

Maximizing Medicare and Economic Security for Low-Income/Duals Populations

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National Council on Aging

Agenda

- A snapshot of Medicare beneficiaries
- MIPPA background & successes
- Finding vulnerable beneficiaries
- n4a outreach survey
- Promising practices
- Flexibilities provided to states to help duals

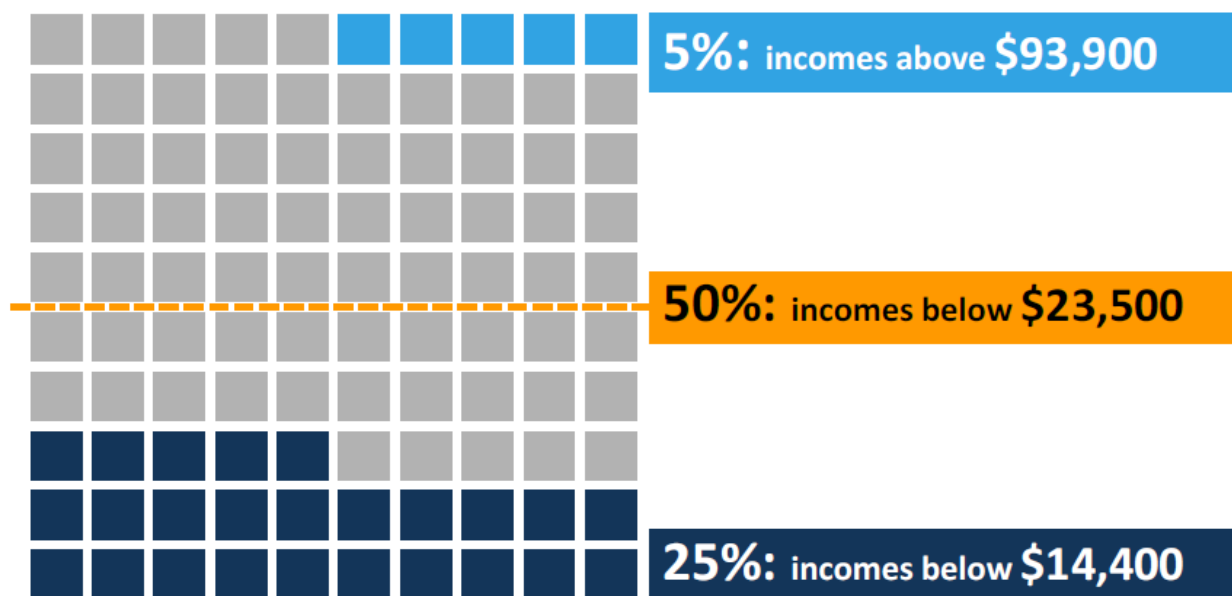
Medicare and Medicaid turned 50 in 2015!



Medicare Beneficiary Household Income

Figure 3

Distribution of Medicare Beneficiaries By Income, 2013



NOTE: Total household income for couples is split equally between husbands and wives to estimate income for married beneficiaries.

SOURCE: Urban Institute analysis of DYNASIM for the Kaiser Family Foundation.



Two Programs That Can Help

- Part D Low Income Subsidy (LIS/Extra Help)
 - For those with incomes up to 150% FPL and limited assets
 - Pays Part D premiums
 - Reduces costs of drugs at pharmacy to under \$6.60
- Medicare Savings Programs (MSPs)
 - For those with incomes up to 135% FPL (may be higher in certain states) and limited assets
 - Several types: QMB, SLMB, QI
 - Pays Part B premium; QMB also pays Part B cost-sharing and Part A premiums (if applicable)
- No late enrollment penalties for those who qualify



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 and funded:
 - National Center for Benefits Outreach and Enrollment
 - State Health Insurance Assistance Programs (SHIPs)
 - Area Agencies on Aging (AAAs)
 - Aging and Disability Resource Centers (ADRCs)
- Purpose
 - Enroll low-income Medicare beneficiaries into LIS/Extra Help and MSPs
 - Assist rural residents to enroll in Part D

Center for Benefits Access

www.ncoa.org/centerforbenefits



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.
- Use MIPPA funding to support Benefits Enrollment Centers (BECs)



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MIPPA 2 & MIPPA 3

- *Affordable Care Act* in 2010 funded MIPPA activities (“MIPPA 2”) through mid-2012
 - Added promotion of new free Preventive Services under Medicare, including the Annual Wellness Visit
- One-year gap between the end of MIPPA 2 and MIPPA 3 funds (beginning late Sept. 2013)
- *American Taxpayer Relief Act* in 2013 funded MIPPA activities for an additional year



MIPPA 4 & MIPPA 5

- Additional MIPPA 3 monies in Jan. 2014 and amended by SGR (“doc fix”) law on April 1, 2014
- *Protecting Access to Medicare Act* in 2014 funded MIPPA activities for an additional year
- *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA)
 - QI is permanent! Folks with incomes 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 |
|----------------------------------|--------|------|--------|
| FY 2015 (Oct. 2015 to Sept 2016) | \$7.5m | \$5m | \$7.5m |
| FY 2016 (Oct. 2016 to Sept 2017) | \$7.5m | \$5m | \$13m |
| FY 2017 (Oct. 2017 to Sept 2018) | \$7.5m | \$5m | \$13m |

National MIPPA Successes To Date

Value of benefits applications submitted by MIPPA grantees

| | 2009 | 2010 | 2011 | 2012 | 2013* | 2014 | Total | Value of Benefits |
|-------|--------|---------|---------|---------|--------|---------|---------|-------------------|
| MSP | 31,594 | 84,559 | 108,998 | 99,232 | 24,179 | 107,146 | 455,708 | \$661,488,341 |
| LIS | 46,028 | 112,975 | 115,011 | 73,004 | 22,444 | 94,526 | 463,988 | \$1,855,952,000 |
| Total | 77,622 | 197,534 | 224,009 | 172,236 | 46,623 | 201,672 | 919,696 | \$2,517,440,341 |

*One year gap in MIPPA funding meant that 2013 applications represent only one quarter of assistance



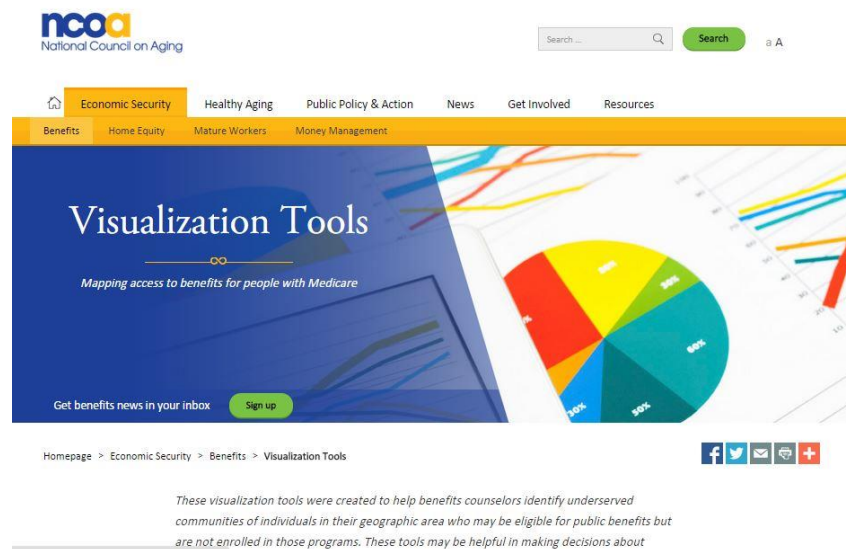
Finding Vulnerable Individuals

NCOA's Visualization Tools

www.ncoa.org/visualizations

Show Medicare-eligible, low-income population:

- Enrolled in core benefits
- Self-reported disability/difficulty
- Limited English proficiency
- Eligible but missing LIS
- Native American
- Use of technology

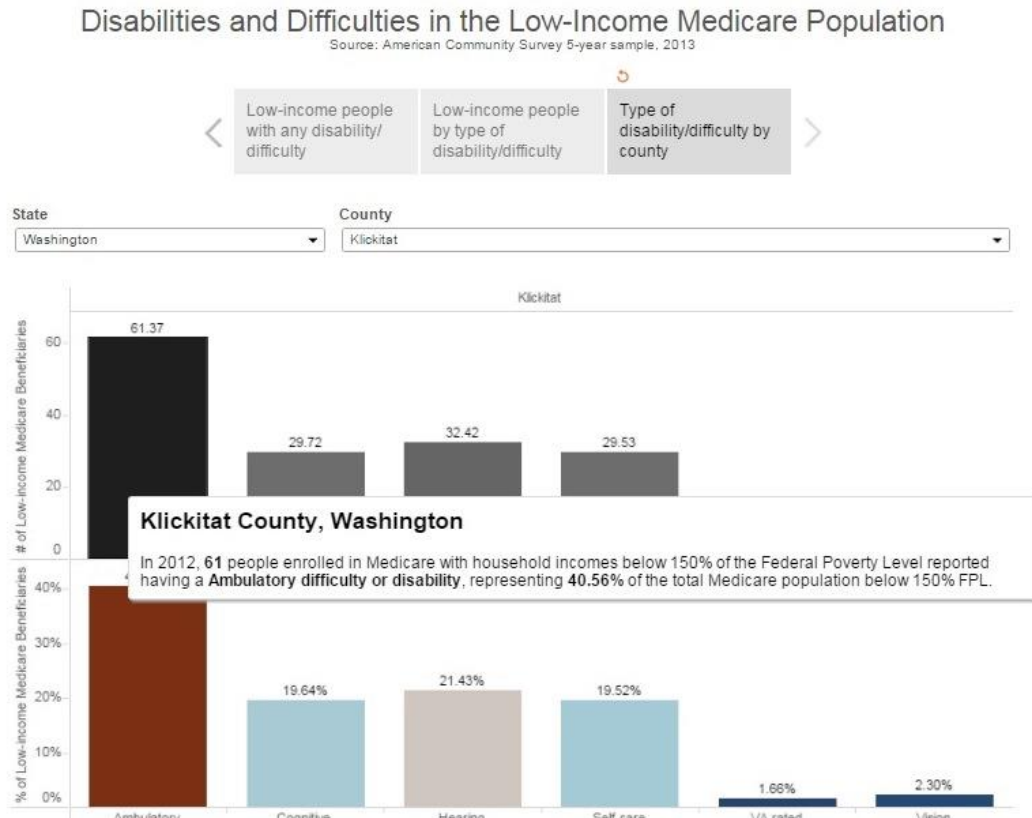


Self-reported Difficulty/Disability

www.ncoa.org/disabilitymap

Disability/difficulty grouped by:

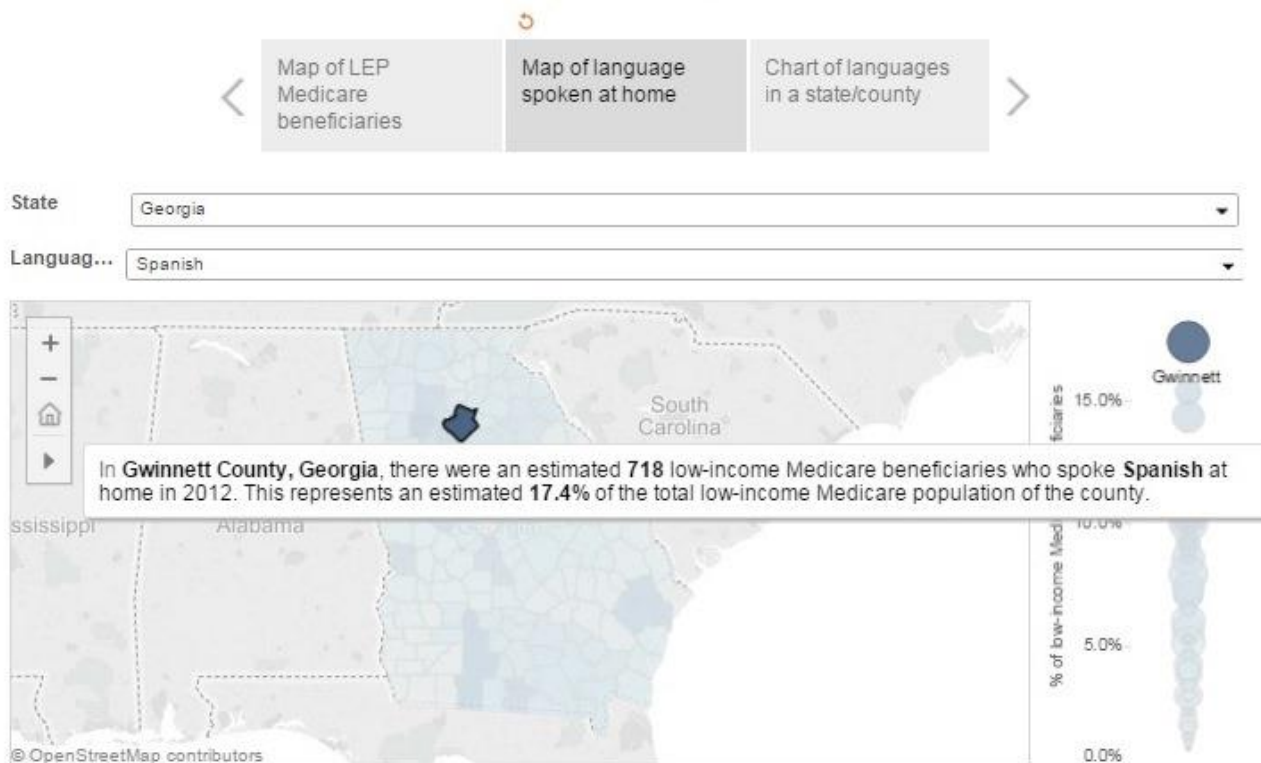
- Ambulatory
- Cognitive
- Hearing
- Vision
- Self-care
- VA rated



Limited English Proficiency

www.ncoa.org/LEPmap

Limited English Proficiency Low-Income Medicare Beneficiaries by County



Promising Practices Clearinghouse

www.ncoa.org/centerforbenefits/promising-practices/

- Finding people
- Outreach strategies
- Streamlining application process
- Follow-up and retention





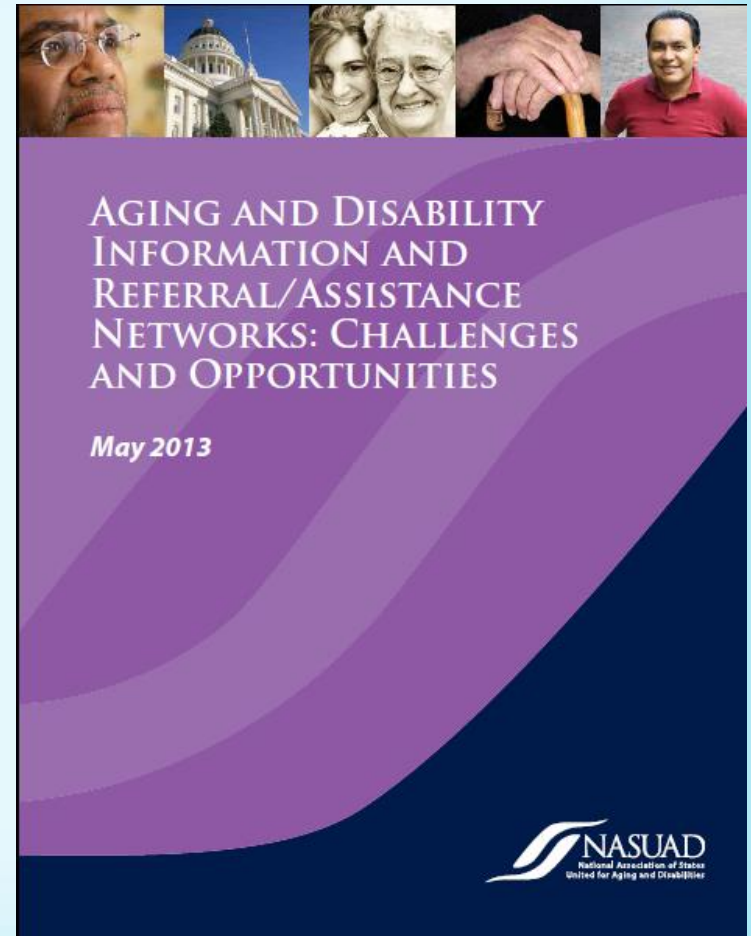
MIPPA Outreach: How are we doing?

Spring 2015 I&R Network Survey

2015 Survey: Methodology

2015 Network Survey of I&R Specialists in Aging and Disability:

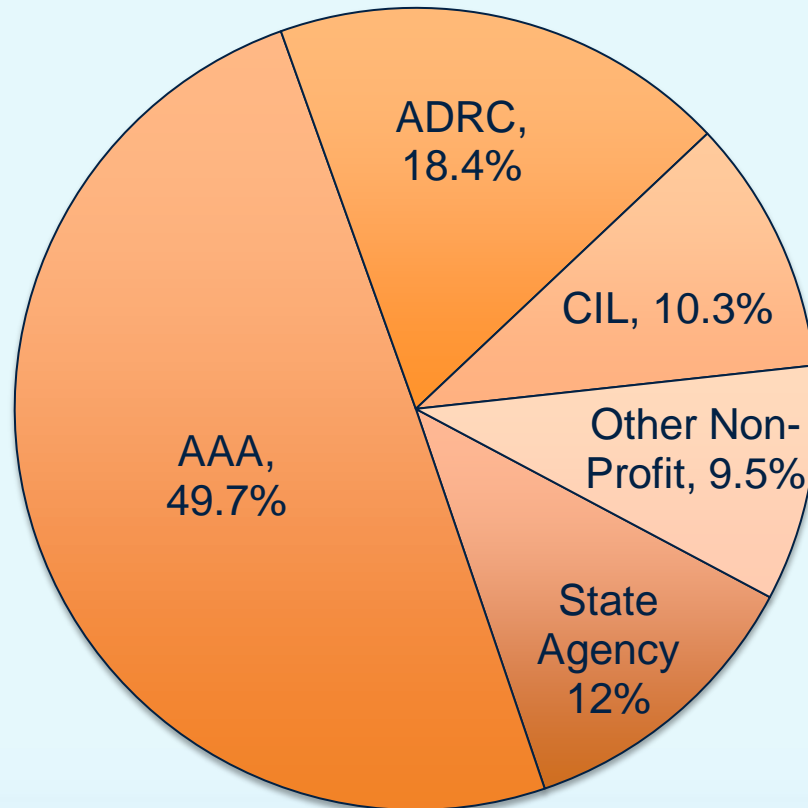
- Conducted every other year
- Web-based survey instrument
- In the field March - April 2015
- NASUAD collaborated with the National Council on Independent Living to encompass the CIL perspective
- NASUAD coordinated with leads in each state to ensure participation across the U.S.



2015 Survey: Respondent agency

What type of agency do you work in?

2015 Survey: Respondent agency



Percent of Respondents
N=358

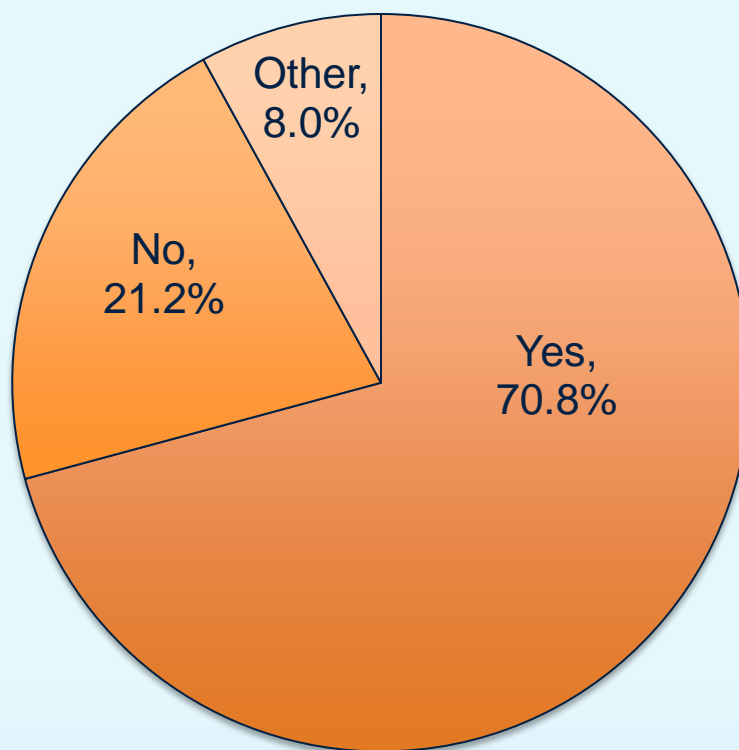
2015 Survey: Screening

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

- If yes, does your agency target older adults in its screening?
- If yes, Does your agency target younger individuals with disabilities in its screening?

2015 Survey: Targeted Screening

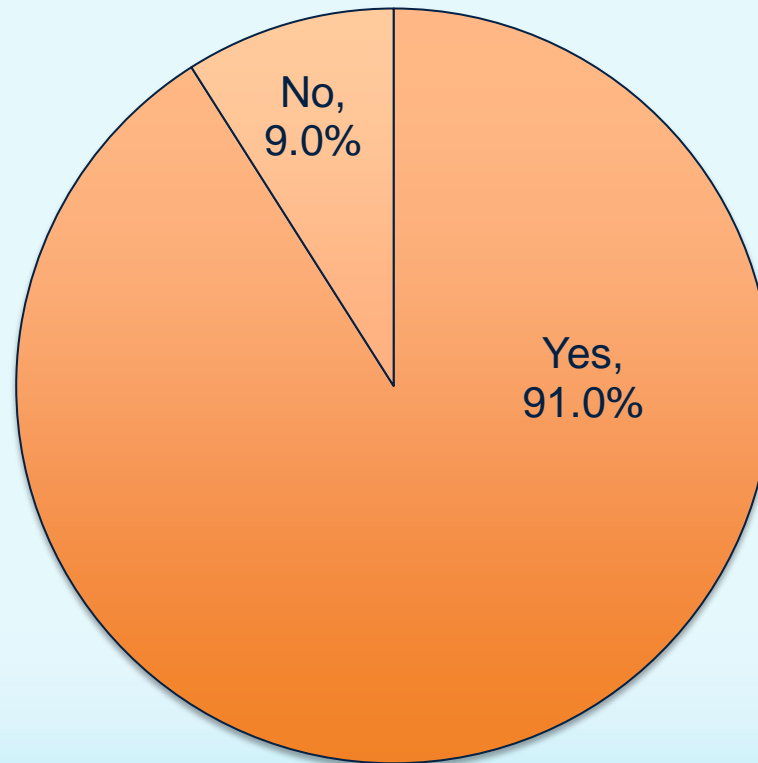
Do I&R/A specialists in your agency screen for eligibility for Medicare low-income subsidies?



Percent of Respondents
N=325

2015 Survey: Targeted Screening

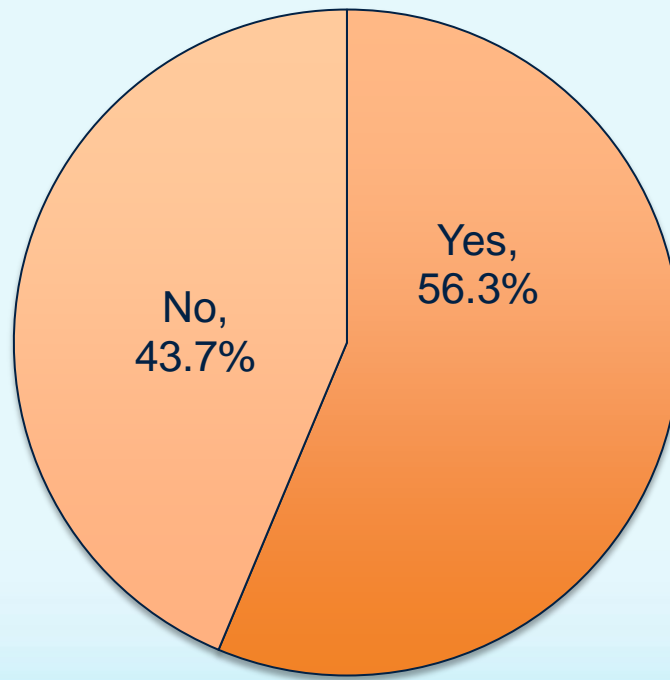
If your agency screens for eligibility for
Medicare low-income subsidies:
Does your agency target older adults?



Percent of Respondents
N=222

2015 Survey: Targeted Screening

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



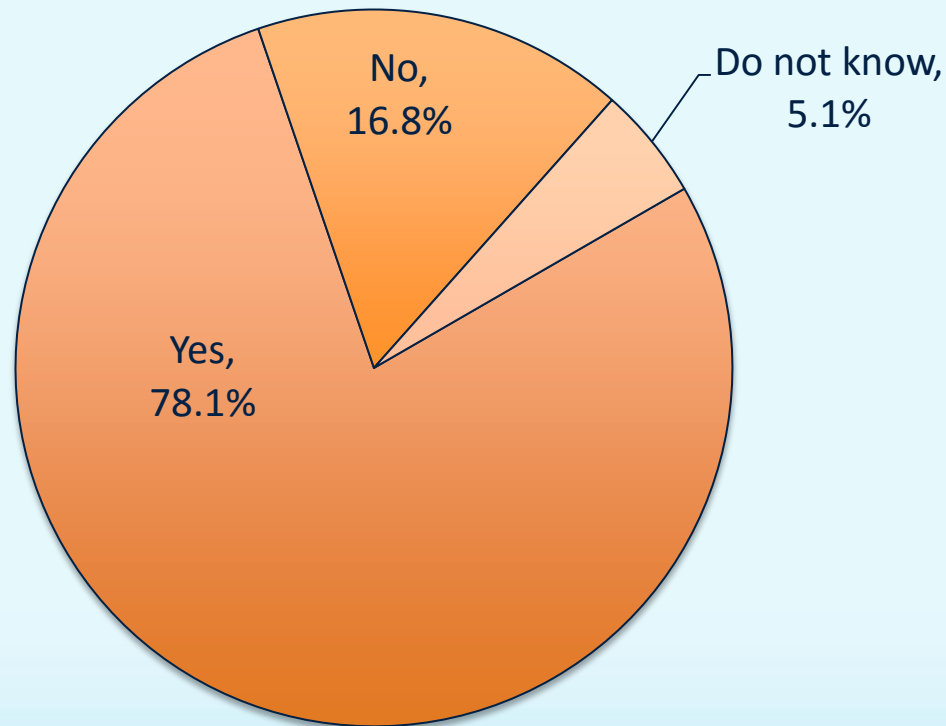
Percent of Respondents
N=222

2015 Survey: Training

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

2015 Survey: Training

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



Percent of Respondents
N=292



MIPPA Outreach: How can we improve?

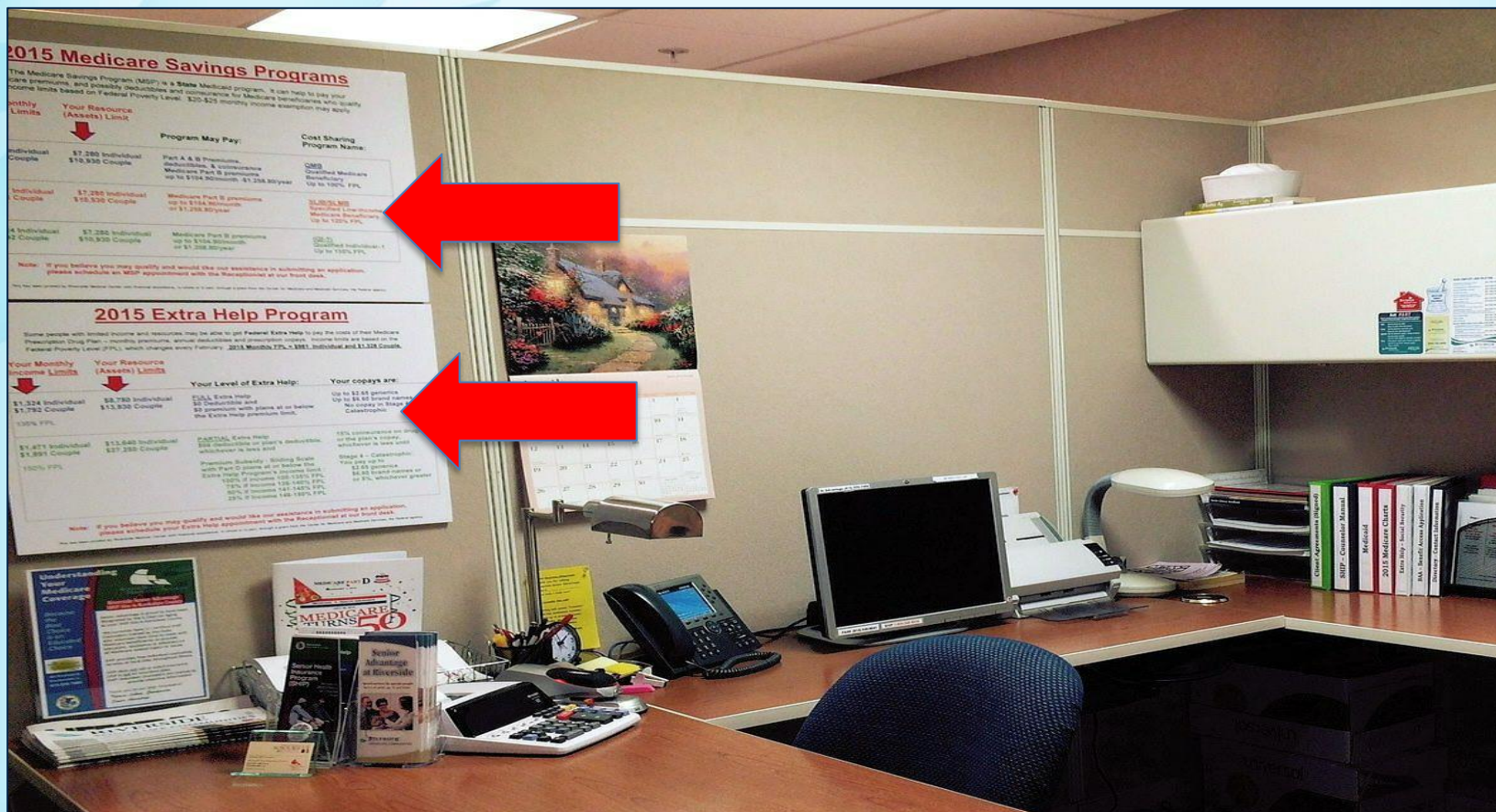
Promising Practices

Promising Practice #1

Insert MIPPA outreach into the internal framework of your organization.

- Provide all staff with access to screening information
- Ensure all staff are involved in screening efforts

Promising Practices



Promising Practices

| Catawba Area Agency on Aging Application | | | |
|--|------------------|---|------------------------------|
| <input type="checkbox"/> SNAP <input type="checkbox"/> I-CARE <input type="checkbox"/> Fraud <input type="checkbox"/> LIS <input type="checkbox"/> Medicaid/CLTC <input type="checkbox"/> Disabled <input type="checkbox"/> Care giving <input type="checkbox"/> SRC <input type="checkbox"/> Alzheimer's <input type="checkbox"/> IRA | | | Date: _____ Worker: _____ |
| Client/Care Giver Information: Name: _____ Address: _____ City: _____ Zip Code: _____ Cty: _____ Phone: (H) _____ (wk/cell) _____ Email: _____ D.O.B.: _____ SSN: _____ Race: _____ Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N Gender: Female Primary Lang: English Marital Status: Married Significant health problems: _____ _____ # of adults living in home: _____ # of children in home: _____ Relationship to CR: (if CG) _____ Services currently receiving: _____ _____ _____ | | Care Receiver Information: Name: _____ Address: _____ City: _____ Zip: _____ Cty: _____ Phone: _____ D.O.B.: _____ Gender: _____ SSN: _____ Race: _____ Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N M. Status: Married Language: English Significant health problems: _____ _____ Time CG spends per week? _____ Year care giving began? _____ grade level _____ Services currently receiving: _____ _____ _____ | |
| Income/Insurance Information: | | | |
| Client/CG Monthly Income: \$ _____ | | Source: _____ | |
| Spouse/CR Monthly Income: \$ _____ | | Source: _____ | |
| Insurance (check all that apply) | | | |
| Client/CG | | Spouse/CR | |
| Medicare # _____ | Eff. Date: _____ | # _____ | Date: _____ |
| Medicaid # _____ | Eff. Date: _____ | # _____ | Date: _____ |
| CG CR (check all that apply) | | CG CR (check all that apply) | |



Promising Practice #2

Go where the consumer is / where the consumer will be.

Promising Practices

Senior Farmers' Market Nutrition Program (SFMNP)

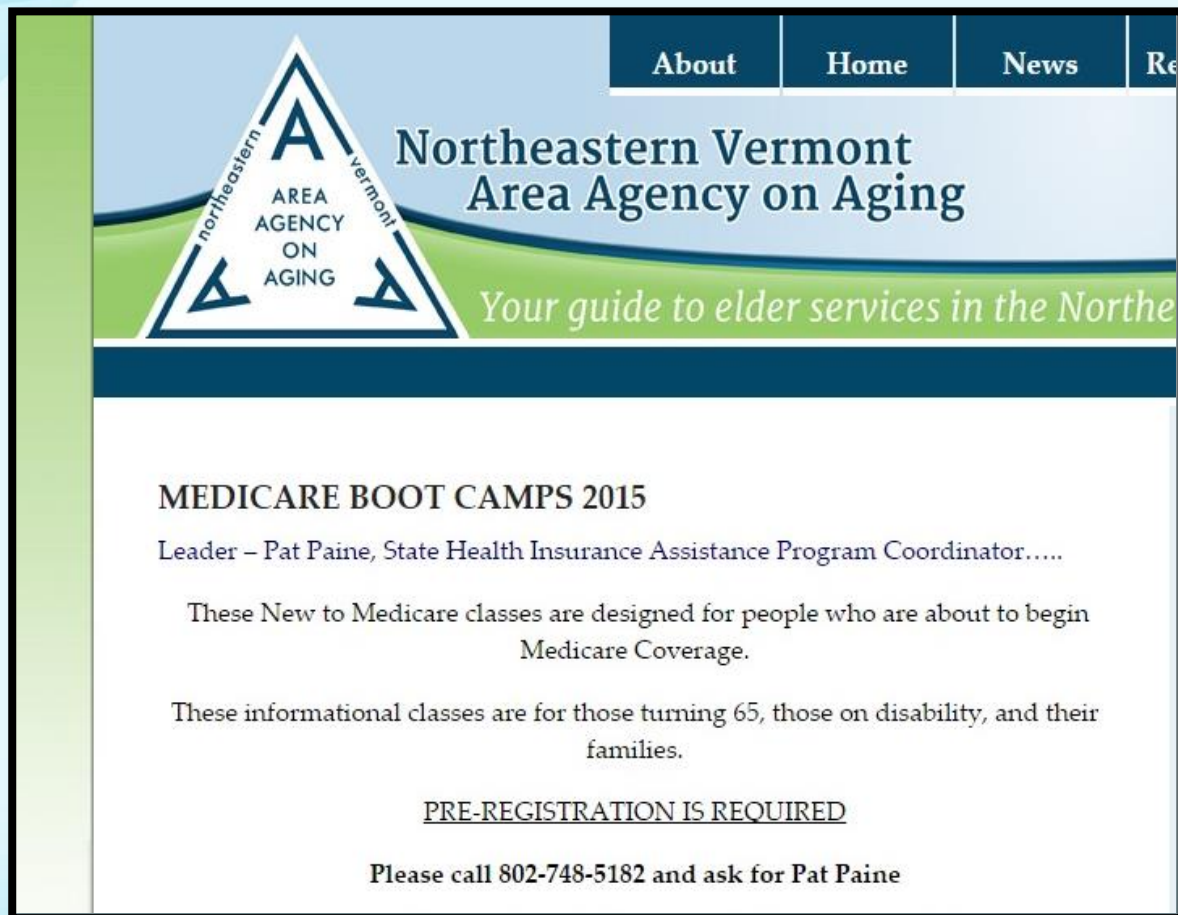


Promising Practice #3

Rebrand the Medicare low-income subsidies to appeal to the consumer.

Promising Practices

Medicare Boot Camp



About **Home** **News** **Re**

Northeastern Vermont Area Agency on Aging

Your guide to elder services in the North

MEDICARE BOOT CAMPS 2015

Leader – Pat Paine, State Health Insurance Assistance Program Coordinator.....

These New to Medicare classes are designed for people who are about to begin Medicare Coverage.

These informational classes are for those turning 65, those on disability, and their families.

PRE-REGISTRATION IS REQUIRED

Please call 802-748-5182 and ask for Pat Paine

Promising Practice #4

Think outside the box.

- Outreach stickers
- Pharmacy School partnerships

Promising Practices



State Strategies for Improving Enrollment and Retention for Medicare-Medicaid Enrollees

- Screen Medicaid beneficiaries for all categories of Medicaid, including Medicare Savings Programs
- Simplify income and asset rules
 - Can disregard some or all assets
 - Can disregard categories of income
- Simplify redeterminations
 - Up to an annual (12 month) redetermination permitted
 - Use available data sources for ex parte redetermination
 - Reduce steps required for verification

Additional Reminders

- Since 2010, asset limits for Medicare Savings Programs are indexed to inflation
- Estate recovery eliminated for Medicare Savings Program benefits
- Medicare Part A buy-in agreement
 - 14 states have not executed Part A buy-in agreements

Resources

- CMCS Informational Bulletin, “Enrollment and Retention Flexibilities to Better Serve Medicare-Eligible Medicaid Enrollees,” January 23, 2015, available at <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-01-23-2015.pdf>
- NCOA, “State Options to Streamline Eligibility for Medicare Savings Programs,” February 2015, available at <https://www.ncoa.org/resources/state-options-to-streamline-eligibility-for-medicare-savings-programs/>

Contact Us

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