



Ryan White and Medicaid Overview

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Faculty Disclosure

I have no disclosures.



Educational Need/Practice Gap

Gap = Patients living with HIV are eligible for Ryan White programs, but may not be enrolled. Low-income patients may still be uninsured, despite being eligible for Medicaid.

Need = Better awareness and understanding of eligibility guidelines for Ryan White and Medicaid enrollment.





- Upon completion of this educational activity, you will be able to:
 - Demonstrate basic knowledge of Ryan White grants and Medicaid.
 - Identify when a patient may be eligible for enrollment in a Ryan White grant or Medicaid.



Expected Outcome

Apply knowledge of Ryan White program and Medicaid guidelines to assess patients' eligibility and encourage enrollment.



Ryan White Grant Overview

- Who was Ryan White?
- What does the grant cover?
- Who is eligible?



Who was Ryan White?

- The Ryan White HIV/AIDS Program was named for a courageous 13-year-old named Ryan White who was diagnosed with AIDS following a blood transfusion in December 1984 [1].
- In August 1990, just months after he passed away, Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act that provides a comprehensive system of HIV primary medical care, essential support services, and medications for lowincome people living with HIV who are uninsured and underserved [1].



Ryan White Grants

- Part A
- Part B
- Part C
- Part D
- Part F



Ryan White Part B/ADAP

- Who is eligible?
 - Persons living with HIV who meet certain criteria:
 - Patients must have a household income less than 500% of the Federal Poverty Level
 - For our particular clinic, patients must live in a 63 County service area that covers central and eastern Kentucky



Ryan White Part B/ADAP

- What does it pay for?
 - Medical Case Management
 - AIDS Drug Assistance Program (KADAP)
 - Specialty Care Services
 - Mental Health Services
 - Medical Transportation (bus tokens, UberHealth, Wheels)
 - Emergency Financial Assistance (rent, utilities)
 - Housing
 - Nutrition services (full-time dietitian, nutritional supplements)



Ryan White Part C

- Who is eligible?
 - Anyone who has HIV.
 - For our clinic in particular, anyone with HIV who receives care at the Bluegrass Care Clinic



Ryan White Part C

- Eligibility is determined by an income-based sliding scale, with a Level 1 patient having 100% of services covered after insurance
- Patients who are Level 2 through Level 6 will have an out-of-pocket cap based on a percentage of their income (similar to a deductible)
- Once a patient reaches their out-of-pocket cap for the year, they will be dropped to Level 1 and receive 100% coverage after insurance



Ryan White Part C Income Guidelines

Monthly Guidelines												
	LEVEL 1	LEV	TEL 2	LEVEL 3		LEVEL 4	LEVEL 5	LEVEL 6	QHP APTC limit	KADAP & KHCCP		
Family Size	100%	138% Medicaid Eligibility	150%	200%	218% KCHIP Children's Medicaid	250%	300%	> 300%	> 400%	500%		
1	\$1,063	\$1,467	\$1,595	\$2,127	\$2,318	\$2,658	\$3,190	\$3,190	\$4,253	\$5,317		
2	\$1,437	\$1,983	\$2,155	\$2,873	\$3,132	\$3,592	\$4,310	\$4,310	\$5,747	\$7,183		
3	\$1,810	\$2,498	\$2,715	\$3,620	\$3,946	\$4,525	\$5,430	\$5,430	\$7,240	\$9,050		
4	\$2,183	\$3,013	\$3,275	\$4,367	\$4,760	\$5,458	\$6,550	\$6,550	\$8,733	\$10,917		
5	\$2,557	\$3,528	\$3,835	\$5,113	\$5,574	\$6,392	\$7,670	\$7,670	\$10,227	\$12,783		
6	\$2,930	\$4,043	\$4,395	\$5,860	\$6,387	\$7,325	\$8,790	\$8,790	\$11,720	\$14,650		
7	\$3,303	\$4,559	\$4,955	\$6,607	\$7,201	\$8,258	\$9,910	\$9,910	\$13,213	\$16,517		
8	\$3,677	\$5,074	\$5,515	\$7,353	\$8,015	\$9,192	\$11,030	\$11,030	\$14,707	\$18,383		



Ryan White Part C

- What does it pay for?
 - Outpatient HIV Medical Care
 - Outpatient Specialty Care Services
 - Laboratory and Diagnostic Testing
 - Pharmacy and Nutrition Counseling
 - Does not cover inpatient services, emergency room services, urgent care services, or ambulance rides
- Ryan White Part C is always billed secondary to insurance, as the payer of last resort, but can also cover uninsured patients as a primary payer.



Ryan White Part D

- Who is eligible?
 - Women, Infants, Children and Youth (age 25 or under) living with HIV.
 - Again, for our specific clinic, persons who engage in care with the Bluegrass Care Clinic



Ryan White Part D

- What does it pay for?
 - Outpatient HIV Medical Care
 - Outpatient Specialty Care Services
 - Laboratory and Diagnostic Testing
 - Pharmacy and Nutrition Counseling
 - Mental Health Services
 - Medical Transportation
 - Support Groups



How does someone enroll in a Ryan White program?

- Referral to the Bluegrass Care Clinic
- Patient will be scheduled for an intake appointment and will meet with Medical Case Manager, Nurse Navigator, and a member of Eligibility and Enrollment team



Medicaid

- Who is eligible for Medicaid?
- Different types of Medicaid
- How to enroll
- How does it work?



MAGI Medicaid

- What does MAGI mean?
 - MAGI stands for Modified Adjusted Gross Income, and is defined as a household's adjusted gross income before taxes, with any tax-exempt interest income and certain deductions added back.
 - Student loan interest
 - Certain business expenses
 - Retirement plan contributions

 MAGI Medicaid is standard Medicaid that covers lowincome adults aged 19-64



Who is eligible for MAGI Medicaid?

- To be eligible for Kentucky Medicaid, you must be a resident of the state of Kentucky, a United States Citizen, or a legal permanent resident (Green Card holder) for at least 5 years.
- Must fall within specific income guidelines
 - 138% of FPL, unless under 19, or pregnant
- Resources are NOT counted for regular, MAGI Medicaid



Medicaid Income Eligibility Guidelines

2020 Medicaid Chart											
Household Size	١	Whole Family Eligit Up To 138		i	Children (18 and Under) Eligible for Medicaid						
	100%*		138%*		147%*		200%*		218%*		
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	
1	1,063	12,756	1,467	17,604	1,563	18,756	2,127	25,524	2,318	27,816	
2	1,437	17,244	1,983	23,796	2,113	25,356	2,873	34,476	3,133	37,596	
3	1,810	21,720	2,498	29,976	2,661	31,932	3,620	43,440	3,946	47,352	
4	2,183	26,196	3,013	36,156	3,210	38,520	4,367	52,404	4,759	57,108	
5	2,557	30,684	3,528	42,336	3,759	45,108	5,113	61,356	5,575	66,900	
6	2,930	35,160	4,043	48,516	4,308	51,696	5,860	70,320	6,388	76,656	
7	3,303	39,636	4,559	54,708	4,856	58,272	6,607	79,284	7,201	86,412	
8	3,677	44,124	5,074	60,888	5,406	64,872	7,353	88,236	8,016	96,192	
Each Additional Add	373	4,476	515	6,180	549	6,588	746	8,952	814	9,768	



CHIP Medicaid

- Kentucky Children's Health Insurance Program
- For children younger than 19 with no health insurance
- Income limit for children under 19 is higher than adults, children under 218% of the FPL are eligible



QMB Medicaid

- Qualified Medicare Beneficiary
- Low-income Medicare recipients
- Resources such as retirement accounts, savings accounts, and property are counted towards eligibility
- According to benefits.gov, the individual monthly income limit is \$1,060. For married couples, the monthly income limit is \$1,430. Individual resource limit \$7,730.



How can someone apply for Medicaid?

- Contact local DCBS office
- Use of application assisters/Kynectors
- Healthcare.gov



What information is needed for a Medicaid application?

- Name, DOB, SSN
- Income information, paystubs, income statement
- Proof of residency
- For QMB applicants, list of resources such as retirement accounts, savings accounts, etc is useful



Who determines Medicaid eligibility?

- Different entities can complete Medicaid applications such as private application assisters, etc
- Ultimately, an individual's Medicaid eligibility is determined by the Department of Community Based Services office
- Eligibility can usually be determined upon submission of the application, but in the case that supporting documentation is needed, DCBS has 30 days to review application and supporting documents



What happens when someone is found eligible for Medicaid?

- Medicaid applicants who are found eligible by DCBS must enroll in an MCO – (Managed Care Organization)
 - Anthem BCBS
 - Aetna
 - Humana
 - Passport
 - WellCare
- QMB Recipients will usually receive Traditional KY Medicaid – Medicaid managed through the state instead of an insurance company



Medicaid Premiums/Co-Pays

- Medicaid recipients currently do NOT have to pay premiums for their coverage
- Medicaid recipients may have to pay small co-pays for medications and doctor visits – usually less than \$5
 - Certain exemptions from co-pays
 - Children
 - Pregnant women
 - Emergency Services
 - Preventative services



What does Medicaid cover?

- Comprehensive coverage for hospitalization, doctor visits, prescription medications, some dentistry and vision services
- Basically, anything deemed medically necessary is usually covered.



Is it worthwhile to try to connect patients with Medicaid?

- Absolutely!
- Medicaid helps patients access care, engage in preventative care and stay healthier [2].
- According to a study published by the Journal of General Internal Medicine, compared to uninsured patients, Medicaid recipients experience less barriers to engaging in care, and have overall better health [2].



How can I help get a patient enrolled in Medicaid?

- If the patient indicates they are low income, or have no insurance, encourage them to apply
- Many hospitals, UK included, have a Patient Financial Services dept that can assist with Medicaid applications
- Know where to send them to DCBS, local application assisters, patient financial services



Medicaid Contact Information

- Department of Community Based Services:
 - (855)-306-8959
- Kentucky Healthcare Customer Service:
 - (855) 459-6328
- Kynect Benefits website:
 - kynect.ky.gov/benefits



Questions?





- [1] Who Was Ryan White? (2017, November 14). Retrieved October 06, 2020, from <u>https://hab.hrsa.gov/about-ryan-white-hivaids-program/who-was-ryan-white</u>
- [2] Cawley, J., Soni, A., & Simon, K. (2018). Third Year of Survey Data Shows Continuing Benefits of Medicaid Expansions for Low-Income Childless Adults in the U.S. *Journal of General Internal Medicine*, 33(9), 1495-1497. doi:10.1007/s11606-018-4537-0

