



Maryland
DEPARTMENT OF HEALTH

Prime Time 2027 for Medicare Premium Assistance: Tools & Tips on Enrollment in Medicare Assistance Programs and Special Enrollment Periods - Session 2

Hosted by Client Services

Maryland AIDS Drug Assistance Program
Prevention and Health Promotion Administration

October 20, 2026



Mission, Strategy, Vision, and Shared Values

Mission: The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders.

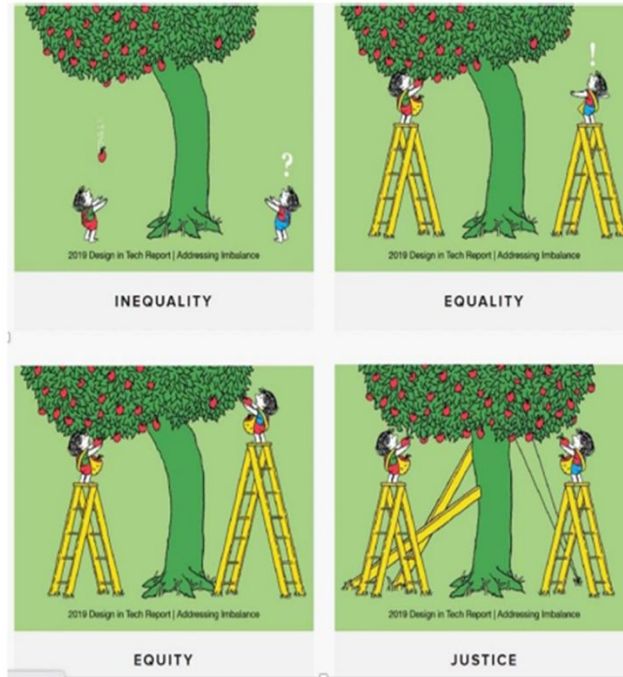
Strategy: PHPA seeks to achieve its mission through 1) investing in sustainable community-based prevention and intervention efforts through collaborations with strategic public and private partners; 2) promoting health equity by focusing on priority populations; and 3) strengthening the public health workforce.

Vision: The Prevention and Health Promotion Administration envisions a future in which all Marylanders have equitable opportunities to live, thrive, and be healthy.

Shared Values:

- **Respect and Equity:** PHPA recognizes and encourages creativity, differences of opinions, collaboration of ideas, and diversity of all staff, partners, and stakeholders
- **Inclusion:** PHPA seeks to honor the participation, leadership, expertise, and lived experiences arising from our communities and other sources to identify health challenges and develop lasting solutions.
- **Integrity:** PHPA is committed to transparency, timeliness, dependability, and quality customer service.
- **Environmental Stewardship:** PHPA recognizes that health and the environment are intricately intertwined and seeks to promote sustainable practices that safeguard public health, mitigate the spread of disease, and create thriving communities for all.

IDPHSB COMMITMENT STATEMENT



Our Commitment as a Bureau is to partner with communities to achieve health equity for all Marylanders. Our priority is to advance social and racial justice, and we are committed to undoing racism within our public health systems. It is our responsibility to serve Marylanders without any bias or discrimination and ensure open access to services and resources.

Prime Time for 2027 – Session 2 Agenda

01

**MADAP & MADAP
Plus Recap and
Medicare Update**

02

**Insurance
Verification and
Coordination of
Benefits**

03

**Premium Payment
Services**

04

**Open Enrollment
Resources**

Prime Time for 2027

MADAP and MADAP Plus Recap

MADAP's Goal

01

Access

To improve client access to HIV medications.

02

Suppression

Increase viral suppression by improving clients' adherence to medication regimens and helping clients monitor their progress.

03

Education

Educate stakeholders about the dynamic health insurance environment we live in.

04

Support

To support *Ending the HIV Epidemic: A Plan for America* in securing at least a 90% reduction in new infections by 2030.

How does MADAP flow?

01

Eligibility

- Application submitted
- Determination made

02

Insurance & Payments

- Insurance verification
- Insurance premiums paid

03

Quality Assurance

- Client files are reviewed for accuracy and compliance

04

Pharmacy & Rebates

- Pharmacy claims

MADAP Eligibility

Eligibility Criteria

To be eligible for MADAP services, an individual must:

- **Be a Maryland resident**
- **Be HIV positive**
(MADAP does not cover pre or post-exposure treatment)
- **Household income limits**
At or below 500% of the Federal Poverty Level (FPL)

Medicaid & Prohibitions

Prohibition & Program Restrictions:

An individual is **prohibited** from receiving full MADAP services if eligible for any Maryland Medicaid Programs or coverage groups that provide Medical Assistance (MA) with pharmacy benefits.

Temporary Assistance:

MADAP provides **temporary assistance (TAP)** for clients with pending MA applications.

MADAP Plus Eligibility

Requirements

To qualify for MADAP Plus and receive insurance premium assistance, an applicant must meet these core criteria:

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

Eligible Plans

MADAP Plus premium assistance applies to the following plan categories:

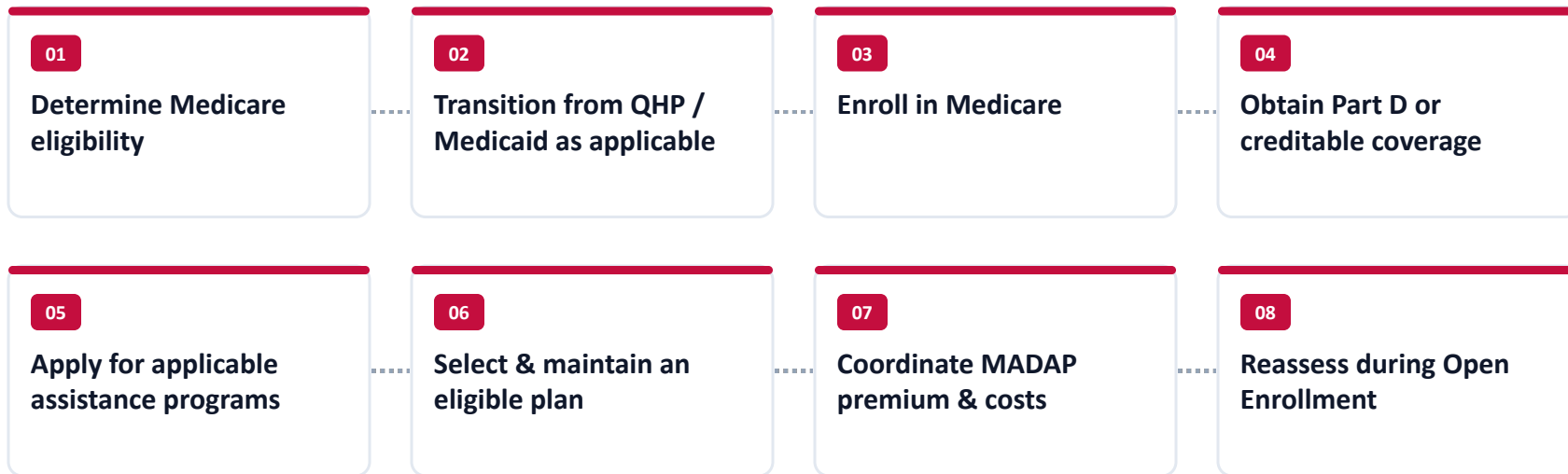
- **Medicare Plans:** Part D prescription, Medicare Advantage, and Medigap
- **Qualified Health Plans (QHPs):** Available both on and off the official exchange
- **Employer-Based Plans:** Coverage offered directly through employers
- **Private Insurers:** Standard individual health insurance plans

Prime Time for 2027

Medicare Updates

Medicare Transition Roadmap

What happens when a MADAP client becomes eligible for Medicare?



Partner goal: prevent coverage gaps and connect Medicare coverage to available MADAP assistance.

Navigating Medicare Changes: What to Expect Moving Forward

Part D Out-of-Pocket Cap

\$2,400

Annual OOP Limit (Effective Jan 2027)

The new maximum annual spending limit on prescription drug costs for individuals enrolled in a Medicare Part D plan.

2027 Part D Deductible: \$700

How the Cap Works

- **No More OOP Costs:** Once the \$2,400 limit is reached, you will pay \$0 for covered prescription drugs for the remainder of that plan year.
- **What Accumulates:** Your deductible (\$700 in 2027), copayments, and coinsurance all count directly toward meeting the cap.
- **MADAP Support:** Any payments made by the Maryland AIDS Drug Assistance Program (MADAP) count fully toward your OOP cap.

Medicare Prescription Payment Plan (MPPP)

What is the MPPP?

An optional program that helps cover Medicare Part D out-of-pocket (OOP) costs over the plan year.

MADAP Client Warning:

DO NOT enroll in MPPP if you receive MADAP assistance.

Enrolling in MPPP will disrupt your existing MADAP prescription coverage and claim processing.

Why MADAP clients should not enroll:

1. Alters Cost-Sharing Billing

MPPP changes how prescription cost-sharing is billed, replacing point-of-sale pharmacy payment with monthly plan billing.

2. Blocks Direct MADAP Payment

Under MADAP's payment process, this prevents MADAP from covering the client's prescription deductibles and copayments through the usual pharmacy claims process.

Medicare Prescription Payment Plan (MPPP)

How MPPP Changes Payment

Instead of paying cost-sharing at the pharmacy, the client receives a monthly bill from the Medicare drug plan.

IMPORTANT

MADAP clients should NOT sign up for this payment arrangement!

Impact on MADAP Assistance

Does Not Reduce Costs

MPPP does not reduce the total amount owed for prescriptions.

Interferes with Coverage

Enrollment would interfere with MADAP's ability to pay eligible prescription deductibles and copayments.

DIRECTIVE: Do Not Enroll.

Medicare Prescription Payment Plan (MPPP)

MPPP and MADAP Eligibility

Although MPPP is offered to Medicare Part D enrollees, it is **NOT** recommended for MADAP clients.

CRITICAL DIRECTIVE

MADAP CLIENTS: DO NOT ENROLL

Required Action

Continue using the established MADAP pharmacy coordination process.

Guidance for Clients and Case Managers

1. Advise Clients

Tell MADAP clients NOT to enroll in the Medicare Prescription Payment Plan.

2. Explain Billing Impact

MPPP billing prevents MADAP from covering prescription deductibles and copayments through its normal process.

3. Contact Support

Contact MADAP with questions before making any coverage changes.

Medicare: Frequently Asked Questions

1. How do clients get Medicare prescription drug coverage?

Medicare prescription drug coverage helps individuals pay for both brand-name and generic drugs, including HIV medications. Individuals can obtain this coverage in one of **two ways**:

Medicare Part D Plan

Complement to Original Medicare

Purchase a standalone Medicare Part D prescription drug coverage plan to complement Original (also known as Traditional) Medicare.

Medicare Advantage Plan

All-In-One Alternative

Enroll in a Medicare Advantage Plan (such as an HMO or PPO) that already includes comprehensive prescription drug coverage.

Frequently Asked Questions

2. Are clients required to enroll in Medicare prescription drug coverage?

Late Enrollment Penalty

What happens if you don't enroll?

- **Penalty Applied:** If clients choose not to enroll when first eligible, they will likely have to pay a late enrollment penalty to join later.
- **Added Costs:** This penalty is in addition to their monthly premium for as long as they have a Medicare drug plan.

Creditable Coverage

Alternative qualifying coverage

- **Definition:** Prescription drug coverage that provides at least as much as Medicare's standard coverage, on average.
- **No Penalty:** Clients with other creditable coverage (e.g., through an employer) can generally keep it without paying a penalty if they enroll later.

Frequently Asked Questions

3. How can a client know which plan covers their specific antiretroviral treatment (ART) medications without copayment?

Medicare Plan Finder Tool

Compare options & analyze coverage

Compare Plans: Clients and case managers can use CMS's [Medicare Plan Finder Tool](#) to compare local options.

Verify Copays: Enter all medications to see which ones are covered and check their specific cost-sharing requirements.

Drug Coverage & ADAP Support

Understanding costs & assistance

ART Mandate: All Medicare Part D plans must cover all HIV antiretroviral therapy (ART) medications, though cost-sharing structures vary.

ADAP Coverage: Remember, RWHAP clients' copays for HIV medications can be fully covered by ADAP.

Medicare Coverage Options

 An official website of the United States government [Here's how you know](#)

Medicare.gov Menu

Explore your Medicare coverage options

Pick your 2025 plan from Oct. 15 - Dec. 7.

 [First time joining a Medicare health or drug plan?](#)

Find Medicare health & drug plans

 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

 Continue without logging in

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

☒ 2025 ☐ 2024

ZIP CODE

Feedback

Frequently Asked Questions

4. What is the difference between a Medicare Advantage (Part C) plan and a Medigap Policy?

Medicare Advantage (Part C)

Bundled private insurance plans

- **Bundled Coverage:** Combines Medicare Part A, Part B, and usually Part D (prescription drugs) into a single plan.
- **Private Management:** Managed by approved private insurance carriers (e.g., Aetna, Blue Cross Blue Shield) rather than CMS.

Medigap Policies

Medicare supplemental insurance

- **Supplemental Costs:** Optional add-on policies that help cover some or all of the out-of-pocket "gaps" in Original Medicare (Parts A and B).
- **Key Restriction:** Does not include prescription drug coverage. Clients with Medicare Advantage cannot purchase a Medigap policy.

Frequently Asked Questions

5. Can a person switch Medigap plans during Medicare Open Enrollment?

Medicare Open Enrollment **October 15 – December 7**

- **Limited Scope:** Applies **only** to Medicare Advantage and Part D drug plans.
- **No Switch Window:** You **cannot** use this period to switch Medigap policies.

Medigap Policy Changes **Year-Round Flexibility**

- **Anytime Application:** You can apply to change your Medigap policy at **any time of the year**.
- **Continuous Access:** Medigap applications are not restricted to annual enrollment dates.

Frequently Asked Questions

6. What are the rules and exceptions for switching Medigap plans?

Medigap Switching Rules

Standard Continuous Guidelines

- **Anytime Access:** You can apply to change your Medigap policy at any time of the year.
- **Medical Underwriting:** Outside your initial 6-month window, changing plans usually requires answering health questions.
- **Risk of Denial:** Insurers can accept your application or deny coverage due to pre-existing conditions.

Exceptions & State Rules

Special Protections

- **Birthday Rule:** Maryland allows switching to an equal or lesser plan on your birthday and continues for 30 days without health questions.
- **Guaranteed Issue:** Special situations (like moving or losing employer coverage) grant rights to switch without medical underwriting.

Frequently Asked Questions Cont.

7. When can you switch Medicare Advantage Plans?

Rules, enrollment periods, and steps to safely return to Original Medicare

1. Approved Switching Windows

Jan 1 – Mar 31 (MA OEP): Switch by dropping your Advantage plan to return to Original Medicare.

Oct 15 – Dec 7 (AEP): Switch for coverage changes that officially take effect on January 1.

Trial Rights: Joined Medicare Advantage when first eligible at 65? Switch back within 12 months with Medigap rights.

Special Enrollment (SEP): Moving out of the service area or losing an MA plan gives guaranteed-issue rights.

2. Key Steps to Follow

- 1** Choose your window
Pick an approved enrollment period to drop your MA plan.
- 2** Apply for Medigap first
Apply & get approved before dropping MA. Without trial rights, medical underwriting health questions apply.
- 3** Add prescription coverage
Medigap lacks drug coverage; enroll in standalone Part D.
- 4** Notify your plan
Disenroll from MA to finalize return to Original Medicare.

Prime Time for 2027

Insurance Verification and Coordination of Benefits

Insurance Verification and COB

Verification Purpose

After an applicant is deemed eligible for MADAP, their health insurance information is verified to:

- Assist with **coordination of benefits (COB)** for pharmacy services.
- Determine **MADAP Plus** eligibility for premium assistance.

Medicare Plans

Part D prescription, Medicare Advantage, Medigap

QHPs

On-and-off exchange

Employer-Based Plans

Group health coverage sponsored by employers

Private Insurers

Individual commercial health plans

Insurance Verification

Verification Purpose

Verification determines key structural elements of a client's coverage plan:

- **Primary Coverage Status:** Establish whether the client holds active primary health insurance.
- **Premium Assistance:** Assess whether MADAP is permitted to pay the premium for that specific coverage.

Private & Commercial Formulary Changes

Critical mechanics regarding medication coverage:

- **Grace Period:** Clients are unable to obtain medication during this period.
- **Prior Authorization (Rx):** Prescriptions must be pre-authorized before receiving medications.
- **Formulary Updates:** Monitor ongoing changes to the active medication list.

Payer of Last Resort Restriction

As the payer of last resort, **MADAP is strictly restricted** from paying a client's health insurance plan premiums and the full cost of medications that the plan covers.

Coordination of Benefits

What is Coordination of Benefits?

Coordination of Benefits (COB) is the process used when a client has more than one health plan or program to determine which coverage pays first and which pays second for covered services.

PRIMARY

- Pays **first** toward the cost of covered services.
- The primary plan processes the claim before any secondary coverage.

SECONDARY

- Pays **after the primary plan** has processed the claim.
- May help cover **copays, coinsurance, or other eligible costs**.
- May pay up to **100% of the total cost** when a service is not covered by the primary plan.*

Coordination of Benefits

What role does MADAP play?

Pays pharmacy costs for covered prescriptions as either the **primary** or **secondary payer**, depending on the client's insurance status. MADAP also pays applicable deductibles for prescriptions.

Contributing Factors



Payer of Last Resort

Coverage Assessment

Before MADAP provides coverage, other available payer sources must be considered to determine whether they can assume responsibility as the payer of last resort.

MADAP should assess whether the client has access to:

- Medicare or Medicaid
- Private health insurance, employer, union, or retiree plans
- State Pharmaceutical Assistance Programs (SPAPs)

Key Takeaway

MADAP serves as the payer of last resort when other available sources of coverage or assistance cannot assume responsibility.

Required Action: All potential coordination of benefits options must be thoroughly investigated prior to MADAP disbursement.

MADAP Plus – Closes the Gaps in Care

Medicare

Helps make Medicare coverage affordable by assisting with:

- **Medicare Part D** premiums
- **Medigap** premiums
- Rx deductibles, co-pays, & coinsurance

Private / Employer

Helps with premiums, deductibles, co-pays, and coinsurance for:

- **Maryland Health Connection**
- Private market policies

No Insurance

For clients currently lacking health care coverage:

- MADAP **pays for covered medications** on the MADAP formulary.
- Active encouragement and support to help the client **obtain health insurance.**

Eligibility Reminder:

The client must remain MADAP-eligible: income must be no more than 500% of the FPL, and the client must not be **eligible for Maryland Medicaid (MA)**.

Premium Payments

1. Submit Bills

Submit premium bills to MADAP promptly.

This prevents payment delays that could result in **suspension of plan benefits** or **termination of the policy**.

2. Annual CEV

Complete the **Annual Continuing Eligibility Verification (CEV)** when due.

Timely completion is required to avoid delays in premium payment processing.

3. Report Changes

Report changes to MADAP and, when applicable, the **Maryland Health Exchange** (if enrolled in a QHP).

Report changes in:

Household Size
Address
Income
Insurance

Premium Payments — Payment Schedule

1. Current Process

MADAP currently processes premium payments **quarterly for most clients.**

2. Future Process

MADAP Plus will make **as many six-month payments as possible** to cover clients for their eligibility period.

Complete and accurate premium information is **critically important.**

3. Past-Due Notices

Applicants should **notify MADAP promptly** of past-due notices from insurance carriers.

MADAP will **confirm payment status** or make necessary **adjustments.**

Key Point: Accurate data ensures continuous coverage and minimizes delays.

Premium Payments — Processing & Submission

1. Payment Process

Once approved by an insurance specialist for MADAP Plus, the bill is handled by a payment specialist.

Submission is made to the **State Payment System (SPS)** or remitted by **credit card**.

2. Disbursement

Payment checks processed through the SPS are written directly from the **State of Maryland**, not from MADAP.

Send bills to MADAP!

Insurance Invoices & Bills

Fax: 410-244-8617

Email:

mdh.csopen_enrollment@maryland.gov

**(THIS EMAIL WILL RECEIVE INVOICES ONLY FROM
10/19/26 THROUGH 1/31/27)**

Medicare Open Enrollment

Annual Window

2027 Open Enrollment

October 15 – December 7

Medicare Beneficiaries can:

Join, change, or drop a Medicare Part D prescription drug plan.

Switch from Medicare Advantage back to Original Medicare.

Or:

Switch from Medicare Advantage back to Original Medicare.

Change from one Medicare Advantage plan to another.

Medicare Advantage

Open Enrollment

Annual Window

January 1 – March 31

Runs from January 1st to March 31st each year, providing a dedicated time frame for plan adjustments.

Allowed Coverage Changes

During this period, Medicare Advantage (MA) plan enrollees are permitted to:

- Switch from their current MA plan to another MA plan
- Leave an MA plan, return to Original Medicare, and enroll in Part D

Enrollment Restrictions

This specific enrollment window does not permit individuals to:

- Change standalone Part D prescription drug plans
- Initially enroll in a Medicare Advantage plan if not currently in one

MADAP Can Pay for the Following Plans

Part D Plans	Medicare Advantage Plans	Medigap Plans	Qualified Health Plans
<p>•MADAP will be able to pay for the following Insurer's Part D plans (PDP):</p> <ul style="list-style-type: none"> •Humana Insurance Co. •SilverScript (Aetna Medicare Company) •United HealthCare Ins Co (AARP Medicare) •WellCare 	<p>•MADAP will be able to pay for the following Insurer's Medicare Advantage plans:</p> <ul style="list-style-type: none"> •CareFirst Advantage •Healthspring •Humana Advantage •Johns Hopkins Advantage MD •Kaiser Permanente Medicare Plan 	<p>•MADAP will be able to pay for the following Insurer's Medigap plans:</p> <ul style="list-style-type: none"> •CareFirst •Humana Insurance Co. 	<p>•MADAP will be able to pay for the following Insurer's QHP plans:</p> <ul style="list-style-type: none"> •CareFirst - On and Off Exchange •Kaiser Permanente - On and Off Exchange •United HealthCare - On and Off Exchange
			Dental Plans
			<p>•MADAP will be able to pay for the following Insurer's Dental plans</p> <ul style="list-style-type: none"> •CareFirst

Best Practices for Submitting Forms and Documents

MADAP Forms

Access and download official MADAP forms online.

Website

[Go to the MADAP Website](#)

Client Services

Submit general applications, documents, and standard inquiries.

Email

[**client.services@maryland.gov**](mailto:client.services@maryland.gov)

Invoices & Bills

October 19, 2026 – January 31, 2027

Use during open enrollment. After Jan 31st, send to Client Services to ensure prompt payment.

Seasonal Email
mdh.csopen_enrollment
@maryland.gov

FileZilla SFTP

A highly secure SFTP platform that enables external users to safely upload, transfer, and exchange sensitive documents with our program.

Contact Information

MADAP Office
1223 W. Pratt Street
Baltimore, MD 21223

 **Main Line:** (410) 767-6535
Toll Free: 1-800-205-6308

 **Fax:** (410) 333-2608
(410) 244-8617

 **After Hours Pharmacy Helpline:** 1-800-932-3918

 **MADAP applications and forms:**
Client.services@maryland.gov

Insurance invoices and bills (seasonal only):
mdh.csopen_enrollment@maryland.gov

HOURS OF OPERATION

 **Monday – Friday:** 8:30 AM – 4:30 PM

 **Walk-In Hours: Monday – Friday:** 8:30 AM – 4:00 PM

Scan the QR code below to visit the MADAP website for information and forms.

MADAP Website



Questions and Answers



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Maryland

DEPARTMENT OF HEALTH

Prevention and Health Promotion Administration

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