Improving Medicare Access and Affordability: MIPPA and the Role of I&R Specialists

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Erin White, NASUAD
Improving Medicare Affordability:

1. What is MIPPA?

2. What are the Medicare low-income subsidies?
   - Medicare overview
   - Medicare Savings Programs
   - Medicare Part D Extra Help program

3. What does this have to do with I&R anyway?
Improving Medicare Affordability:

1. What is MIPPA?
Improving Medicare Affordability:

<table>
<thead>
<tr>
<th>MIPPA: Medicare Improvements for Patients and Providers Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enacted by Congress in 2008</td>
</tr>
<tr>
<td>Goal: Strengthen Medicare for low-income beneficiaries by educating and enrolling more people for Medicare subsidies</td>
</tr>
</tbody>
</table>
Improving Medicare Affordability:

**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 Assistance Programs (SHIPs)
  - Area Agencies on Aging (AAAs)
  - Aging & Disability Resource Centers (ADRCs)
  - National Council on Aging (NCOA, MIPPA Resource Center)
  - Sub-grantees (ie, NASUAD)
MIPPA 1, 2, 3 & 4

• First round of MIPPA funding (MIPPA 1) disbursed in 2009

• All states are allocated funding based on a formula that takes into account each state’s Medicare population

• 3 separate funding streams (“priority areas”) for SHIPs, AAAs, ADRCs, but states must submit one cohesive plan
  — States not required to submit for each priority area

• Delaware, North Dakota, Wyoming did not participate
MIPPA 1, 2, 3 & 4

• Passage of the Affordable Care Act in 2010 provided additional funding for MIPPA (MIPPA 2) through mid-2012
• SHIPs, AAAs, & ADRCs also asked to promote new free preventive services under Medicare, such as Annual Wellness Visit
• Florida, Mississippi, North Dakota did not participate
MIPPA 1, 2, 3 & 4

- American Taxpayer Relief Act passed in January 2013 reauthorized MIPPA funding (MIPPA 3)
- Florida, Hawaii, North Dakota did not participate
- One year gap in funding between end of MIPPA 2 and start of MIPPA 3 (Sept. 30, 2013)
Protecting Access to Medicare Act of 2014 appropriated additional MIPPA funding (MIPPA 4)

Funding for MIPPA 4 likely renewable for up to 3 years; state plans are due August 4

See https://federalregister.gov/a/2014-15149 for more information
## MIPPA Successes To Date

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

• Every $1 in MIPPA grant money has generated $19 worth of benefits for a low-income person with Medicare
• MIPPA has helped “close the gap” among those eligible for these programs but not receiving them, especially aging populations
• Yet individuals isolated by geography, language, and disability remain underserved
Improving Medicare Affordability:

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Medicare: Remembering the Basics

- Available to qualified U.S. residents or citizens:
  - Age 65+; or
  - Under retirement age and disabled, after they have received SSDI for at least 2 years

<table>
<thead>
<tr>
<th>Medicare Part</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A (&quot;Hospital Insurance&quot;)</td>
<td>Premium is free if worked and paid taxes at least 40 quarters (if not, up to $426/mth); cost-sharing for hospital stays ($1,216 deductible)</td>
</tr>
<tr>
<td>Part B (&quot;Outpatient Insurance&quot;)</td>
<td>Premium:$104.90/mth; Deductible: $147/yr; 20% coinsurance</td>
</tr>
<tr>
<td>Part C (&quot;Medicare Advantage&quot;)</td>
<td>Private plan coverage; pricing varies; may have plan premium in addition to Part B premium</td>
</tr>
<tr>
<td>Part D (Prescription Drug Plan)</td>
<td>Pricing varies by plan &amp; prescriptions</td>
</tr>
</tbody>
</table>
## Medicare Savings Programs (MSPs)

<table>
<thead>
<tr>
<th>Administered by State Medicaid agencies</th>
<th>Help pay Medicare Part B premiums</th>
<th>Include the following programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>--Qualified Disabled and Working Individual (QDWI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--Qualified Medicare Beneficiary (QMB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--Specified Low-Income Medicare Beneficiary (SLMB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>--Qualifying Individual (QI)</td>
</tr>
</tbody>
</table>
Improving Medicare Affordability:

**MSPs - Eligibility**

<table>
<thead>
<tr>
<th></th>
<th>INCOME LIMITS (monthly)</th>
<th>ASSET LIMITS</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Couple</td>
<td>Single</td>
</tr>
<tr>
<td>QDWI</td>
<td>$3,955</td>
<td>$5,309</td>
<td>$4,000</td>
</tr>
<tr>
<td>QI-1</td>
<td>$1,313</td>
<td>$1,770</td>
<td>$7,160</td>
</tr>
<tr>
<td>SLMB</td>
<td>$1,167</td>
<td>$1,573</td>
<td>$7,160</td>
</tr>
<tr>
<td>QMB</td>
<td>$973</td>
<td>$1,313</td>
<td>$7,160</td>
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</tbody>
</table>

- Part A premium
- Part B premium
- Part A (if applicable) and B premiums, deductibles, coinsurances or co-pays

- Applicants must be enrolled in Medicare Part A and meet income and asset guidelines. Income/asset rules vary by state.
Improving Medicare Affordability:

How to Apply for MSP

• Apply through State Medicaid office
  – Some applications are online; many are print only
  – Applications and questions vary by state; some are multi-program (including full Medicaid, Food Stamps, etc.)
  – People who apply for Extra Help (see next slide) can check a box to have Social Security send information to their state Medicaid office to start an MSP application

• Need help? Talk to your local MIPPA grantee office (SHIPS, AAAs, ADRCs)
Medicare Part D Low Income Subsidy (LIS/Extra Help)

• Administered by Social Security

• Help pay for Part D prescription drug costs

• Anyone with Medicare who also receives one of the following will automatically be enrolled in LIS:
  – Medicaid (dual eligibles)
  – Supplemental Security Income (SSI)
  – Medicare Savings Program (MSP)

• Full or partial coverage

• People with Extra Help do not fall into the Part D coverage gap or “donut hole”
## Improving Medicare Affordability:

### Extra Help Eligibility and Coverage

<table>
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<tr>
<th></th>
<th>Income</th>
<th>Resources</th>
<th>You get:</th>
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<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Couple</td>
<td>Single</td>
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<tr>
<td><strong>Full LIS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,313</td>
<td>$1,770</td>
<td>$8,660</td>
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<tr>
<td><strong>Partial LIS</strong></td>
<td>$1,459</td>
<td>$1,966</td>
<td>$13,440</td>
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Improving Medicare Affordability:

**How to Apply for LIS/Extra Help**

- Apply through Social Security
  - Online at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp)
  - Online through [www.BenefitsCheckUp.org](http://www.BenefitsCheckUp.org) (also looks for other benefits a person may be eligible for)
  - Call 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or request an application
  - Visit local Social Security office

- Need help? Talk to your local MIPPA grantee office (SHIPs, AAAs, ADRCs)
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Improving Medicare Affordability: Relevance to I&R Specialists

Broadening Outreach through Education

MIPPA Webinar

I&R Specialists and SHIP Coordinators and LTC Ombudsmen

Low-Income Medicare Beneficiaries
Improving Medicare Affordability: Relevance to I&R Specialists

Connecting People and Services

- Low-Income Medicare Beneficiaries
- I&R Specialists and SHIP Coordinators and LTC Ombudsmen
- Medicare Low-Income Subsidies
Improving Medicare Affordability: The Role of I&R Specialists

• Important to know these two subsidies are available to reduce Medicare costs for low-income beneficiaries

• Important to look for signs indicating a consumer’s Medicare benefits should be reviewed

• Important to know where to refer consumers for additional information and enrollment assistance
Improving Medicare Affordability: Key Screening Notes for I&R Specialists

- Medicare Status
- Marital Status
- Income
- Assets
Improving Medicare Affordability:
Resources for I&R Specialists

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Medicare Interactive
www.medicareinteractive.org
Improving Medicare Affordability: Resources for I&R Specialists

NCOA Center for Benefits Access

www.centerforbenefits.org
centerforbenefits@ncoa.org

BenefitsCheckUp®

www.benefitscheckup.org
Improving Medicare Affordability: Resources for I&R Specialists

Local State Health Insurance Assistance Programs (SHIP)

The National SHIP Resource Center

www.shiptalk.org
Improving Medicare Affordability: Resources for I&R Specialists

Additional National Resources

www.medicare.gov
www.cms.gov
Improving Medicare Affordability: The Big Picture

Affordability and Access

Awareness

Knowledge

Connection
For more information, please visit: www.nasuad.org
Or call us at: 202-898-2583