Medicare and People Living & Aging with HIV Part 3: Salient Policy Issues and Data Updates

Faculty:
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Moderator:
Ronald Johnson

April 12, 2023

ANAC
Association of Nurses in AIDS Care

The Association of Nurses in AIDS Care (ANAC)

Mission: ANAC fosters the professional development of nurses and others involved in the delivery of health care for persons at risk for, living with and/or affected by the human immunodeficiency virus (HIV) and its comorbidities. ANAC promotes the health, welfare and rights of people living with HIV around the world.

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Nursing Continuing Professional Development (NCPD)

ANAC will provide one contact hour of NCPD on completion of this activity.

To receive a certificate of completion, attendees must:

- Be registered to attend
- View today's webinar presentation in its entirety
- Complete the online, post-activity evaluation. You will receive a link to the evaluation by email.

The deadline to claim contact hours is December 31, 2023.

ANAC is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

NCPD questions? Email Sheila@anacnet.org

Learning Outcomes

At the conclusion of today's activity, participants will be able to:

- Describe recent Medicare policy updates that affect people aging with HIV and the impact and intersection of other programs such as Medicaid, state ADAP and Covid relief programs.
- Discuss the shifting demographics of Medicare beneficiaries who are living with HIV as compared to those that are not living with HIV.

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Housekeeping

- This webinar is being recorded
- Your lines will be muted during the webinar
- Type questions in the “Question” pane of your dashboard
- There will be a Q & A session at the end of the webinar

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Faculty

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Medicare and People with HIV

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Medicare: Overview and Current Policy Issues

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Medicare: An Overview

- National health insurance program with defined benefits covering 65 million individuals. 57 million beneficiaries are ages 65 and older and 8 million are younger adults with permanent disabilities

- Individuals become entitled to Medicare if they meet certain criteria
  - Have earned 40+ quarters – paid payroll taxes for 10 or more years
  - Are citizens or permanent residents
  - Age 65 or older
  - Have received Social Security Disability Insurance payments for 24 months
  - Have ESRD or ALS

- Individuals are eligible without regard to income (not means tested) or health status (no denials based on medical condition)

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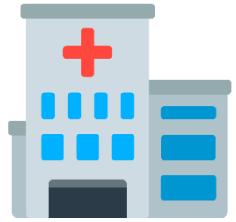
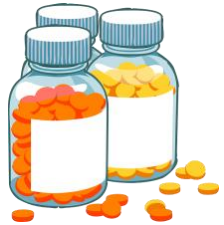
What Benefits Are Covered by Medicare?

- **Part A** covers inpatient hospital care, skilled nursing facility care, hospice care, and some home health services



- **Part B** covers physician services, outpatient hospital care, preventive services, some home health, diagnostic procedures, and durable medical equipment (e.g., wheelchairs)

- **Part C** (Medicare Advantage) provides Medicare-covered benefits (Parts A and B and often Part D) through private plans that contract with Medicare, such as HMOs and PPOs



- **Part D** covers prescription drugs provided by private plans that contract with Medicare, including stand-alone prescription drug plans and Medicare Advantage plans

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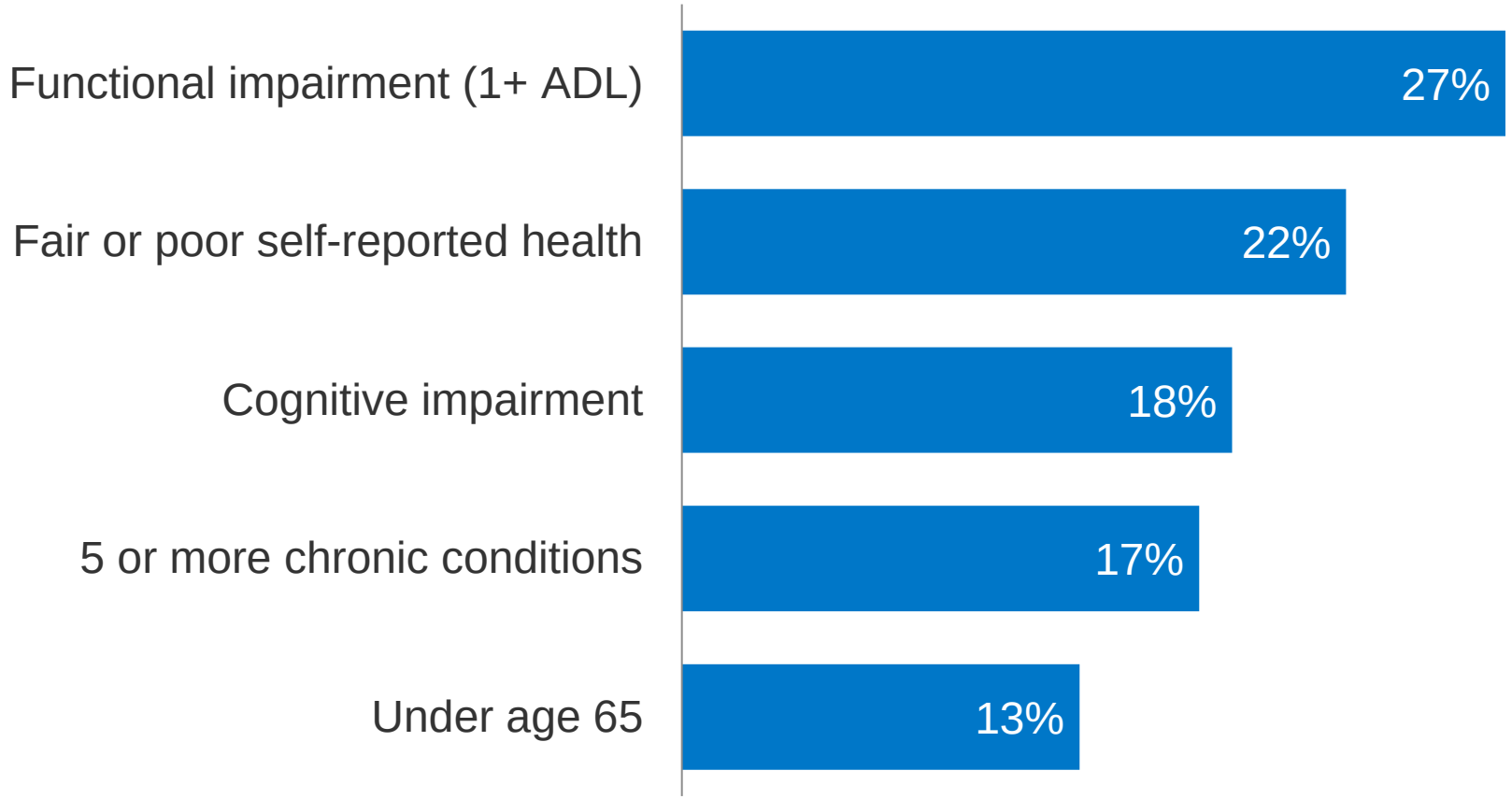
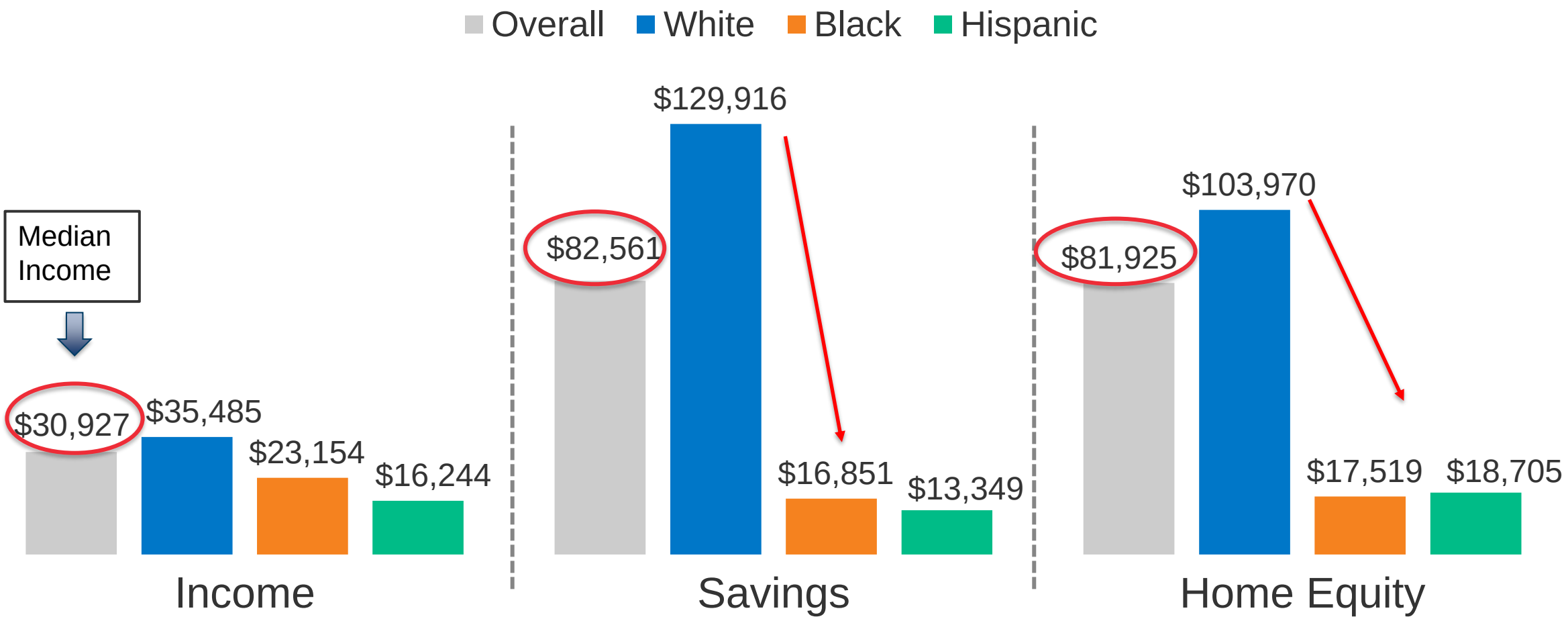
Many on Medicare Enjoy Good Health, But a Significant Share Have Functional, Cognitive & Other Health Challenges

Percent of All Medicare Beneficiaries (~64 million in 2020):



NOTE: ADL is activity of daily living.
SOURCE: KFF analysis of CMS Medicare Current Beneficiary Survey, 2020 Survey File.

Half of All Medicare Beneficiaries Lived on Incomes of $30,900 or Less and Had Savings of $82,600 or Less Per Person in 2021



SOURCE: KFF analysis of data from Urban Institute/ DYNASIM, 2021.

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Medicare's Cost-Sharing Requirements and Benefit Gaps Contribute to Relatively High Out-of-Pocket Costs

- **Part A**
  - **$1,600 deductible** per benefit period in 2023, $400/day for 61-90 inpatient days; $800/day after 90 days
  - SNF: No copay for up to 20 days; $200/day for days 21-100
- **Part B**
  - **$1,978 year in annual Part B premiums** ($164.90 in 2023)
  - **$226 deductible** in 2023
  - **20% coinsurance** on many services
- **No cap on out-of-pocket spending** for traditional Medicare Parts A and B benefits

- **Very limited coverage of long-term supports and services**
  - Average annual cost of semi-private room in nursing home, 2021: $94,900 (Genworth)
- **No coverage of dental, hearing, and vision services in traditional Medicare, except under limited circumstances**
  - In 2019, out-of-pocket spending was $911 for hearing, $872 for dental care, and $229 for vision care

The average beneficiary in traditional Medicare spent more than **$6,600** out of-pocket for health care, including premiums and benefits not covered by Medicare in 2019

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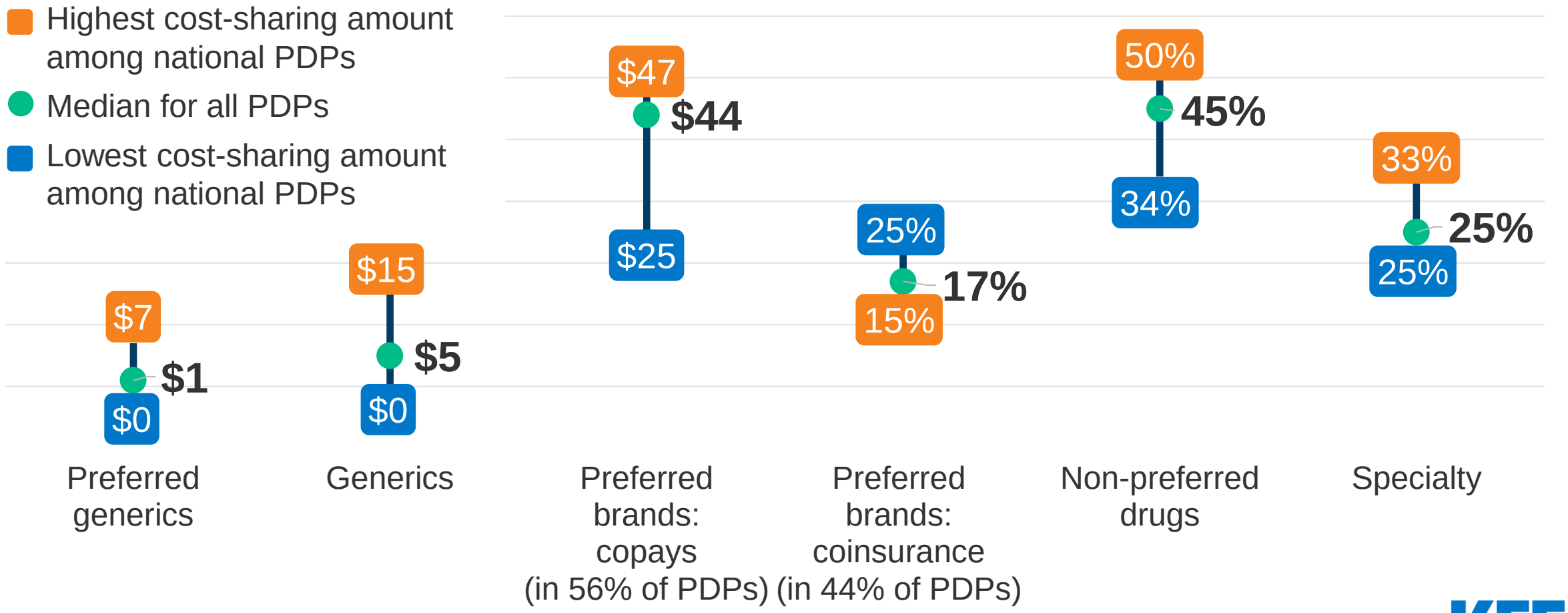
In 2023, Part D Enrollees Will Pay Much Higher Cost Sharing for Brands and Non-Preferred Drugs than for Drugs on a Generic Tier, and a Mix of Copays and Coinsurance for Different Formulary Tiers



NOTE: PDP is prescription drug plan. SOURCE: KFF, “Medicare Part D: A First Look at Medicare Drug Plans in 2023,” November 2022.

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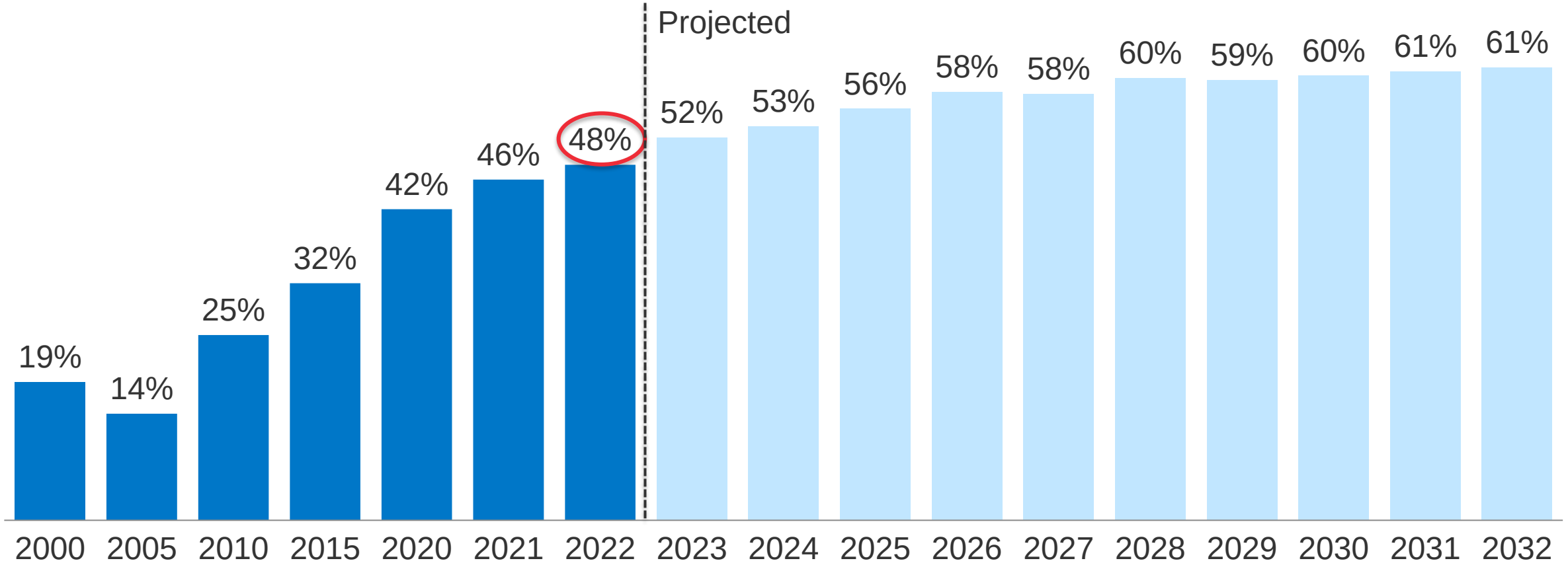
Nearly Half of Eligible Medicare Beneficiaries Are Now Enrolled in Medicare Advantage Plans



SOURCE: KFF, “Medicare Advantage in 2022: Enrollment Update and Key Trends,” August 2022.

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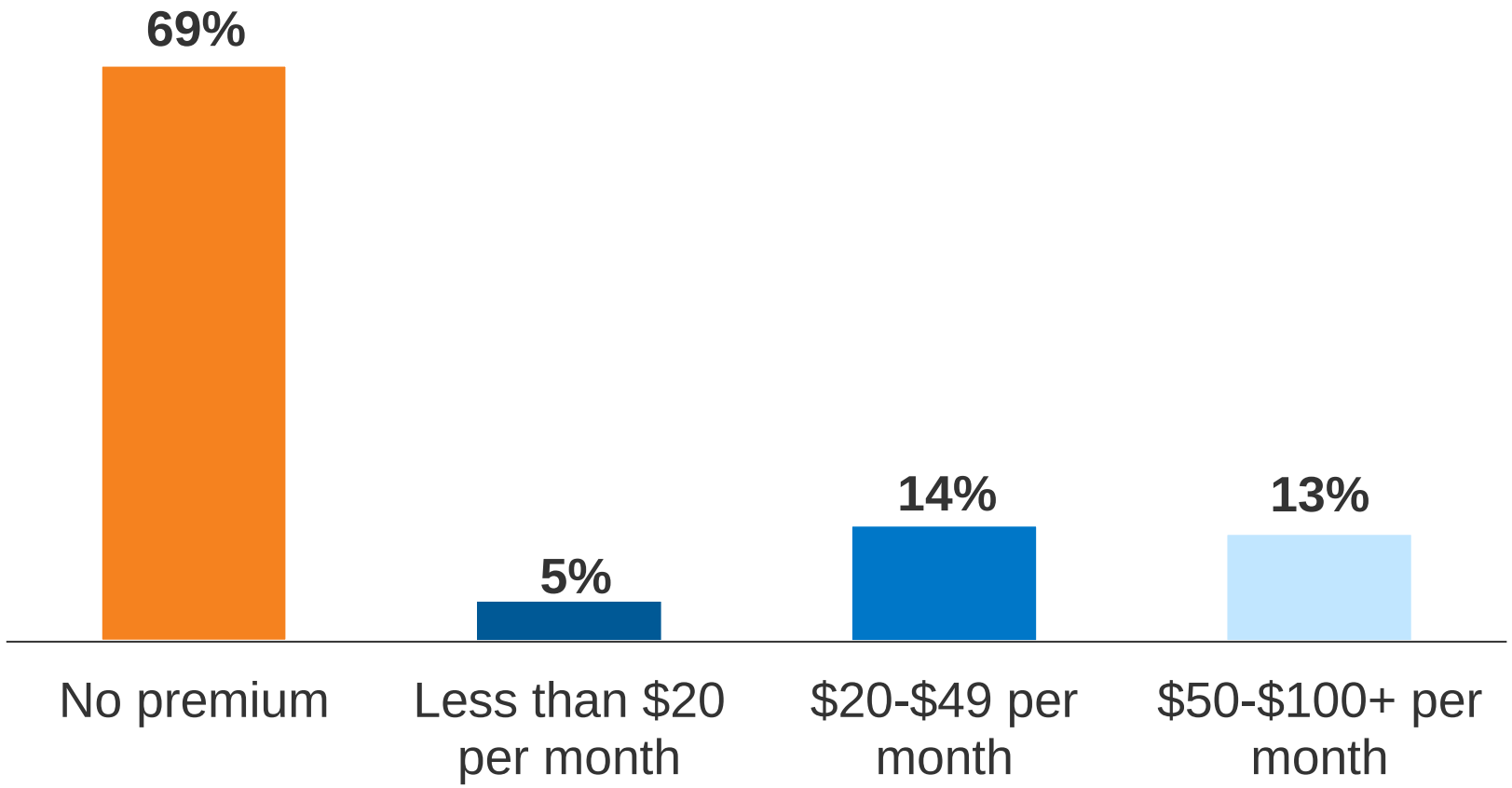
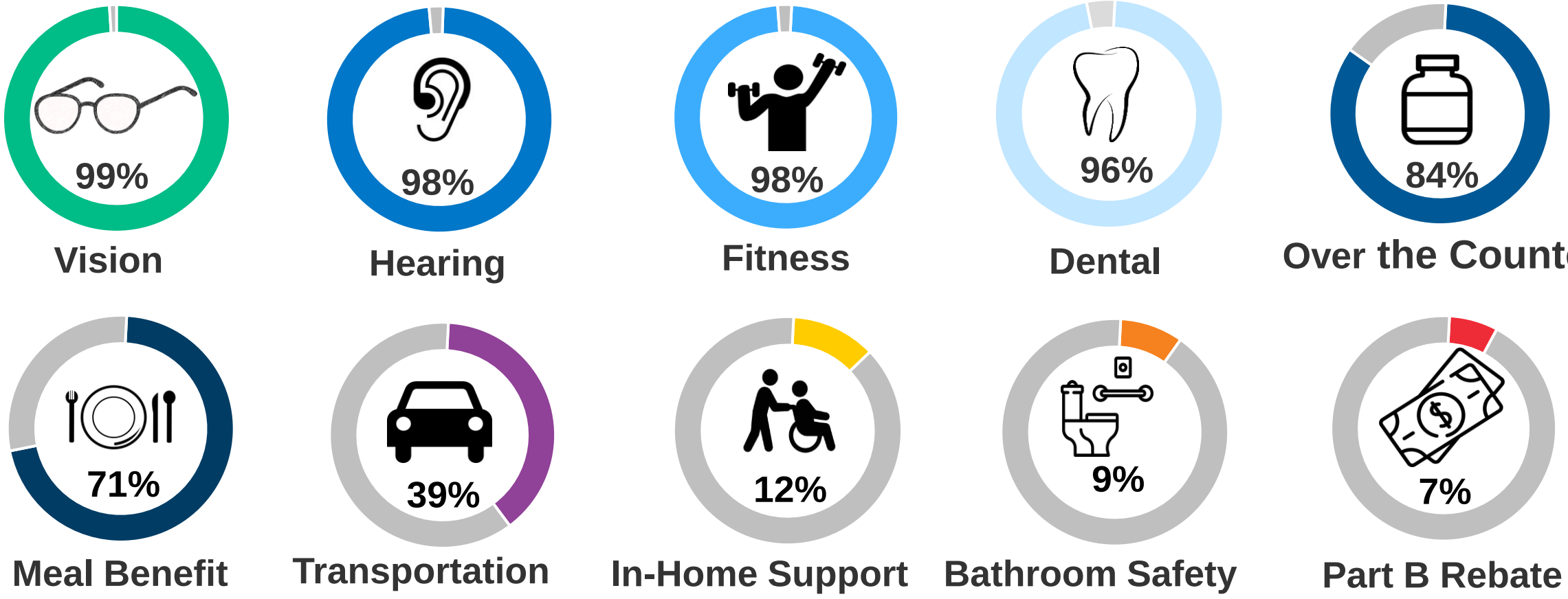
Most Medicare Advantage Enrollees (69%) Are in Plans With No Supplemental Premium (Other Than the Part B Premium)



SOURCE: KFF, “Medicare Advantage in 2022: Premiums, Out-of-Pocket Limits, Cost Sharing, Supplemental Benefits, Prior Authorization, and Star Ratings,” August 2022.

Almost All Medicare Advantage Enrollees Are in Plans That Offer Dental, Vision, and Hearing



SOURCE: KFF, “Extra Benefits Offered by Medicare Advantage Firms Vary,” November 2022.

Medicare Advantage: Tradeoffs for Beneficiaries

Potential Advantages

- Lower premiums than supplements to traditional Medicare (Medigap + Part D)
- Out-of-pocket limits for benefits covered under Medicare Parts A and B (unlike traditional Medicare)
- Extra benefits, like hearing and dental
- Simplicity: only one plan needed
- Potential for better coordinated care
- Greater likelihood of receiving preventive services and having a usual source of care

Potential Disadvantages

- Narrower networks of physicians & hospitals
- More utilization review than traditional Medicare, like prior authorization of high-cost services
- Coverage denials
- Potential for higher out-of-pocket costs for certain services
- No ability to select a separate drug plan
- Limited ability to switch back to traditional Medicare and purchase Medigap for people with pre-existing conditions, creating somewhat of a lock-in

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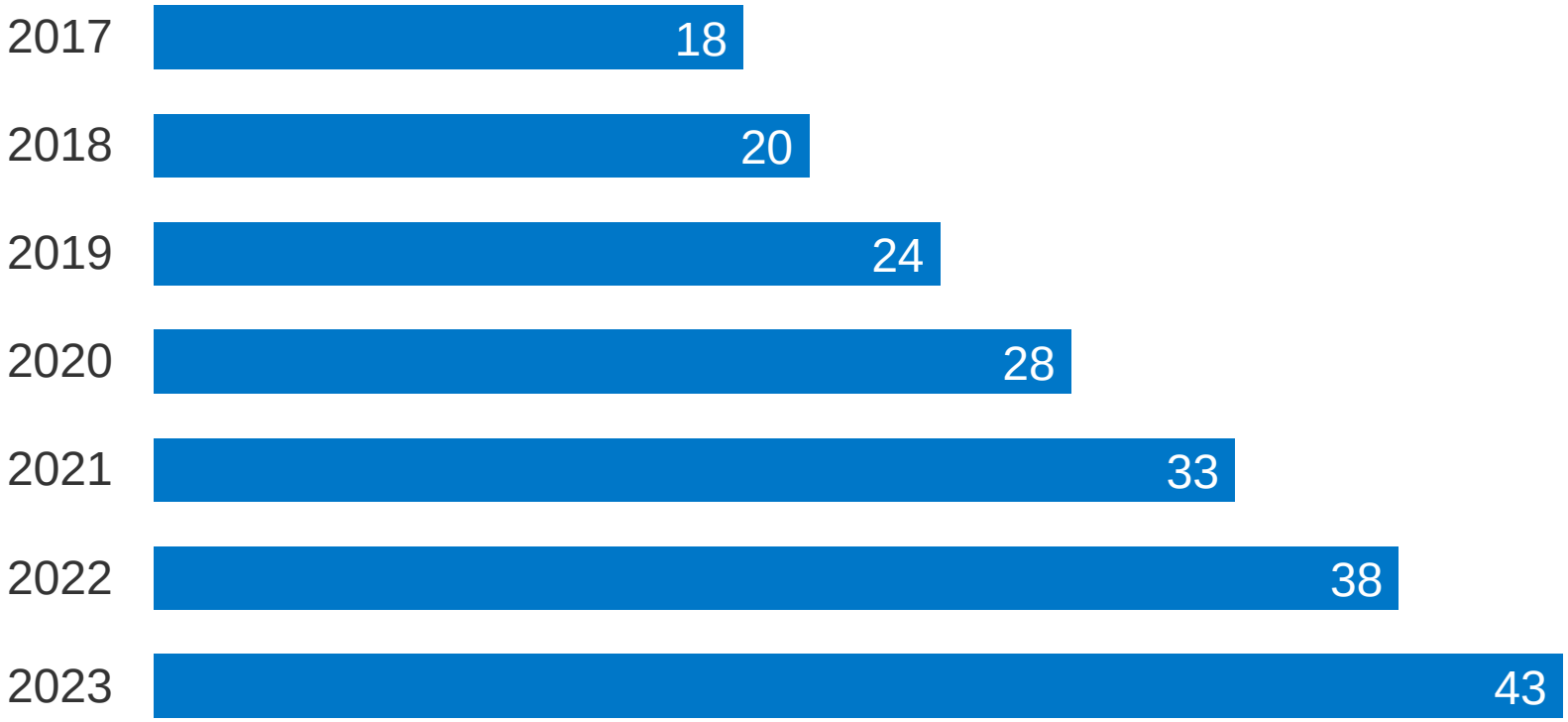
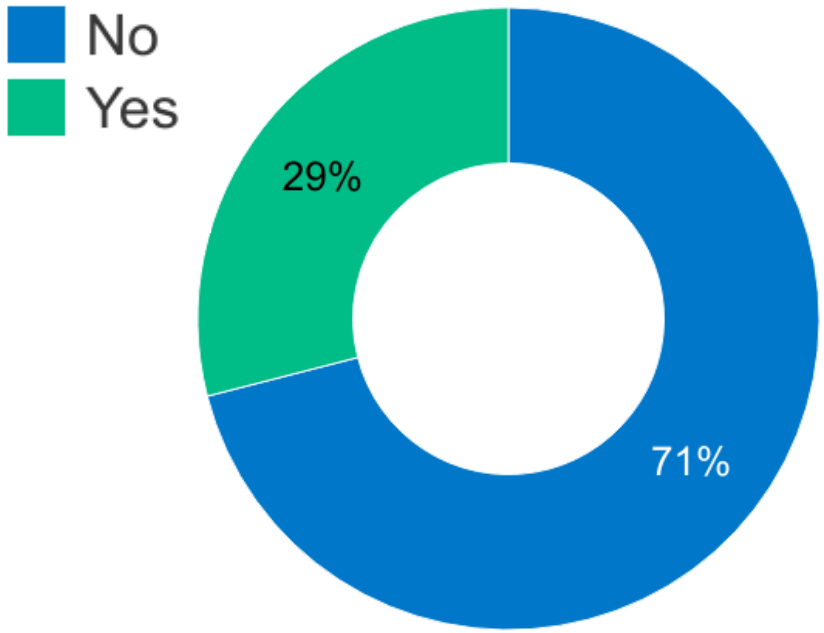
The Average Medicare Beneficiary Has Access to 43 Medicare Advantage Plans

Number of Medicare Advantage plans:

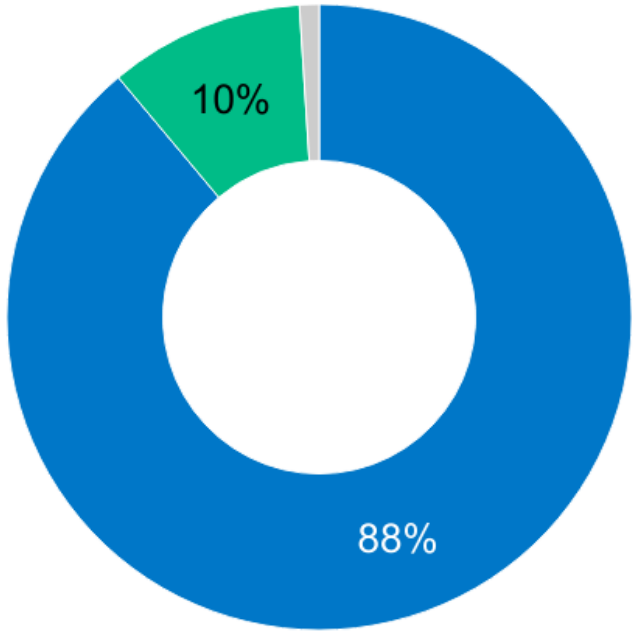


SOURCE: KFF, “The Typical Medicare Beneficiary Has Close to 70 Different Medicare Advantage and Medicare Part D Stand-Alone Plan Options for 2023,” November 2022.

Relatively Few Medicare Beneficiaries Compared Coverage Options or Switched Plans During Open Enrollment for 2020



29 Percent of Medicare Beneficiaries Compared Their Current Plan with Other Plans

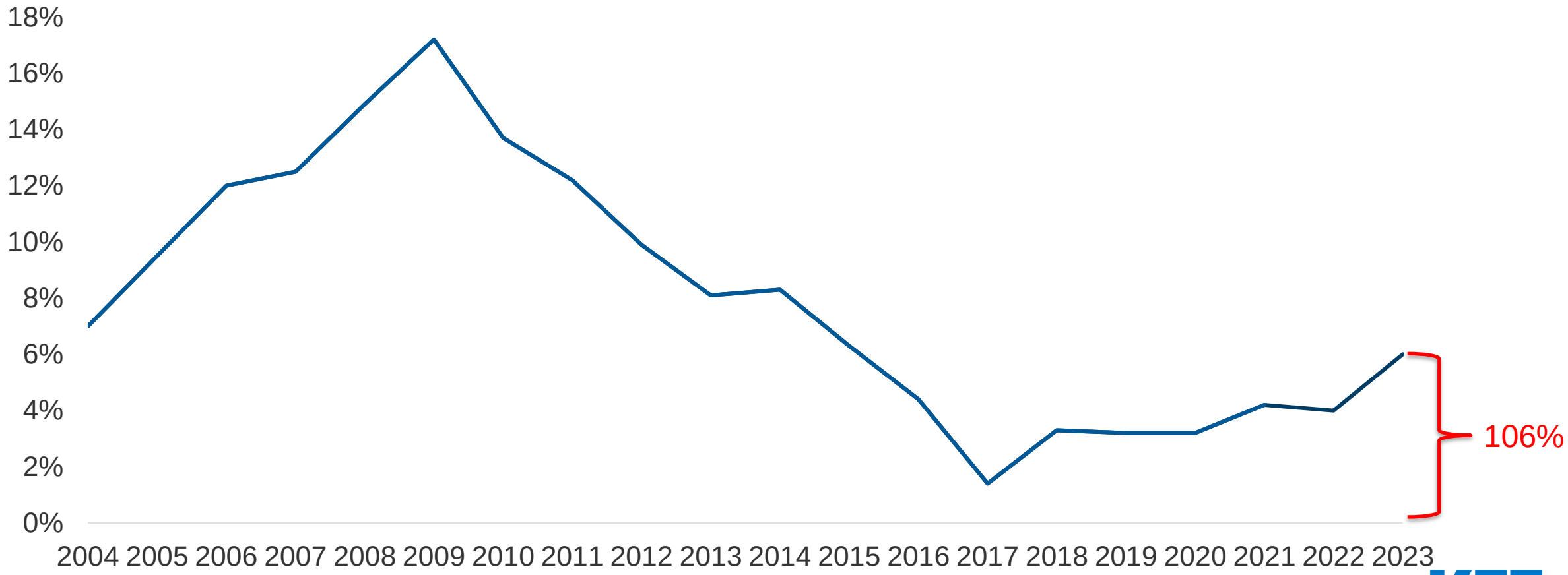


10 Percent of Medicare Advantage Prescription Drug Enrollees Voluntarily Switched Plans

SOURCE: KFF, "A Relatively Small Share of Medicare Beneficiaries Compared Plans During a Recent Open Enrollment Period," November 2022; KFF, "Medicare Beneficiaries Rarely Change Their Coverage During Open Enrollment," November 2022.

Medicare Pays 6% More for Medicare Advantage Enrollees Than for Similar Beneficiaries in Traditional Medicare

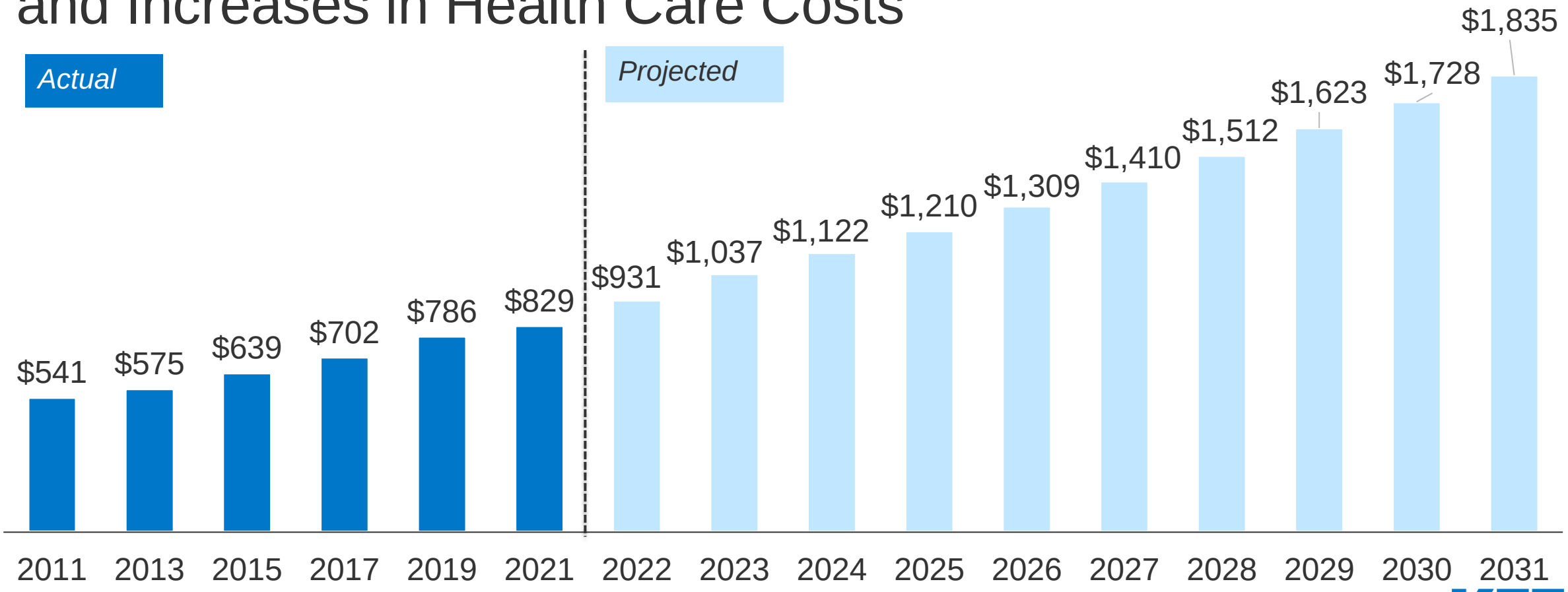
Medicare Advantage payments as a percentage above traditional Medicare spending:



NOTE: MedPAC estimate takes into account coding intensity as of 2007.

SOURCE: MedPAC presentation, “The Medicare Advantage program: Status Report,” January 12, 2023

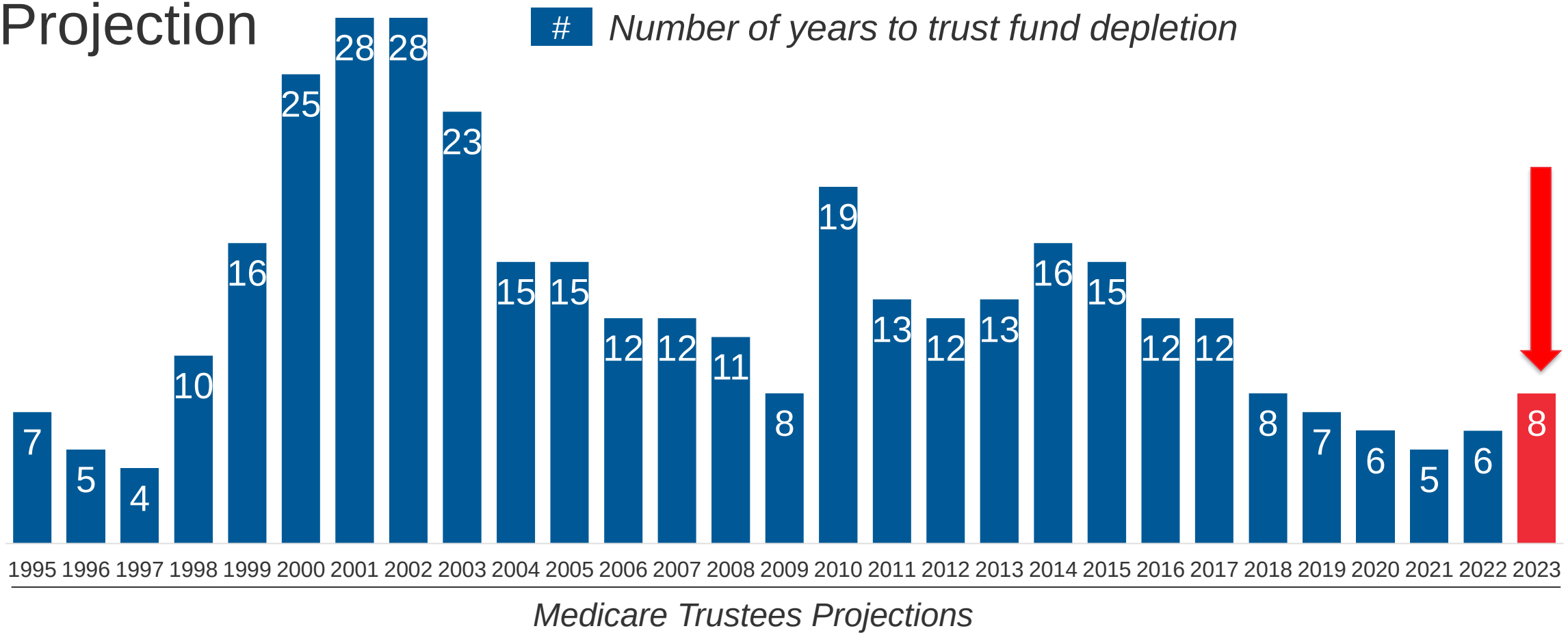
Medicare Benefits Spending Is Projected to Increase to $1.8 Trillion in 2031, Due to Growth in the Medicare Population and Increases in Health Care Costs



NOTE: All amounts are for calendar years, in billions, and on a cash basis.

SOURCE: KFF, "What to Know about Medicare Spending and Financing," January 2023.

The Medicare Hospital Insurance Trust Fund Is Projected to Be Insolvent 2031 – Three Years Later than Last Year's Projection



SOURCE: KFF, "What to Know about Medicare Spending and Financing," January 2023; 2023 Annual Report of the Boards of Trustees.

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Prescription Drug Provisions in the Inflation Reduction Act

- For the first time, **requires the federal government to negotiate prices** for some top-selling drugs covered under Medicare
- Requires drug companies to pay **rebates if prices rise faster than inflation** for drugs used by Medicare beneficiaries
- **Eliminates 5% coinsurance** for catastrophic coverage in Medicare Part D in 2024, adds a **$2,000 cap on Part D out-of-pocket spending** in 2025, and limits annual increases in Part D premiums for 2024-2030
- Limits monthly cost sharing for **insulin products to $35** for people with Medicare
- **Expands eligibility** for **Medicare Part D Low-Income Subsidy** full benefits
- **Eliminates cost sharing for adult vaccines** covered under Medicare Part D and improves access to adult vaccines under Medicaid and CHIP
- Further **delays implementation** of the Trump Administration's **drug rebate rule**

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Number of Medicare Beneficiaries Potentially Affected by Selected Provisions in the Inflation Reduction Act

Provision	Eliminating the 5% coinsurance requirement for Medicare Part D catastrophic coverage	Capping out-of-pocket drug costs in Medicare Part D at $2,000	Eliminating cost sharing for adult vaccines covered under Medicare Part D	Expanding eligibility for full benefits for Medicare Part D Low-Income Subsidies up to 150% FPL
Number of Medicare Part D enrollees in 2020	**1.3 million*** had spending above the catastrophic coverage threshold	**1.4 million*** had annual out-of-pocket drug spending of $2,000 or more	**4.1 million** received a vaccine covered under Part D	**0.4 million** received partial benefits under the Low-Income Subsidy program

NOTE: *Reflects Part D enrollees without low-income subsidies. Estimates of beneficiaries potentially affected by these provisions are likely to be conservative because they are based on 2020 data and do not reflect increases in drug spending from 2020 to the year of implementation, growth in the population, or any increase in drug use and spending attributable to reduced financial barriers.

SOURCE: KFF, “How Will the Prescription Drug Provisions in the Inflation Reduction Act Affect Medicare Beneficiaries?” January 2023.

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The End of the COVID-19 PHE: Implications for Medicare Beneficiaries

- Beneficiaries will **continue to have access to COVID-19 vaccines**, including boosters, at no cost under Part B.
- Beneficiaries will face **cost sharing requirements for most COVID-19 treatments**, including monoclonal antibody treatments, when the PHE ends.
- Beneficiaries in traditional Medicare will continue to receive **clinical diagnostic testing for COVID-19 at no cost** once the PHE ends, but Medicare Advantage enrollees may face cost sharing. All will face cost sharing for testing-related services.
- Beneficiaries in traditional Medicare will face the **full cost of at-home tests** when the PHE ends. Some Medicare Advantage plans may cover the cost of at-home COVID-19 tests (e.g., through over-the-counter benefit).
- Medicare **telehealth flexibilities** under PHE extended through December 31, 2024.
- Other flexibilities that will end include: 3-day prior hospitalization requirement for SNF; 20% add-on for treatment of COVID-19; 90-day supply of covered Part D drugs; Medicare Advantage coverage of out-of-network facilities that participate in Medicare

KFF

SOURCE: KFF, “What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access,” January 2023; KFF, “Commercialization of COVID-19 Vaccines, Treatments, and Tests: Implications for Access and Coverage,” February 2023.

Medicare and People with HIV

Lindsey Dawson
Association of Nurses in AIDS Care
April 12, 2023

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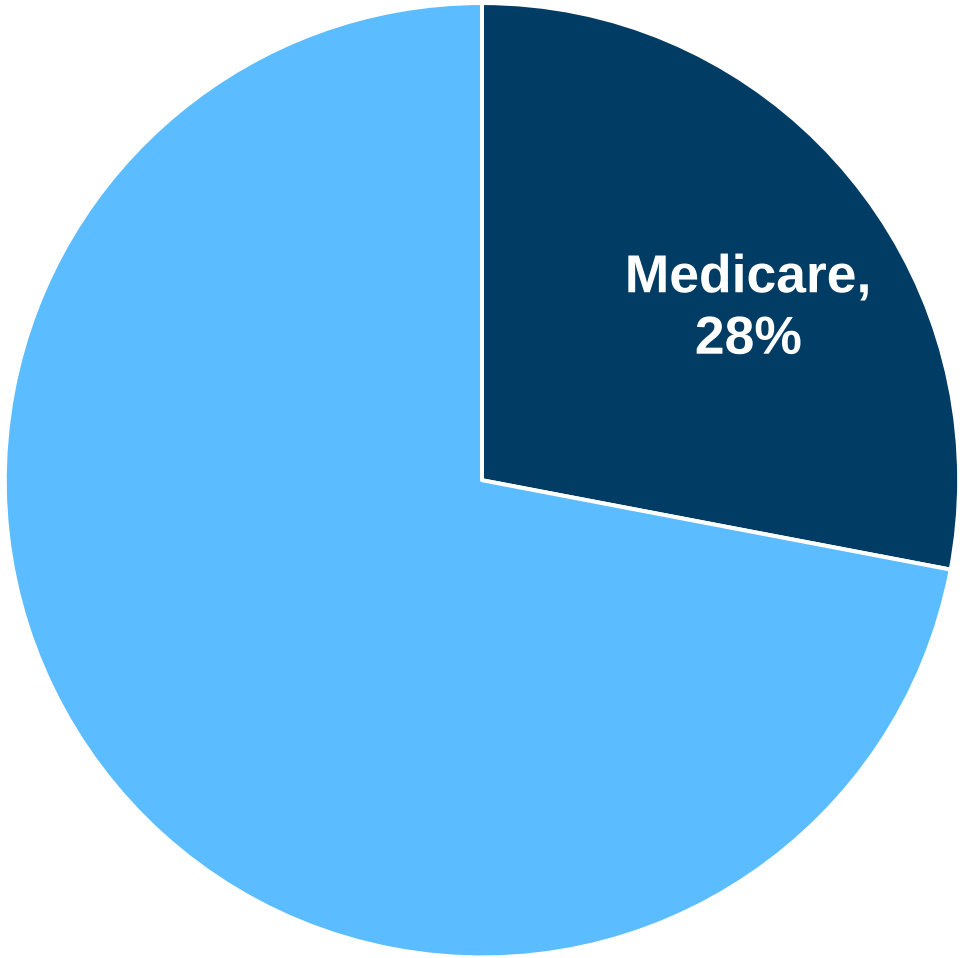
More than one-quarter of people with HIV have Medicare Coverage



SOURCE: CDC. 2022. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 29. https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

Figure 29

Medicare Eligibility for People with HIV

77% of beneficiaries with HIV originally qualified via disability pathway

vs. 22% of beneficiaries overall

But share originally qualifying based on age rose from 14% in 2015 to 23% in 2020

Reflects effective treatment

KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

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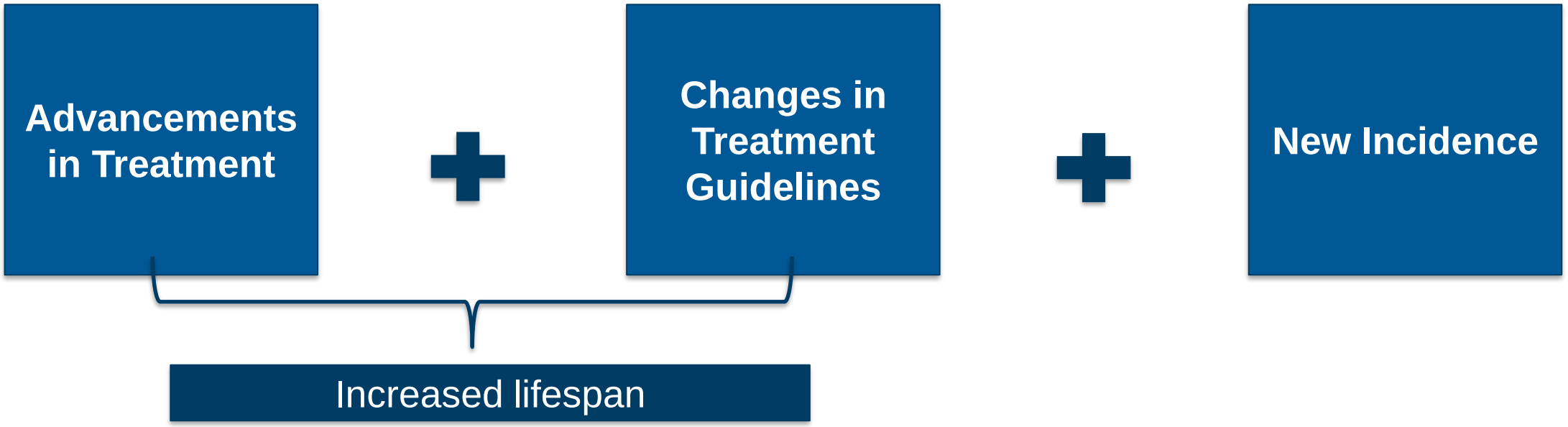
Number of traditional Medicare beneficiaries with HIV has more than doubled since the mid-1990s

- Increasing from 42,500 in 1997 to 103,400 in 2020 (143%⬆)
- Many thousands more in Medicare Advantage

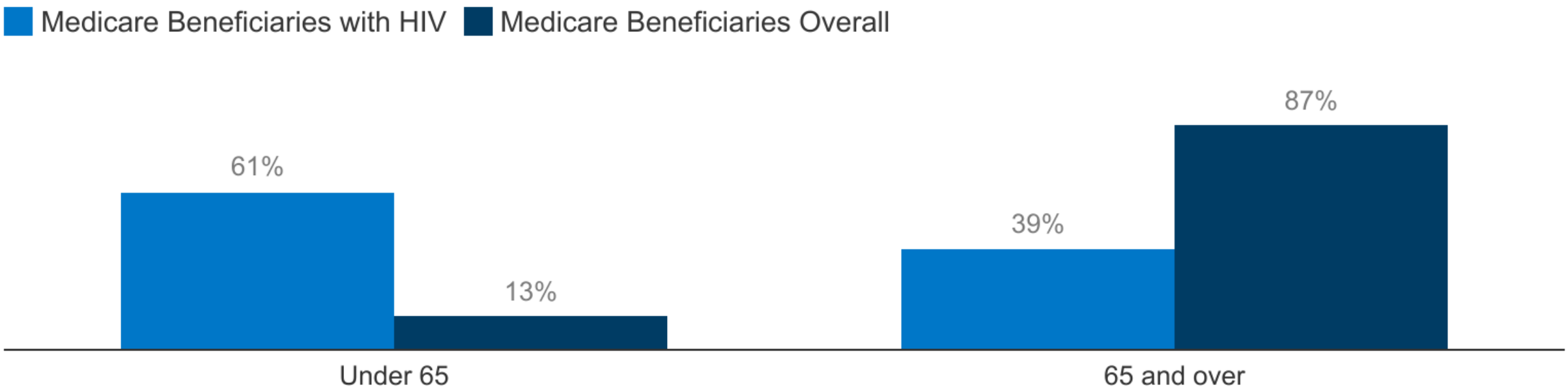


SOURCE: KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

Figure 1

Compared to Traditional Medicare Beneficiaries Overall, Those with HIV are More Likely to be Under Age 65, Male, and Black or Hispanic

Age | Gender | Race/Ethnicity



NOTE: Weighted count of traditional Medicare population is 30,973,510 beneficiaries; Weighted count of traditional Medicare beneficiaries with HIV is 103,365 beneficiaries.

SOURCE: KFF analysis of a 20% sample of Medicare beneficiaries from the Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse, 2020.

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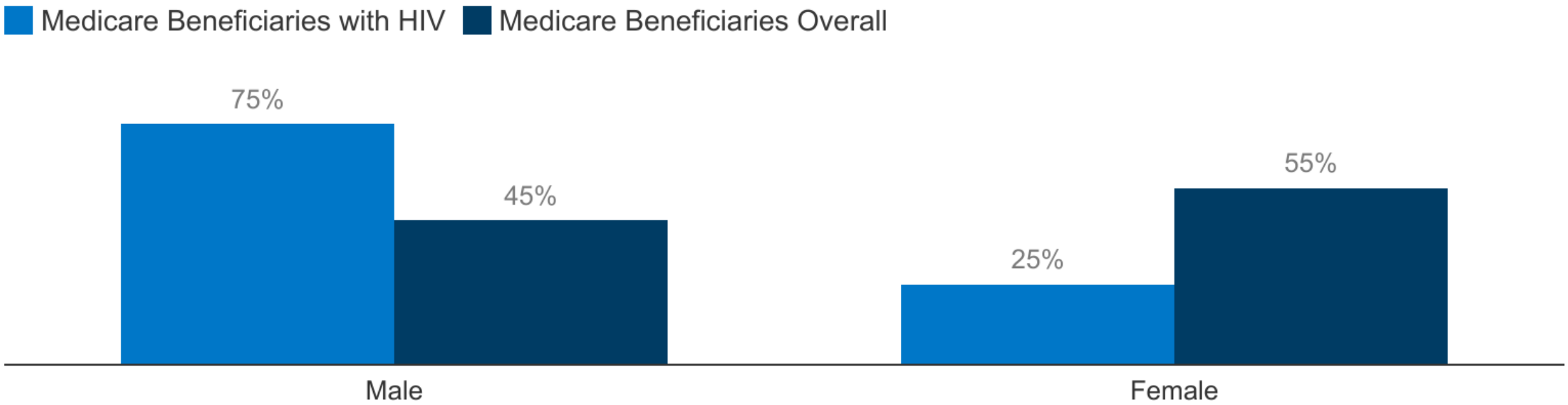

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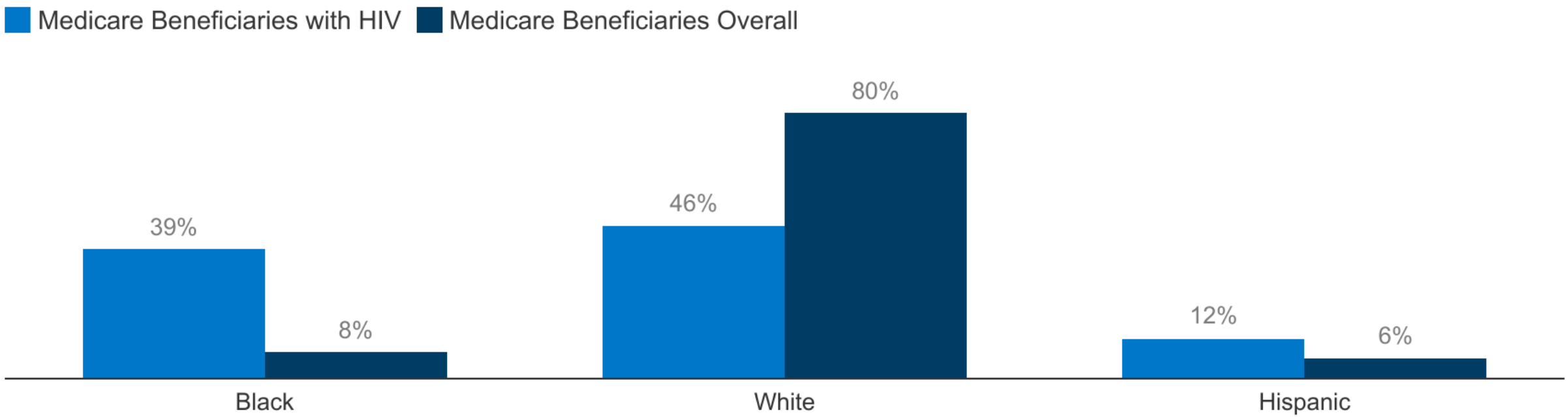

NOTE: Weighted count of traditional Medicare population is 30,973,510 beneficiaries; weighted count of traditional Medicare beneficiaries with HIV is 103,365 beneficiaries. Data on other racial/ethnic groups not shown and is not available for other specific groups beyond those shown due to small sample size. Adults of Hispanic origin may be of any race, but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: KFF analysis of a 20% sample of Medicare beneficiaries from the Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse, 2020.

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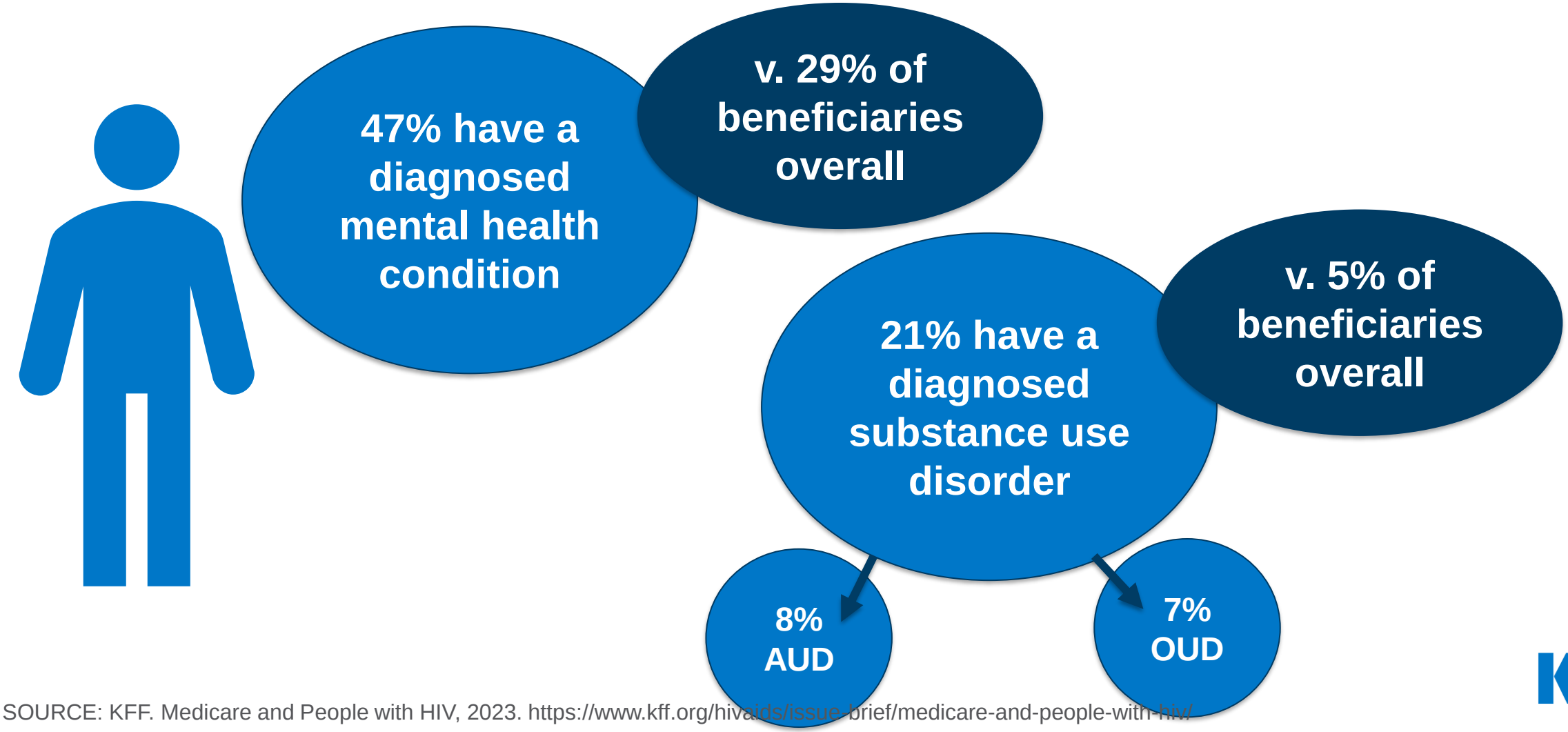
Figure 34

Beneficiaries with HIV have a higher prevalence of certain behavioral health conditions



SOURCE: KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

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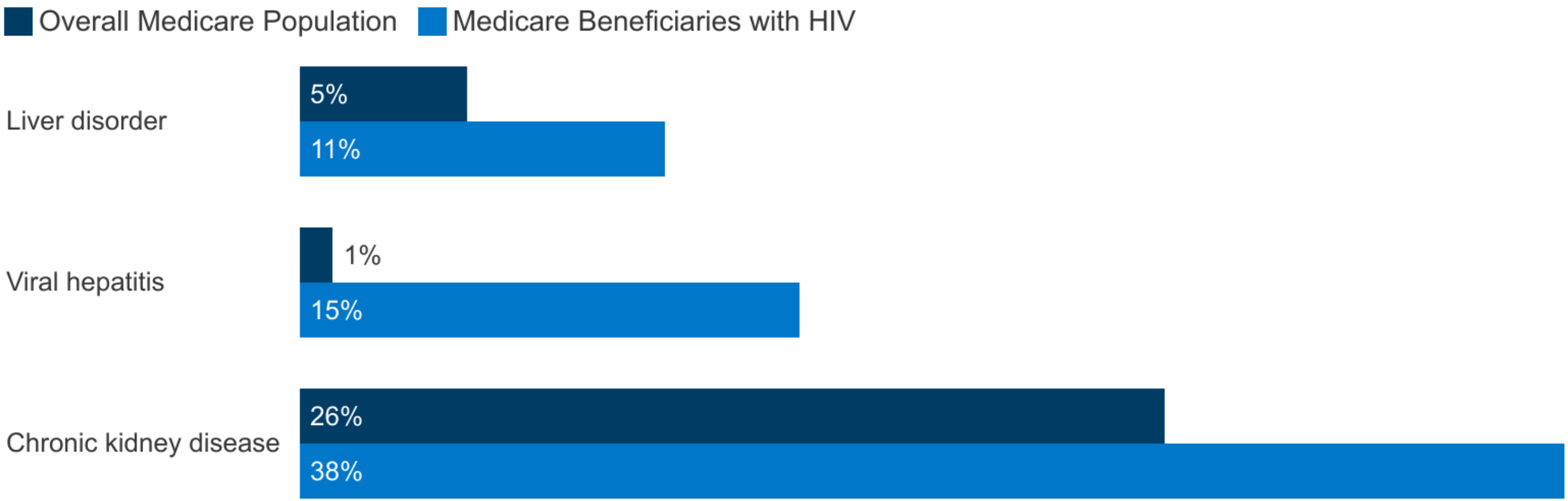
Traditional Medicare Beneficiaries with HIV are More Likely to Have Certain Comorbidities than the Traditional Medicare Population Overall



NOTE: Viral hepatitis includes types A through E. Weighted count of traditional Medicare population is 30,973,510 beneficiaries; weighted count of traditional Medicare beneficiaries with HIV is 103,365 beneficiaries.

SOURCE: KFF analysis of a 20% sample of Medicare beneficiaries from the Centers for Medicare & Medicaid Services Chronic Conditions Data Warehouse, 2020.

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Figure 36

Medicare services of particular note for people with and at risk for HIV: Prescription Drugs

- **Part D:**
  - Added to Medicare in 2006
  - Outpatient drugs: All approved ARVs for treatment & prevention (one of 6 protected drug classes)
  - Enrollees face cost-sharing; those with LIS subsides pay nominal amounts
- **Part B:**
  - Physician-administered drugs, including ARVs for treatment & prevention
  - 20% coinsurance; those w/ supplemental coverage (e.g. Medicaid or Medigap) may not face
  - USPSTF Injectable PrEP NCD request

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Figure 37

Medicare services of particular note for people with and at risk for HIV: Other Services

- **Facial wasting (lipoatrophy) treatments**:
  - Covers FDA-approved facial wasting (lipoatrophy) treatments for beneficiaries who have experienced depression as result of lipoatrophy caused by ARV use (since 2010).

- **HIV testing:**
  - In 2015, coverage for HIV testing without cost-sharing expanded to include:
    - Annual test for beneficiaries aged 15 to 65
    - Annual test for those at increased risk under 15 and over age 65
    - Testing for pregnant people

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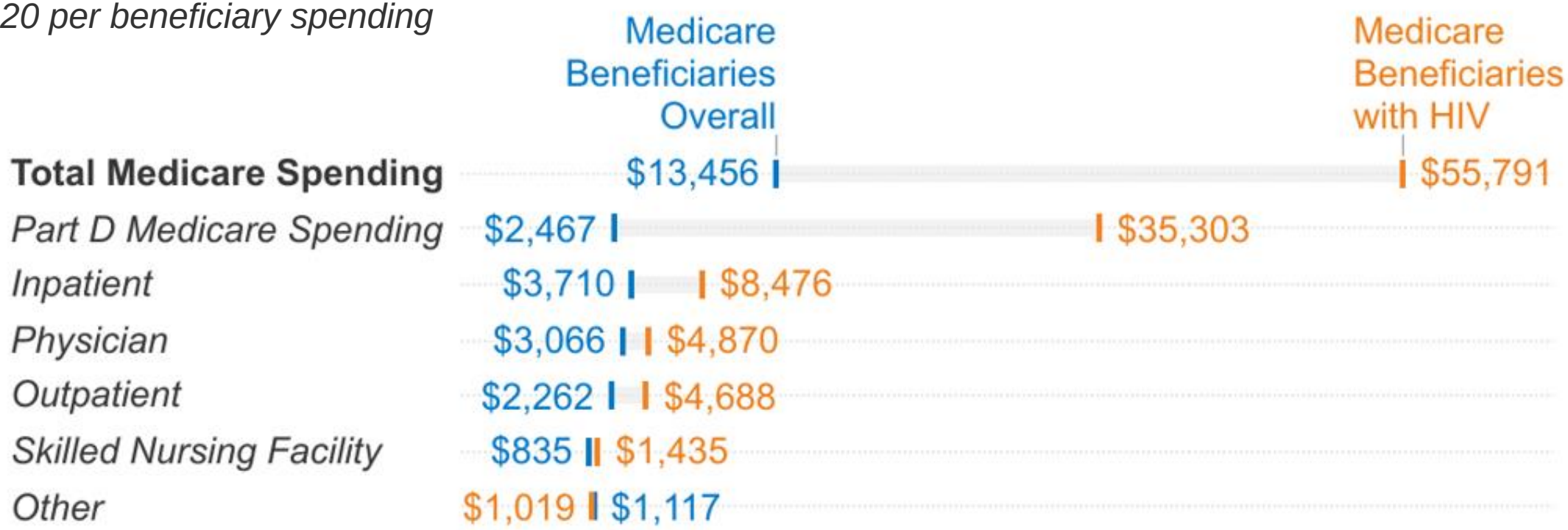
Medicare spending on people with HIV higher across most services vs. beneficiaries overall; has increased over time

2020 per beneficiary spending



SOURCE: KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

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Financial Assistance for Beneficiaries with HIV

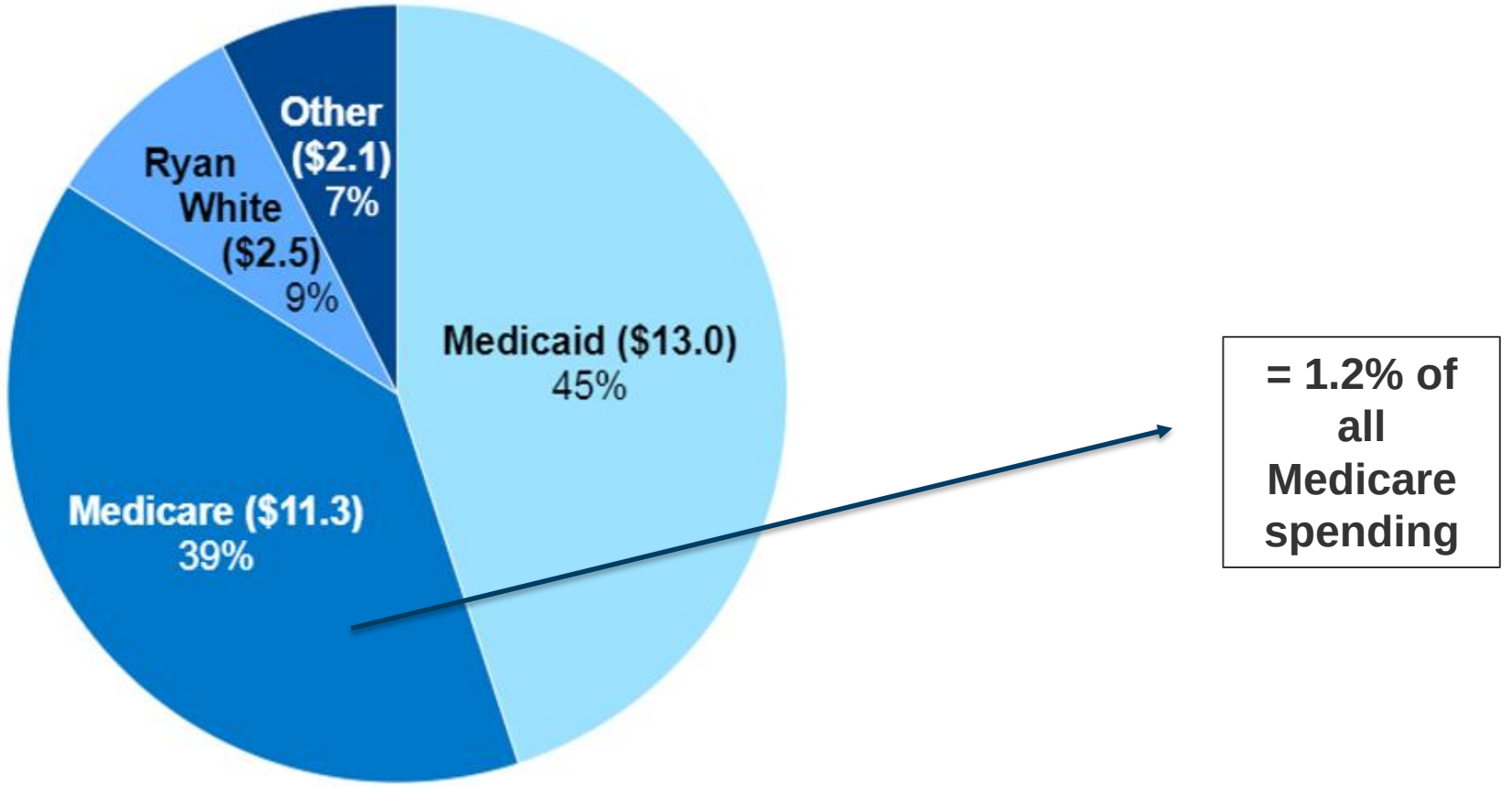
- **Medicaid:**
  - Assistance for those dually eligible, incl. premiums & often cost-sharing (61% of beneficiaries with HIV)
  - Benefits not covered by Medicare (e.g. long-term services & supports)
- **Part D Low-Income Subsidy (LIS) program:**
  - Dually enrolled beneficiaries automatically receive the LIS
  - 80% of Medicare Part D beneficiaries with HIV in 2020 received LIS
- **The Ryan White HIV/AIDS Program:**
  - Assists with coverage expenses (varies by state, limitations in helping with premiums)
  - Services not covered by Medicare (e.g. case management & subsistence services, etc.)
  - Beneficiaries w/ Ryan White have higher viral rates than those without (73% v. 58%)

SOURCE: KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

Figure 40

Medicare spending on people with HIV accounts for nearly 40% of all federal spending on HIV care and treatment

Federal Spending on Care and Treatment for People with HIV, In Billions



SOURCE: KFF. Medicare and People with HIV, 2023. https://www.kff.org/hivaids/issue-brief/medicare-and-people-with-hiv/

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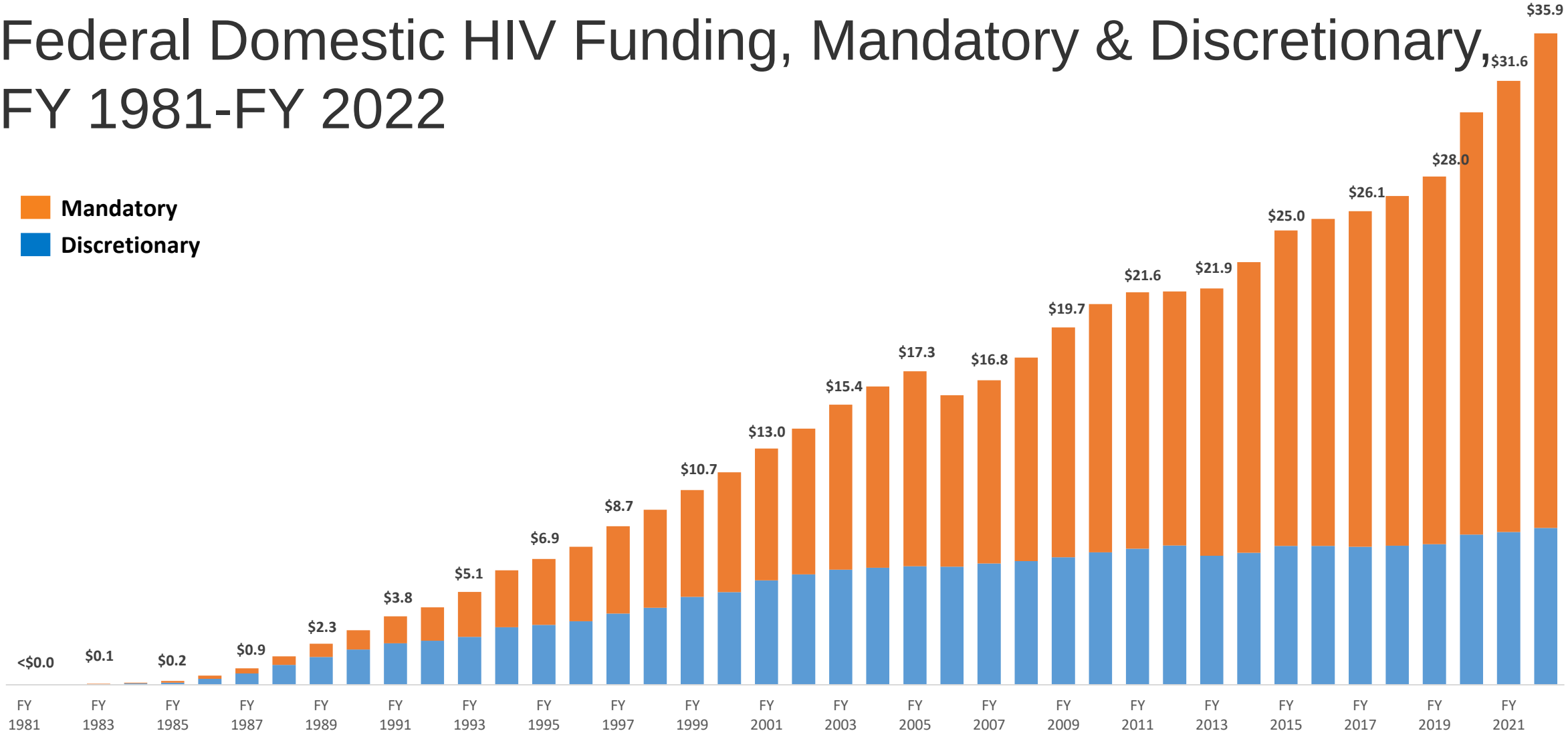
Figure 41

Federal Domestic HIV Funding, Mandatory & Discretionary, FY 1981-FY 2022



Source: Kaiser Family Foundation analysis of data from OMB, CBJs, Congressional Appropriations Bills, and personal communication with agency staff.
Notes: Funding includes both domestic and global HIV accounts; The decrease in 2006 reflects methodological changes at CMS. For additional information about recent budget trends see KFF fact sheet, U.S. Federal Funding for HIV/AIDS: Trends Over Time. https://www.kff.org/global-health-policy/fact-sheet/u-s-federal-funding-for-hivaids-trends-over-time/

Figure 42

Looking ahead

- **Growing needs of an aging population with HIV**
  - In 2008 16% of people with diagnosed HIV were 55 years old or older, in 2019 = 37%
- **Impact of IRA policy changes**
  - Capping OOP drug spending (starting in 2024) (impact on individuals and RWP)
  - Expanded LIS eligibility (impact on individuals and RWP)
  - Requirement that drug companies pay rebates if prices rise faster than inflation
    - KFF analysis compared price changes in Part B & D Rx between 2019 & 2020 to inflation and found Biktarvy was among the top 25 Part D Rx with highest spending and had price increases above inflation, illustrating how ARV pricing could be impacted.
- **NCD on injectable PrEP, proposed decision expected in July, finalized by October**
  - **Braidwood?**

SOURCE: CDC. AtlasPlus. https://www.cdc.gov/nchhstp/atlas/index.htm

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Thank you.

Ryan White HIV/AIDS Program (RWHAP) Coordination with Medicare

April 12, 2023

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NASTAD

Presentation Outline

- The Growing Importance of Medicare for RWHAP Clients
- Ryan White HIV/AIDS Program (RWHAP) Coordination with Medicare
- Financial Help Outside of RWHAP
- Resources

The Growing Importance of Medicare for RWHAP Clients

The Growing Importance of Medicare for RWHAP Clients

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

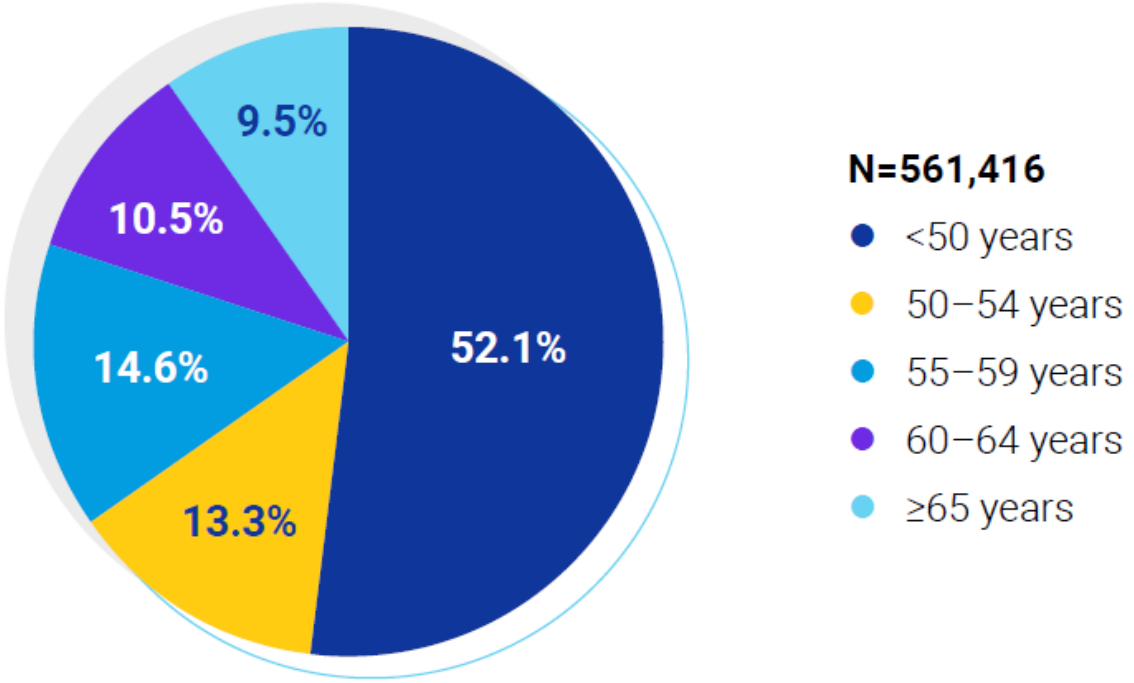
2015: 6 percent of ADAP clients served were age 65 or older

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 ADAP clients served were age 65 or older

FIGURE 1. CLIENTS SERVED BY THE RYAN WHITE HIV/AIDS PROGRAM, BY AGE GROUP, 2020



Source: https://ryanwhite.hrsa.gov/data/

NASTAD, *Part B ADAP Monitoring Project*, https://nastad.org/adap-monitoring-project.

Ryan White HIV/AIDS Program (RWHAP) Coordination with Medicare

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*

Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost-Sharing Assistance, U.S. Health Resources and Services Administration (HRSA), Policy Clarification Notice (PCN) 18-01, https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/18-01-use-rwhap-funds-premium-cost-sharing-assistance.pdf

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. 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 the vast majority of clients.
Medicare Part D premiums	Allowed. Works similarly to payment of private insurance premiums on behalf of RWHAP clients.
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 for provider-administered ARVs covered under Medicare Part B, and associated office visits for medication administration. Other RWHAP parts can pay for many injected or infused medications in outpatient settings.
Medicare Part D cost-sharing	Allowed. RWHAP cost-sharing payments count towards client's true out-of-pocket costs, helping clients get through the Medicare coverage gap (*donut hole*).
Medicare Part C (Medicare Advantage) cost-sharing	Allowed.

ADAP Policies Related to Medicare Costs

ADAP policies related to Medicare premium payment (2021):

- Jurisdictions paying Medicare Part C premiums: 26
- Jurisdictions paying Medicare Part D premiums: 33

ADAP policies related to Medicare cost-sharing payment* (2021):

- Jurisdictions paying Medicare Part B cost-sharing: 21
- Jurisdictions paying Medicare Part C cost-sharing: 34
- Jurisdictions paying Medicare Part D cost-sharing: 42

* Some jurisdictions may cover copays/coinsurance only after the client has met their deductible

NASTAD, *Part B ADAP Monitoring Project*, https://nastad.org/adap-monitoring-project.

How Can RW/ADAP Support Medicare-Eligible Clients?

- Providing wraparound services and supports
  - Medicare is the primary payer, RW/ADAP is the payer of last resort
  - RW/ADAP can provide premium/cost-sharing support, allowable services not covered by Medicare, and/or access to medications excluded from Medicare drug plan formulary
- Transitioning to Medicare from other coverage
  - Navigating Medicare enrollment periods and enrollment timing
  - Paying Late Enrollment Penalties (LEPs) for clients if needed
  - Deciding whether to keep employer coverage after joining Medicare

How Can RW/ADAP Support Medicare-Eligible Clients?

- Assessing Medicare coverage options
  - Choosing between Original Medicare and Medicare Advantage
- Applying for cost-saving programs available to Medicare enrollees
  - E.g., Medicaid, Medicare Savings Programs (e.g., QMB, SLMB), Medicare Part D Low-Income Subsidy ("Extra Help")
- 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

RWHAP and Medicare: Challenges

- There is currently no mechanism by which RWHAP can pay Medicare Part B premiums for the vast majority of clients
  - Social Security Administration (SSA) automatically deducts Part B premiums from monthly retirement or disability benefits
  - RWHAP may not reimburse clients directly for automatically deducted premiums
- Some clients, especially non-citizens and naturalized citizens, may need to pay high premiums for Medicare Part A
  - RWHAP funds cannot be used for Medicare Part A premiums or cost-sharing
- Emerging access issues related to HIV treatment in nursing homes and other inpatient settings

Financial Help Outside of RWHAP

Financial Help Outside of RWHAP

People with HIV who are ineligible for RWHAP assistance with Medicare costs may still be eligible for financial help:

- Medicaid works with Medicare to provide secondary coverage, premium and cost-sharing assistance, and care coordination
- Many states offer State Pharmaceutical Assistance Programs (SPAPs) to help residents pay for prescription drugs
- Local SHIP programs can help identify low-cost health centers and clinics
- Free or low-cost drugs may be available directly from manufacturers through Patient Assistance Programs (PAPs)
- There may be charitable programs providing copay relief
- Many states (and/or localities) offer prescription drug discount programs

Resources

Medicare and RWHAP Resources

- Medicare Interactive (Medicare Rights Center): https://www.medicareinteractive.org/
- TargetHIV (ACE TA Center): https://targethiv.org/ace/medicare
- HIV Medication Assistance Programs (AETC.org): https://aidsetc.org/resource/medication-assistance-programs
- RWHAP Part B/ADAP Coordination with Medicare (NASTAD): https://nastad.org/resources/rwhap-part-badap-coordination-medicare

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

Questions?

Contact Information

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Additional Questions?

Email Sheila at Sheila@anacnet.org

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