

Health Coverage Options for Consumers With HIV/AIDS

This fact sheet provides information and guidance that Navigators and certified application counselors (collectively, assisters) need to know when helping consumers with HIV/AIDS and their families.

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Note: This resource includes references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.

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Overview

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). Approximately 1.2 million people in the United States are living with HIV. Once a deadly disease, HIV is now a manageable, chronic condition if there is access to high quality health care, support services, and appropriate medical treatment.

The Affordable Care Act (ACA) expands health coverage options for all consumers, including people with HIV/AIDS, and provides them with additional protections such as:

- Ensuring coverage for pre-existing conditions.
- Expanding Medicaid coverage.
- Providing more affordable private health coverage.
- Lowering prescription drug costs for Medicare recipients.
- Ensuring coverage of preventive services.
- Ensuring coverage of essential health benefits.
- Increasing coordinated care for people with chronic health conditions.

Laws and Regulations

Consumers with HIV/AIDS are protected against discrimination on the basis of real or perceived HIV/AIDS status under Section 504 of the Rehabilitation Act of 1973ⁱ and the Americans with Disabilities Act of 1990 (ADA)ⁱⁱ and Section 1557 of the Affordable Care Act (ACA).ⁱⁱⁱ Section 504 applies to all programs receiving federal financial assistance, Section 1557 applies to health-related programs and activities receiving federal financial assistance, and the ADA applies to state and local government programs and services as well as privately operated health care providers.

Under these laws, discrimination means that they are not allowed to participate in a service that is offered to others, or they are denied a benefit because of their real or perceived HIV status. Examples of discriminatory acts toward individuals with HIV/AIDS include denying access to social services and/or medical treatment or having services and/or treatment delayed solely because an individual has HIV/AIDS. If an individual meets the essential eligibility requirements for the service or benefit, entities may need to make changes to the way they operate to accommodate a person's HIV/AIDS-related limitations.

HIV/AIDS can be a disability under Section 504, the ADA, and Section 1557 if it substantially limits one or more major life activities, including normal immune function. Consumers with

HIV/AIDS, both symptomatic and asymptomatic, may therefore be protected by these laws. These laws also protect individuals with a past history of a substantially limiting impairment and those “regarded as” having HIV/AIDS even if they do not have either condition. Additionally, family and friends may also be protected if they experience discrimination due to their association with a person who has or is believed to have HIV/AIDS.

Coverage and Preventive Care

Consumer protections under the ACA^{iv} require all Health Insurance Marketplace^{®v} health plans and many other plans to cover certain preventive care benefits for adults without charging consumers copayments or coinsurance. This is true even if consumers haven’t met their yearly deductible. There are two required preventive care benefits related directly to HIV and AIDS:

- HIV screening for everyone ages 15 to 65 and other ages at increased risk.
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.

Additionally, Marketplace plans can’t deny consumers coverage or charge them more just because they have a pre-existing condition, including HIV/AIDS. Coverage for treatment for all pre-existing conditions begins the day a consumer’s coverage starts.

Assister Requirements

Assisters are required by federal law and Department of Health and Human Services (HHS) regulations to provide information and services in a manner that is accessible for consumers with disabilities, including consumers with HIV/AIDS. HHS regulations require Navigators to make sure their services are accessible for these consumers, while certified application counselors (CACs) may meet this requirement either directly or by providing an appropriate referral to another assister organization or to the Marketplace Call Center. When making referrals, CACs should consider whether the assister they are referring the consumer to is nearby and can be reached with minimal time and effort on the consumer’s part, as well as whether the assister specializes in or is capable of providing the disability access services the consumer might need or request.

Note: Assisters should be familiar with any specific accessibility requirements that apply to their assister type under HHS regulations. Independent of these obligations, certain federal civil rights laws may also apply to assisters and consequently may require such assisters to provide information and services in a manner that is accessible to consumers with disabilities. For more information about accessibility requirements, refer to [Working With Consumers With Disabilities](#).

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP)^{vi} provides a comprehensive system of HIV/AIDS care for those who are uninsured or underinsured and low-income. This federal program fills gaps in coverage not met by other health coverage, including Medicaid and qualified health plans (QHPs), for medical support, essential support services, and medications. Ryan White clinics provide low- to no-cost testing and/or treatment for patients with HIV/AIDS. In many cases, RWHAP funds can be used to buy health insurance or pay for premiums and out-of-pocket expenses.

The program is divided into several “parts” to meet the needs of different communities and populations and includes support for the AIDS Drug Assistance Program (ADAP) that provides access to critical medications.

For more information about the RWHAP program, visit [Ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov).

Medicaid

Medicaid is a critical source of coverage for many people with HIV/AIDS. Before the ACA, most individuals with HIV/AIDS were ineligible for Medicaid unless they had very low incomes and met another categorical eligibility requirement (e.g., as a parent or caretaker relative or because they were pregnant), had high medical expenses relative to their income, or were deemed permanently disabled due to an AIDS diagnosis. States that have expanded their Medicaid program to cover the adult group are likely to provide coverage to some people with HIV/AIDS, providing care that can help them manage their condition and promote individual well-being.

In most states, consumers with disabilities who receive Supplemental Security Income (SSI) payments automatically qualify for Medicaid coverage. If a consumer is not automatically eligible for Medicaid, they will have to meet other criteria for their state’s Medicaid program, which could include income, assets, and disability. Because Medicaid programs vary from state to state, assisters should refer consumers to the state Medicaid program for more specific information.

Medicare

Consumers younger than 65 and with HIV/AIDS may be eligible for Medicare if they qualify for Social Security Disability Insurance (SSDI) and have received SSDI payments for at least 24 months. HIV status alone generally does not qualify someone for SSDI. A person with HIV/AIDS may qualify for SSDI under the HIV/AIDS specific medical criteria or by meeting the medical requirements for another physical or mental condition or combination of conditions.

All Medicare prescription drug plans are required to cover all or nearly all drugs in six “protected” drug classes, including antiretroviral treatments for HIV/AIDS. Medicare Part B (Medical Insurance) covers an HIV screening once per year if a consumer meets one of these conditions:

- They are age 15-65.

- They are younger than 15 or older than 65 and are at an increased risk for HIV.
- They are pregnant. In this case, they can get the screening up to three times during their pregnancy.

Many Medicare beneficiaries with HIV are eligible for both Medicare and Medicaid. Individuals who are enrolled in both Medicare and Medicaid are known as “dually eligible beneficiaries.” For dually eligible beneficiaries, Medicare pays covered medical services first. Medicaid may cover medical costs that Medicare does not cover or partially covers. RWHAP continues to be the payer of last resort.

Consumers may be eligible for Medicare Special Needs Plans (SNPs), a type of Medicare Advantage plan like a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). Medicare SNPs limit membership to people who meet specific requirements, including having Medicare Part A and Part B; living in the plan’s service area; and having one or more disabling chronic conditions specified by the SNP such as HIV/AIDS. Medicare Advantage SNPs tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve. Medicare Advantage SNPs may not be available in all parts of the country. For more information about SNPs in your area, refer to [Medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/special-needs-plans-snp](https://www.Medicare.gov/sign-up-change-plans/types-of-medicare-health-plans/special-needs-plans-snp).

Marketplace Application Assistance

Application Completion

Consumers can apply for health coverage through the Marketplace. Those who don't have health insurance through a job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or another source that provides qualifying health coverage may qualify for financial assistance through a Marketplace. Under the Patient Protection and Affordable Care Act (PPACA), individuals and families making between 100 percent and 400 percent of the FPL may be eligible for premium tax credits (PTC), and individuals and families making between 100 percent and 250 percent of the FPL may be eligible for cost-sharing reductions (CSRs) to lower the cost of coverage through the Marketplace.

The Marketplace application will help assess whether a consumer may be eligible for Medicaid coverage based on their disability. If it appears they may be eligible, the Marketplace will transfer their application to the state Medicaid agency so it can make a final determination.

Consumers applying for coverage through the Marketplace who indicate that they would like help paying for coverage will be asked about their income. When assisting consumers with disabilities, such as those with HIV/AIDS, it is important to note that disability-related income is often misreported when projecting annual income. Consumers should be sure to include any SSDI payments they receive when they are estimating their income. However, consumers

should not include SSI, veterans' disability, or workers' compensation payments when calculating their income.

Plan Selection Considerations

Assisters should encourage consumers with HIV/AIDS to consider the following key issues when selecting new health coverage:

- Prescription drug coverage. Either a Marketplace plan or Medicaid (if a consumer is eligible) may cover a consumer's medications. Assisters should help consumers evaluate prescription drug formularies and find a coverage option that covers their medication and best fits their needs, whether it is a QHP through the Marketplace or Medicaid.
- Provider network. If a consumer chooses to enroll in a Marketplace plan, assisters should encourage them to check the provider network to determine if their providers are part of the plan's network. Assisters should also encourage consumers to call the providers to confirm that they are accepting new or existing patients enrolled in that plan. If their current providers are out of network, they may not be able to continue to receive services from them or may face higher out-of-pocket costs if they do.
- Future health care needs. Assisters should discuss what health care services are covered by a specific health plan. A consumer with HIV/AIDS may require them to receive physical therapy, specialized therapy services, or assistive devices. Assisters should help consumers select a plan that will cover these services in the future, if needed. A plan with more expensive monthly premiums may reduce overall costs if the consumer requires multiple doctor's visits or services.

Assister Tips

Many people with HIV/AIDS may be concerned about affordability and continued access to medications and current providers, and some consumers may fear negative attitudes and prejudice.

Assisters can help people with HIV/AIDS learn about their options through the Marketplace and enroll in coverage by:

- Listening to consumers' needs and concerns;
- Encouraging continuity of care;
- Providing guidance on how insurance plans may support 9 continuous medication coverage;
- Showing compassion and sensitivity;

- Explaining insurance terms and benefits; and
- Providing guidance on their state's RWHAP or AIDS Drug Assistance Program.

Resources

- Ryanwhite.hrsa.gov
- HIV.gov
- Greaterthan.org

ⁱ [Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794](#)

ⁱⁱ [Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 *et seq*](#)

ⁱⁱⁱ [Section 1557 of the Patient Protection and Affordable Care Act](#)

^{iv} [Section 1557 of the Patient Protection and Affordable Care Act](#)

^v Health Insurance Marketplace[®] is a registered service mark of the U.S. Department of Health & Human Services

^{vi} Ryanwhite.hrsa.gov/sites/default/files/ryanwhite/about-program/legislation-title-xxvi.pdf

