Making Medicare Affordable

Finding, screening and enrolling low-income Medicare beneficiaries in programs to help pay the costs of prescriptions and Medicare

National Council on Aging

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Today's Topics

- Medicare turns 50!
- MIPPA Legislation & Success
- LIS & MSP
- I&R Network Survey Results
- Promising Practices
- Tools & Resources

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Medicare and Medicaid turn 50 in 2015!!!!

Source: Kaiser Family Foundation A Story of Medicare: A timeline

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The Story of Medicare: A Timeline

Access the video here:

http://kff.org/medicare/video/the-story-of-medicare-a-timeline/

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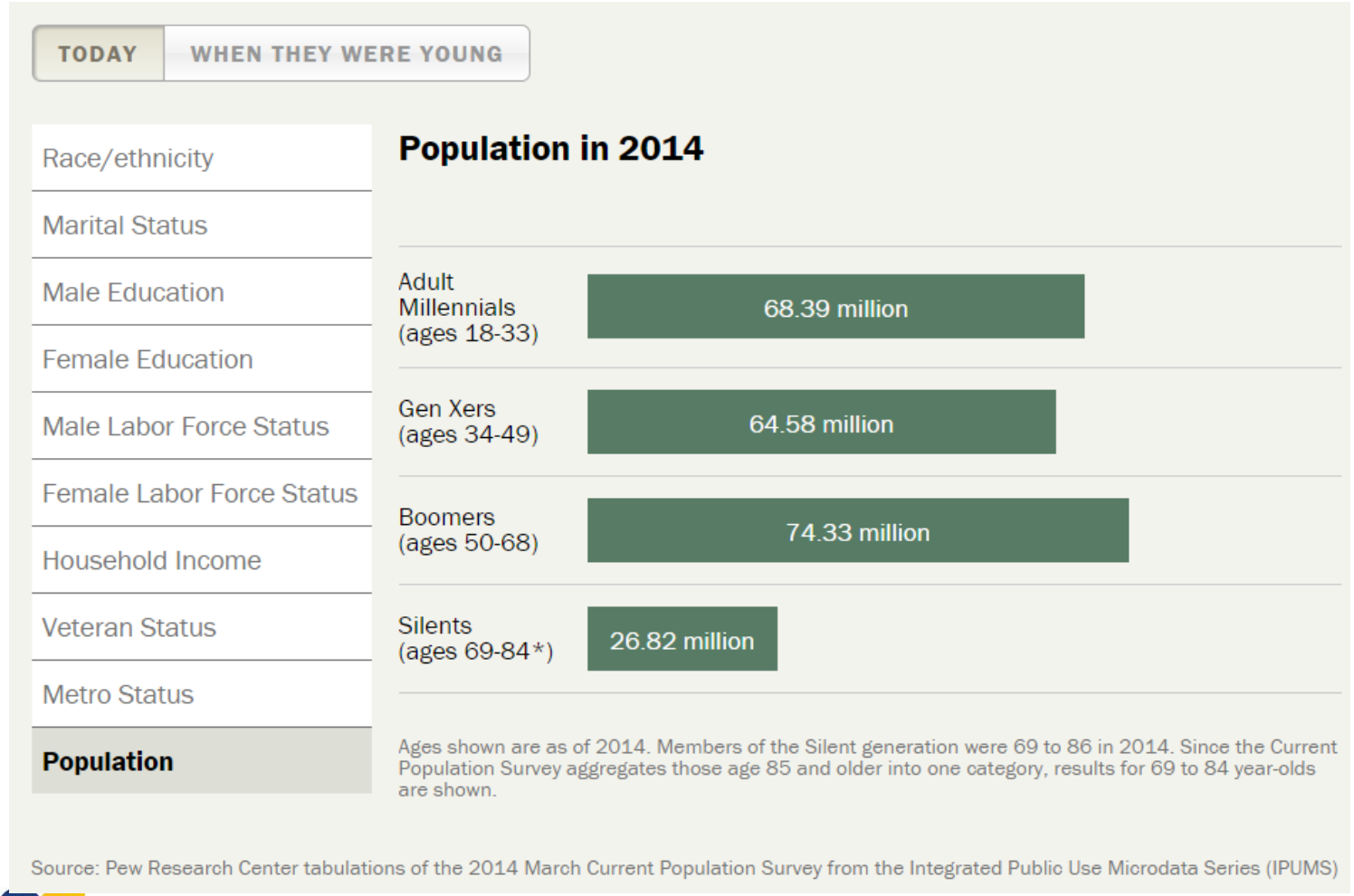
Population in 2014



Source: Pew Research Center Comparing Millennials to Other Generations

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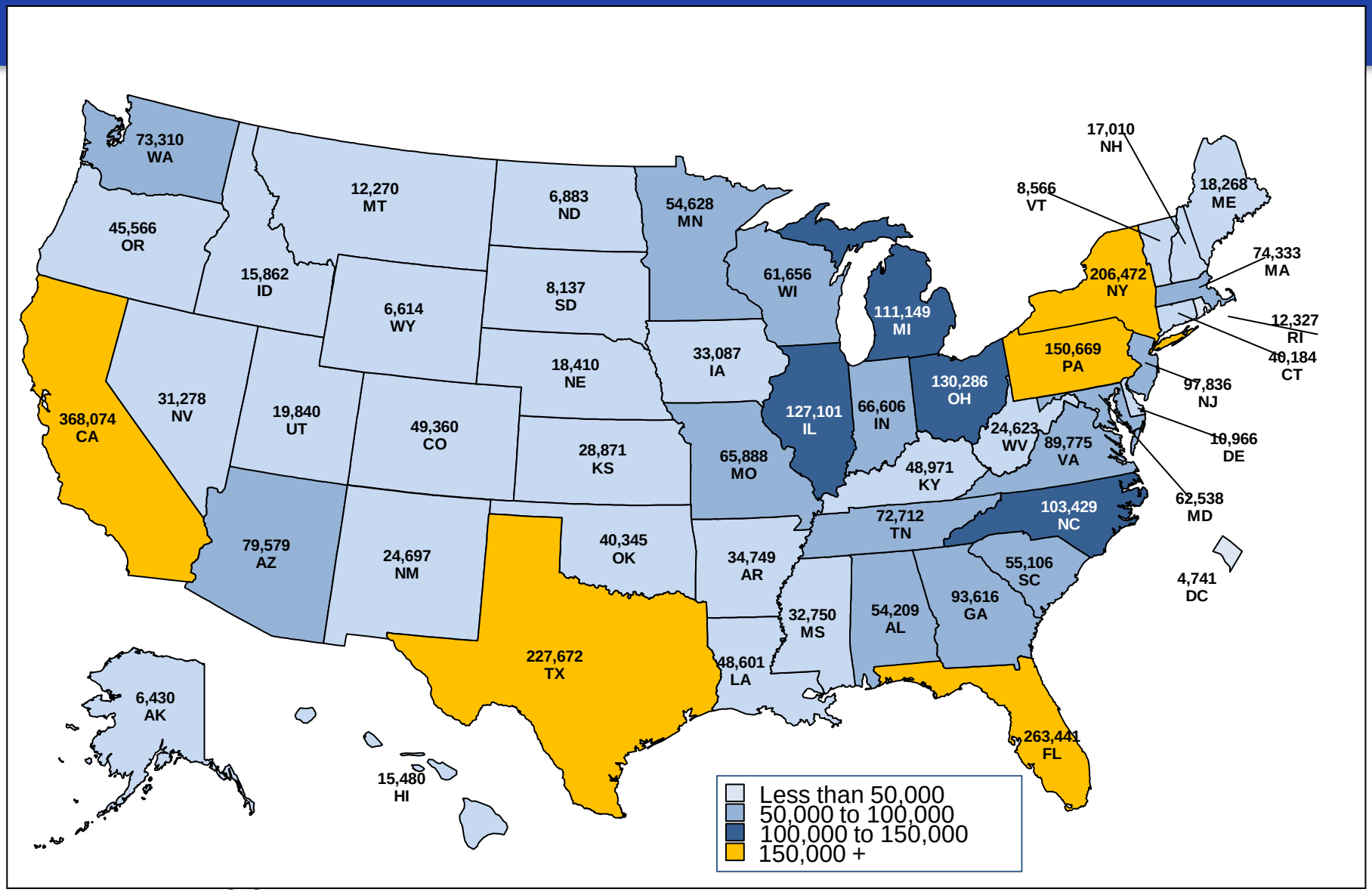
One third of those turning 65 live in five states



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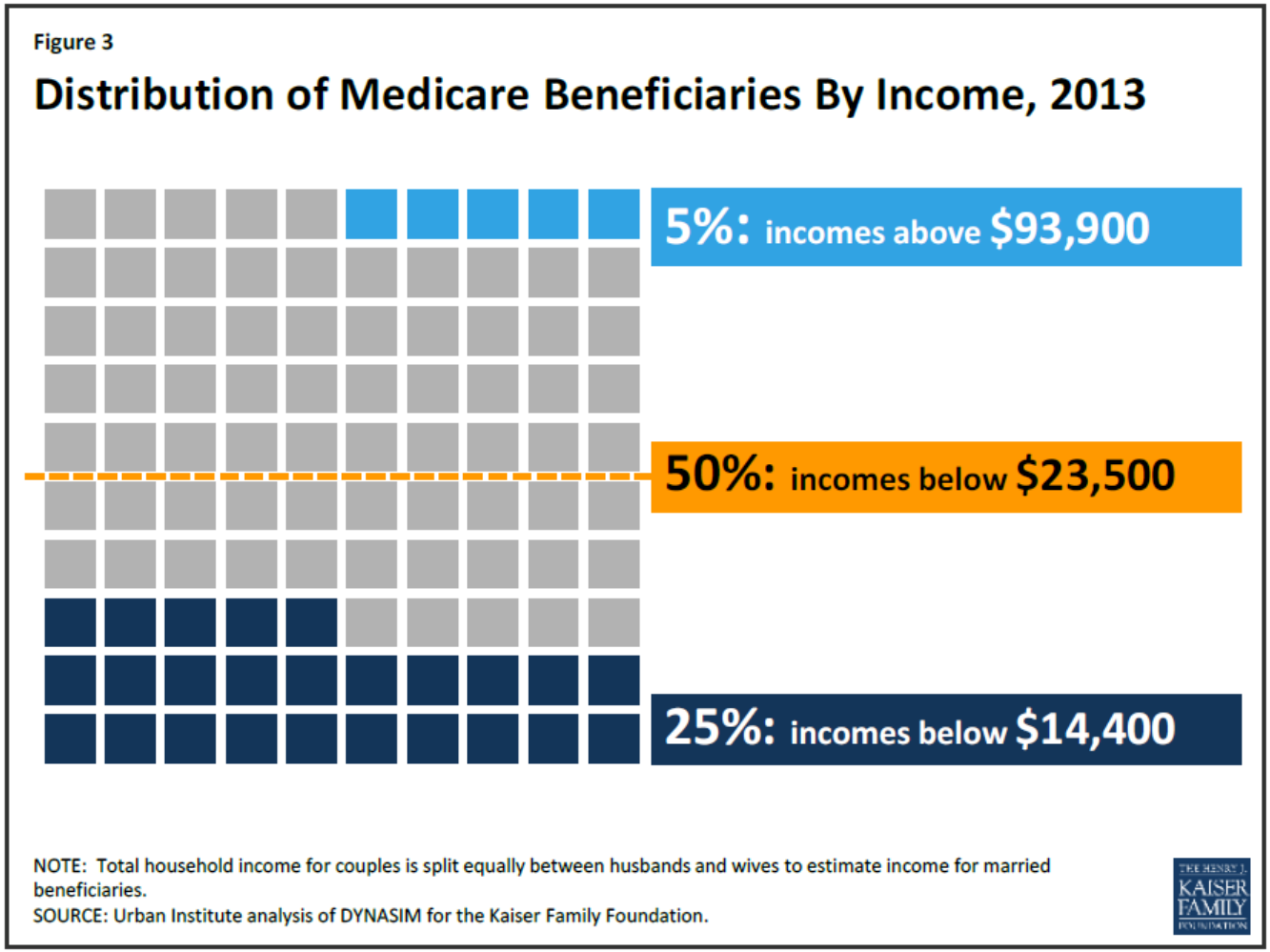
Medicare Beneficiary Household Income



Source: Kaiser Family Foundation A Primer on Medicare

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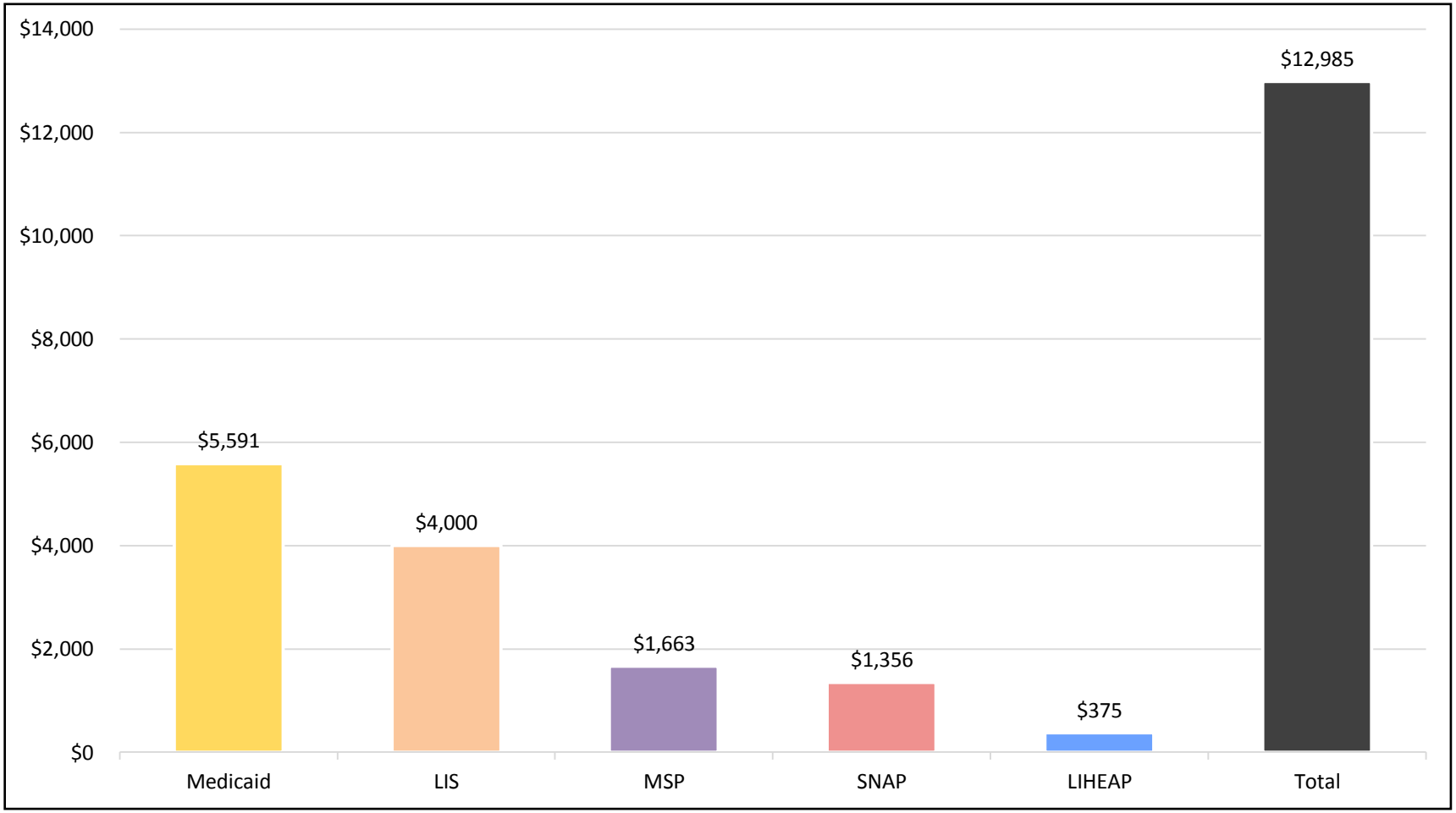
Value of Core Benefits



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Medicare Improvements for Patients and Providers Act (MIPPA) Successes & Legislation

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Background on MIPPA

- *Medicare Improvements for Patients and Providers Act* (MIPPA) enacted by Congress in 2008
- Funding for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to:
  - Help low-income Medicare beneficiaries enroll in the Part D Low Income Subsidy (LIS/Extra Help) and Medicare Savings Programs (MSP)
  - Assist rural residents to enroll in Part D
  - Create a technical assistance center (awarded to NCOA)
- 1st round of funding disbursed in 2009 ("MIPPA 1"); Delaware, North Dakota, and Wyoming did not participate

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NCOA Economic Security- Center for Benefits Access

- Helps community-based organizations find and enroll seniors and younger adults with disabilities with limited means into benefits programs for which they are eligible

ncoa
Center for Benefits Access

- CenterforBenefits.org

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Center for Benefits Access

Key activities:

- Provide training and technical assistance (e.g., monthly webinars, conferences, and individualized support) and data collection and analysis.
- Develop timely publications, including online bi-monthly newsletter (*Benefits Alert*), issue briefs, case studies, promising practices, etc.
- As of 2009, serve as national resource center for MIPPA grantees and establish and support Benefits Enrollment Centers (BEC).

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MIPPA 2

- Passage of the *Affordable Care Act* in 2010 provided additional funding to support MIPPA activities ("MIPPA 2") through mid-2012
  - SHIPs, AAAs, and ADRCs also asked to promote new free preventive services under Medicare, including the Annual Wellness Visit
  - Florida, Mississippi, and North Dakota did not participate

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MIPPA 3

- Passed in January 2013, the *American Taxpayer Relief Act* reauthorized funding for MIPPA activities for an additional year:
  - States received funds to continue their outreach and enrollment activities beginning Sept. 30, 2013.
  - Florida, Hawaii, and North Dakota (and several territories) did not apply
  - NCOA's Center for Benefits Access was also awarded a grant to continue to serve as the MIPPA resource center.
- States experienced a one-year gap between the end of MIPPA 2 funding and the release of MIPPA 3 funds (beginning late Sept. 2013)

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MIPPA 4

- Additional MIPPA 3 monies appropriated in budget passed by Congress and signed in Jan. 2014, but amended by SGR ("doc fix") law on April 1, 2014
- *Protecting Access to Medicare Act* of 2014

Federal Fiscal Year (FY)	SHIP	ADRC	AAA
FY 2014 (Oct. 2014-Sept. 2015)	$7,500,000	$5,000,000	$7,500,000
FY 2015 (Oct. 2015-Sept. 2016)*	$3,750,000	$2,500,000	$3,750,000

- Funding likely renewable up to 3 years

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MIPPA 5

- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - QI is permanent! Folks between 120-135% FPL and less than $7,280 in assets get help with Part B premiums.
  - Increased Outreach and Enrollment Funds

	AAA	ADRC	SHIP	NCBOE
FY 2015 (Oct. 2015 to Sept 2016)	$7.5m	$5m	$7.5m	$5m
FY 2016 (Oct. 2016 to Sept 2017)	$7.5m	$5m	$13m	$12m
FY 2017 (Oct. 2017 to Sept 2018)	$7.5m	$5m	$13m	$12m

  - Effective 2018, new level for Part B & D premium adjustments if income is “>$107,000 ≤ $133,500” and “>$133,500 ≤ $160,000”
  - Effective 2020, Medigap new policies won’t offer “first-dollar” coverage and insured will owe Part B deductible

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MIPPA Video & At a Glance

- MSP/LIS updated charts and tip sheets online
- MSP/LIS Video Link https://vimeo.com/117483374
- MIPPA At a Glance

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LIS & MSP: Two Key Programs

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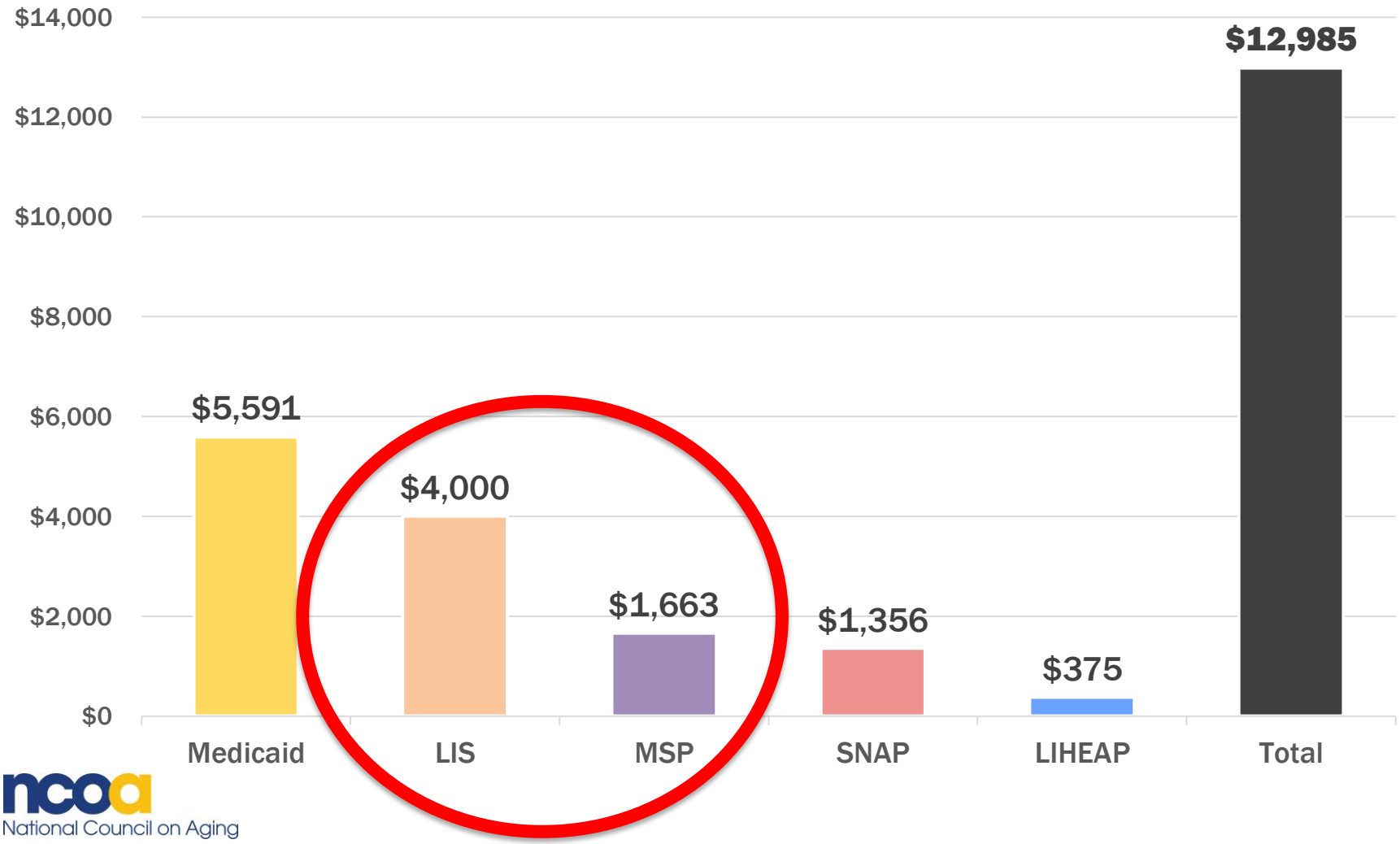
Value of Core Benefits



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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
TOTAL	77,922	204,405	235,599	172,996	95,604	1,199,195	$2,195,839,414

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

- Administered by Social Security Administration and Medicare
- Helps pay Medicare Part D (drug plan) costs for people with limited income/resources (income below 150% FPL)
  - No/sliding scale premium
  - No/low deductible
  - No more than $6.60/drug or a sliding scale percentage
- Eliminates the coverage gap ("donut hole")

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LIS/Extra Help Eligibility Chart

Full Low-Income Subsidy (LIS)/Extra Help (2015) - 48 STATES + DC							
Beneficiary Group	**Annual Income Eligibility Requirement***	**Monthly Income Eligibility Requirement***	**Asset Eligibility Requirement****	**Need to apply for LIS?**	**Monthly Premium**	**Annual Deductible**	**Copay/Coinsurance Plan's Formulary Drugs**
Full-Benefits Duals: Institutionalized or receiving Home and Community-based Services	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	Meet State Medicaid financial eligibility	No, receive it automatically	No	No	None
Full-Benefit Duals: income ≤ 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	*Copay:* $1.20 generic /$3.60 brand *Catastrophic Copay:* $0
Full-Benefit Duals: income > 100% FPL	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	Meet State Medicaid/MSP financial eligibility	No, receive it automatically	No	No	*Copay:* $2.65 generic/$6.60 brand *Catastrophic Copay:* $0
Non-duals: income ≤ 135% FPL AND lower asset levels	Single: $15,890 Couple: $21,506	Single: $1,324 Couple: $1,792	Single: $8,780 Couple: $13,930	No, if receiving SSI; otherwise, yes	No	No	*Copay:* $2.65 generic/$6.60 brand *Catastrophic Copay:* $0
Partial Low-Income Subsidy (LIS)/Extra Help (2015) - 48 STATES + DC							
Beneficiary Group	**Income Eligibility Requirement***	**Monthly Income Eligibility Requirement***	**Asset Eligibility Requirement****	**Need to apply for LIS?**	**Monthly Premium**	**Annual Deductible**	**Copay/Coinsurance Plan's Formulary Drugs**
Non duals with income ≤ 135% FPL AND assets between lower and higher limits	Single: $15,890 Couple: $21,506	Single: $1,324 Couple: $1,792	Single: between $8,781-$13,640 Couple: between $13,931-$27,250	Yes	No	$66	*Coinsurance:*15% *Catastrophic Copay:* $2.65 generic/$6.60 brand
Non duals with income between 135-150% FPL	Single: $17,655 Couple: $23,895	Single: $1,471 Couple: $1,991	Single: $13,640 Couple: $27,250	Yes	Yes, Sliding scale	$66	*Coinsurance:* 15% *Catastrophic Copay:* $2.65 generic/$6.60 brand

* Income limits do not include the $20 income disregard and monthly income, 135% FPL and 150% FPL are rounded to nearest whole dollar.
** All asset limits include $1,500/person burial allowance.
Income Levels Source: http://aspe.hhs.gov/poverty/15poverty.cfm and http://policy.ssa.gov/poms.nsf/lnx/0603020055
Asset Levels: http://www.coeha.com/2015%20LIS%20Asset%20Levels%20Memo.pdf
Part D Cost-Sharing Source: http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf (pg 37)

Updated February 2015

National Council on Aging

Source: NCOA LIS/Extra Help Eligibility Chart

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Medicare Savings Programs (MSPs)

- Financed by Medicaid
- Help pay Medicare premiums and cost-sharing for those with low income/resources
- Includes the following programs:
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Qualifying Individual (QI)
  - Qualified Disabled and Working Individual (QDWI)

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MSP Eligibility Chart

Type of MSP	Financial Eligibility*	Effective Date of MSP Enrollment	Benefits Covered by the MSP
Qualified Medicare Beneficiary (QMB)	Monthly Income**: (at or below 100% FPL + $20) $1,001 if single $1,348 if married Alaska $1,247 if single $1,680 if married Hawaii $1,150 if single $1,548 if married Resources: $7,280 if single, $10,930 if married	The first of the month following the month eligibility is documented.	-- Part A hospital deductible ($1,260/per benefit period) -- Part A hospital copays: days 61-90 ($315 daily), days 91-150 ($630 daily) -- Part A SNF copays: days 21-100 ($157.50 daily) -- Part A monthly premium (up to $407) -- Part B annual deductible ($147) -- Part B monthly premium ($104.90) -- Part B 20% coinsurance (amount varies)
Specified Low-Income Medicare Beneficiary (SLMB)	Monthly Income**: (between 100-120% FPL + $20) $1,197 if single $1,613 if married Alaska: $1,492 if single $2,012 if married Hawaii: $1,375 if single $1,853 if married Resources: $7,280 if single, $10,930 if married	3 months retroactive from the date of application if your client meets eligibility criteria during those months.	-- Part B monthly premium ($104.90)

Source: NCOA MSP Eligibility Chart

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Challenges and Opportunities

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Partnerships & Referrals

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

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Challenges to Outreach & Enrollment

- Reaching rural populations (isolation, transportation)
- Lack of awareness about programs
- Bottlenecks at local offices (SSA, Medicaid, etc.)
- Countering negative stereotypes about “welfare” programs
- Assuring beneficiaries they won’t be subject to asset/financial recovery
- Staffing dependent on funding
- Others?

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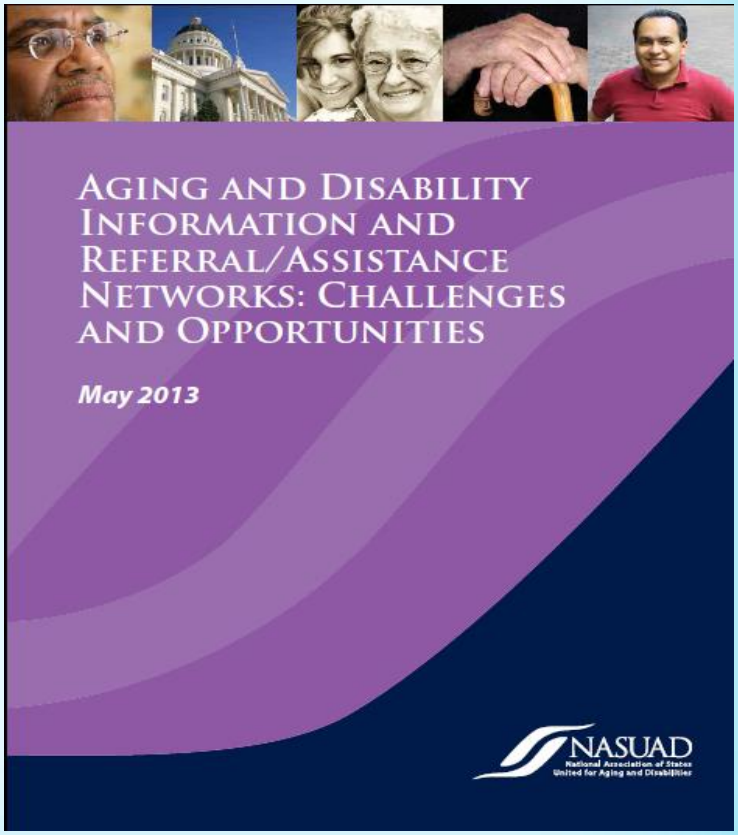
NASUAD
National Association of States
United for Aging and Disabilities

2015 I&R Network Survey: Relevant Highlights

2015 Survey - Background

Survey of I&R Specialists in Aging and Disability Networks:

- Survey conducted every other year
- 2015 survey in the field from March 9 through April 10, 2015
- Coordinated with leads in each state to ensure participation across the U.S.
- Working with the National Council on Independent Living to encompass CIL perspective



NASUAD

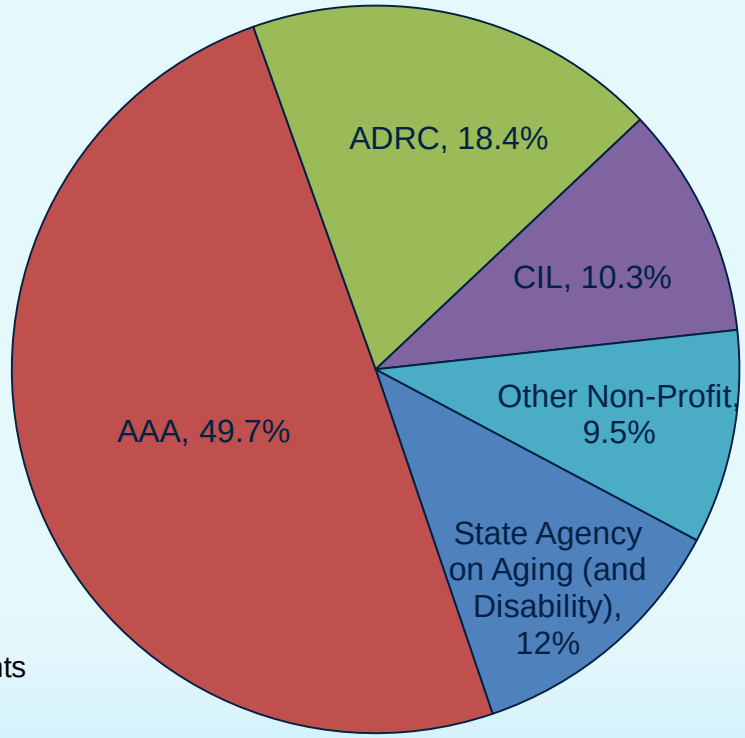
2015 Survey - Methodology

- Used a web-based survey instrument
- Disseminated through NASUAD and NCIL to state-level agency directors and to agencies within the aging and disability networks
- Received 358 responses from: state agencies on aging and disability (12% of respondents); Area Agencies on Aging (50% of respondents); Aging and Disability Resource Centers (18% of respondents); Centers for Independent Living (10% of respondents); and other non-profit organizations (9.5% of respondents)
- Overlap between ADRCs and other types of respondents

NASUAD

2015 Survey - Respondents

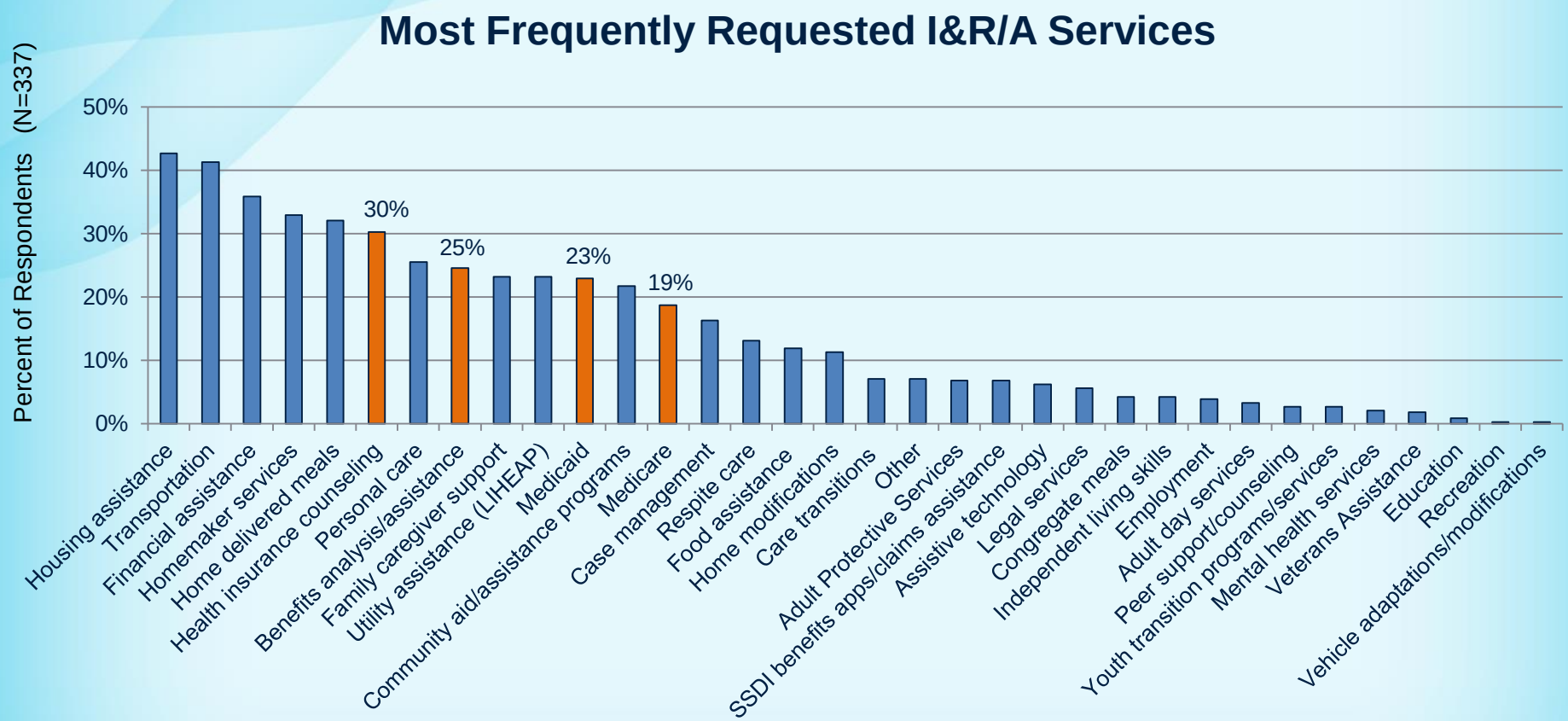
Indicate which type of agency you work in:



Percent of Respondents
N=358

NASUAD

2015 Survey Highlights: Most frequent service requests



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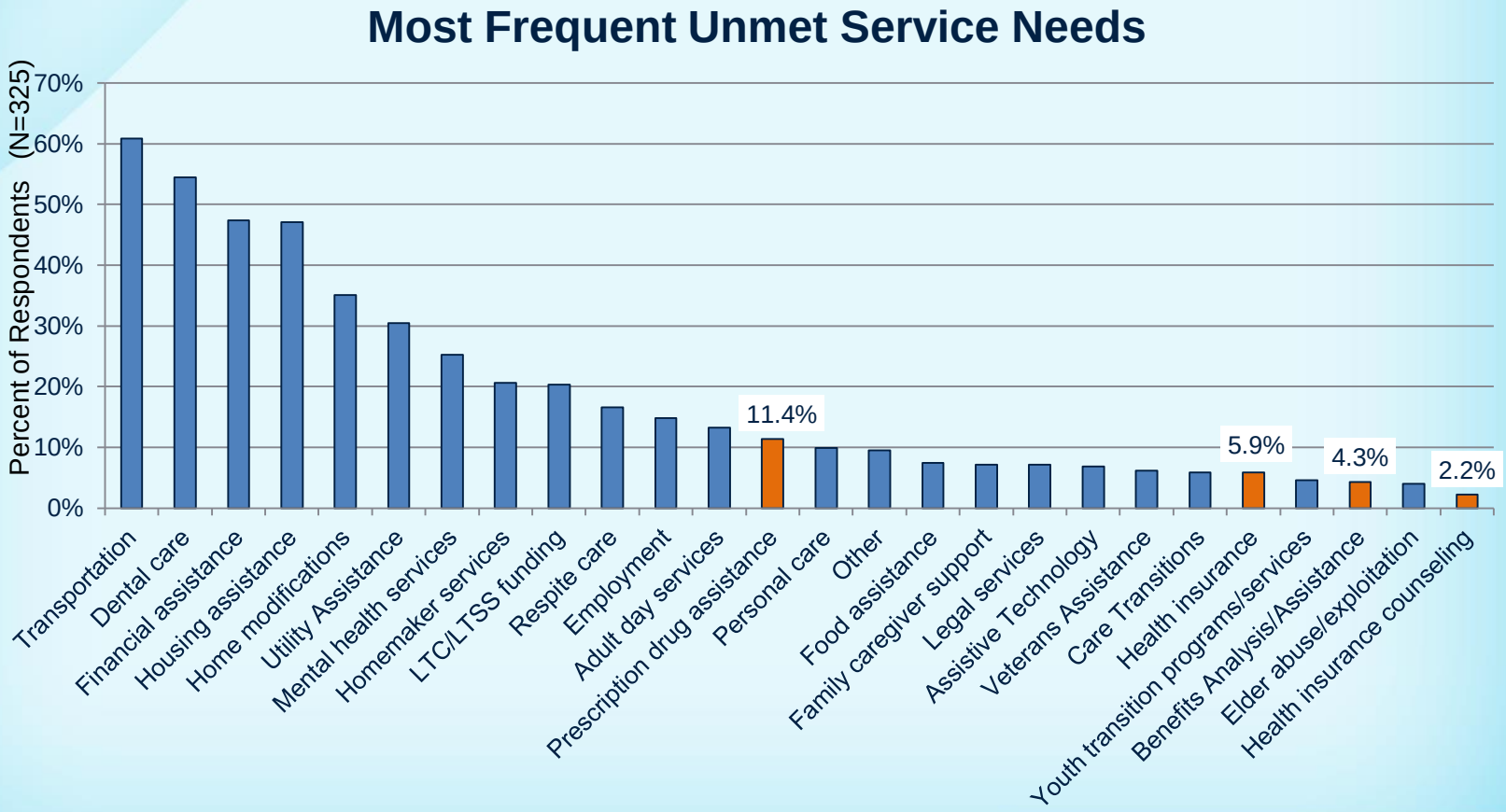
2015 Survey Highlights: Most frequent unmet service needs



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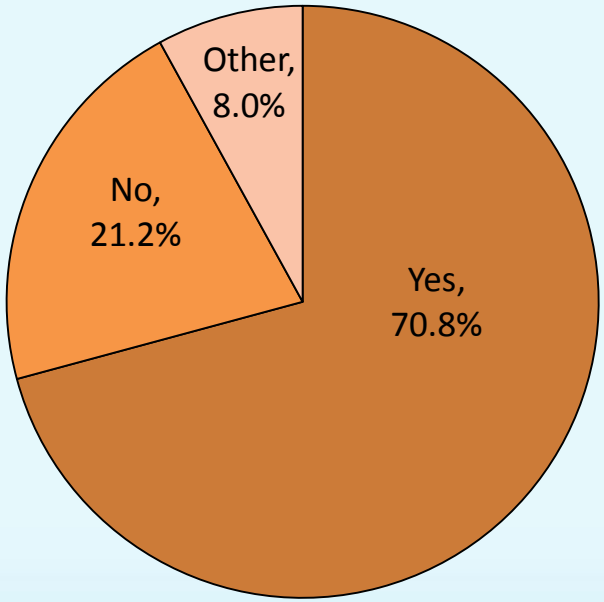
2015 Survey Highlights: Screening

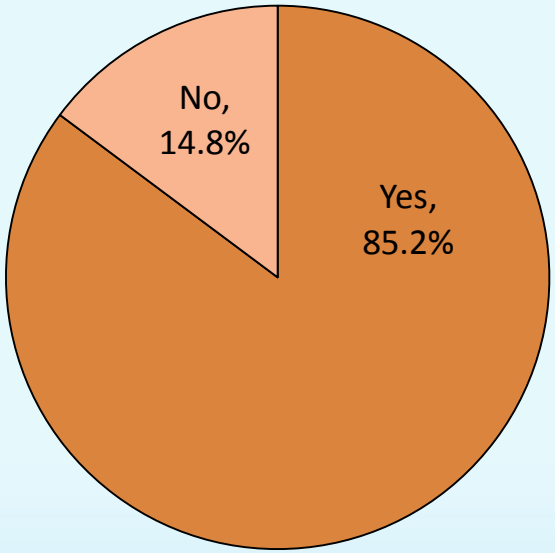
Do I&R/A specialists in your agency screen for eligibility for Medicare low-income subsidies?



Percent of Respondents
N=325

2015 Survey Highlights: Application assistance

If your agency screens for eligibility for Medicare low-income subsidies: **Does your agency help individuals apply for these benefits?**

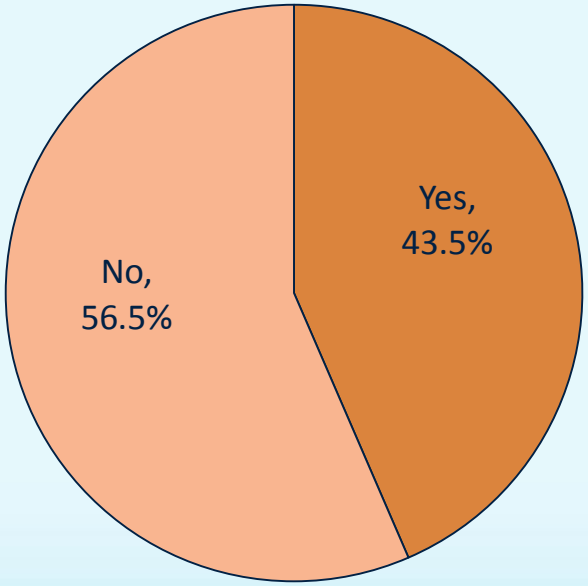


Percent of Respondents
N=230

NASUAD

2015 Survey Highlights: Application referral

If your agency screens for eligibility for Medicare low-income subsidies: **Does your agency refer individuals to other agencies for help with applying?**



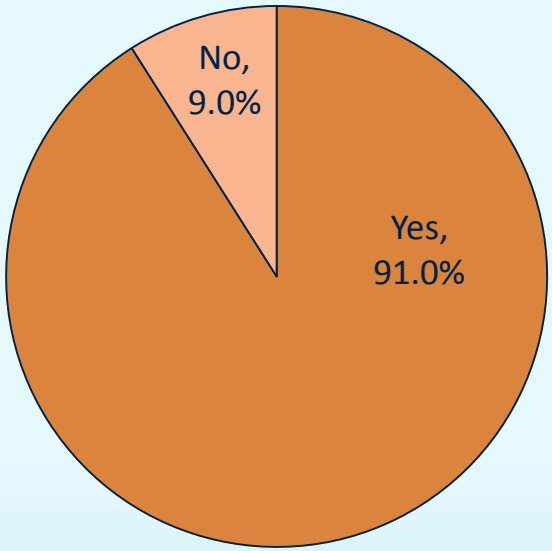
Percent of Respondents
N=230

NASUAD

2015 Survey Highlights: Targeting older adults

If your agency screens for eligibility for Medicare low-income subsidies:

Does your agency target older adults?

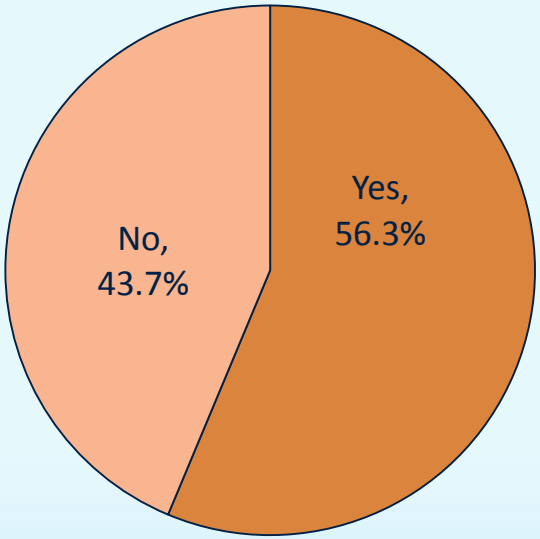


Percent of Respondents
N=222

NASUAD

2015 Survey Highlights:
Targeting younger individuals with disabilities

If your agency screens for eligibility for Medicare low-income subsidies: **Does your agency target younger individuals with disabilities?**

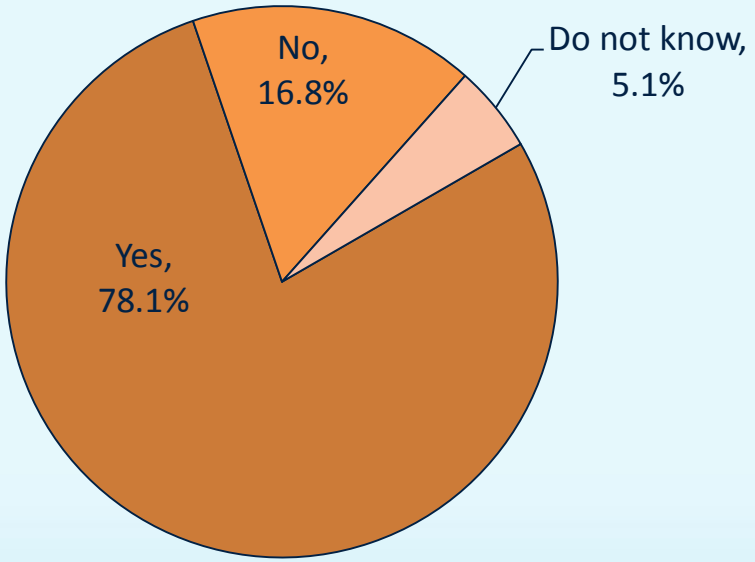


Percent of Respondents
N=222

NASUAD

2015 Survey Highlights: Training

Are I&R/A specialists in your agency given training on the Medicare low-income subsidies?



Percent of Respondents
N=292

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2015 Survey Highlights: Outreach strategies

- Media Campaigns:
  - Short-term
    - TV ads
    - Newspaper ads
  - Long-term
    - Buses
    - Park benches
    - Billboards

2015 Survey Highlights: Outreach strategies

- Utilizing Marketing Materials:
  - Flyers
    - Church bulletins
    - Pharmacies
    - Mass mailings
  - Newsletter entries

- Community Outreach:
  - Presentations
    - Churches
    - Health fairs
    - Family-focused community events
    - Senior housing communities/housing communities for individuals with disabilities

2015 Survey Highlights: Outreach strategies

- Date-Specific Events:
  - Birthday parties for people turning 65 that include “Welcome to Medicare” workshop
  - During open enrollment
  - MMedicare D Days at the mall

- Outreach Partnerships:
  - Collaborate with County Veteran Services Officers to reach out to veterans
  - Sharing marketing materials with partner organizations
  - Partner with nutrition providers to reach homebound

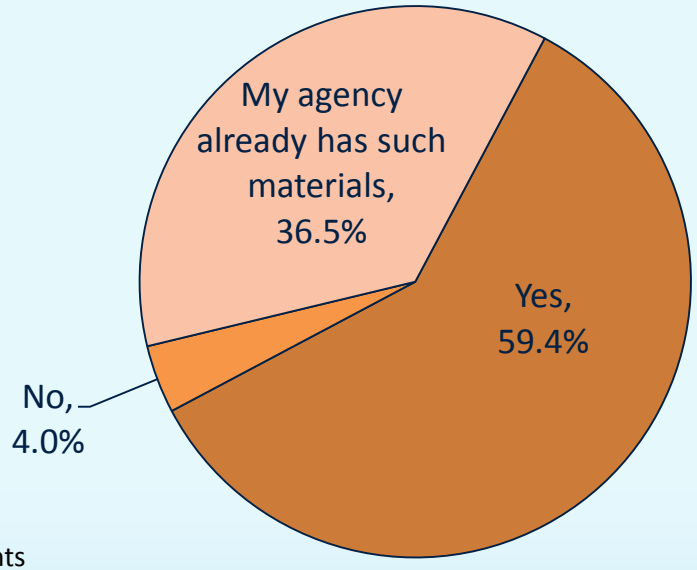
2015 Survey Highlights: Outreach strategies

- Simply screen everyone

“When in doubt, FILL IT OUT!”

2015 Survey Highlights: Outreach materials

Would your agency be interested in receiving outreach materials about the Medicare low-income subsidies?



Percent of Respondents
N=323

NASUAD

2015 Survey Highlights: Additional Survey Information

AIRS 2015

Aging & Disability I&R/A: Findings from the Field

Saturday, May 30, 2015

9:00am

Dallas Ballroom

FALL 2015 Publication

Promising Practices to Boost Outreach & Enrollment

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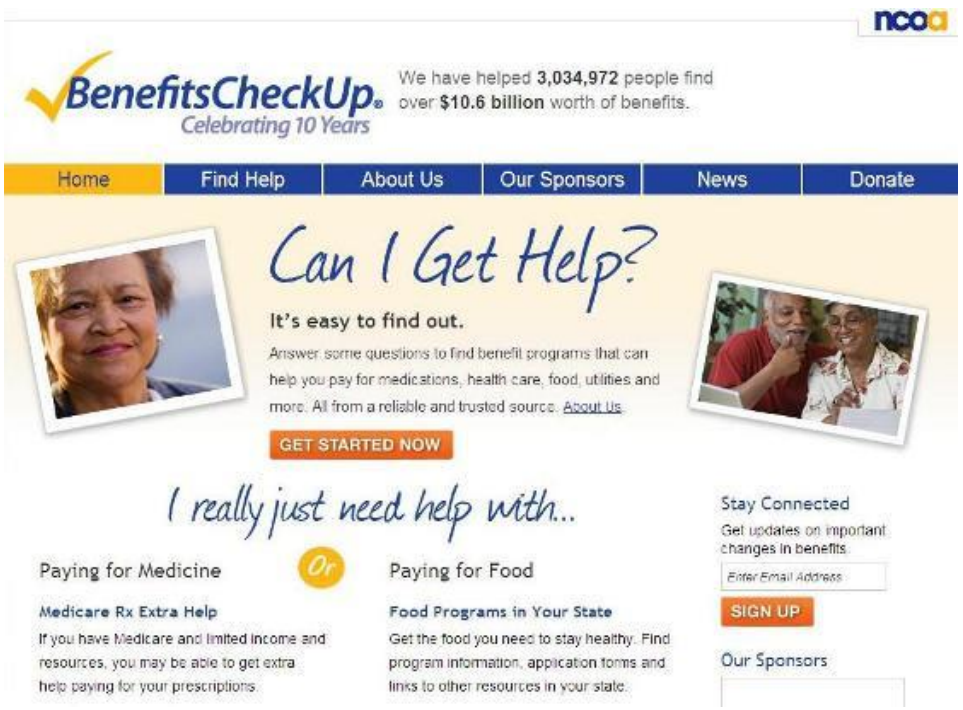
NCOA Economic Security- BenefitsCheckUp®

- Web-based tool that screens for over 2,000 public and private benefits
  - Online LIS/Extra Help application
  - Enhanced Application Forms Center
  - Medicaid Office Locator
  - SNAP Maps and Application Form Center
  - Senior Housing Locator
  - 50,000+ local offices
- www.benefitscheckup.org



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Benefits Enrollment Centers

34 BECs utilize a person-centered and coordinated, community-wide approach to find and enroll eligible individuals in:

- Medicare Part D Extra Help
- Medicare Savings Programs
- Medicaid
- Supplemental Nutrition Assistance Program
- Low-Income Home Energy Assistance Program

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BECs in Action

The Cardenas

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Promising Practices in Outreach

Example 1: Alabama Outreach Road Shows

- AAA hosted large scale, one-day-only local events with range of partners across low-income communities
  - Faith-based groups, benefits administering agencies (SSA, Medicaid, Food Stamps), food banks, etc.
  - Community partners owned and advertised events
  - Offered something for everyone: benefits screenings, legal assistance, dental clinic, food ministry, and other local charitable programs

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Promising Practices in Outreach- Cont'd

Example 2: Telethons

- MD SHIP and OH AAA each collaborated with a local TV station to host telethons
  - Had 2-4 hour window on local news, inviting callers to learn more quickly about Medicare
  - Created quick, 3 question screening tool use with callers to assess LIS/MSP eligibility
  - Referred to local SHIP office and scheduled follow-up calls

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Promising Practices in Outreach- Cont'd

Example 3: Reverse 9-1-1 calls

- Manchester Township New Jersey 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
  - Completed 315 applications for LIS, MSP, and SNAP on site

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Promising Practices in Outreach- Cont'd

Example 4: "In-stationing" eligibility workers

- Missouri AAAs cultivated relationships with Family Support Division (FSD), which handles Medicaid/MSP eligibility
  - FSD worker is given an office in the AAA 1-2 days each week
  - AAA sets up appointments for clients to complete/troubleshoot applications with the FSD worker

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Promising Practices in Outreach- Cont'd

Example 5: Smoothing application process

- AgeOptions in Illinois found many MSP applications were denied due to insufficient/unclear documentation
  - AgeOptions created a uniform coversheet that outlines all documentation of income, including medical and housing expenses
  - Distributed cover sheet to advocates and AAAs across the state
  - Saw reduction in application churning and denials

Find more at: http://www.ncoa.org/enhance-economic-security/center-for-benefits/promising-practices/

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Get More Promising Practices

- Go to: http://www.ncoa.org/enhance-economic-security/center-for-benefits/promising-practices/
- Get contact info for states implementing these practices

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Finding Folks with Visualization Tools

NCOA Benefits Access Visualization Tools

- Benefits Map= benefits enrollment and eligibility data by state
- LIS Map= percentage LIS likely eligible by county
- Limited English Proficiency Map= percentage LEP, language spoken at home, and language by county
- Native Americans Map= percentage income <150% FPL and Native American household member by county
- Disability Difficulty Map= percentage income <150% FPL and with any difficulty and by type of difficulty by county
- Technology Map= percentage income <150% FPL and computer, internet, phone, or handheld device

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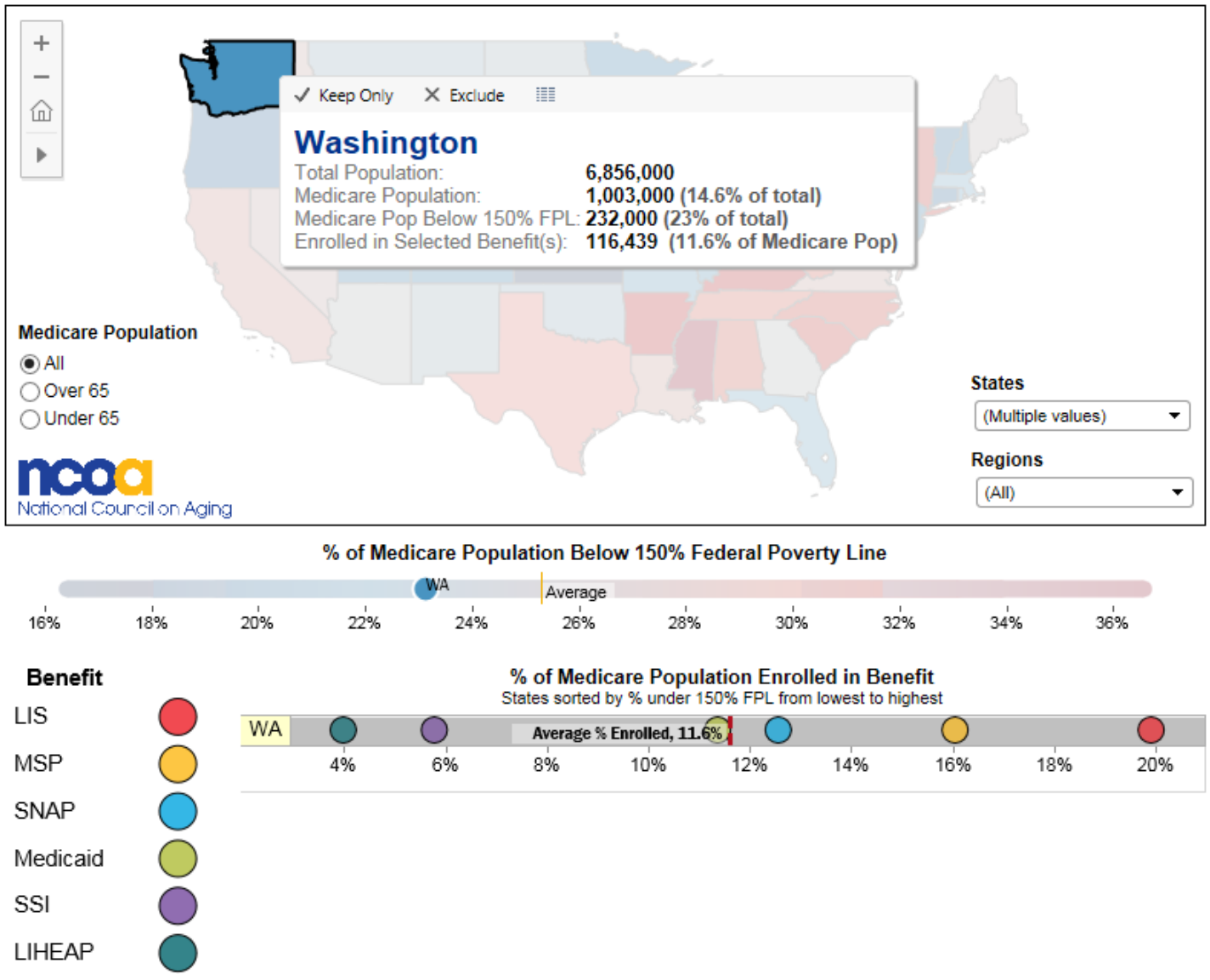
www.ncoa.org/benefitsmap



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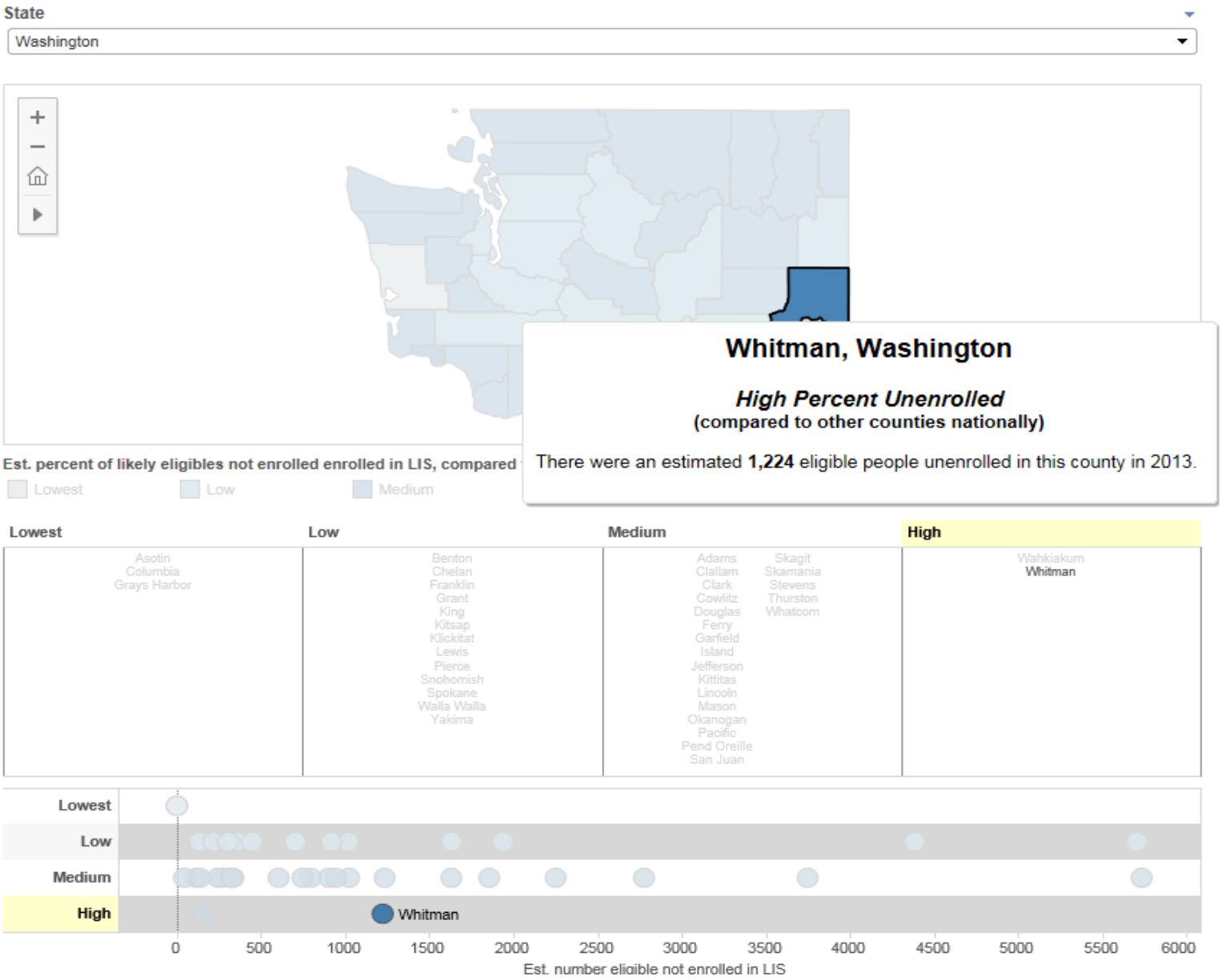
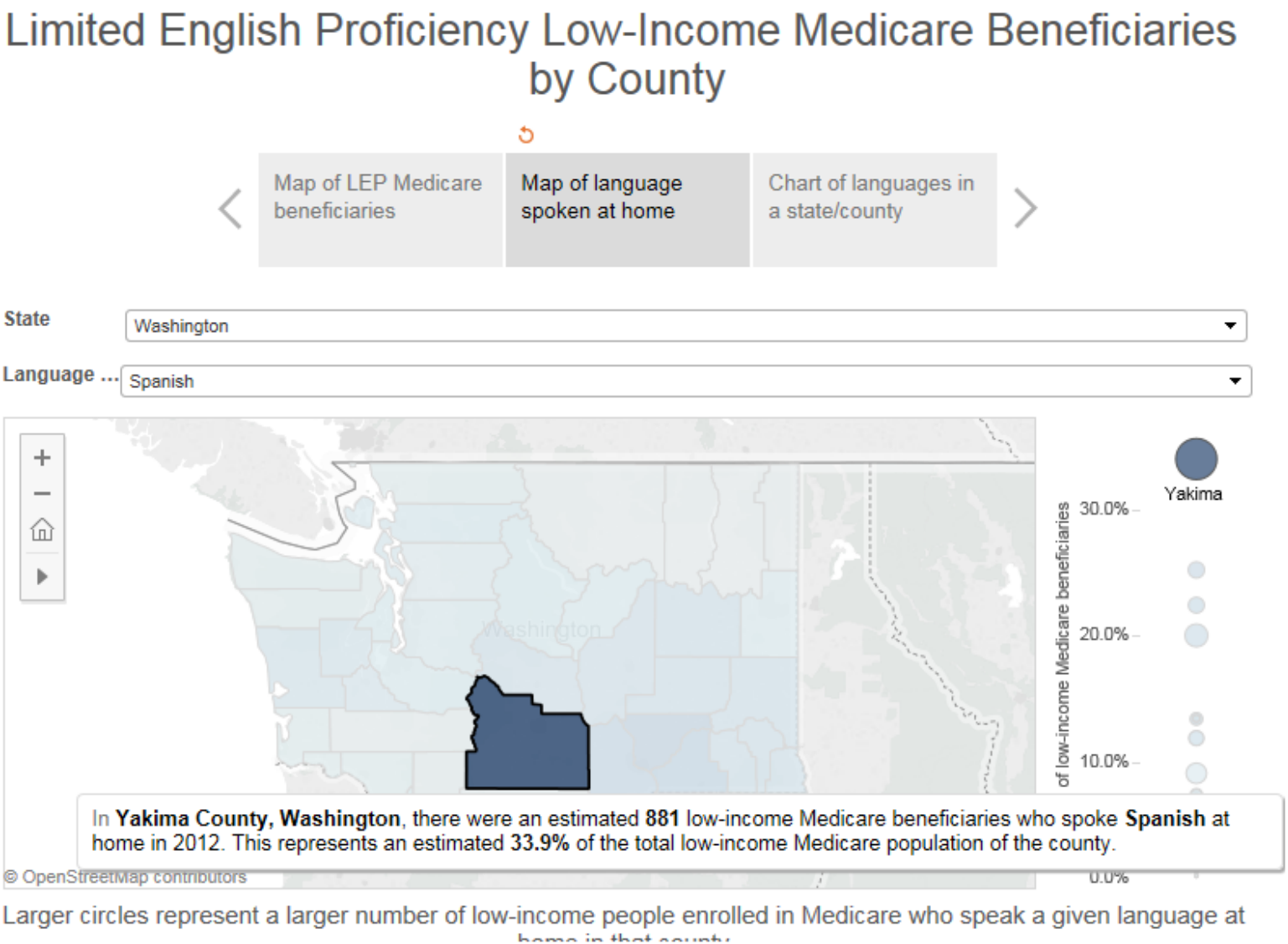
www.ncoa.org/LISmap



www.ncoa.org/LEPmap



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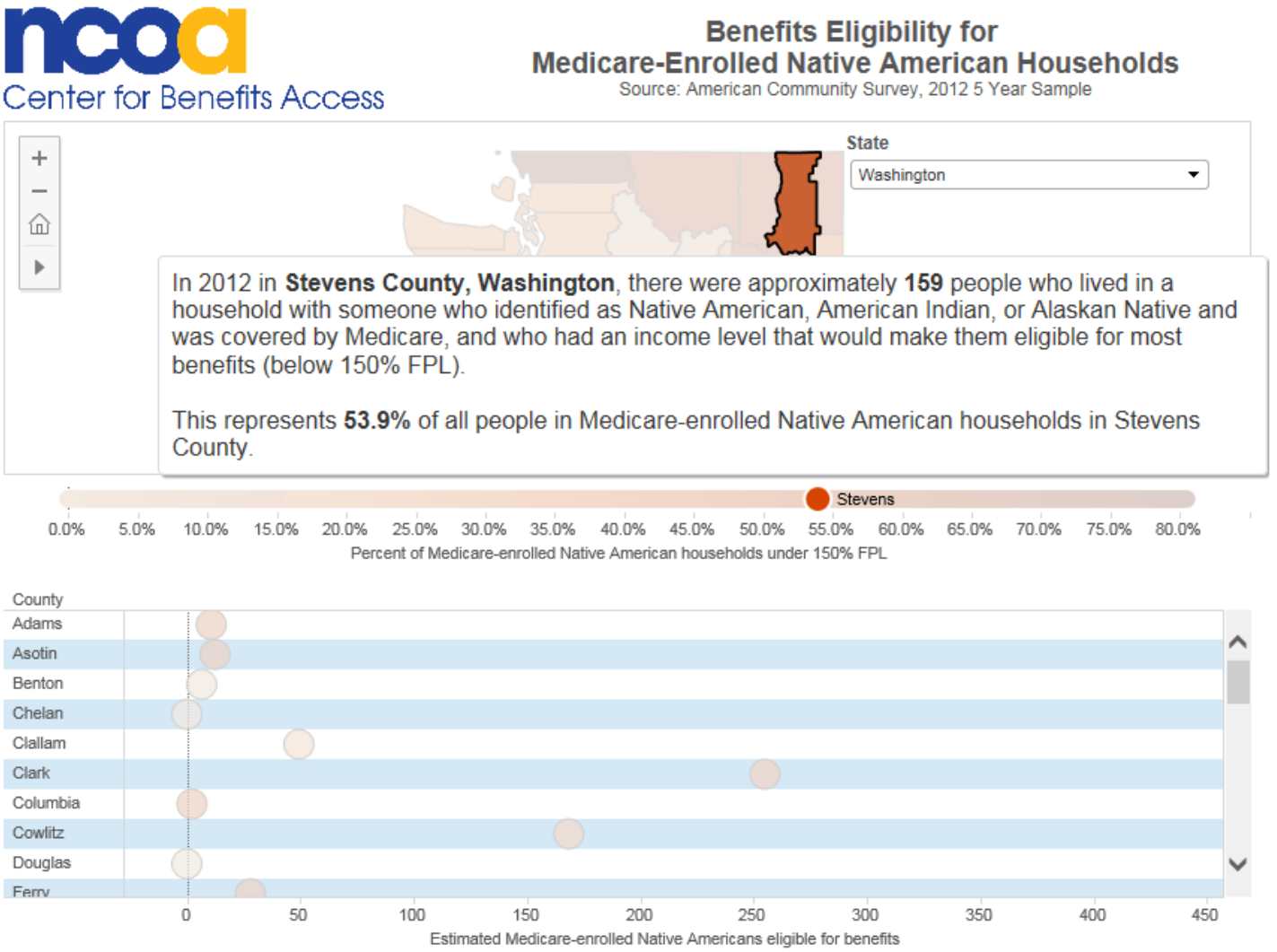

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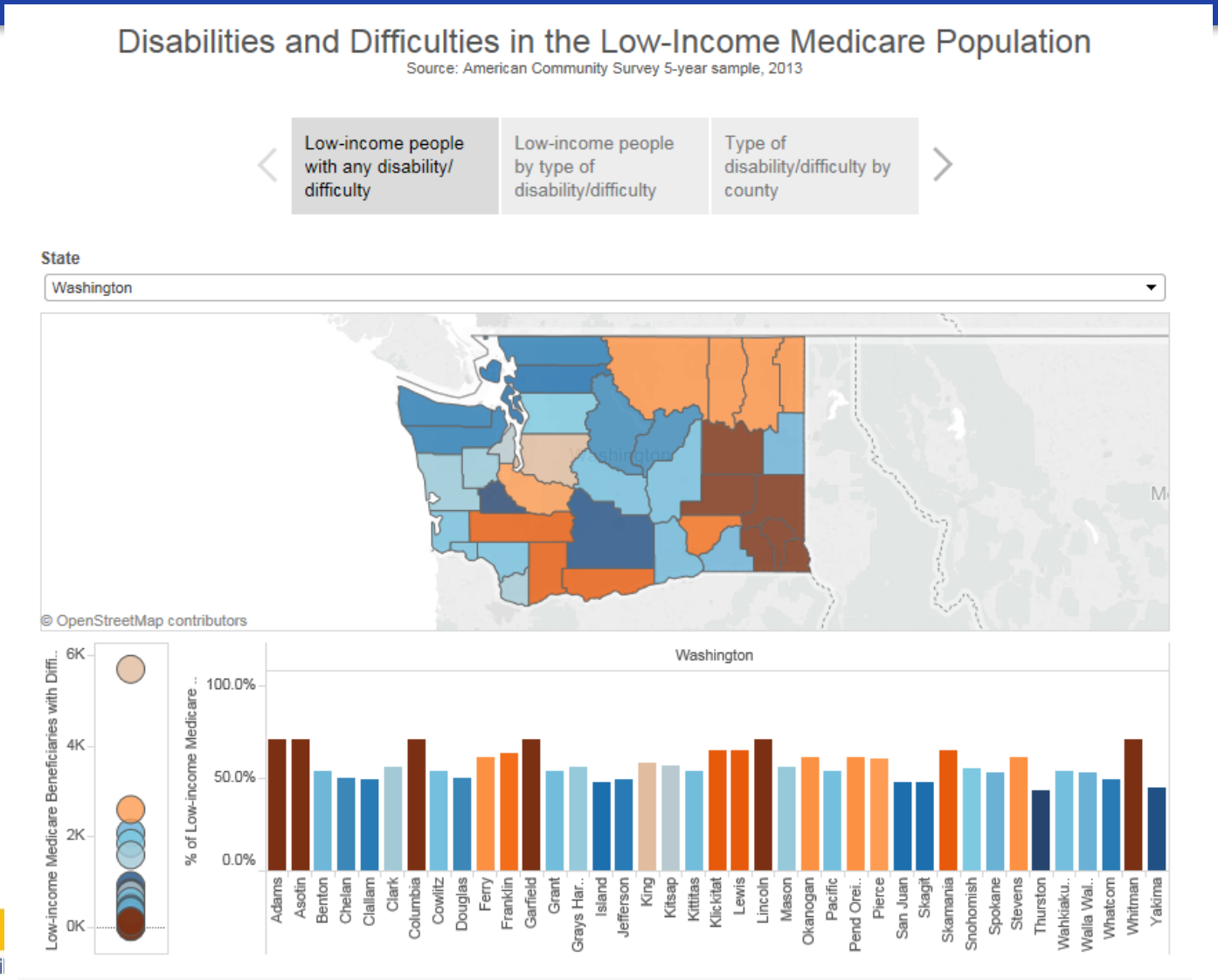

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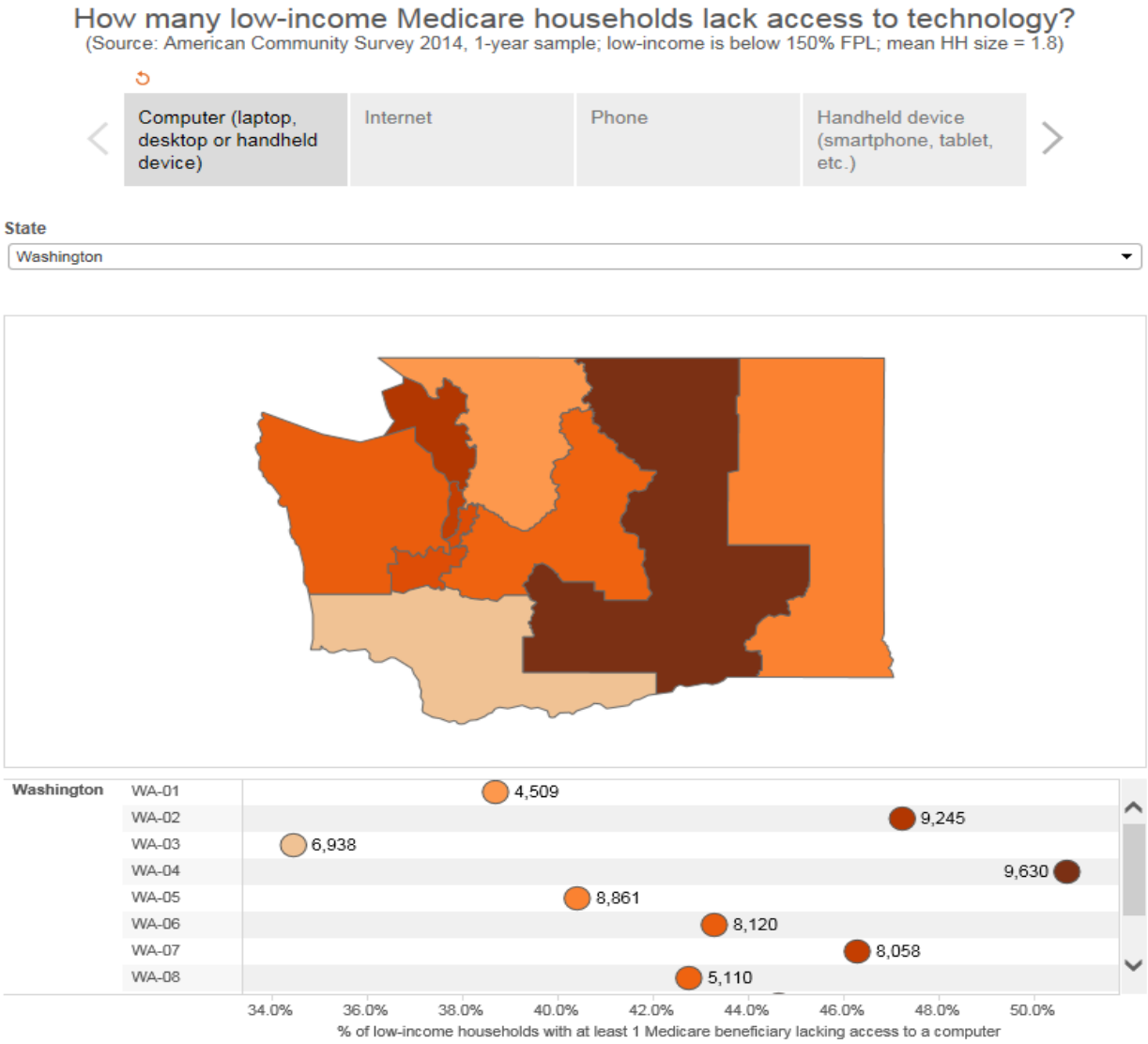

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Use Our Outreach Tools

- *You Gave, Now Save*: guide to benefits created with n4a, available at 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; see: http://www.ncoa.org/enhance-economic-security/center-for-benefits/medicare/medicare-aca.html

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Contact Us

Presenters:

Maggie Flowers
maggie.flowers@ncoa.org

Melissa Simpson
melissa.simpson@ncoa.org

Erin White
EWhite@nasuad.org

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