copays for long-term care recipients who also have full Medicaid benefits
  - Clients may choose a Part D plan that contracts with the nursing home's pharmacy

Putting it All Together: Medicare and Nursing Home Care

Hospitalization → **Skilled nursing care** → **Long-term care** → **Custodial care**
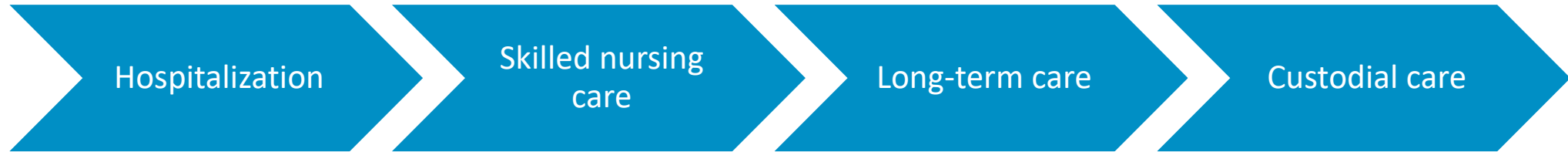
Hospitalization
- Medicare Part A
- Admitted as an inpatient to hospital for at least 3 consecutive days

Skilled nursing care
- May be provided in a SNF (Medicare Part A) or in the patient's home (Medicare Part A and Part D)
- May be covered by Medicaid in a nursing facility if client exhausts SNF benefit or doesn't meet Medicare skilled nursing requirements

Long-term care
- Generally not covered by Medicare
- Medicaid may cover care after patient has exhausted their assets and/or private long term care insurance benefits
- May be provided in various settings (home- and community-based services, nursing facilities)

Custodial care
- Generally not covered by Medicare
- Medicaid may cover custodial care provided in nursing facilities or home- and community-based settings (including assisted living communities)

RWHAP Considerations for Clients In Senior Care Settings

Critical Questions to know before Services are Provided:

- Does the senior care facility have an in-house pharmacy that may have exclusive dispensing requirements for their residents?

- Does the facility allow medications dispensed and shipped by the ADAP to be delivered to the individual?

- Does the RWHAP Part B and ADAP know when an individual is aging into more comprehensive senior living care?

- How are the RWHAP Part B and ADAP tracking and monitoring individuals' status as they enter and age into senior living facilities?

RWHAP and Medicare: Emerging Challenges

- There is currently no mechanism by which RWHAP can pay Medicare Part B premiums for the vast majority of clients

- Some clients, especially non-citizens and naturalized citizens, may need to pay high premiums for Medicare Part A

- Emerging access issues related to HIV treatment in nursing homes and other inpatient settings
  - A study of 4171 HIV+ residents from 2459 nursing homes found that only 36% received any ART regimen during an average of 11.6 months of observation.

Zhang T, et al., *Use of antiretroviral therapy in nursing home residents with HIV*, J. Am. Geriatr. Soc. 2022, https://www.natap.org/2023/HIV/JhomewithHIV2.pdf

Search

PRESS RELEASE

Operator of 21 Massachusetts Skilled Nursing Facilities Agrees to Resolve Allegations of Disability Discrimination

Thursday, September 8, 2022

For Immediate Release

U.S. Attorney's Office, District of Massachusetts

https://www.justice.gov/usao-ma/pr/operator-21-massachusetts-skilled-nursing-facilities-agrees-resolve-allegations

Discussion

Resources

Medicare and RWHAP Resources

- *RWHAP Part B/ADAP Coordination with Medicare*, NASTAD
  - https://nastad.org/resources/rwhap-part-badap-coordination-medicare
- *Policy Clarification Notice (PCN) 18-01*, HRSA/HAB
  - https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/18-01-use-rwhap-funds-premium-cost-sharing-assistance.pdf
- *TargetHIV*, ACE TA Center
  - https://targethiv.org/ace/medicare
- *HIV Medication Assistance Programs*, AETC.org
  - https://aidsetc.org/resource/medication-assistance-programs

Aging and Senior Care Resources

- *Medicare Interactive*, Medicare Rights Center
  - https://www.medicareinteractive.org/
- *LongTermCare.gov*, U.S. Administration for Community Living
  - https://acl.gov/ltc
- *Aging*, U.S. Department of Health and Human Services
  - https://www.hhs.gov/aging/index.html
- *Residential Facilities, Assisted Living, and Nursing Homes*, National Institute on Aging
  - https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes
- *Older Immigrants and Medicare*, Justice in Aging
  - https://www.justiceinaging.org/wp-content/uploads/2019/04/FINAL_Older-Immigrants-and-Medicare.pdf
- *Eligibility for long-term services and supports*, MACPAC
  - https://www.macpac.gov/subtopic/eligibility-for-long-term-services-and-supports/

ACE TA Center Resources

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https://careacttarget.us3.list-manage.com/subscribe?u=f193b4232d3b28279037f4480&id=95f5368c44

Visit our website: https://targethiv.org/ace

View and download all ACE TA Center Medicare tools & resources: https://targethiv.org/ace/medicare

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Local/Community Resources

- State Health Insurance Assistance Programs (SHIPS)
  - https://www.shiphelp.org/

- Local Social Security Office locator
  - https://www.ssa.gov/locator/

- Area Agencies on Aging (AAA)
  - https://eldercare.acl.gov/Public/About/Aging_Network/AAA.aspx

- Aging and Disability Resource Centers (ADRC)
  - https://www.usaging.org/adrcs

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