MIPPA:
Improving Medicare Access and Affordability

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### Overview of MIPPA

**MIPPA: Medicare Improvements for Patients and Providers Act**

<table>
<thead>
<tr>
<th>Enacted by Congress in 2008</th>
<th>Goal: Strengthen Medicare for low-income beneficiaries by educating and enrolling more people into Medicare subsidies</th>
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</thead>
</table>

MIPPA was enacted by Congress in 2008 with the goal of strengthening Medicare for low-income beneficiaries by educating and enrolling more people into Medicare subsidies.
The Medicare Subsidies

### Medicare Savings Programs (MSPs)

<table>
<thead>
<tr>
<th>Administered by State Medicaid agencies</th>
<th>Generally, help pay Medicare Part B premiums</th>
<th>Four different programs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>QDWI:</strong> Qualified Disabled Working Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>QI:</strong> Qualifying Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>SLMB:</strong> Specified Low-Income Medicare Beneficiary</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>QMB:</strong> Qualified Medicare Beneficiary</td>
</tr>
</tbody>
</table>
### 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
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MIPPA 4
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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

<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>

**Note:** The data includes applications submitted from June to December 2009, January to December 2010, January to September 2011, and January to March 2013.
MIPPA’s Return on Investment

- $61.4 million in MIPPA grants (MIPPA 1 & 2)
- 690,000 applications worth $1.9 billion
- 60% likely to receive the benefit
- $19 in benefits for low-income Medicare beneficiaries per $1 of MIPPA grant
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)
- 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

- Over age 65: 83%
- Under age 65: 17%

SOURCE: [2012, Kaiser, Medicare at a Glance]
Health Access Barriers for Nonelderly Medicare Recipients

Over age 65

Under 65 (disabilities)
- Lowest annual per capita income
- Health care access issues
- Greater difficulty meeting health costs
- Lack certain Medicare protections

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

Clarity

Reach

Engagement

Successful outreach
Process

Design

Develop

Disseminate
Deliverables

Get HELP with your MEDICARE COSTS!

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

FOR ASSISTANCE, CALL:
Available<br>**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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,300</td>
<td>$1,800</td>
<td>Part B monthly premium</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000</td>
<td>$5,300</td>
<td>Part A monthly premium</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QDWI</td>
<td>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.</td>
<td>$3,955</td>
<td>$4,000</td>
<td>Part A premium</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>$3,399</td>
<td>$6,000</td>
<td>$5,399</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI-1</td>
<td>Not for those who have Medicaid. Enrollment is limited.</td>
<td>$1,313</td>
<td>$1,760</td>
<td>Part B premium</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>$1,770</td>
<td>$1,760</td>
<td>$10,750</td>
<td>$10,750</td>
</tr>
</tbody>
</table>

*Limits vary by state and are updated annually.

The QMB program covers the cost of care for the hospital and skilled nursing facility hospital phase of care.

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Details</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB</td>
<td>Open to those who have Medicaid. Doctor must accept Medicare and Medicaid for cost of care to be covered.</td>
<td>$973</td>
<td>$7,160</td>
<td>Part A/B premiums, deductibles, co-pays and coinsurance</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>$1,313</td>
<td>$1,760</td>
<td>$10,750</td>
<td>$10,750</td>
</tr>
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</table>

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Current as of August 2014

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.

<table>
<thead>
<tr>
<th>Level of Coverage</th>
<th>Monthly Income Limits*</th>
<th>Asset Limits*</th>
<th>Benefits:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
</tr>
<tr>
<td>Full LIS</td>
<td>$1,313</td>
<td>$1,770</td>
<td>$7,160</td>
</tr>
<tr>
<td></td>
<td>Single Married</td>
<td>Single Married</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial LIS</td>
<td>$1,459</td>
<td>$1,966</td>
<td>$13,440</td>
</tr>
</tbody>
</table>

*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
- Medicare Rights Center: www.medicarerights.org; (800) 333-4114
- NCOA Center for Benefits Access: www.centerforbenefits.org; centerforbenefits@ncoa.org
- 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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- Develop a strong dissemination plan
Tips for Successful Outreach

• Ensure outreach materials are user-friendly

• Develop a strong dissemination plan

• Leverage community partnerships
Tips for Successful Outreach

• Ensure outreach materials are user-friendly

• Develop a strong dissemination plan

• Leverage community partnerships

• Establish a method for measuring outcomes
Resources

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

Medicare Interactive
www.medicareinteractive.org

NCOA Center for Benefits Access
www.centerforbenefits.org
centerforbenefits@ncoa.org
(202) 479-1200

BenefitsCheckUp®
www.benefitscheckup.org
Resources

The National SHIP Resource Center
www.shiptalk.org

Additional National Resources
www.medicare.gov
www.cms.gov
www.nasuad.org
Discussion