Medicaid with Medicare: Coordinating Benefits for HIV+ Dual Eligibles

Presented by:

Empire Justice Center

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Today's Webinar

- Introduction
  - How do the uninsured care programs, Medicaid and Medicare compare?
- Overview of Medicare
- Medicaid – MAGI vs non-MAGI
- Supplementing Medicare
  - Using Part D Extra Help, ADAP, Medicaid and Medicare Savings Programs (MSPs) to help fill gaps
- How Medicare, Medicaid and ADAP Can Work Together
- Other Programs to Help with Medicare Cost Sharing
- Where to go for help

Frequently Used Acronyms

- **ACA** – Affordable Care Act
- **ADAP** – AIDS Drug Assistance Program
- **CAC** – Certified Application Counselor
- **CHA** – Community Health Advocates
- **DSS** – Department of Social Services
- **EPIC** – Elderly Pharmaceutical Insurance Coverage
- **ESRD** – End Stage Renal Disease
- **FEHB** – Federal Health Employee Benefits
- **FFS** – Fee for Service
- **HIICAP** – Health Insurance Information, Counseling and Assistance Program
- **HRA** – Human Resources Administration
- **ICAN** – Independent Consumer Advocacy Network

- **LDSS** – Local Department of Social Services
- **LPR** – Lawful (Legal) Permanent Resident
- **MAGI** – Modified Adjusted Gross Income
- **MLTC** – Managed Long-Term Care
- **MMC** – Medicaid Managed Care
- **MSP** – Medicare Savings Program
- **NYS DOH** – New York State Department of Health
- **QI** – Qualified Individual
- **QMB** – Qualified Medicare Beneficiary
- **SLMB** – Specified Low-Income Medicare Beneficiary
- **SSA** – Social Security Administration
- **SSD** – Social Security Disability
- **TrOOP** – True Out-of Pocket

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Uninsured Care Programs

vs

Medicare

vs

Medicaid

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Uninsured Care Programs

- Federal grant administered through NYS DOH

- Intended as transition coverage for people with HIV who don't yet qualify for Medicaid

- New York's uninsured care programs

  - Aids Drug Assistance Program (ADAP)

  - ADAP plus (primary care)

  - HIV home care program

  - ADAP plus insurance continuation (APIC)

  - Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)

- Income limit: 500% FPL

- Residency: NYS (US citizenship not required)

- Medical: HIV-infection or at risk of acquiring HIV infection

  - Consistent w/ Guidelines for Pre-Exposure Prophylaxis

What do the programs cover?

- ADAP
  - Free medications for treatment of HIV/AIDS and opportunistic infections
  - Can help people who have Medicaid with a spenddown
- ADAP Plus (Primary Care)
  - Free primary care services at selected clinics, hospital outpatient departments, office-based physicians and lab vendors
- HIV Home Care
  - Skilled nursing, home health aide services, intravenous therapy administration, medications and supplies and durable medical equipment
- APIC
  - Can pay for commercial health insurance premiums for ADAP eligible individual
- [NYSDOH Uninsured Care Programs Covered Services](#)
- [ADAP Formulary (revised November 2021)](#)

What services are excluded?

- Pharmacy (Drugs not included in [ADAP formulary](#))

- Emergency room

- Substance Use Disorder Services/Methadone Maintenance

- Ancillary Services (Any service, lab, or procedure not included in the clinic visit)

- Rehabilitative Therapy (Vocational, Physical, Speech, etc)

- Case Management/Social Work

- Psychiatric/Mental Health (extended visits)

- Inpatient Services

More information on ADAP

- NYS DOH has comprehensive webpage on Uninsured Care Programs at http://www.health.ny.gov/diseases/aids/resources/adap/

- Includes eligibility criteria, covered services, application forms, fact sheets and helpline number (M-F, 8-5)
  - In State: Toll free 1-800-542-2437 or 1-844 -682 4058
  - Out of State: (518) 459 1641
  - TTY: (518)-459-0121

- Online portal for applications and recertifications https://nyucp.providecm.net/

Medicare

- National health insurance program, 100% federally funded

- Serves older adults, certain disabled individuals and people with severe kidney disease

- No income or resource test

- Individual must be "insured" through earnings

  - Exceptions for certain people age 65+

- Provides more comprehensive coverage than ADAP, but less comprehensive than Medicaid

- Has cost sharing component

  - Deductibles, premiums, co-pays/coinsurance

Medicaid

- Joint federal / state program

- Two basic types – MAGI (through marketplace), non-MAGI (through county DSS)

- Serves people of all ages

- Is means-tested, immigration status can affect eligibility

- More comprehensive benefit package than Medicare or ADAP

- Minimal or no cost sharing once you meet income/resource limit

- Dual eligibles = people with Medicare and Medicaid

Overview of Medicare

Who is eligible for Medicare?

- Disabled and insured through work history
  - Social Security Disability recipients
  - 24 month waiting period, except for ALS patients
- Age 65 and older
  - If not insured for Social Security purposes, can still get Medicare, as long as either
    - a U.S. citizen or
    - LPR with 5 years continuous residence
    - These enrollees must purchase Part A coverage
- End Stage Renal Disease (ESRD) patients
  - Must be insured for Social Security retirement purposes OR the spouse or dependent child of the insured person

What services does Medicare cover?

- **Part A:** Hospital Insurance
  - Includes inpatient hospital care, hospice
  - Short term only: skilled nursing facilities, home health care
- **Part B:** Medical Insurance
  - Includes doctors' services, durable medical equipment, ambulance services, outpatient therapy, some preventive care
- **Part C**: Medicare Advantage Plans
  - Alternate way of receiving A & B services (+ sometimes more), through private health plan (with or without Part D)
- **Part D:** Prescription Drug Benefit
  - Provided solely through private plans

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What services DOESN'T Medicare cover?

- **Original** Medicare generally does NOT cover

  - Dental

  - Routine eye exams and corrective lenses

  - Hearing aids

  - Non-emergency medical transportation

  - Long-term care

- **Medicare Advantage Plans** *may* include some or all of the above services in order to make their plans look more attractive

  - BUT – beware of premiums in addition to Parts B/D

Transitioning to Medicare

- Most people on ADAP and Medicaid eventually transition into Medicare

  - Either aging into Medicare at age 65, or

  - Qualifying before age 65 due to disability or ESRD status

- ADAP and Medicaid require enrollment into Medicare as soon as you are eligible

- Medicare becomes primary coverage; Medicaid / ADAP become secondary

  - ADAP can be used to pay for HIV meds not covered by Medicare Part D, copays, deductibles and donut hole (without active full Medicaid)

  - ADAP also helps with spenddown

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Where do you apply for Medicare?

- Parts A & B ("Original Medicare")
  - Through the Social Security Administration (SSA)
  - Enrollment is automatic if you have Social Security benefits when first eligible for Medicare
- Medicare Advantage & Part D
  - Through private plans
  - Must already be enrolled in Part A and/or Part B
  - Need both A & B for Medicare Advantage (C)
- Part D Low Income Subsidy ("Extra Help")
  - Through SSA (unless deemed into Extra Help, then no application required)

How much does Medicare [cost]?*

- Part A
  - Premium: Free if fully insured
  - Deductible: $1,556 per benefit period
  - Co-insurance may apply
- Part B
  - Premium: $170.10 per month is standard
    - May be higher if
      - You delay enrollment and / or
      - You have higher income
    - Deductible: $233 annually
    - Co-insurance: 20% for most services

2022 amounts listed

Medicare costs (cont'd)

- Parts C and D – vary from plan to plan

  - Part C

    - Premiums, deductibles, co-pays

    - Have maximum out-of-pocket limit

- Part D

  - Premiums, deductibles, co-pays

  - Co-pays differ in three phases of coverage

    - Initial coverage

    - Coverage gap ("donut hole")

    - Catastrophic coverage

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More about Part D

- Individual plans have formularies that must cover certain classes of drugs
    - No requirement that SPECIFIC drugs be covered
- Plans can impose utilization management tools (UMs) on covered drugs
    - Prior authorization
    - Step therapy
    - Quantity limits
- Appeals process available to get coverage of prescription denials
- Navigating the Part D process can be challenging

Part D Extra Help

- Also known as the Part D Low-income Subsidy

- Covers most costs associated with Part D
  - Monthly premium
  - Deductible
  - Reduces co-pays to very low amounts
  - Eliminates donut hole

- Administered through SSA
  - Medicaid / SSI / MSP recipients are "deemed"

- Once established, Extra Help eligibility lasts (at least) through rest of calendar year

- Extra Help recipients can switch plans at any time

What happens if you choose not to enroll in Medicare?

- Enrolling into Part B & Part D is voluntary

- But… if you delay enrolling, there may be serious consequences later, including:

  - Higher premiums (late enrollment penalty)

  - Waiting period to enroll (unless eligible for a special enrollment period…)

- If you or your spouse work and you have employer health insurance, you **might** be able to safely decline Part B coverage, *as long as you or your spouse are currently working*

- If you have "creditable drug coverage" (drug coverage comparable to Part D or better), you can safely decline Part D

- Veterans receiving VA benefits have creditable coverage for Part D, but not for Part B

Supplementing Medicare

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Several Programs Can Help

- Medicaid

  - Can cover services Medicare does not cover (long-term care, transportation, dental)

- Medicare Savings Program (MSP)

  - Refers to special Medicaid programs which help with Medicare cost-sharing and "deem" clients eligible for Part D Extra Help

- Part D Extra Help

  - Helps with Part D premiums and cost-sharing

Medicaid with Medicare

- Medicaid has two basic categories of coverage

    - MAGI (marketplace, also known as "ACA")

    - Non-MAGI – includes MSP + SSI beneficiaries

        o Most Medicare recipients are non-MAGI

- Medicaid can help with all types of Medicare cost sharing

    - Deductible, premiums, and co-pays

- Medicaid also pays for services not covered by Medicare

- Non-MAGI Medicaid has "spenddown" component

MAGI (Marketplace) Medicaid

- Available to:
  - Childless adults age 19-64 without Medicare
  - Children
  - Parents and caretaker relatives of children
    - Can be age 65+ and / or on Medicare
  - Pregnant women
    - Can have Medicare
- Apply via NY State of Health
  - Online, by phone or through in-person assistor (navigator, CAC, broker)

    Nystateofhealth.ny.gov or 1-855-355-5777

More on MAGI Medicaid

- Gross income threshold = 138% for most adults
  - Higher limits for pregnant women, children
  - Disregarded income includes:
    - Workers compensation
    - Child support received
    - Veterans benefits
    - Most SSA dependent income
      - *only include this income if dependent has other income AND has tax filing requirement*
- No asset test
- No spenddown available

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MAGI Medicaid (cont'd)

- 12 months of continuous coverage provided

  - Even if income changes or person enrolls in Medicare during 12 month period *(unless they are aging into Medicare)*

  - If no longer MAGI eligible at the 12 month renewal period, should be referred to LDSS / HRA for non-MAGI determination

    - 3-4 months of transitional coverage are provided while LDSS / HRA re-determines eligibility

    - https://www.health.ny.gov/health_care/medicaid/publications/gis/18ma001.htm

  - Parents / caretaker relatives are MAGI even if they have Medicare

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MAGI Medicaid – case example

- June, age 42 and HIV positive, is on MAGI Medicaid with her 12 year old daughter Tiffany

- Their only income is $600 per month in child support

- June gets approved for Social Security Disability (SSD)

- She starts receiving $1800 per month in SSD for herself and Tiffany gets $900 per month

- How does this affect June's eligibility for Medicaid?

Answer!

- June continues to be MAGI eligible

  - She is guaranteed 12 months of continuous coverage

  - More importantly, she continues to be eligible even after 12 months, even when the SSD is factored in

    - Don't count Tiffany's dependents benefits (or the child support) as income

    - June's MAGI Medicaid household size = 2

    - June's countable income = $1,800

    - $1,800 is less than $2,106 (138% FPL for household of 2)

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MAGIs transitioning to Medicare

- If June starts getting Medicare, she should:

  - Remain in Marketplace MAGI Medicaid for the rest of her continuous coverage period

  - Enroll in Part B

  - Enroll or be auto-enrolled into Part D, get deemed into Extra Help

  - Expect to be disenrolled from her MMC plan

  - Be reimbursed for Part B premiums

  - Use FFS Medicaid for Medicare cost sharing

Non-MAGI Medicaid Programs

- Available through LDSS / HRA

- Paper application process

- Programs include

  - Medicaid for disabled, blind, aged (65+)

    - Also known as "SSI-related Medicaid" or "DAB Medicaid"

  - Medicare Savings Program

  - Medicaid Buy-in for Working People with Disabilities

SSI-related Medicaid*

- Has income and resource limits
  - Monthly income limit:
    - $934/single; $1,367/couple
  - Resource limit
    - $16,800/single; $24,600/couple
    - $20 general income disregard
    - Earned income disregard: first $65, plus half of remainder
    - Health insurance premiums are a deduction
  - Spenddown available if you have excess income / resources

*2022 amounts listed

Updates on Non-MAGI

- Income limit will increase in January 2023 to same limit used for MAGI (138%FPL)

- Asset limits will increase in January 2023 by approx. 50%
  - $1,563/single
  - $2,106/couple

Medicare Savings Program

- Three different programs**
  - QMB / SLIMB / QI
- All pay for Part B monthly premium
- QMB also covers Part A premiums, deductibles and co-pays
- QMB and SLIMB recipients can also receive Medicaid
  - If on Medicaid + apply for MSP + found eligible for QI: Choice Notice
- Apply through local Medicaid office or via SSA Extra Help application
- MSP removes Part B late enrollment penalty / waiting period to enroll!

Medicaid Buy-In for Working People with Disabilities

- Must be determined disabled, under age 65, working (no minimum number of hours)**

- Income threshold: 250% FPL *after income disregards have been applied*

- More generous resource disregards

  - Retirement accounts excluded

  - $20,000 asset limit / singles; $30,000 asset limit / couples

- http://www.health.ny.gov/health_care/medicaid/program/buy_in/

- Can reimburse cost of Part B premiums, if not eligible for MSP enrollment

Medicaid as entrée to Extra Help

- Extra Help provides significant help with Part D costs

- MSP recipients are deemed into Extra Help

  - They do not have to apply through SSA

- Medicaid recipients are also deemed into Extra Help

  - Those over income for MSP can use spenddown to access Medicaid

  - Even <u>one month</u> of Medicaid spenddown coverage deems you into Extra Help

- Extra Help removes Part D late enrollment penalty and waiting period to enroll

Handy Charts

- MAGI and non-MAGI income / resource charts

  - HRA chart available at http://www.wnylc.com/health/afile/15/314/ (updated 3/16/22)

- Extra Help

  - https://www.medicarerights.org/fliers/Help-With-Drug-Costs/Extra-Help-Chart.pdf?nrd=1 (2022)

- Medicare Savings Program

  - https://www.medicarerights.org/fliers/Medicare-Savings-Programs/MSP-Info-Sheet-(NY).pdf?nrd=1 (2022)

  - https://www.medicarerights.org/fliers/Spanish/MSP-Info-Sheet-Spanish-NY.pdf (2022, Spanish)

- Kaiser Family Foundation Fact Sheets

  - Medicare + HIV: https://www.kff.org/hivaids/fact-sheet/medicare-and-hiv/ (October 2016)

  - Medicaid + HIV: https://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/ (October 2019)

How Medicare, Medicaid and ADAP Can Work Together (for non-MAGIs)

Medicaid spenddown may be key

- To qualify for spenddown you must either

  - Have (incur) medical bills which meet or exceed your spenddown obligation or

  - Pre-pay ("pay-in") the amount of your monthly spenddown

- Spenddown amount must be met each month to activate Medicaid coverage

- Clients need six months' worth of spenddown to activate inpatient hospital coverage

More on Medicaid spenddown

- Medicaid applicants can use bills from prior months to meet future spenddown
    - PAID bill from past 3 months, plus month of application
    - UNPAID bills (no time limit) if still viable
- Remember that you can get deemed into Extra Help by meeting spenddown for just one month
- Also – pooled supplemental needs trust can be used to meet spenddown

How does ADAP work with Medicaid Spenddown?

- Expenses paid by ADAP "count" toward Medicaid spenddown

  - Have pharmacist bill ADAP as primary payer. ADAP will mail you proof of ADAP payment

  - Use ADAP expense to activate Medicaid spenddown coverage

- For ADAP recipients on Medicare, meeting spenddown means

  - Enrollment into Extra Help

  - You have coverage for dental, eyeglasses, transportation and long-term care

How ADAP coordinates with Medicare

- For Part D recipients not on Medicaid

- Drug costs paid by ADAP during donut hole "count" toward TrOOP , as well as copays + deductibles

  - ADAP can also pay for drugs not covered by your Part D plan, as long as they are on the ADAP formulary

  - Using APIC to pay for premiums for Medicare Advantage and Medicare Part D plans

Dual-eligibles and long-term care services

- Most Medicare / Medicaid recipients who need long-term care services must enroll in a Managed Long-Term Care (MLTC) plan

- People not on Medicare yet, getting home care through their MMC plan, will transition over to an MLTC once they're in Medicare

- ICAN (Independent Consumer Advocacy Network): consumer assistance and education on managed care issues for people needing long-term care

- ICAN helpline number 1-844-614-8800

Other Programs to Help with Medicare Cost Sharing

Elderly Pharmaceutical Insurance Coverage (EPIC)

- Administered through NYS DOH

- Supplement: helps with Part D cost sharing

- Must be age 65 or older

- Income limit: $75,000 yr/single; $100,000 yr/couple

- No asset test

- http://www.health.ny.gov/health_care/epic

- EPIC drug payments count toward

  - Donut hole expenses (TROOP)

  - Medicaid spenddown

- EPIC can reduce Part D co-pays for drugs not on ADAP formulary

Medicare Supplemental Insurance (Medigap)

- Private health insurance policies which "fill the gaps" in original Medicare

- Strictly regulated

- Benefits standardized

- More information available at http://www.dfs.ny.gov/consumer/caremain.htm

- Remember: Medigap premium is an income deduction for MSP

- Cannot have Medigap + Medicaid, Medigap+QMB, Medigap+EPIC, Medigap can't work w/ Medicare Adv

Other forms of insurance that coordinate with Medicare include...

- Employer coverage

- Retiree coverage

- VA coverage (including TRICARE) - creditable for Part D, not creditable for Part B

- Federal Health Employee Benefits (FEHB)

- EPIC – not insurance, but will lower Medicare Part D prescription costs if over 65 and income-eligible

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COVID-19 Public Health Emergency

- At-home, OTC, FDA-authorized test kits are reimbursable or free for most insured individuals and their dependents

- COVID-19 vaccines: fully covered for everyone

  - Medicare or MAP members: Part B (bring Medicare card)

  - Bring insurance card if you have one

- Medicaid: everyone enrolled in Medicaid after March 20, 2020, will not lose coverage throughout the duration of the PHE (unless they move out of state or voluntarily cancel)

Where to go for help

Help is out there!

- ADAP helpline 1-800-542-2437 or 1-844-682-4058

- HIICAP (Health Insurance Information, Counseling and Assistance) helpline 1-800-701-0501

  - Provides one-on-one assistance to Medicare beneficiaries and their families

- Community Health Advocates (CHA) helpline 1-888-614-5400

  - Provides one-on-one assistance on health access / health insurance issues

- Independent Consumer Advocacy Network hotline (ICAN) hotline (844) 614-8800

  - Assistance enrolling in and using managed care plans that cover long term care/behavioral health services

- **Empire Justice Center** health intake line (outside NYC)

  - 1-800-724-0490 ext. 5822 or health@empirejustice.org

Questions?

For more information, contact:

Empire Justice Center
1 West Main Street, Suite 200
Rochester, NY 14614

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