



## **MIPPA:**

# **Improving Medicare Access and Affordability**

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# Overview of MIPPA

## MIPPA: Medicare Improvements for Patients and Providers Act

Enacted by  
Congress in  
2008

Goal: Strengthen Medicare  
for low-income beneficiaries  
by educating and enrolling  
more people into Medicare  
subsidies

# The Medicare Subsidies

## Medicare Savings Programs (MSPs)

Administered by State Medicaid agencies	Generally, help pay Medicare Part B premiums	<b>Four different programs:</b>  <b>QDWI:</b> Qualified Disabled Working Individual  <b>QI:</b> Qualifying Individual  <b>SLMB:</b> Specified Low-Income Medicare Beneficiary  <b>QMB:</b> Qualified Medicare Beneficiary
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# The Medicare Subsidies

## Medicare Part D Low-Income Subsidy (LIS/Extra Help)

Administered  
by the Social  
Security  
Administration

Helps pay for  
Part D  
prescription  
drug costs

Auto-enrollment:  
Duals, SSI, MSP

- Applicants must be enrolled in Medicare Part D or a Medicare Advantage plan with prescription drug coverage and meet income and asset guidelines.

# How MIPPA Works

Federal  
Funding  
(MIPPA)

- Funding appropriated by Congress

Grant  
Administrators

- Centers for Medicare & Medicaid Services (CMS)
- Administration for Community Living (ACL)

Grant  
Recipients

- State Health Insurance Programs (SHIPs)
- Area Agencies on Aging (AAAs)
- Aging & Disability Resource Centers (ADRCs)
- National Council on Aging (NCOA, MIPPA Resource Center)
- Sub-grantees

# History of MIPPA Funding

## MIPPA 1

- Funding disbursed to states in 2009
- N/A: North Dakota, Delaware, Wyoming

## MIPPA 2

## MIPPA 3

## MIPPA 4

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- **2013 American Taxpayer Relief Act reauthorized MIPPA funding**
- **N/A: North Dakota, Florida, Hawaii**

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## MIPPA 4

- **More funding via 2014 Protecting Access to Medicare Act**
- **Funding likely renewable up to 3 years**

# Importance of MIPPA Outreach

- Out-of pocket Medicare costs are often burdensome for low-income beneficiaries
  - High health spending for Medicare households
  - Disproportionate spending on premiums alone
  - Medicare premiums continue to rise annually

# Importance of MIPPA Outreach

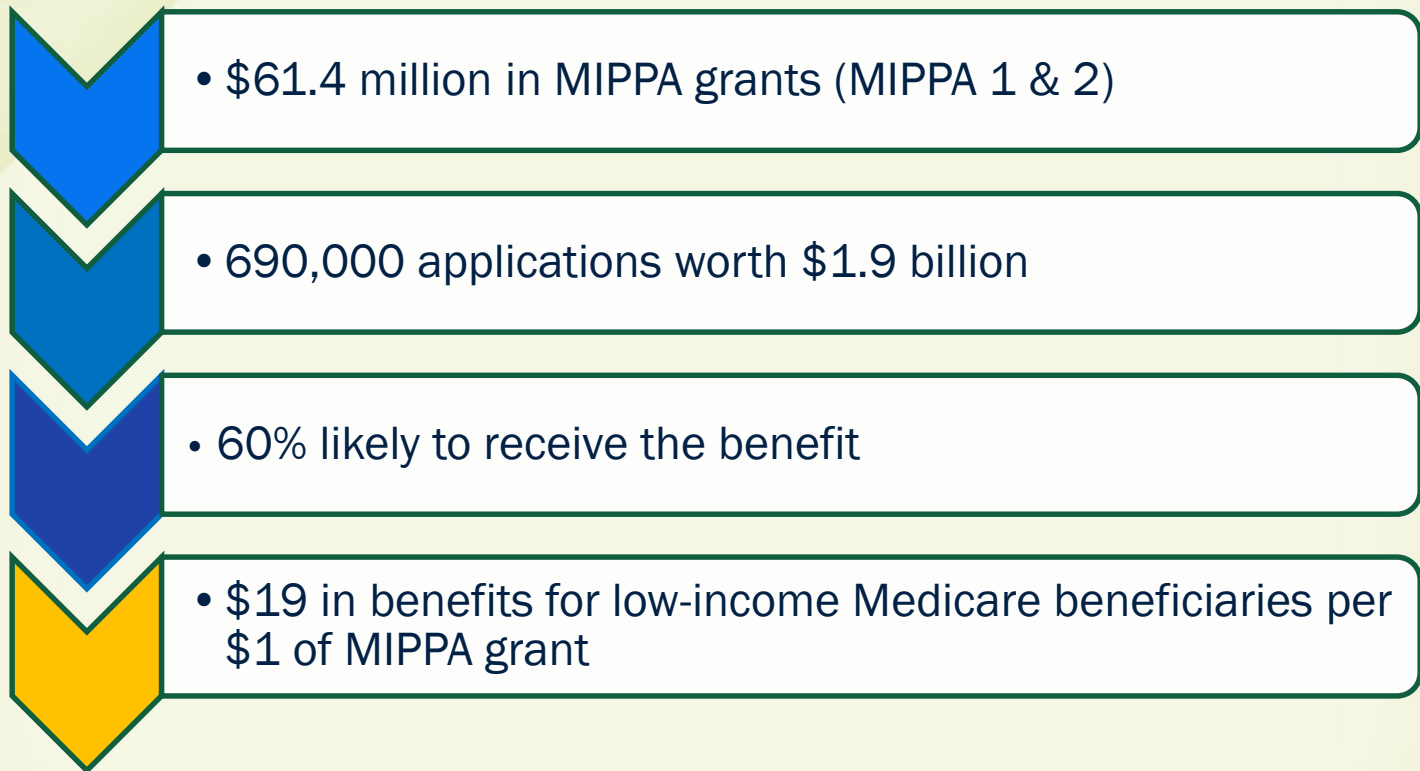
- Many beneficiaries don't currently have a way to offset out-of-pocket Medicare costs
  - 15% of recipients have no supplemental coverage
  - Many low-income beneficiaries don't qualify for Medicaid
- Helpline call logs reflect a need for help with Medicare costs

# National MIPPA Successes To Date

Benefits applications submitted by MIPPA grantees and their value

APPLICATION TYPE	2009 (Jun-Dec)	2010 (Jan-Dec)	2011 (Jan-Dec)	2012 (Jan-Sept)	2013-14 (Oct-Mar)	Total	TOTAL VALUE OF BENEFITS
LIS applications	46,328	116,816	123,594	73,764	46,167	409,669	\$1,622,075,200
MSP applications	31,594	87,589	112,005	99,232	49,437	379,857	\$573,764,214
<b>TOTAL</b>	77,922	204,405	235,599	172,996	95,604	1,199,195	\$2,195,839,414

# MIPPA's Return on Investment



# How MIPPA Has Helped Older Adults

- Connected them to benefits that offer significant out-of-pocket savings
  - Estimated annual value of LIS = \$4,000
  - Estimated annual value of MSP (minimum) = \$1,258
- Assisted with selecting Part D plans that best suit their needs
- Increased uptake of preventive services that help seniors stay healthy

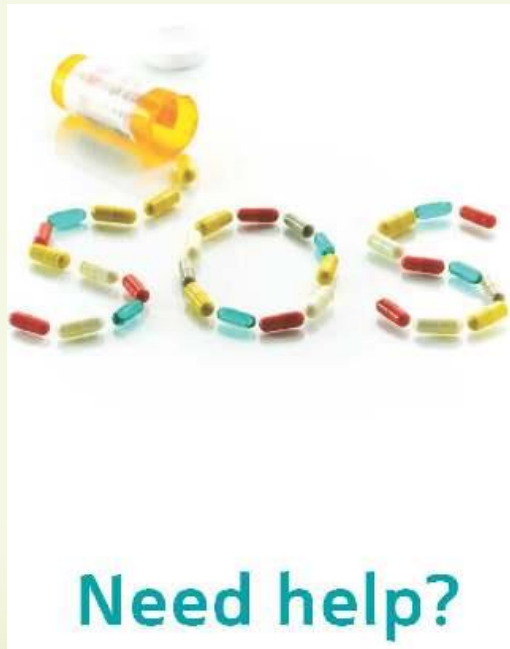


# Components for Success: Partnerships

- Public and private partners:
  - health care providers
  - pharmacies
  - faith communities
  - food banks/pantries
  - local gov't offices (Medicaid, Community Action Agencies, Social Security)
- By end of MIPPA 2 funding, nearly 9,000 local partners – 60% came from outside the traditional aging network

# Components for Success: Messaging

- Use one simple, consistent message used across different venues (e.g., flyers, billboards, radio) worked best





# Components for Success: Messaging (cont.)

- Tell people the basic eligibility requirements upfront
- Don't assume people will know they fall into "low income" category

## Get Help With Your Medicare Costs!

The **D.C. Medicare Savings Program** can save you over \$3,000 each year in Medicare expenses and prescription drug costs. You can qualify if you ...

- ✓ Are a D.C. resident
- ✓ Are eligible for Medicare
- ✓ Have monthly income below \$2,728 (\$3,663 couple)\*

\*If you work, your income may be higher

### For More Information



**202-739-0668**

DCHICP@gmail.com

**HICP**  
HEALTH INSURANCE  
COUNSELING PROJECT

# Successful Outreach Strategies

## Example 1: Reaching the population aging into Medicare

- Anne Arundel County (MD) SHIP bought data lists to identify people turning 65 in the next 3-6 months
- Sent birthday letters from Department on Aging that outlined common questions people have about Medicare and provided phone number and local event calendar to get more information
- Roughly 80% of letter recipients called the SHIP or attended an event



# Successful Outreach Strategies (cont.)

## Example 2: Reverse 9-1-1 calls

- Manchester Township (NJ) has a system wherein 9-1-1 can reverse call citizens with important messages
- Called all households with seniors to invite them to local breakfasts with municipal and county officials, which also served as screening and enrollment sites
- Over 500 attendees, and completed 315 applications for LIS, MSP, Food Stamps on site



# Recent/Current Efforts Focused on Older Adults

- *You Gave, Now Save*: guide to benefits created with n4a, available at [www.ncoa.org/yougavenowsave](http://www.ncoa.org/yougavenowsave)
- Outreach materials designed for Tribal elders available at: <http://www.ncoa.org/enhance-economic-security/center-for-benefits/mippa/mippa-native-americans.html>
- Working with Medicare Rights Center to develop tools and training related to transitioning from Health Insurance Marketplaces to Medicare

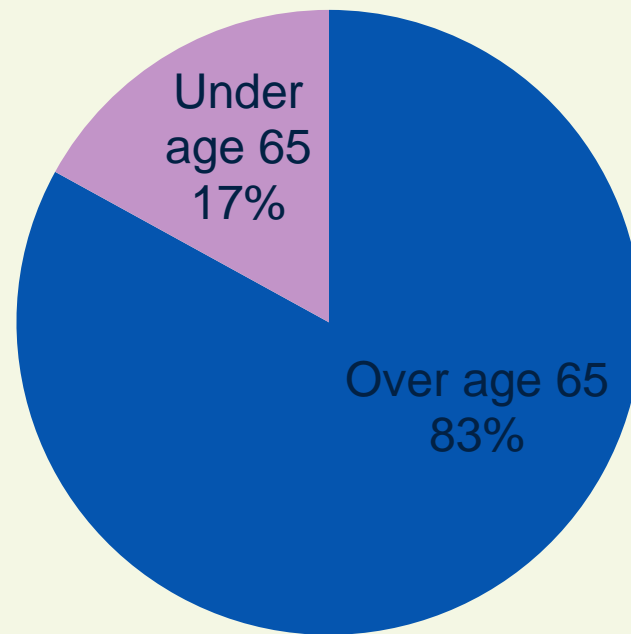
# Looking Ahead

- Special focus on:
  - Rural populations/outreach
  - Native Americans
  - Adults living with disabilities
- New partnerships with:
  - Health Resources and Services Administration to explore use of Federal Qualified Health Centers in outreach to Medicare beneficiaries
  - National Indian Council on Aging

**NASUAD's MIPPA outreach  
to Medicare beneficiaries  
with disabilities**

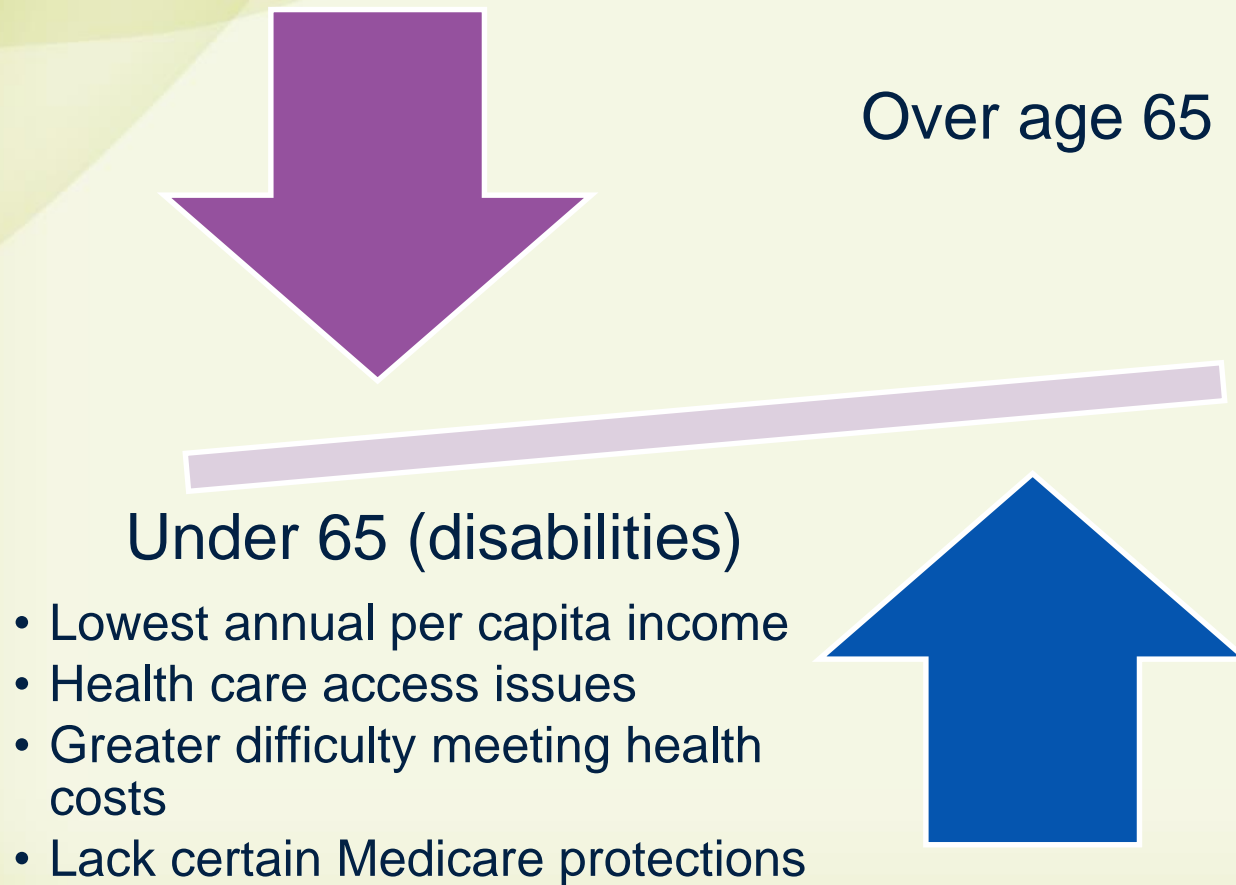
# The Medicare Population

## Medicare by Age



SOURCE: [2012, Kaiser, Medicare at a Glance]

# Health Access Barriers for Nonelderly Medicare Recipients



SOURCE: Data from KFF, Sept. 2010, "Medicare and Nonelderly People with Disabilities"



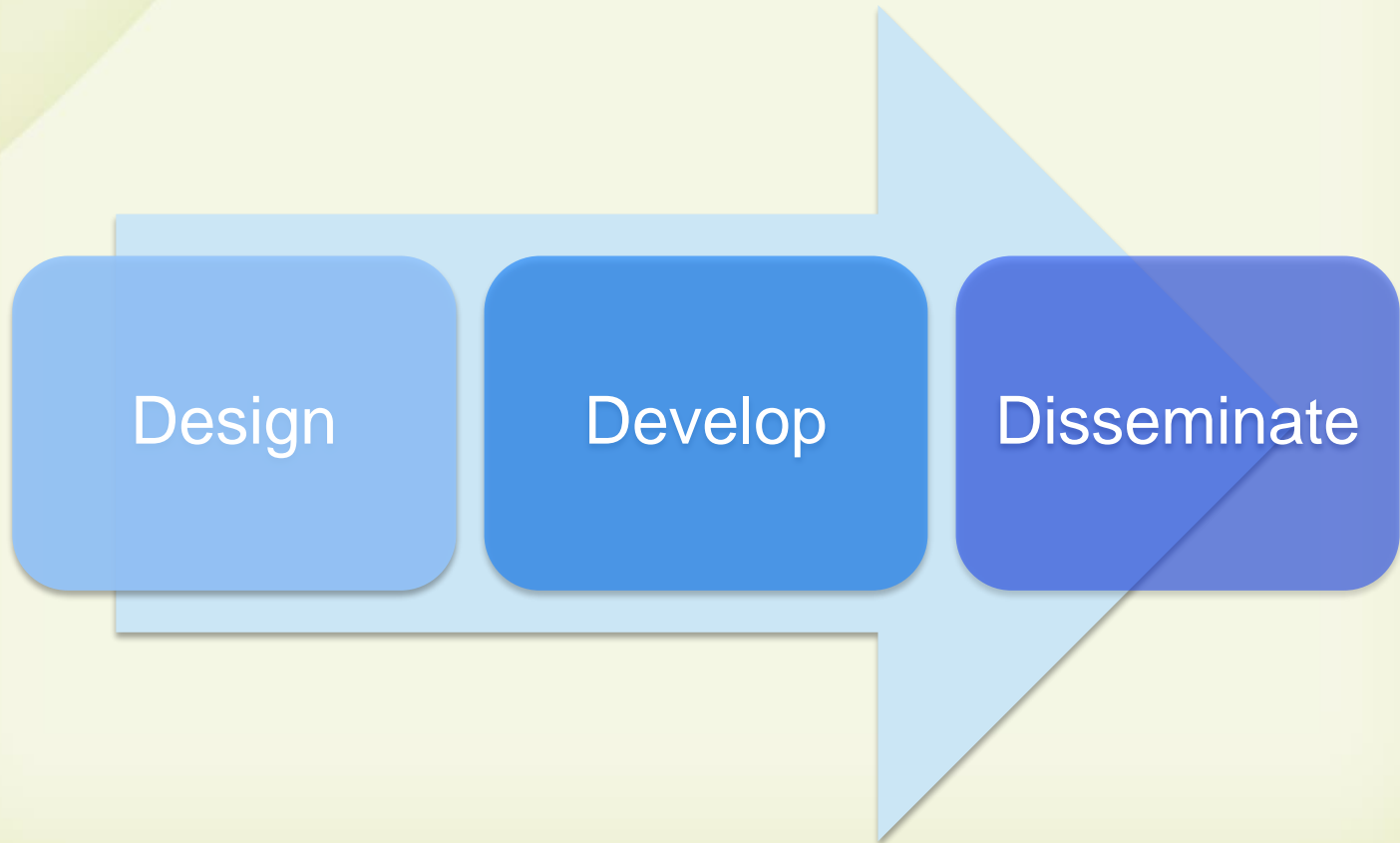
# Outreach Efforts for Beneficiaries with Disabilities

- ✓ Increase consumer awareness
- ✓ Provide basic qualification criteria
- ✓ Provide key referral sources

# Prior Knowledge



# Process



# Deliverables

## Get HELP with your MEDICARE COSTS!



**A Medicare Savings Program may help with some of your Medicare costs.**

**FOR ASSISTANCE, CALL:**



# Deliverables

## Available MEDICARE SAVINGS:



If you are low-income, a **Medicare Savings Program** may help with some of your Medicare costs.

If your monthly income is close to the limits listed below, a **Medicare Savings Program** may help you.

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Programs Pay for:
\$1,300	\$1,800	Part B monthly premium

\*Income limits are approximated and vary by state.

If you are a **working person with a disability** and your monthly income is close to the limits listed below, the **Qualified Disabled Working Individuals Medicare Savings Program** may help you.

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Program Pays for:
\$4,000	\$5,300	Part A monthly premium

\*Income limits are approximated and vary by state.

**FOR ASSISTANCE, CALL:**

Current as of August 2014



# Deliverables

I'm working again, but I still can't afford my  
**MEDICARE COSTS...**  
Is there any **HELP** out there for me?



**YES!** If you are a working person with a disability under 65 and on Medicare, the Qualified Disabled Working Individuals Program (QDWI) may help you!

**QDWI is a Medicare Savings Program** that may help pay some Medicare costs for low-income working individuals with a disability.

If you are single with a monthly income of about \$4,000 (or married with a combined monthly income of about \$5,300), **this program may help you.\***

\*Income limits vary by state.

**FOR ASSISTANCE, CALL:**

Current as of August 2014





# Deliverables

## THE MEDICARE LOW INCOME SUBSIDIES

**WHAT THEY ARE:** The Medicare low-income subsidies are a set of federally and state funded programs that help make Medicare more affordable for low-income Medicare recipients. These programs include the Medicare Savings Programs (MSPs), and the Medicare Part D Low Income Subsidy/Extra Help program (often referred to either LIS or Extra Help).

*For information on how to apply, see next page.*

### UNDERSTANDING MSPs

MSPs are a set of 4 programs run by the state Medicaid agencies that can help low-income Medicare recipients save on Medicare costs. MSPs include the Qualified Disabled and Working Individual (QDWI), Qualifying Individual (QI-1), Specified Low-Income Medicare Beneficiary (SLMB), and Qualified Medicare Beneficiary (QMB) programs.

**HOW THEY WORK:** Individuals must have Medicare Part A and must fall into the income and asset guidelines in their state to qualify for an MSP (see charts below).

The QDWI program applies to working people with disabilities.

Program	Program Details	Monthly Income Limits*		Asset Limits*		Pays for:
		Single	Married	Single	Married	
QDWI	Open to working people with disabilities who lose their Social Security Disability Insurance (SSDI) benefit and lose premium-free Part A. Not for those who have Medicaid.	\$3,955	\$5,309	\$4,000	\$6,000	Part A premium

\*Limits vary by state and are updated annually.

The QI-1 and SLMB programs cover the cost of the part B monthly premium for low-income Medicare recipients.

Program	Program Details	Monthly Income Limits*		Asset Limits*		Pays for:
		Single	Married	Single	Married	
QI-1	Not for those who have Medicaid. Enrollment is limited.	\$1,313	\$1,770	\$7,160	\$10,750	Part B premium
SLMB	Open to those who have Medicaid.	\$1,167	\$1,573	\$7,160	\$10,750	Part B premium

\*Limits vary by state and are updated annually.

Program	Program Details	Monthly Income Limits*		Asset Limits*		Pays for:
		Single	Married	Single	Married	
QMB	Open to those who have Medicaid. Doctor must accept Medicare and Medicaid for cost of care to be covered.	\$973	\$1,313	\$7,160	\$10,750	Part A/B premiums, deductibles, co-pays and coinsurance

\*Limits vary by state and are updated annually.

Current as of August 2014

Turn Page Over

## UNDERSTANDING LIS / EXTRA HELP

LIS or Extra Help is a program run by the Social Security Administration that helps low-income Medicare recipients save on Medicare Part D prescription drug costs.

**HOW THEY WORK:** Individuals must fall into the federal income and asset limits (see chart below). Individuals who receive Extra Help must sign up for a Medicare Part D prescription drug plan or a Medicare Advantage plan with prescription drug coverage.

Medicare pays for the full monthly premium if an individual signs up for one of the stand-alone Prescription Drug Plans that offer the standard Part D benefit, referred to as low-income benchmark plans. People who are dual-eligible (on both Medicaid and Medicare), receive Supplemental Security Income (SSI), or have an MSP are automatically signed up for the Extra Help program.

Level of Coverage	Monthly Income Limits*		Asset Limits*		Benefits:
	Single	Married	Single	Married	
Full LIS	\$1,313	\$1,770	\$7,160	\$13,750	Premium/deductible: \$0; co-pays: \$1.20–2.55 generic, \$3.60–\$6.35 brand-name; no co-pay after reaching \$4,550 out-of-pocket threshold
Partial LIS	\$1,459	\$1,966	\$13,440	\$26,860	Premium: income-based; deductible: \$63 and under; co-pays: 15% coinsurance or plan co-pay, \$2.55 generic and \$6.35 brand-name or 5% of drug cost (whichever is greater), after \$4,550 in total out-of-pocket costs

\*Amounts are updated annually.

### HOW TO APPLY:

Interested persons may apply for an MSP at their local Medicaid office.

For Extra Help, individuals can apply online or at their local Social Security office.

More information and assistance available at:

- State Health Insurance Assistance Program (SHIP): [www.shiptalk.org](http://www.shiptalk.org)
- Medicare Rights Center: [www.medicarerights.org](http://www.medicarerights.org); (800) 333-4114
- NCOA Center for Benefits Access: [www.centerforbenefits.org](http://www.centerforbenefits.org); [centerforbenefits@ncoa.org](mailto:centerforbenefits@ncoa.org)
- [www.medicare.gov](http://www.medicare.gov)

# Dissemination

- NASUAD website and social media blasts
- Educating I&R and other professionals
  - June 2014 AIRS Conference presentation
  - July 2014 I&R webinar presentation
  - September 2014 HCBS Conference presentation
- Email dissemination through consumers, stakeholders, professional organizations



# Takeaways

- Lessons from consumers:
  - Receptive to message of independence, empowerment, and proactivity
  - Seek context-specific images
  - Engaged by simplicity and clarity
- Barriers/challenges:
  - Vastly diverse characteristics and needs
  - How simple is simple enough?
  - New considerations

# Looking Ahead

1. Expand Outreach
  - A. Sub-populations (mental illness)
  - B. New geographic areas (rural communities)
  
2. Improve Outreach
  - A. New partnerships
  - B. New technology (outcomes monitoring tools; mobile app)

# Tips for Successful Outreach



- Ensure outreach materials are user-friendly



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• Ensure outreach materials are user-friendly



• Develop a strong dissemination plan



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• Leverage community partnerships



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- Establish a method for measuring outcomes

# Resources

## Medicare Rights Center

[www.medicarerights.org](http://www.medicarerights.org)

(800) 333-4114

## Medicare Interactive

[www.medicareinteractive.org](http://www.medicareinteractive.org)

## NCOA Center for Benefits Access

[www.centerforbenefits.org](http://www.centerforbenefits.org)

[centerforbenefits@ncoa.org](mailto:centerforbenefits@ncoa.org)

(202) 479-1200

## BenefitsCheckUp®

[www.benefitscheckup.org](http://www.benefitscheckup.org)

# Resources

## The National SHIP Resource Center

[www.shiptalk.org](http://www.shiptalk.org)

## Additional National Resources

[www.medicare.gov](http://www.medicare.gov)

[www.cms.gov](http://www.cms.gov)

[www.nasuad.org](http://www.nasuad.org)



# Discussion



September 2014

[www.nasud.org](http://www.nasud.org)