



# MADAP VIRTUAL 2022 OPEN ENROLLMENT Q&A

**INSURANCE TEAM**  
**Prevention and Health Promotion Administration [MADAP]**

October 13, 2021

# MISSION and VISION

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## MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community-based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

## VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

# Goal of MADAP

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To improve client access to HIV medications, increase viral suppression by increasing client adherence to medication regimens, help clients monitor their progress in taking their medications, and educate clients and other key stakeholders with respect to the dynamic health insurance environment that we now live in to support The Ending the HIV Epidemic: A Plan for America in securing at least 90% reduction of new HIV infections by 2030.



# AGENDA

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- Welcome MADAP Center Chief, Misty Carney
- A word from our Deputy Chief, Nancy Guest
- Getting ready for Medicare Open Enrollment
- The benefits of having health insurance
- Medicare (Extra Help, information on SPDAP, LIS, QMB/SLMB)
- MADAP's payment process
- Q & A Session

# Things you need for Medicare open enrollment:

Visit [Medicare.gov](https://www.Medicare.gov)

Gather basic information about your household income for:

If income eligible apply for these benefits:

- **LIS:** Low Income Subsidy
- **SLMB:** Specified Low-Income Medicare Beneficiary
- **QMB:** Qualified Medicare Beneficiary
- **SPDAP:** Senior Prescription Drug Plan

**\*\*Ask your Part D Plan for their Coordination of benefits.\*\***



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# MADAP PLUS ELIGIBILITY

# MADAP PLUS ELIGIBILITY

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## To qualify for MADAP Plus an applicant must:

- Be MADAP eligible
- Be enrolled in a health insurance plan or covered under a spouse's or parent's health insurance plan that is eligible for MADAP Plus coverage

## MADAP Plus cannot pay for:

- Flexible Spending Accounts,
- Life insurance policies,
- Indemnity policies (AFLAC)
- Other non-medical benefits

**Note: The client is responsible for payment of any ineligible portion of the premium.**

# MADAP PLUS ELIGIBILITY

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## The types of policies eligible for MADAP Plus include:

Employer/Union/Retiree plans

- If client pays 50% or more of the premium, and
- Premiums can be billed to the client directly
- Client must provide a letter on company letterhead saying they pay 50% or more of their premium.
- **IF YOUR EMPLOYER OFFERS HEALTH INSURANCE YOU MUST ACCEPT IT DURING OPEN ENROLLMENT**

Qualified Health Plans

Individual Health Plans that are ACA compliant

Medicare Part D and Medigap plans

Dental & Vision (if MADAP Plus is paying for prescription coverage or a medical plan)

**\*\*If client does not have a PDP we are prohibited from paying for their Medigap plan\*\***



# MADAP PLUS ELIGIBILITY

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- MADAP Plus is a component of the federal Ryan White CARE Act's Part B legislation .
- The program assists clients with paying for their health insurance premiums to insure access to inpatient and outpatient health care as well as prescription coverage.
- MADAP must ensure that funds for prescription costs and insurance premiums are spent as the ***payer of last resort***.

# MADAP PLUS ELIGIBILITY

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## **PAYER OF LAST RESORT**

- Ryan White Program funds “cannot be used to make payments for any item or service if payment has been made, or can reasonably be expected to be made, with respect to that item or service under any state compensation program, under an insurance policy, or under any federal or state health benefits program; or by an entity that provides prepaid health care.”
- If other payer sources exist that could assume responsibility as payer of last resort for a person applying for the ADAP, or enrolled in, the ADAP program.
- Not only should the ADAP consider Medicare, Medicaid and private insurance, but also determine if the client has access to employer, union or retiree group health plans; COBRA continuation coverage; or access to a State Pharmaceutical Assistance Program (SPAP).

# MADAP PLUS ELIGIBILITY

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## ELIGIBLE PREMIUMS

**To be eligible for MADAP Plus, an insurance or prescription plan must:**

- Cover the essential benefits required under the Affordable Care Act (ACA) or meet the current guidelines under Medicare:
  - Primary care services; HIV specialty services; inpatient and outpatient care; emergency services and pharmacy benefits,
- Provide coverage in the State of Maryland,
- Have a prescription cap no less than \$2,500 with billable (not reimbursable) prescription benefits,
- Have a formulary comparable to the MADAP formulary (this is a federal requirement).

# MADAP PLUS ELIGIBILITY

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## Family Policies

- When a MADAP client is covered by a family health insurance plan and all other requirements are met, MADAP will pay the full premium costs for the plan.
- If the MADAP client is not the listed policyholder, the client's name and MADAP ID must be written on the invoice to avoid delays in payment and possible policy termination. **If the client cannot be identified, MADAP can not pay the premium.**

*(Note: When possible, have the family policy listed in the MADAP client's name for plans that include non-MADAP family members.)*

# MADAP PLUS ELIGIBILITY

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## Essential Health Benefits (EHB)

- A set of health care service categories that must be covered by certain insurance plan, starting in 2014. The ACA ensures health plans offered in the individual and small group markets offer a comprehensive package of items and services.

### **EHBs: must include items and services within at least the following 10 categories:**

- Ambulatory patient services; Emergency services; hospitalization;
- Maternity and newborn care; preventive and wellness services
- Mental health and substance use disorder services,
- Including behavioral health treatment; prescription drugs;
- Rehabilitative services and devices; laboratory services;
- Chronic disease management; pediatric services, including oral and vision care

# MADAP PLUS ELIGIBILITY

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## Essential Health Benefits (EHB)

- If a benchmark plan does not cover services of the 10 EHB categories, states will have to come up with supplementary coverage products. If a state does not designate a benchmark plan, Department of Health and Human Services (DHHS) will select the standard to be the small business plan with the largest enrollment in the state.

# MADAP PLUS ELIGIBILITY

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## EXAMPLES OF CLIENT COMMUNICATION LETTERS

[COB example](#) Attachments provided in email

[Employer letter example](#) Attachments provided in email

[Payer of Last Resort letter](#) Attachments provided in email

*MADAP Plus – Getting “Premium Assistance” Right*

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# **PREMIUM PAYMENTS**



# PREMIUM PAYMENTS

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## MADAP Payment History

- As of July 1, 2019, MADAP Plus started making premium payments through the State Payment System (SPS).
- For insurers that do not accept payment through SPS, a credit card is used if accepted.

# PREMIUM PAYMENTS

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- Once an applicant has been approved for MADAP Plus, the bill is processed for payment by the State Payment System OR internally by credit card.
- Payments are paid as the State of Maryland, not MADAP.

## **Send bills to MADAP!**

- Premium bills must be submitted to MADAP in a timely manner to ensure prompt payment and avoid delays resulting in the suspension of the applicant's plan benefits or policy termination.
- Applicants must update both MADAP and their Part D and or Medicare Advantage Plan,

**\*\*Whenever changes occur in household size, address, income or new insurance coverage.\*\***

# PREMIUM PAYMENTS

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## Eligible, Yes or No?

- The insurance vendor must be approved by the State Payment System (SPS) to be eligible for payment.
- Applicants approved for Urgent MADAP may receive limited insurance premium assistance during the time allotted to complete the medical information, if applicable, and submit all required documentation.
- Applicants approved for TAP are **ineligible** for MADAP Plus.

# PREMIUM PAYMENTS

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## New Payment System

- Currently, MADAP will process premium payments for most applicants quarterly.
- Applicants should notify MADAP of any past due payment notices from their insurance carriers so MADAP can confirm the status of processed payments or make payment adjustments if needed.
- Applicants must complete their Continuing Eligibility Verification (CEV) when due to avoid delays in processing premium payments.

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# MEDICARE

# MEDICARE

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**Medicare is the largest source of federal funding for HIV/AIDS care in the U.S. Approximately one quarter of people with HIV who are in care get their health coverage through Medicare. In 2018, 46.1% of RWHAP clients were age 50 years and older, and this is projected to rise to two-thirds by 2030.**

**What is the top challenge at your organization for supporting Medicare enrollment and coverage?**

- For example: Understanding the different parts of Medicare
- Assisting clients with Medicare enrollment
- Assisting clients who are dually eligible for Medicare and Medicaid
- Knowing where to refer clients for external Medicare enrollment support

**Primary pathways for Medicare eligibility**

- To enroll in Medicare, an individual must be a U.S. citizen or a legal resident for at least five years (with some exceptions).
- Three potential pathways:
- Age 65 or older
- Under 65 with qualifying disability
- Have end stage renal disease

# MADAP can pay for the following plans

## Part D Plans

Are prescription drug plans (PDP) for people on Original Medicare (Part A or Part B).

Plan D plans may help lower your prescription drug costs and help protect against higher costs in the future.

**Please note:** Original Medicare **does not** cover prescription drugs, vision, hearing, or dental and so you need to purchase a part d plan and/or a medigap policy to supplement Original Medicare coverage.

**Please note you must be enrolled in:** a Part D plan or a Medicare Advantage plan

**Note:** MADAP does not count as a Medicare Part D plan or creditable coverage.

## Medicare Advantage Plan

This covers everything original medicare covers except hospice care. They are an all-in-one alternative to Original Medicare.

Are bundled plans that offer coverage for:

- **Hospital**
- **Medical**
- **Drugs**
- **Help with out-of-pocket costs**
- **Vision, hearing, dental, and more**

There are different types of Medicare Advantage Plans:

- **HMO**
- **PPO**
- **PFFS**
- **SPN**
- **HMO/POS**
- **MSA**

**Please note:** If you join a Medicare Advantage Plan, you can't use or be sold a Medigap policy

## Medigap Plan

A Medigap policy is private insurance that helps supplement Original Medicare

This means it helps pay some of the health care costs that Original Medicare doesn't cover like copayments, coinsurance, and deductibles.

**Please note:** A Medigap policy is different from a Medicare Advantage Plan because those plans are ways to get Medicare benefits, while a Medigap policy only supplements the costs of your Original Medicare benefits.

**Note:** Medicare doesn't pay any of your costs for a Medigap policy but MADAP can

## MADAP Can Help Pay for These Plans!

**MADAP may be able to pay the premiums of Part D plans, Medicare Advantage, and Medigap** but only after you have applied for all of the premium assistance plans.

**MADAP is the payer of last resort** so you must apply if eligible for all the premium assistance plans prior to receiving financial assistance from MADAP.

Premium assistance plans help pay for Part D, Medicare Advantage, and Medigap plans. There are different types of Premium Assistance Plans.

- **QMB**
- **SLMB**
- **LIS**
- **SPDAP**

**Note:** You will need to re-apply annually to continue receiving this assistance.

# What are your options for coverage?

## Creditable Coverage

Creditable coverage is an insurance through your employer or union that comes with a drug assistance plan.

You may have this if you are still working or through your employer or union retirement plan

### For Further Information on any of these plans

Please check

- [www.medicare.gov](http://www.medicare.gov)
- or call Medicare at (800) 633-4227
- or local SHIP office (410) 767-1100.

## Part D Plans

MADAP will be able to pay for the following Insurer's Part D plans (PDP):

- **Humana Insurance Co.**
- **SilverScript Insurance Co.**
- **United HealthCare Insurance Company (AARP Medicare)**
- **WellCare**
- **Cigna Rx**
- **Elixir**
- **Mutual of Omaha Rx**

## Medicare Advantage Plans

MADAP will be able to pay for the following Insurer's Medicare Advantage plans:

- **Cigna Healthspring**
- **Johns Hopkins Advantage MD**
- **Kaiser Permanente Medicare Plan**

## Medigap Plans

MADAP will be able to pay for the following Insurer's Medigap plans:

- **CareFirst**
- **Cigna Health and Life Insurance Co.**
- **Humana Insurance Co.**
- **United HealthCare Insurance Co.**

## Qualified Health Plans

MADAP will be able to pay for the following Insurer's Qualified Health plans:

- **CareFirst - On Exchange**
- **CareFirst - Off Exchange**
- **Kaiser Permanente - On Exchange**
- **Kaiser Permanente - Off Exchange**

## Dental Plans

MADAP will be able to pay for the following Insurer's Dental plan:

- **CareFirst**



# MEDICARE

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## MADAP Requirements for Prescription benefits:

- MADAP clients with Medicare are required to be enrolled in a Medicare Part D plan or Medicare Advantage w/prescription coverage or have **creditable coverage**
- MADAP does not count as **creditable coverage**
- MADAP must ensure that it's funds are being spent as the **payer of last resort** for MADAP clients with Medicare
  - Receive monthly CMS report
  - Require use of Limited Income NET Program (LI Net) when applicable
  - Provide support for transitions from Medicaid, qualified health plans or employer's group coverage

# MEDICARE

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## MADAP Requirements for Premium benefits:

MADAP clients with Medicare **also** must apply for and maintain any of the applicable assistance programs:

- QMB/SLMB
- Low-Income Subsidy (LIS)
- Maryland Senior Prescription Drug Assistance Program (SPDAP)

**\*MADAP will pay for your Medigap Premium if you maintain a Part D plan\***

# Overview of Key Points

- You must have both Part A and Part B to get a Medigap policy
- You still pay the Part B premium
- You pay a monthly premium for Medigap
- The best time to buy a policy is during your Medigap OEP
- Medigap policies cover one person
- Each standardized Medigap policy offers the same basic benefits, no matter which insurance company sells it.
- Costs vary by plan and by company
- In general, Medigap policies can only cover costs associated with services covered by Original Medicare

# Overview of Key Points (continued)

- Medigap policies don't work with Medicare Advantage Plans
- Insurance companies are prohibited from selling standardized Plans C or F to newly eligible people with Medicare, who:
  - Turned 65 on January 1, 2020, or later
  - Getting premium-free Part A as of January 1, 2020, or later

# Medigap Policies

- Sold by private insurance companies
- Fills gaps in Original Medicare (like deductibles, coinsurance, copayments)
- All plans with same letter sold by different companies:
  - Have same coverage
  - Costs are different
- Plans are different in Minnesota, Massachusetts, and Wisconsin
- You must have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)

# Medigap Plans

- Standardized plans identified by a letter (except in MA, MN, WI (waiver states))
- Plans with the same letter must offer all the same benefits
- Companies don't have to sell all plans

Plans Currently Sold	Plans that Exist, But Are No Longer Sold
A, B, C, D, F, G, K, L, M, and N	E, H, I, and J

- Plans C and F are no longer available to people who became new to Medicare on or after January 1, 2020
- For help, contact your local State Health Insurance Assistance Program (SHIP) or your State Department of Insurance

# Medigap Plan Coverage

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2021**			
							\$6,220	\$3,110		

\* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,370 in 2020 before your policy pays anything. (Plans C and F won't be available to people who were newly eligible for Medicare on or after January 1, 2020.)

\*\*For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$203 in 2021), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

# The Best Time to Buy a Medigap Policy

Your 6-month Medigap OEP:

- Begins the month you're 65 or older AND signed up for Medicare Part B (Medical Insurance)
- Can't be delayed or repeated
- May be longer in your state
- You have protections—companies must sell you a plan if you're in your OEP.
- Companies can't do the following:
  - ❑ Refuse to sell you any Medigap policy they offer
  - ❑ Make you wait for coverage (there can be a waiting period for pre-existing conditions if you don't have creditable coverage before the OEP)
  - ❑ Charge more because of a past/present health problem



# 2020 Medigap Changes

On January 1, 2020, Medigap plans sold to people new to Medicare stopped covering the Part B deductible

- Insurance companies are prohibited from selling standardized Plans C or F to newly eligible people with Medicare, who:
  - ❑ Turned 65 on January 1, 2020, or later
  - ❑ Are getting premium-free Part A as of January 1, 2020, or later.
- A person who wasn't "newly eligible for Medicare" on January 1, 2020, or later can apply to buy Plan C or Plan F. They'll only have guaranteed issuance if they're in their Open Enrollment Period or if they have guaranteed issue rights under other limited circumstances.
- Insurance companies may sell Plans C or F to those getting Medicare retroactively with their Part A start date before January 1, 2020.

# 2020 Medigap Changes (continued)

- Plans C and F will remain active for people who already had them
- Plans C and F are guaranteed renewable (unless the premiums aren't paid)
- No federal guaranteed issue right to transfer from Plans C or F to other plan types
- Check with your state

# If You Delay Enrolling in Part B

If you delay enrolling in Part B because you or your spouse is currently actively working, and have group health coverage:

- Your Medigap OEP will start when you're 65 **and** enrolled in Part B
- When the employer coverage ends, you'll get a chance to sign up for Part B and you won't have a late enrollment penalty

Reasons you may want to delay enrolling in Medicare Part B

- Group health coverage often provide coverage similar to Part B
- You would be paying for Part B before you need it
- Your Medigap OEP might expire before a Medigap policy would be useful

# Pre-existing Conditions and Medigap

- Pre-existing condition—Health problem for which you were treated or diagnosed within 6 months before coverage start date
- Pre-existing condition waiting period:
  - Insurance companies can refuse to cover out-of-pocket costs for excluded condition for up to 6 months (“look-back period”)
- If you had at least 6 months of continuous prior creditable coverage (with no break in coverage for more than 63 days) insurance companies can’t make you wait before it covers your pre-existing conditions

# MEDICARE

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## Prescription coverage for clients with Medicare includes:

- Deductibles, copays, and coinsurance costs for drugs on the formulary
- Prescription costs for drugs on the formulary when clients are in the coverage gap

**\*\*\*Prescription benefits for Medicare are only available through part D and Medicare Advantage w/Rx benefit\*\*\***

# MEDICARE

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## Transitioning from the Marketplace to Medicare

- If you become eligible for premium-free Medicare Part A, but are not enrolled, you are no longer eligible to use the *Exchange* to enroll in Medicaid or receive a subsidy for a qualified health plan (QHP). If you are enrolled in Medicare A and/or B, you cannot buy a QHP through the *Exchange*.
- You may apply for other MA programs for Medicare beneficiaries through your local Department of Social Services, if you qualify for financial help.
- If you are a legal resident, less than 5 years, or required to pay Part A premiums, you may still be eligible to use the *Exchange* to enroll in a QHP.
- Transitions between Medicaid, qualified health plans, and Medicare may result in changes in the providers and services that are available to clients.

# MEDICARE

Open Enrollment  
starts Oct 15

[Preview 2022 Health & Drug Plans](#)

[Log In/Create Account](#)

See how Medicare is responding to Coronavirus

[Learn More](#)



Get started

Learn about Medicare



Find care providers

Compare hospitals,  
nursing homes and more



Need a 2021 plan?

Find 2021 health & drug  
plans



Talk to Someone

Get answers & local help

Medicare.gov

[Basics](#)

[Health & Drug Plans](#)

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[Log in](#)

## Preview 2022 Medicare plans

You can preview 2022 **drug plans (Part D)** and **Medicare Advantage Plans**.  
Starting October 15, you can enroll in 2022 plans.

[Log in or Create Account](#)

[Continue without logging in](#)

New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

Qualify for a Special Enrollment Period?

Log in or create account to change your 2021 coverage.

[Log in or Create Account](#)

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## Answer a few quick questions

What type of 2020 coverage are you looking for?

We'll show you 2020 plans. Costs and benefits may change for 2021. You can also [choose a different plan for 2021](#), but you'll need to join that plan separately.

If you want a plan that starts before January 1, you can only join or switch plans at certain times, like your Initial Enrollment Period or a Special Enrollment Period. [Learn more about when you can enroll.](#)

- Medicare Advantage Plan
- Drug plan (Part D)
- Drug plan (Part D) + Medigap policy
- Medigap policy only
- I want to learn more about Medicare options before I see plans

## [Medicare & You: Medicare Open Enrollment](#)



# MEDICARE

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## Income Guidelines:

[Income Guidelines](#) Attachments provided in email



# MADAP OFFICE INFORMATION

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## MADAP-Client Services

500 North Calvert Street, 5<sup>th</sup> Floor  
Baltimore, MD 21202

**Office hours:** Mon-Fri: 8:30 AM to 4:30PM

**Local:** 410-767-6535; **Toll Free:** 1-800-205-6308

**Faxe Lines:** 410-333-2608; 410-244-8696; 410-244-8617

### Pharmacy Helpline:

1-800-932-3918

### Website for MADAP Forms:

<https://health.maryland.gov/phpa/OIDPCS/Pages/MADAP%20Forms.aspx>



# STAFF CONTACT LIST

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[External MADAP Staff Contact list- 10/12/2021](#) Attachments provided in email

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# Questions?

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*Thank you for attending.*

*Prevention and Health Promotion Administration*

*<https://phpa.health.Maryland.gov>*