

Making MIPPA Work: Connecting Low-Income Clients to Benefits



**2023 Home and Community-Based
Services Conference**



Presenters:

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NCOA

Kristin Helfer Koester, Medicare Program Associate,
ADvancing States

Agenda



Overview of MIPPA



NCOA's MIPPA Research
& Resources



ADvancing States Research
& MIPPA Resources

What is MIPPA?

- Medicare Improvements for Patients and Providers Act (MIPPA) enacted by Congress in 2008 to fund:
 - State Health Insurance Assistance Programs (SHIPs)
 - Area Agencies on Aging (AAAs)
 - Aging and Disability Resource Centers (ADRCs)
 - Title VI Tribal entities
 - National Center for Benefits Outreach and Enrollment (NCOA's Center for Benefits Access)
- Purpose
 - Outreach & enrollment of low-income Medicare beneficiaries into the Part D Low Income Subsidy (LIS/Extra Help) and Medicare Savings Programs (MSPs)
 - Promote Medicare's preventive services

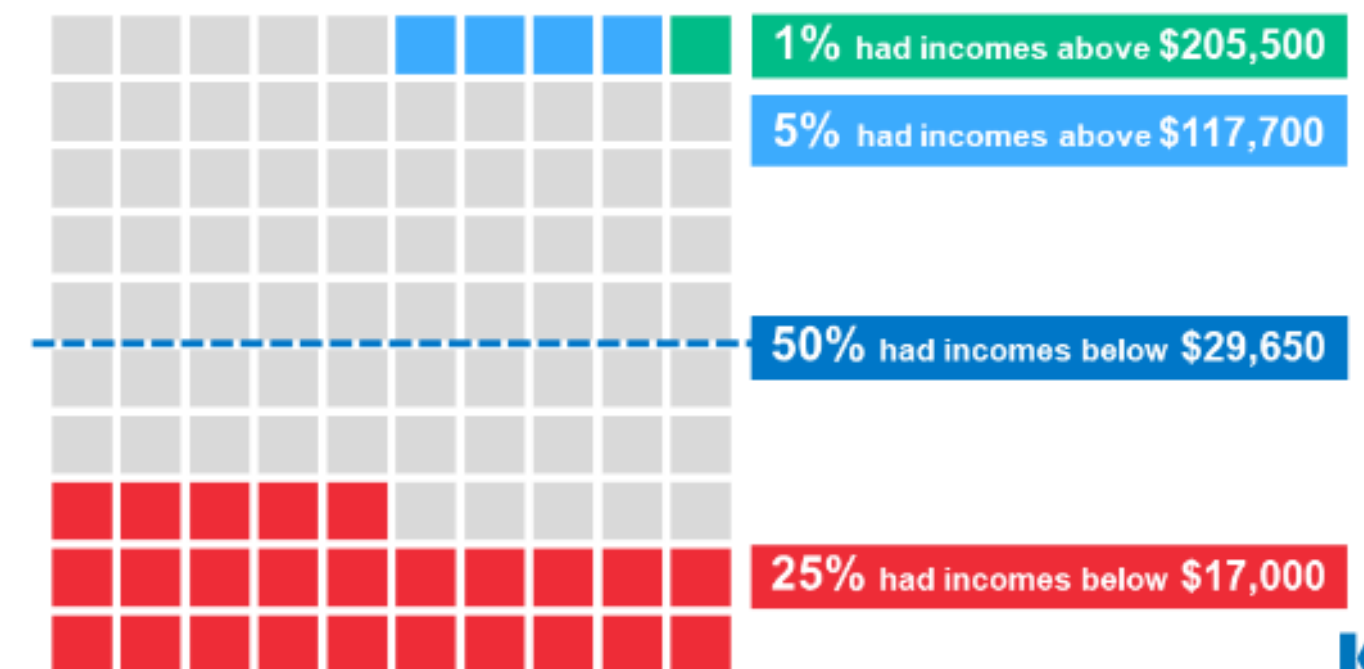
Why Medicare Subsidies Matter

- Costs of Medicare can add up:
 - Part B premium in 2023: \$164.90/month
 - Parts A & B deductibles, coinsurance
 - Part D plan premium, deductible, and prescription drug copayments/coinsurance
- Significant economic strain among Medicare population
- The two Medicare subsidies offer thousands of dollars in savings each year

Figure 1

Half Of All Medicare Beneficiaries Lived On Incomes Under \$29,650 Per Person; One In Four Lived On Incomes Under \$17,000 In 2019

Per capita income among Medicare beneficiaries, 2019



SOURCE: Urban Institute / KFF analysis of DYNASIM data, 2019.

KFF
HENRY J. KAISER
FAMILY FOUNDATION

Part D LIS/Extra Help

- Social Security Administration handles application and eligibility determination
- Centers for Medicare & Medicaid Services (CMS) administers LIS and coordinates subsidies, enrollment into drug plans
- Beneficiary must have Medicare Parts A & B
- Some people get LIS automatically (if they already receive Medicaid, SSI or a Medicare Savings Program)
 - Others must apply

Part D LIS/Extra Help (cont.)

- Social Security Administration estimates annual value of Extra Help at \$5,300
- People with Extra Help:
 - Can enroll in premium-free Part D plans
 - Don't have to pay any penalties for late enrollment into a drug plan
 - Pay a fraction of costs for drugs at pharmacy

Eligibility for Part D LIS/Extra Help in 2023

Eligibility in 48 States & DC		
	Single	Couple
Monthly income (up to 150% FPL)*	\$1,843	\$2,485
Maximum resource levels**	\$15,160	\$30,240
Eligibility in Alaska		
Monthly income (up to 150% FPL)*	\$2,296	\$3,100
Resource levels**	\$15,160	\$30,240
Eligibility in Hawaii		
Monthly income (up to 150% FPL)*	\$2,116	\$2,855
Resource levels**	\$15,160	\$30,240

* Figures include the \$20 monthly income disregard

** Figures reflect max. for Partial LIS and do not include the \$1,500 per person burial allowance

Medicare Savings Programs (MSPs)

- State Medicaid agencies accept applications and make eligibility determinations
- Federal eligibility guidelines, but states can be more flexible/generous
 - 11 states (AL, AZ, CT, DE, LA, MS, NM, NY, OR, VT, and WA) and DC have eliminated the resource test for all MSPs (CA gradually phasing out by next year; IL is suspended temporarily)
 - 5 states (CT, IN, MA, ME, NY) and DC have raised income thresholds
- May go by their acronyms/Medicare “buy-in”

The Four MSPs

Qualified Medicare Beneficiary (QMB)

- Pays Part A premium (if applicable) and Part B premium; also pays Part A & B deductibles, copayments and/or coinsurance

Specified Low-Income Beneficiary (SLMB)

- Pays only the Part B premium

Qualified Individual (QI)

- Pays only the Part B Premium

Qualified Disabled Working Individual (QDWI)

- Pays Part A premiums for those who qualify
- Qualify with income up to \$4,945/month/single, \$6,659/month/married
- Assets up to \$4,000 if single, or \$6,000 if married

Federal Eligibility for QMB, SLMB, QI in 2023

Eligibility in 48 States & DC			
	QMB	SLMB	QI
Monthly income (single/couple)*	\$1,235/\$1,663	\$1,478/\$1,992	\$1,660/\$2,239
Resource levels**	\$9,090/\$13,630	\$9,090/\$13,630	\$9,090/\$13,630
Eligibility in Alaska			
Monthly income (single/couple)*	\$1,538/\$2,073	\$1,841/\$2,484	\$2,069/\$2,792
Resource levels**	\$9,090/\$13,630	\$9,090/\$13,630	\$9,090/\$13,630
Eligibility in Hawaii			
Monthly income (single/couple)*	\$1,418/\$1,910	\$1,697/\$2,288	\$1,907/\$2,572
Resource levels**	\$9,090/\$13,630	\$9,090/\$13,630	\$9,090/\$13,630

* Figures include \$20 monthly income disregard

** Resources exclude \$1,500 burial allowance

Check with your state Medicaid agency for changes to these guidelines; states may eliminate the resource test and/or increase the income threshold

On the Horizon

- MIPPA up for reauthorization in FY24
- Partial LIS (for people with incomes between 135-150% FPL) will convert to full LIS in 2024
- ACL plans to lead MIPPA-focused national campaign in early 2024

NCOA's MIPPA Research and Resources



Highlights from Recent Research



Online Resources & Tools



Benefits Enrollment Centers

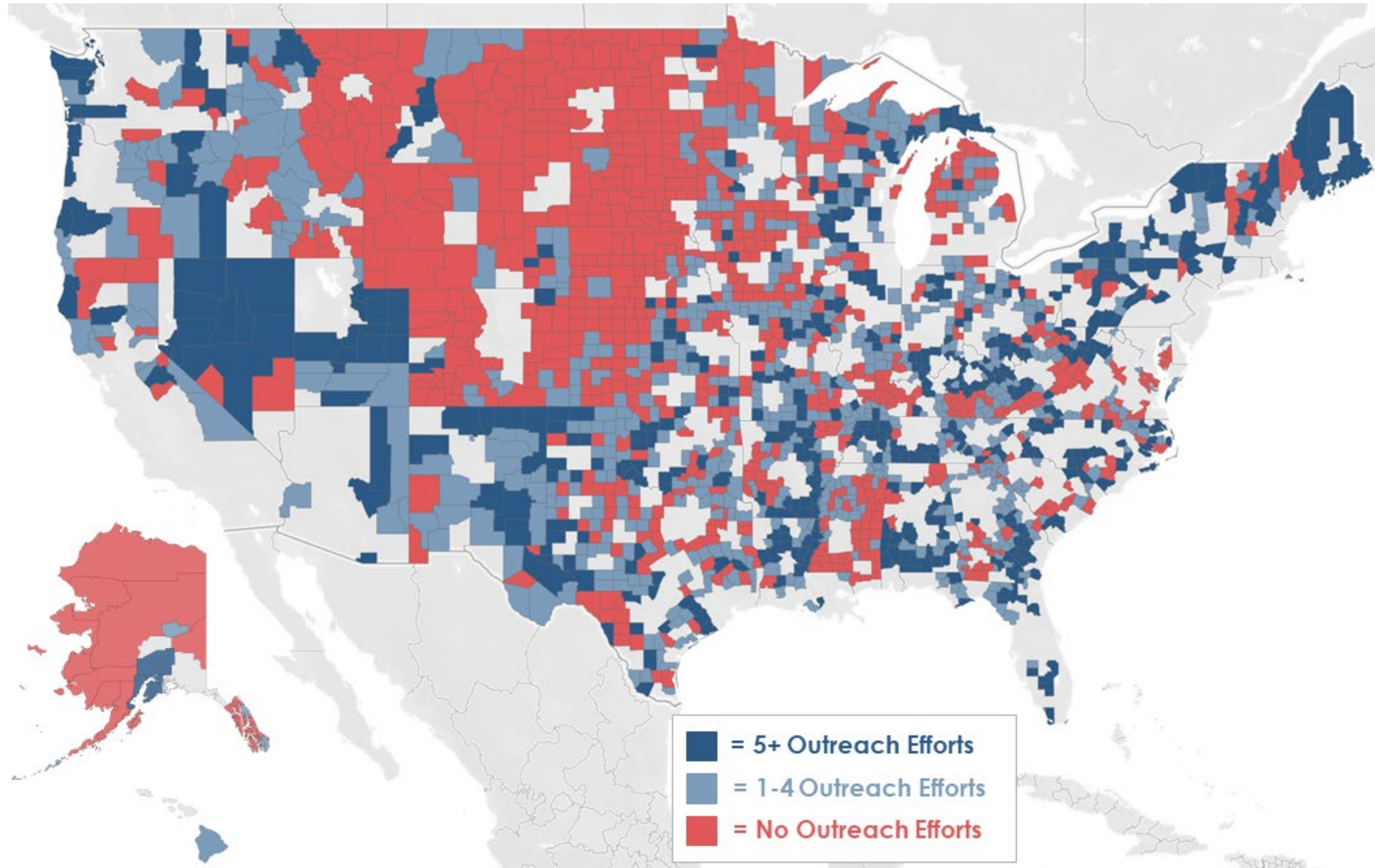


Benefits Helpline

Who is MIPPA Currently Serving?

- Equity research led by ACL found that both state MIPPA grantees and NCOA-funded Benefits Enrollment Centers:
 - Had relatively strong engagement with low-income Black older adults
 - Need to do better in serving rural residents and indigenous populations
 - Need to better serve specific populations in targeted geographies

Outreach to Rural Low-Income Beneficiaries



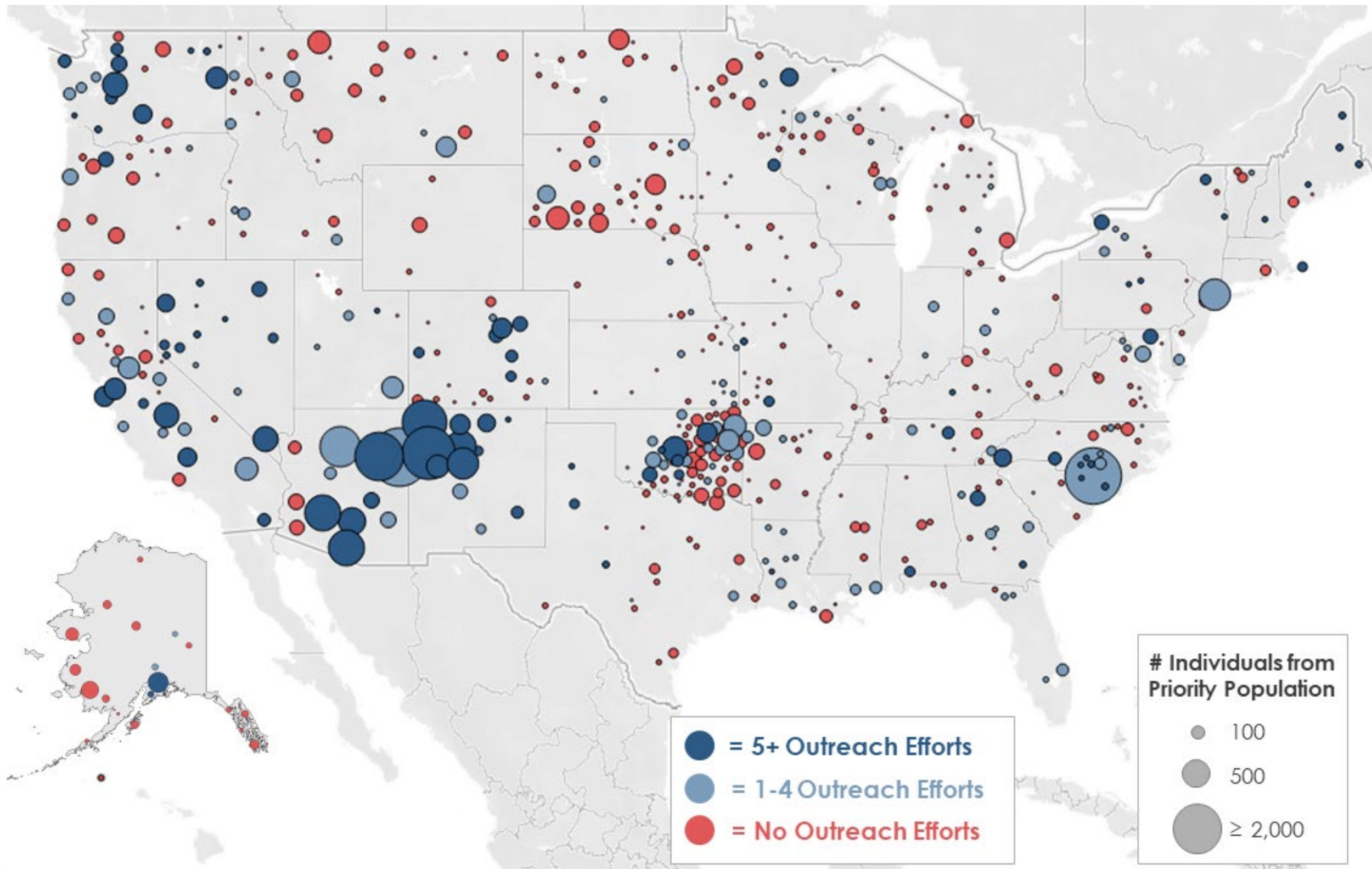
Rural Counties Colored by Number of Group Outreach Efforts
CDC Rurality Designation¹

Key Takeaways

- 1) Many counties in the **Great Plains and Mountain West** have not received group outreach efforts.
- 2) In contrast, most counties in the **rural Southwest** have had at least one group outreach effort.

¹ The CDC classifies rurality at the county-level, meaning entire counties are considered either rural or non-rural. This prevents scoping by “high-share” counties as has been done with other priority population maps.

Outreach to AI/AN Low-Income Beneficiaries



Counties with High Share¹ of Priority Population, Colored by Number of Group Outreach Efforts

Sized by County-Level Population of Priority Group

Key Takeaways

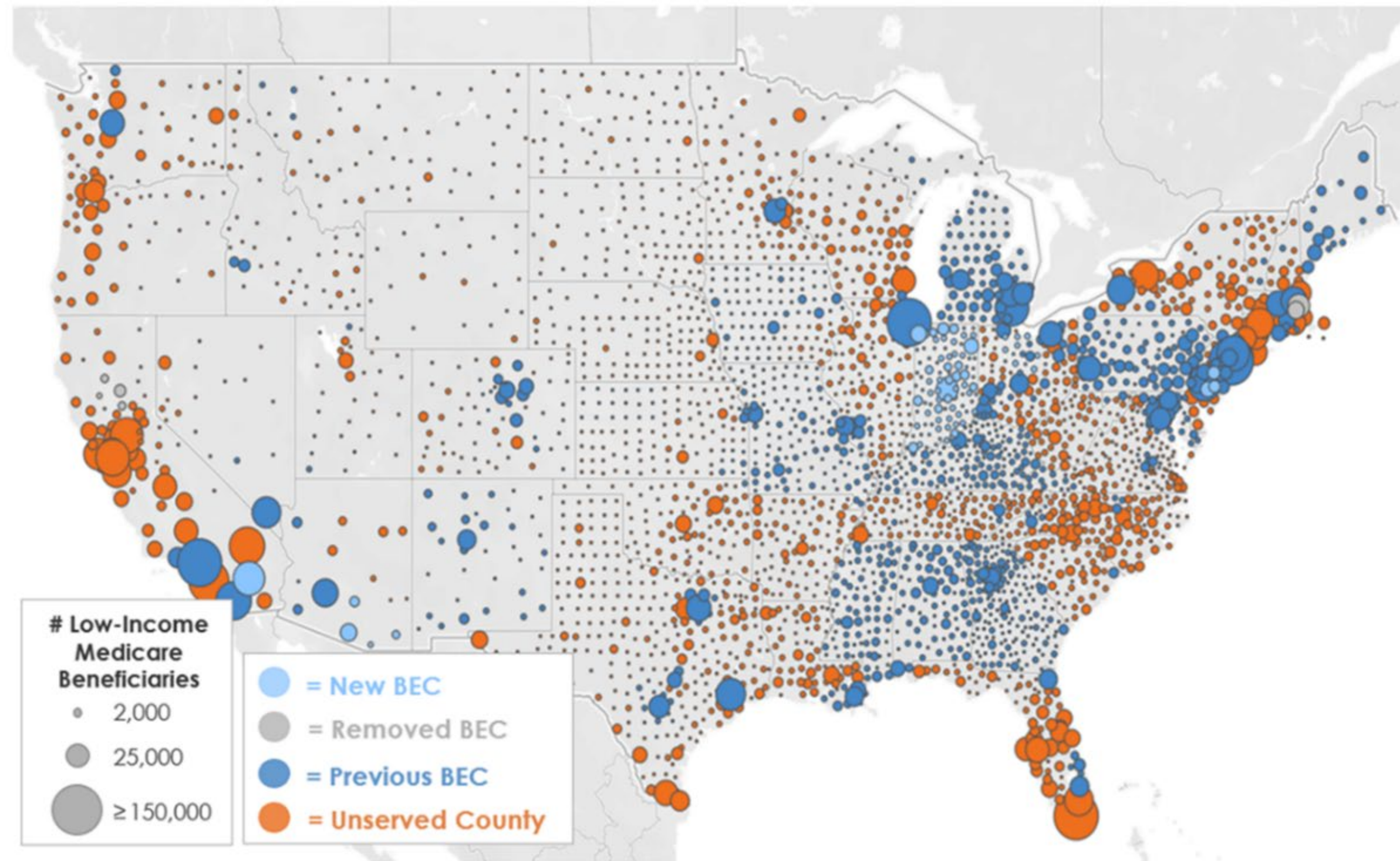
- 1) Most counties in the Southwest with **large populations of LI AIAN older adults** have received **at least five group outreach efforts**.
- 2) Some counties in the **Midwest and Mountain West** with a moderately high LI AIAN older adult population **have not received targeted group outreach efforts**.

¹“High Share” describes service areas where the priority population share is higher than the national share (>1.0% for <100% FPL AIAN seniors).

Benefits Enrollment Center Coverage Areas

Nationwide BEC Service Footprint (2020-21)

County-Level Population of Low-Income Medicare Beneficiaries



Addressing These Findings

- ACL working on simplifying state MIPPA awards, revising data collection/reporting, and increasing visibility
- NCOA's new RFP for Benefits Enrollment Centers
 - More streamlined proposal/application
 - Nuanced DEI questions
 - Opportunity to self-set realistic goals based on populations served
 - Priority for underserved geographies and populations

Online Resources & Tools

- MIPPA Resource Center landing page: <https://ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center>
- Promising Practices clearinghouse: www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/promising-practices
- Tools & Training with eligibility charts, tip sheets, data visualizations, etc.: www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center/tools-training
- NCOA Connect, online learning platform with archived webinars and trainings: <https://connect.ncoa.org/>

Newly Added & Updated!

- Title VI/Working with AI/AN toolkit: <https://ncoa.org/article/tribal-outreach-toolkit-for-title-vi-mippa-grantees>
- Map of potential LIS/MSP eligible individuals (Social Security mailing data): <https://ncoa.org/article/lis-msp-potential-eligibles>
- MIPPA sample outreach materials: <https://ncoa.org/article/sample-mippa-outreach-materials>

Check Your Medicare Plan Each Year

Your health care situation may change after you sign up for Medicare. Think about your health and insurance needs every year. The first plan you sign up for may not be the best plan forever.

Important: If you do not sign up for Part B or Part D when first eligible, you may have to pay a penalty later.

You are not alone. Get help from family, the Medicare website, or your local State Health Insurance Assistance Program (SHIP). You can meet with a local SHIP Navigator to help you review your Medicare plan options for no cost. <https://www.shiphelp.org/>

To sign up for Medicare or get more information, you can:

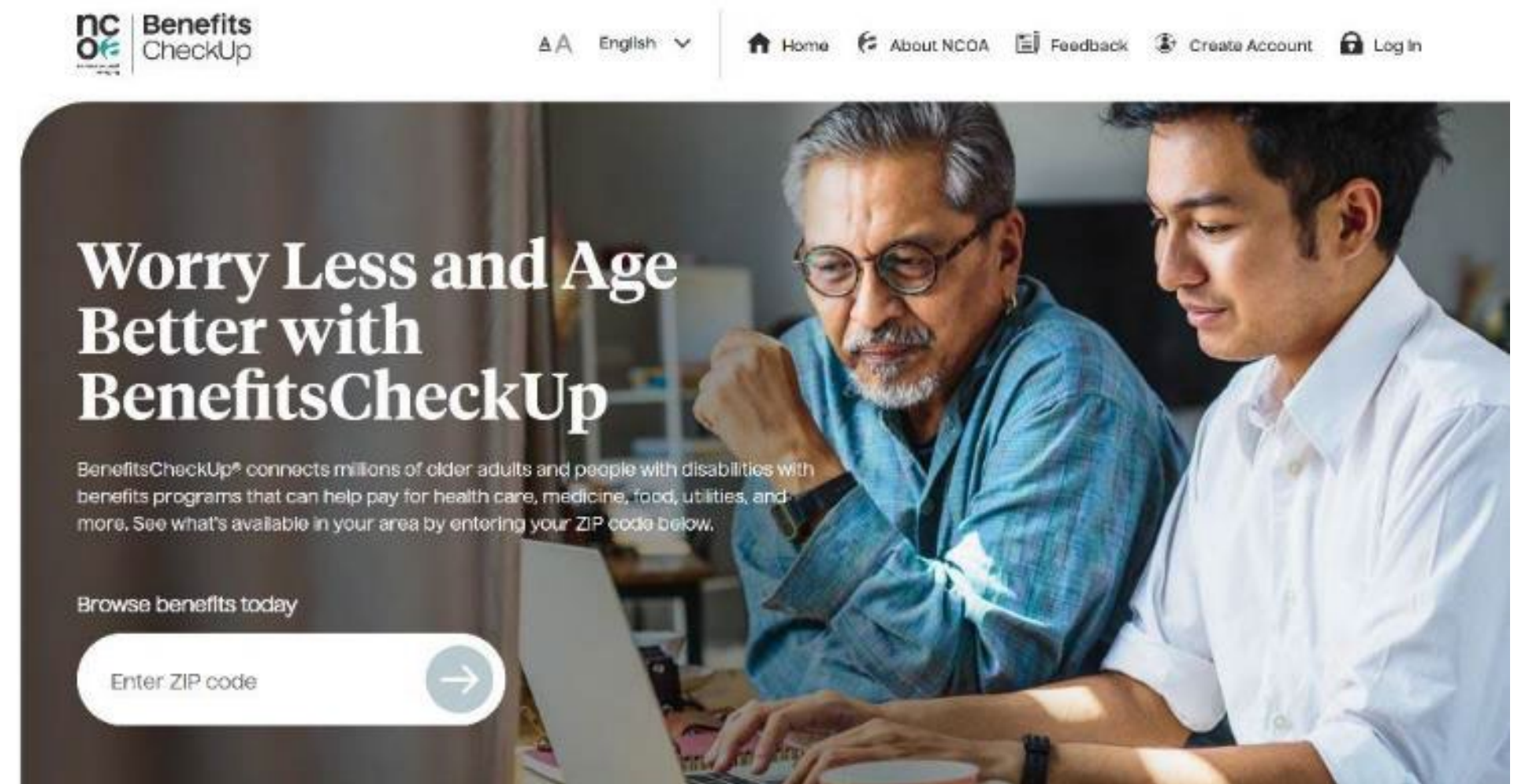
- Go online to www.ssa.gov/benefits/medicare
- Call 1-800-MEDICARE (1-800-633-4227)
- Visit your local Social Security office ([Find your local office here](#))



BenefitsCheckUp

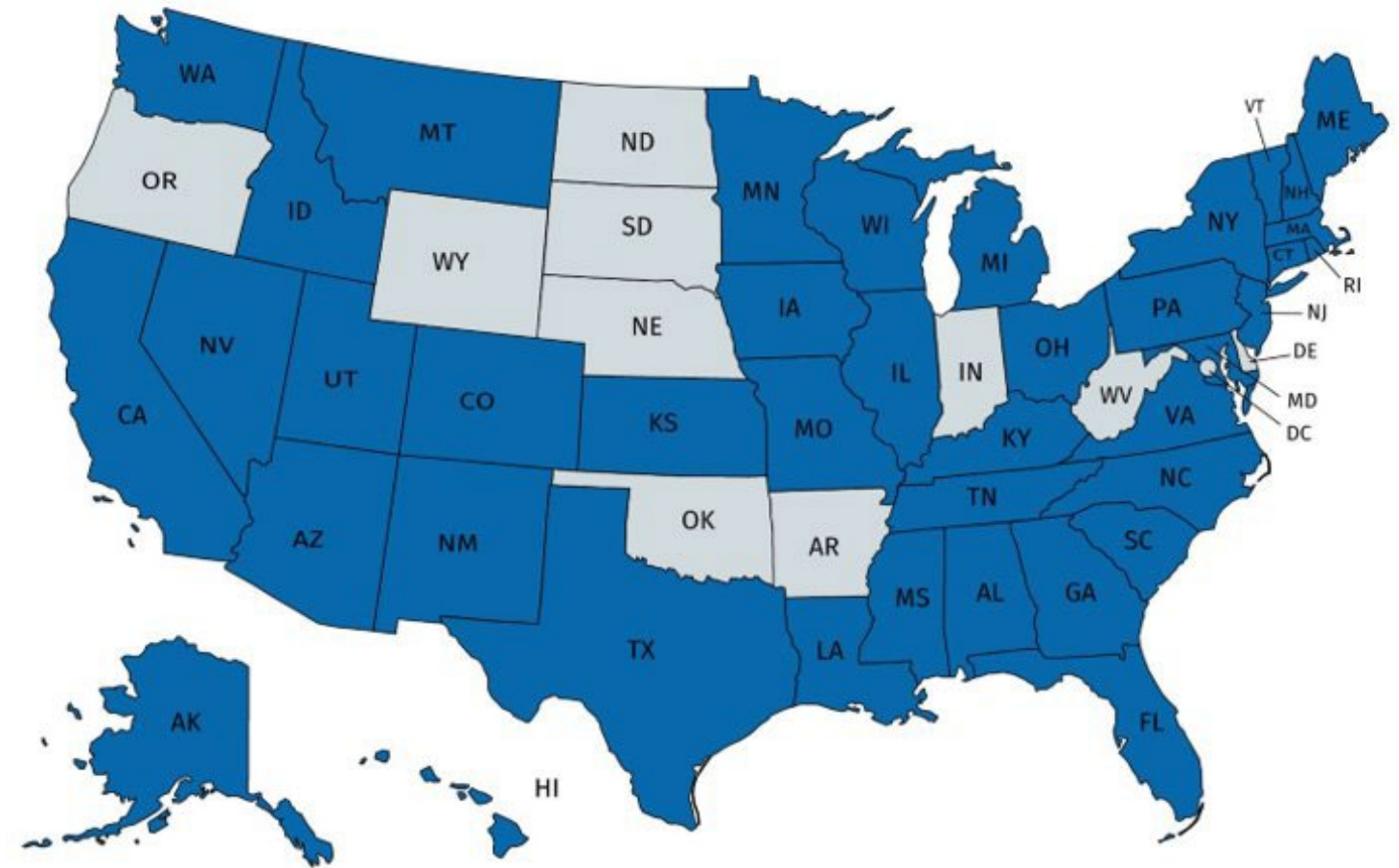
<https://www.benefitscheckup.org>

- 2,000 public and private programs
- Updated features:
 - Screen by specific program, category, or all key benefits
 - Access information just by entering a zip code



Benefits Enrollment Centers (BECs)

- 85 serving 41 states (not all statewide)
- Provide person-centered help for low-income Medicare beneficiaries to apply for wide range of benefits
- <https://www.ncoa.org/article/meet-our-benefits-enrollment-centers>



Benefits Helpline

- Operated in partnership with GreenPath Financial Wellness
- 1-800-794-6559, 8am – 7 pm ET (Monday-Friday)
 - Can help callers complete benefits screening
 - Warm referrals to Benefits Enrollment Centers



ADvancing States Research & MIPPA Resources



Highlights from Recent Information & Referral Survey on MIPPA



IQ Online Learning Center:
MIPPA Courses



Issue Briefs

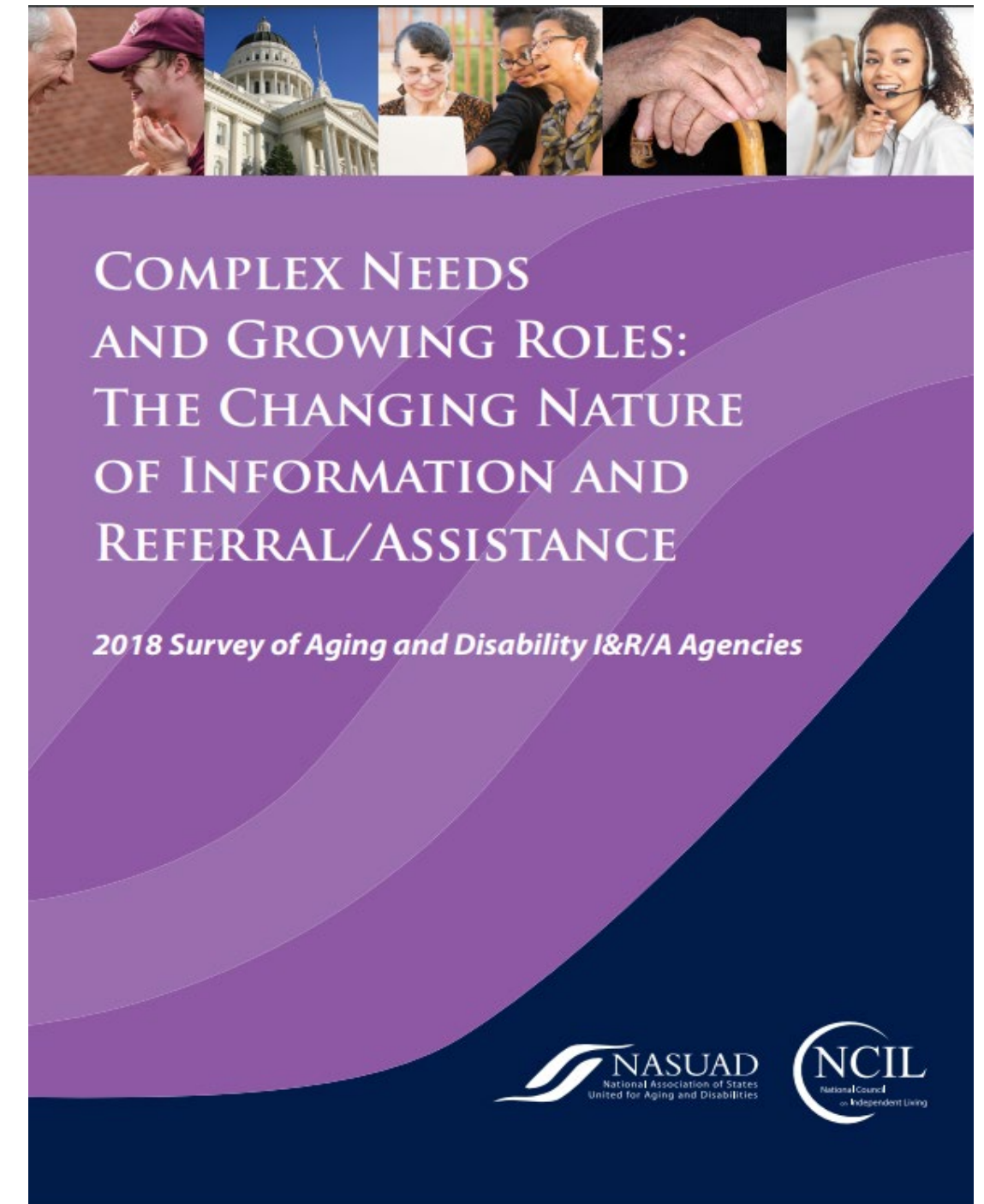


Tip Sheet, Posters, and Infographic

www.advancingstates.org/mippa

2023 Information & Referral / Assistance Survey

- Survey of I&R/A Specialists in Aging and Disability Networks:
 - Assesses the state of I&R/A systems serving older adults, persons with disabilities, and family and friend caregivers
 - Highlights trends and developments in the provision of I&R/A services
 - Partnership between ADvancing States and NCIL (National Council on Independent Living)
 - Last survey conducted in 2018
 - 2023 survey in the field this spring

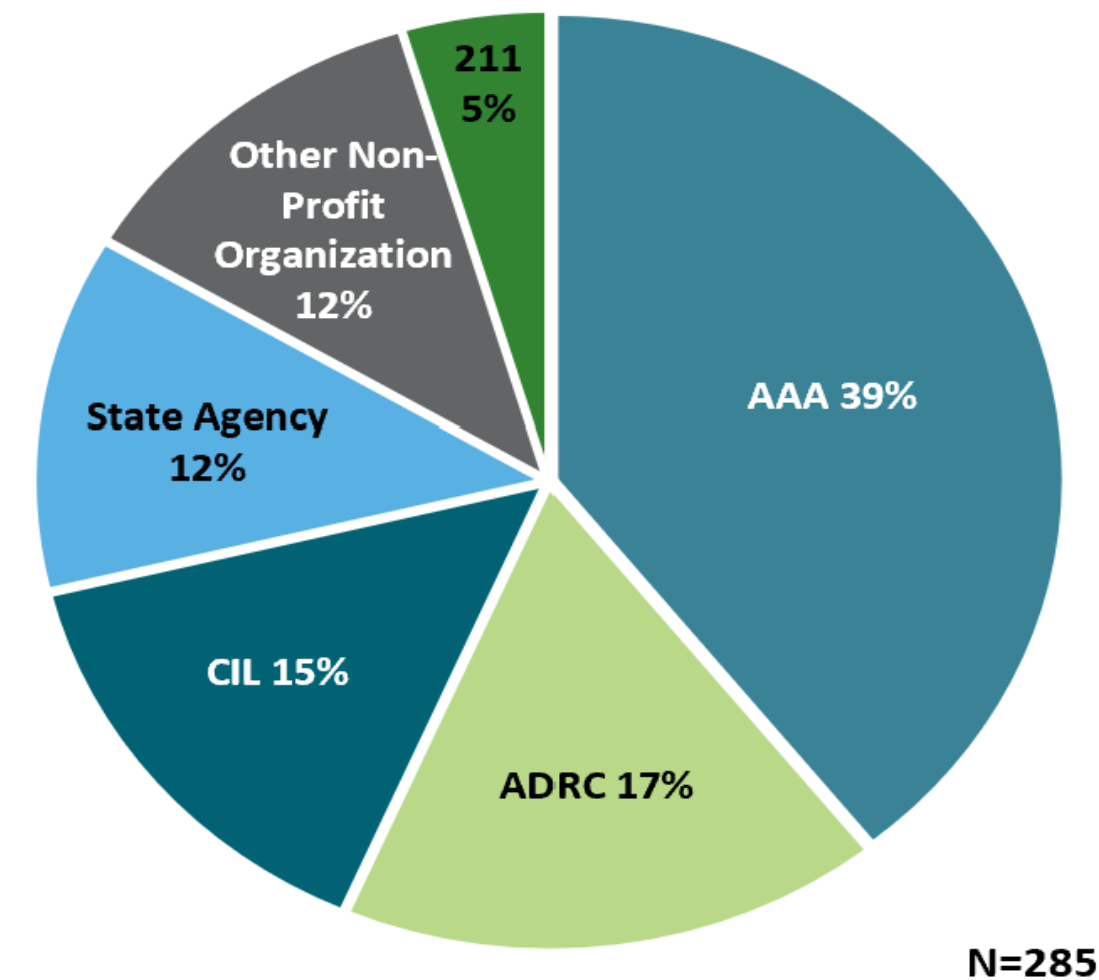


2023 Information & Referral / Assistance Survey

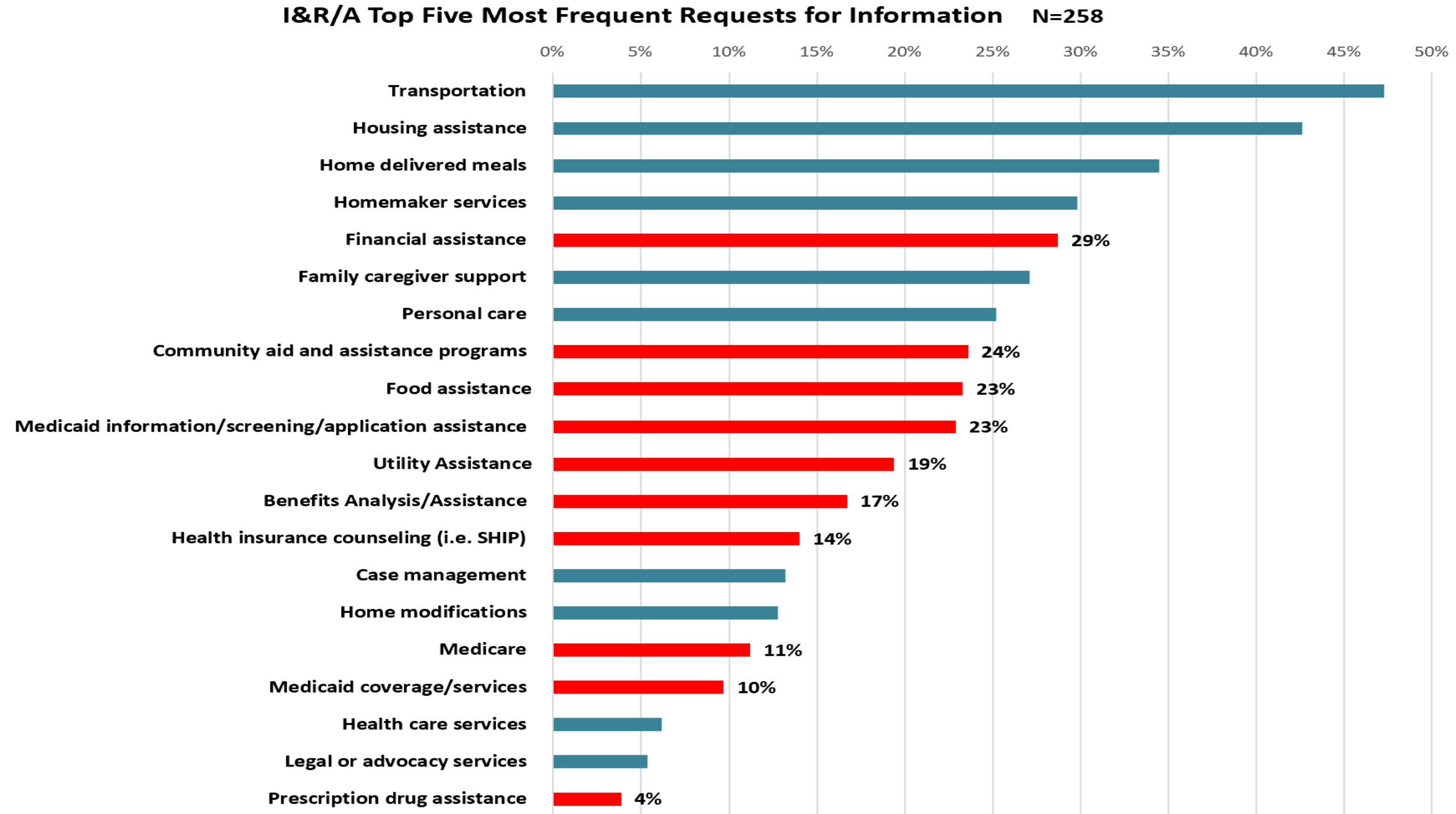
- Methodology
 - Used a web-based survey instrument
 - Disseminated through ADvancing States and NCIL state-level agency directors and to agencies within the aging and disability networks

- 285 Respondents

Agency Type by Respondent

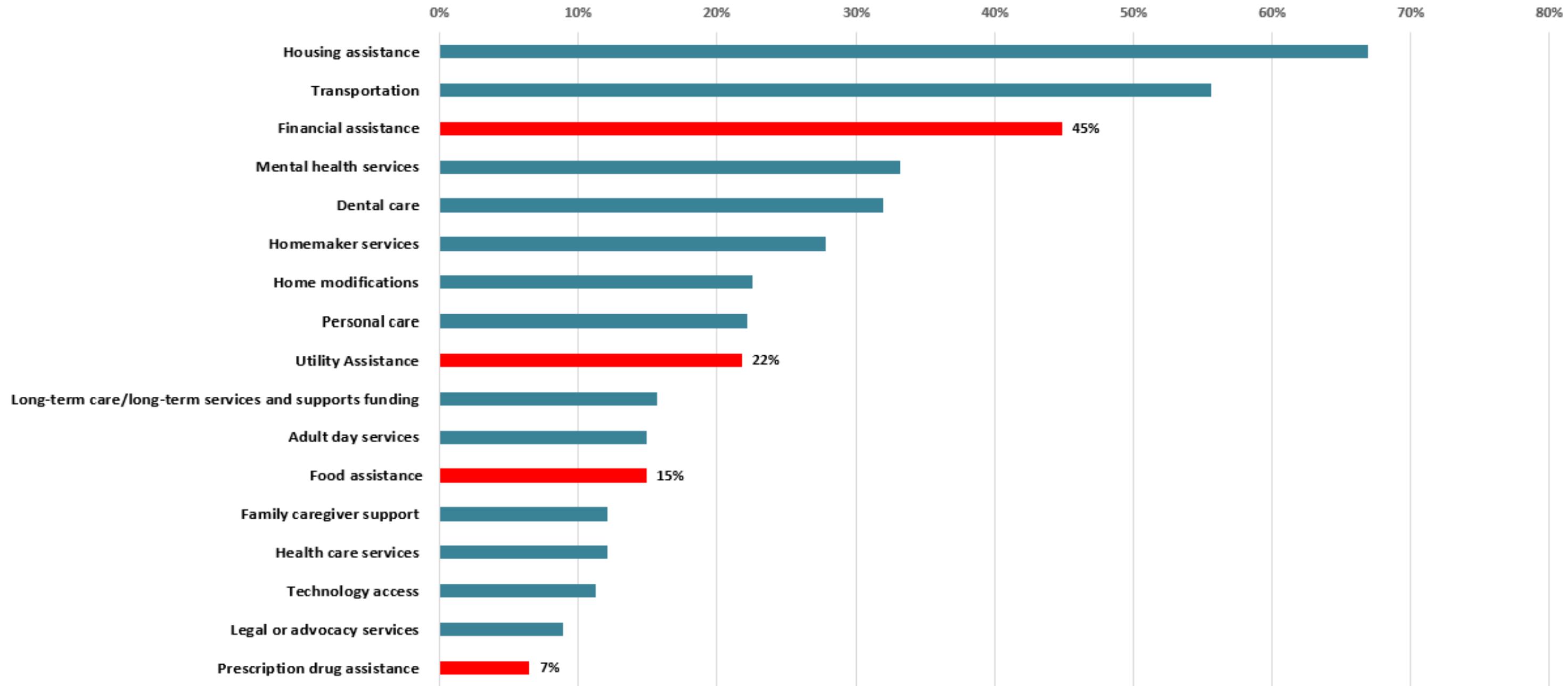


Most Frequently Requested Services



Top Five Most Frequent Unmet Service Needs

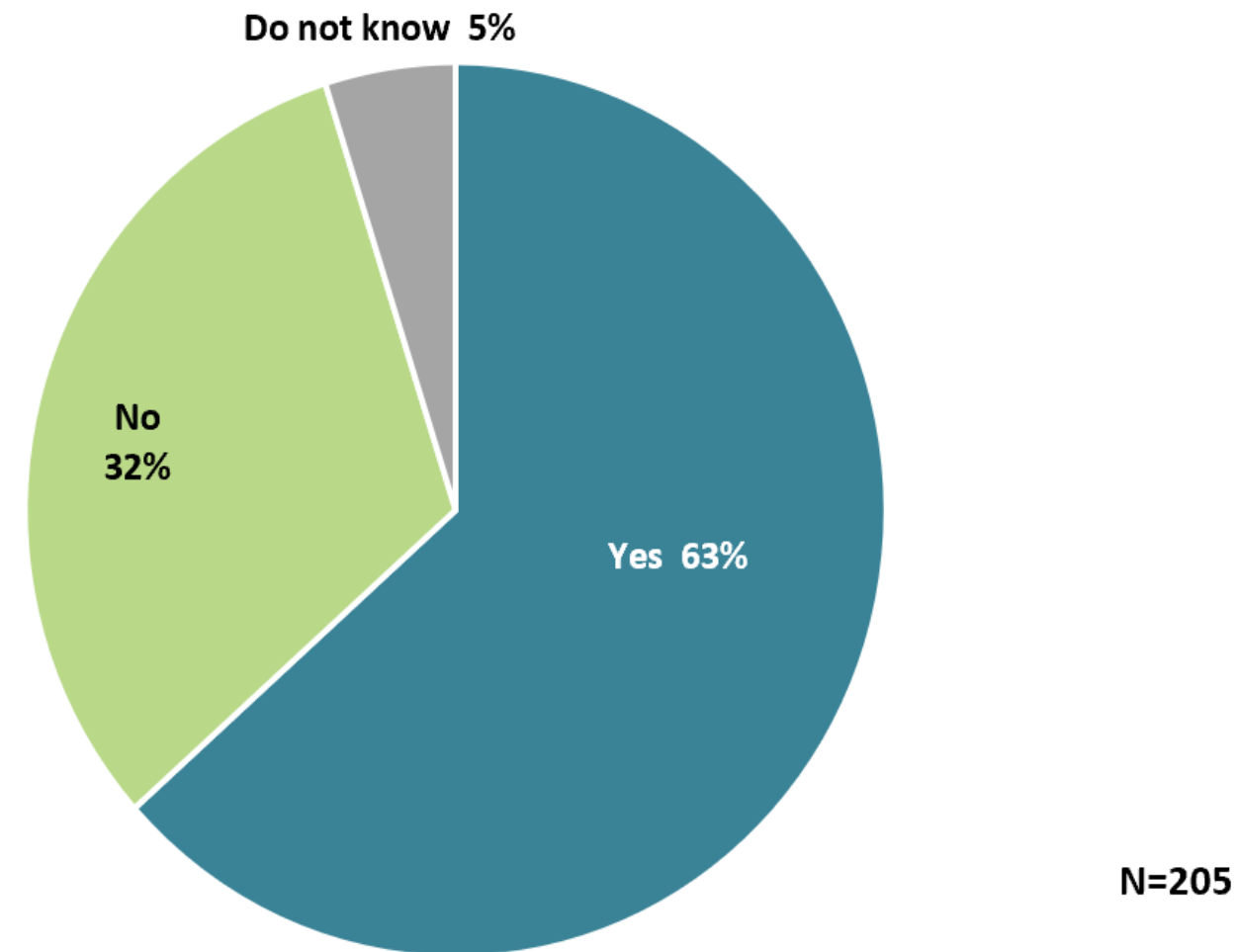
Top Five Most Frequent Unmet Service Needs in the Past Year (N=248)



Training on Medicare Low-Income Subsidies

Are I&R/A specialists in your agency **given training** on the **Medicare low-income subsidies** (i.e. the Medicare Savings Programs and the Medicare Part D Low-Income Subsidy “Extra Help”)?

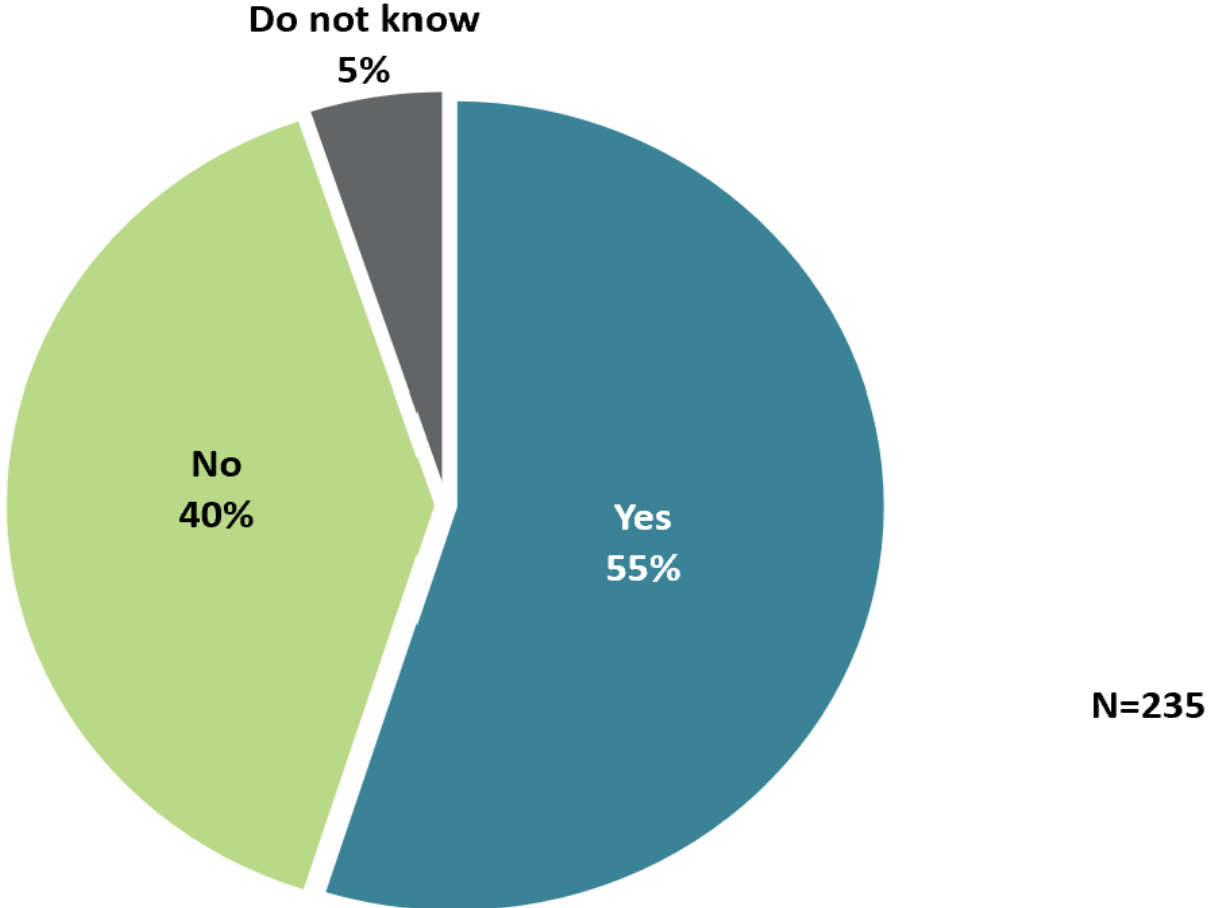
Training on Medicare Low-Income Subsidies



Screening for Medicare Low-Income Subsidies

Do I&R/A specialists in your agency **screen inquirers** for potential eligibility for **Medicare low-income subsidies** (i.e. the Medicare Savings Programs and the Medicare Part D Low-Income Subsidy “Extra Help”)?

I&R/A Specialists that Screen for the Medicare Low-Income Subsidies

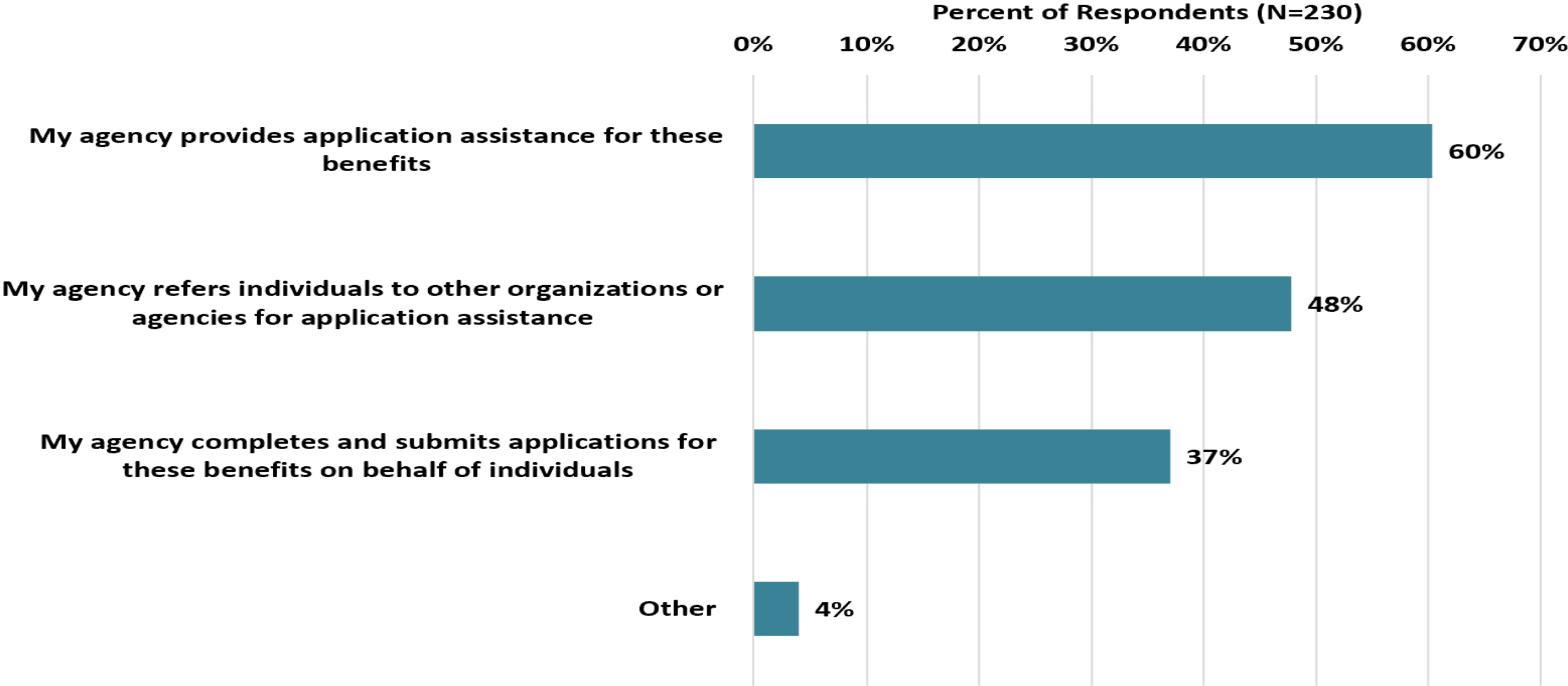


Screening Tool for Medicare Low-Income Subsidies

- If agencies said that their I&R Specialists screen for potential eligibility for Medicare low-income subsidies, then we asked them to describe the tool that their agency uses.
- Common responses included:
 - Agency specific tool
 - State assessment/state tool
 - Having a conversation with the individual about eligibility standards
 - SHIP Tool
 - Program specific tool

Application Assistance for Low-Income Subsidies

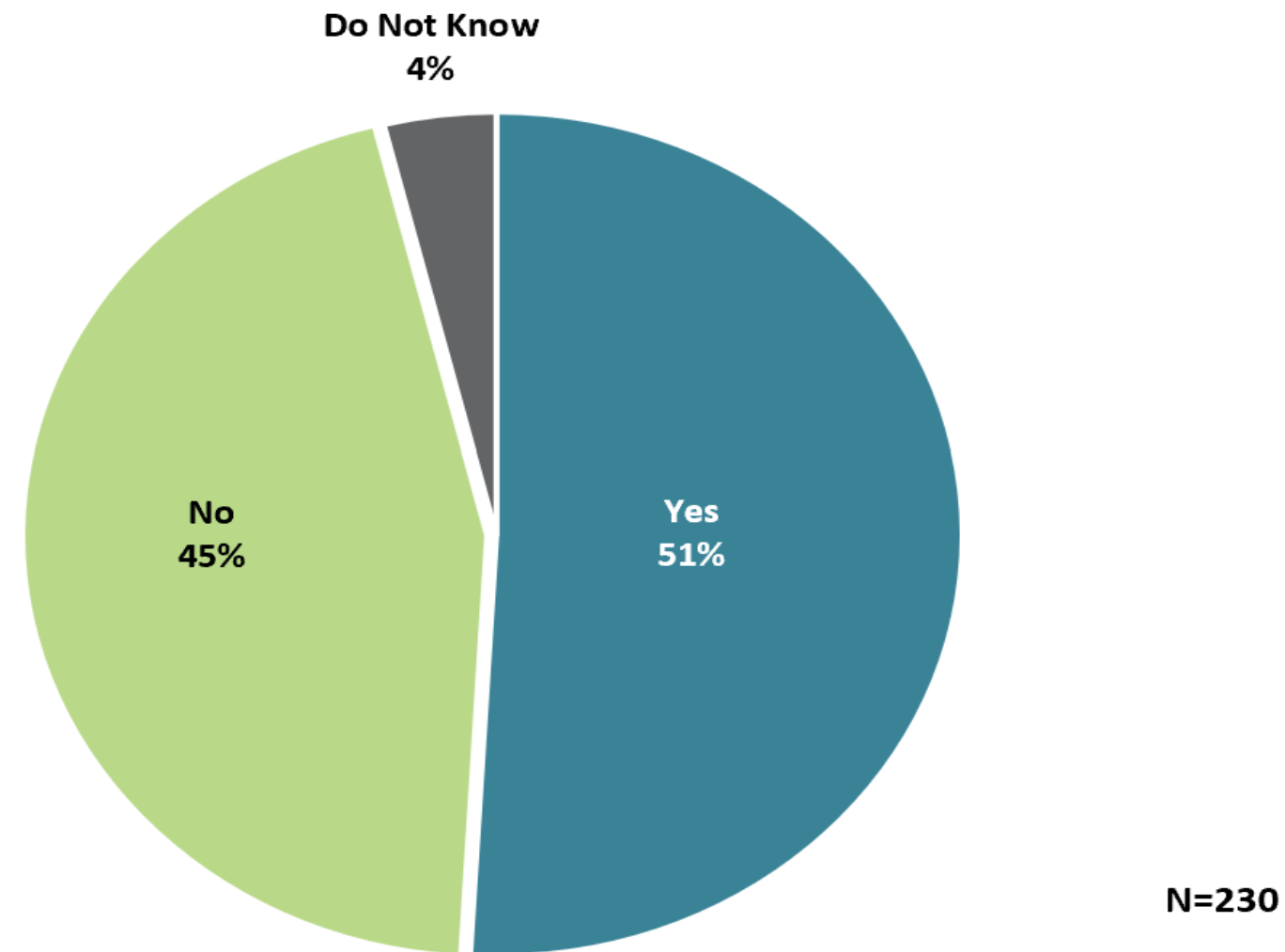
Agencies that Provide Application Assistance for the Medicare Low-Income Subsidies



Screening for SNAP Benefits

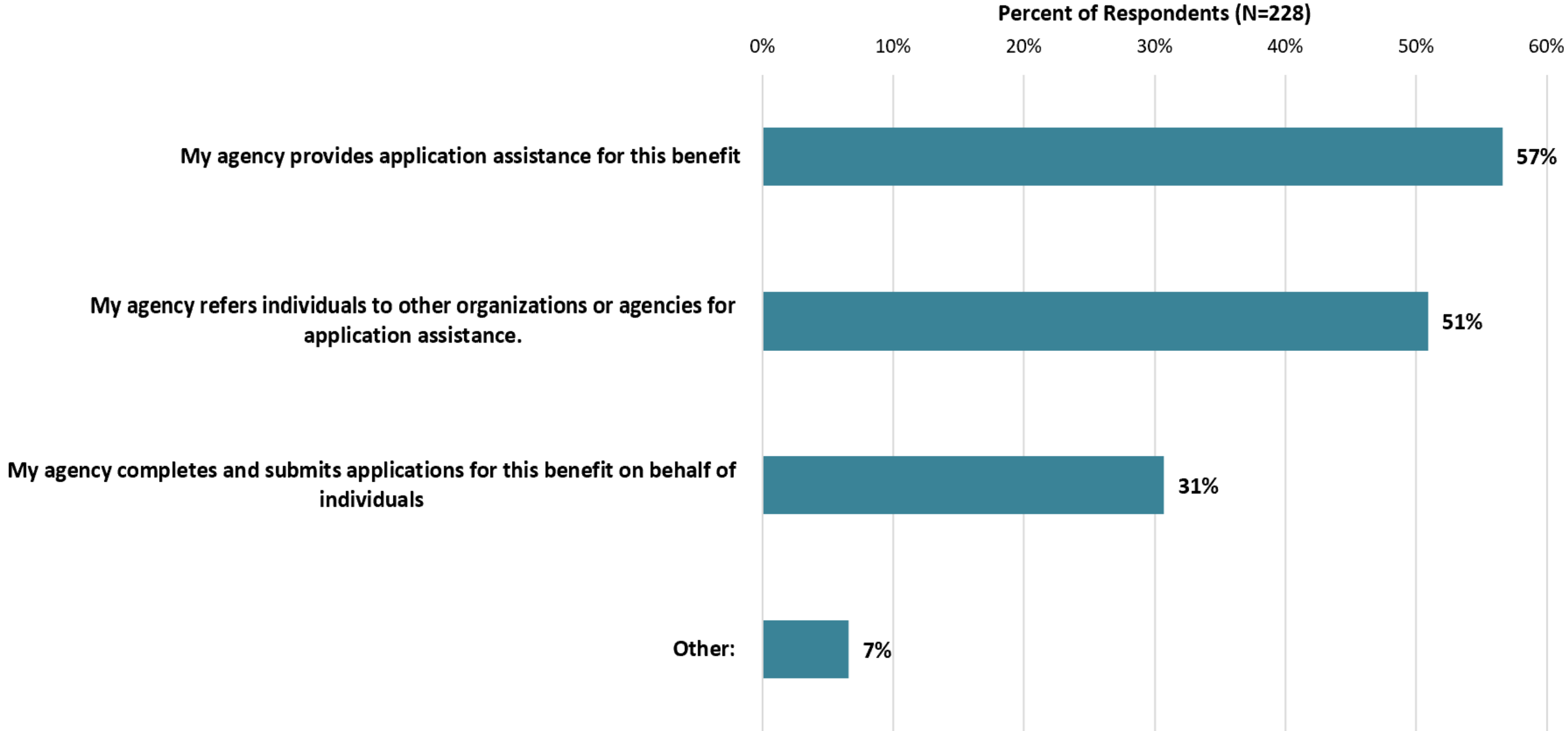
Do I&R/A specialists in your agency **screen inquirers** for potential eligibility for **SNAP** (Supplemental Nutrition Assistance Program)?

I&R/A Specialists that Screen Inquirers for Potential SNAP Eligibility



Application Assistance for SNAP

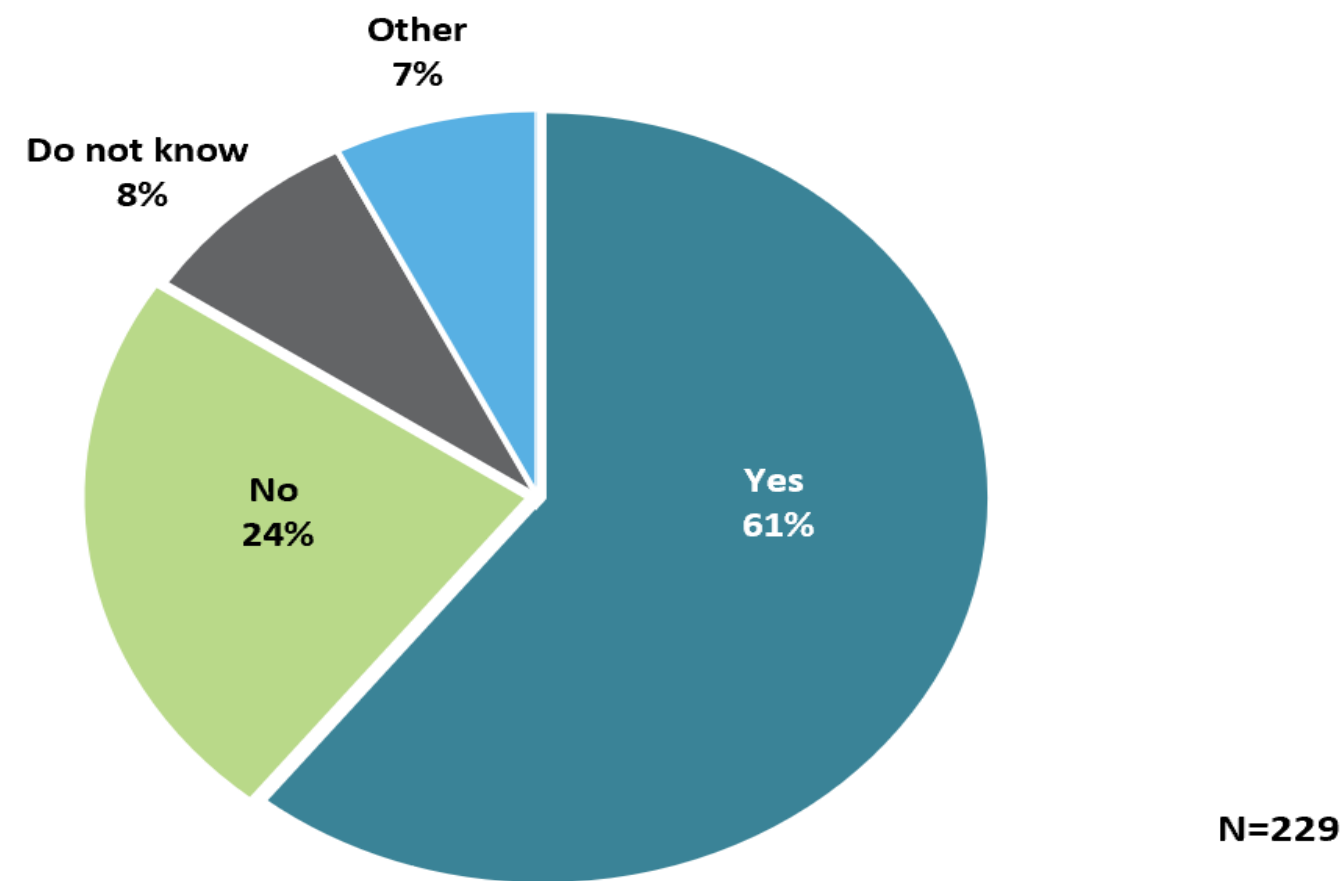
Agencies that Provide Application Assistance for the Medicare Low-Income Subsidies



Resources or Assistance for Individuals whose SNAP Benefits Changed

Emergency allotments for SNAP ended in February 2023, and due to the Social Security cost-of-living increase individuals who receive Social Security benefits may also see a decrease in their SNAP benefits. Does your agency offer any resources or services to assist individuals whose SNAP benefits are reduced?

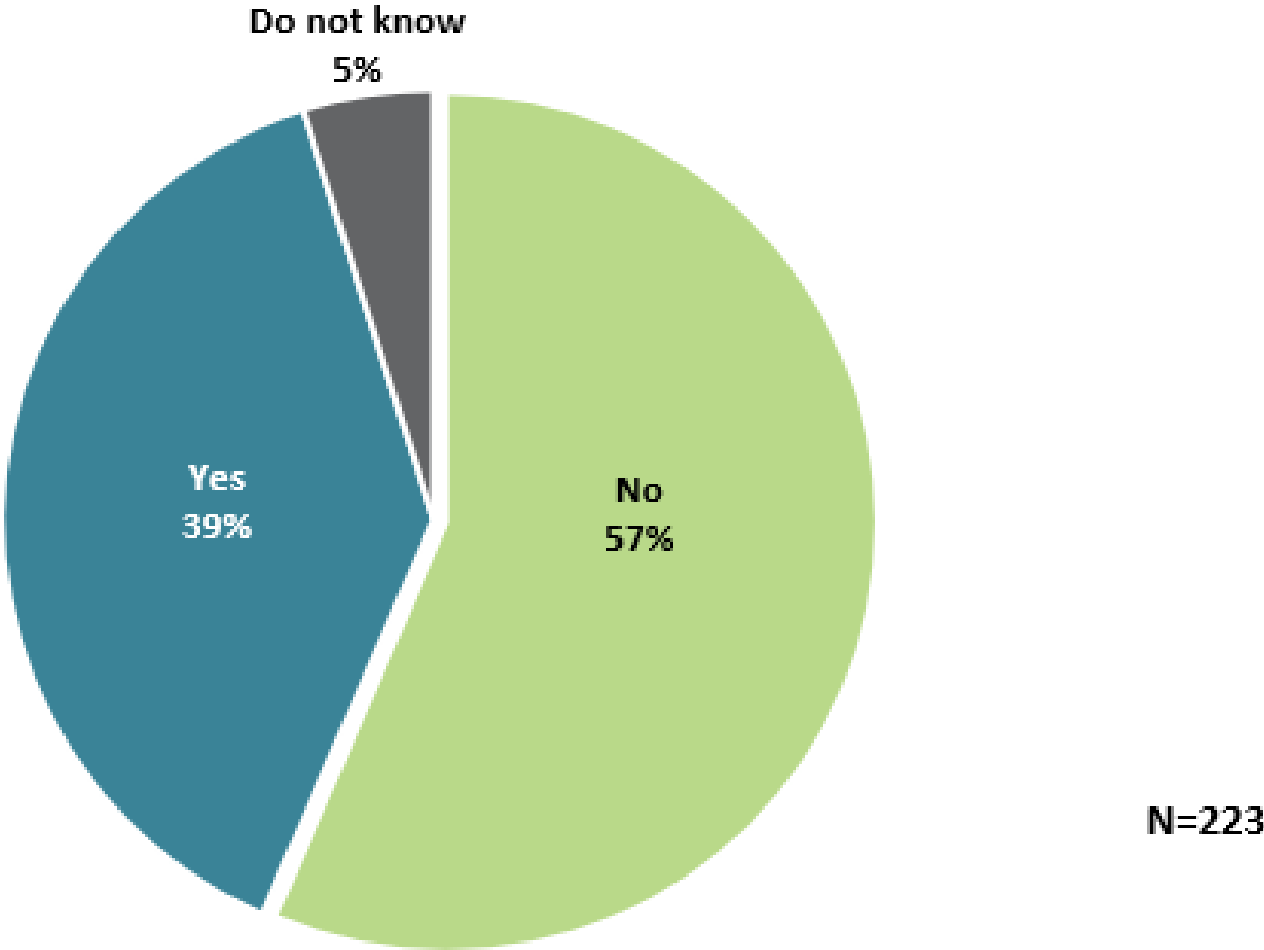
Agency Offers Resources or Services to Individuals Whose SNAP Benefits Were Reduced



Screening for LIHEAP Benefits

Do I&R/A specialists in your agency **screen inquirers** for potential eligibility for **LIHEAP** (Low-Income Home Energy/Assistance Program)?

Agency Screens Inquirers for LIHEAP Eligibility



BenefitsCheckUp®

Does your agency use BenefitsCheckUp to screen individuals for potential eligibility for benefits programs?

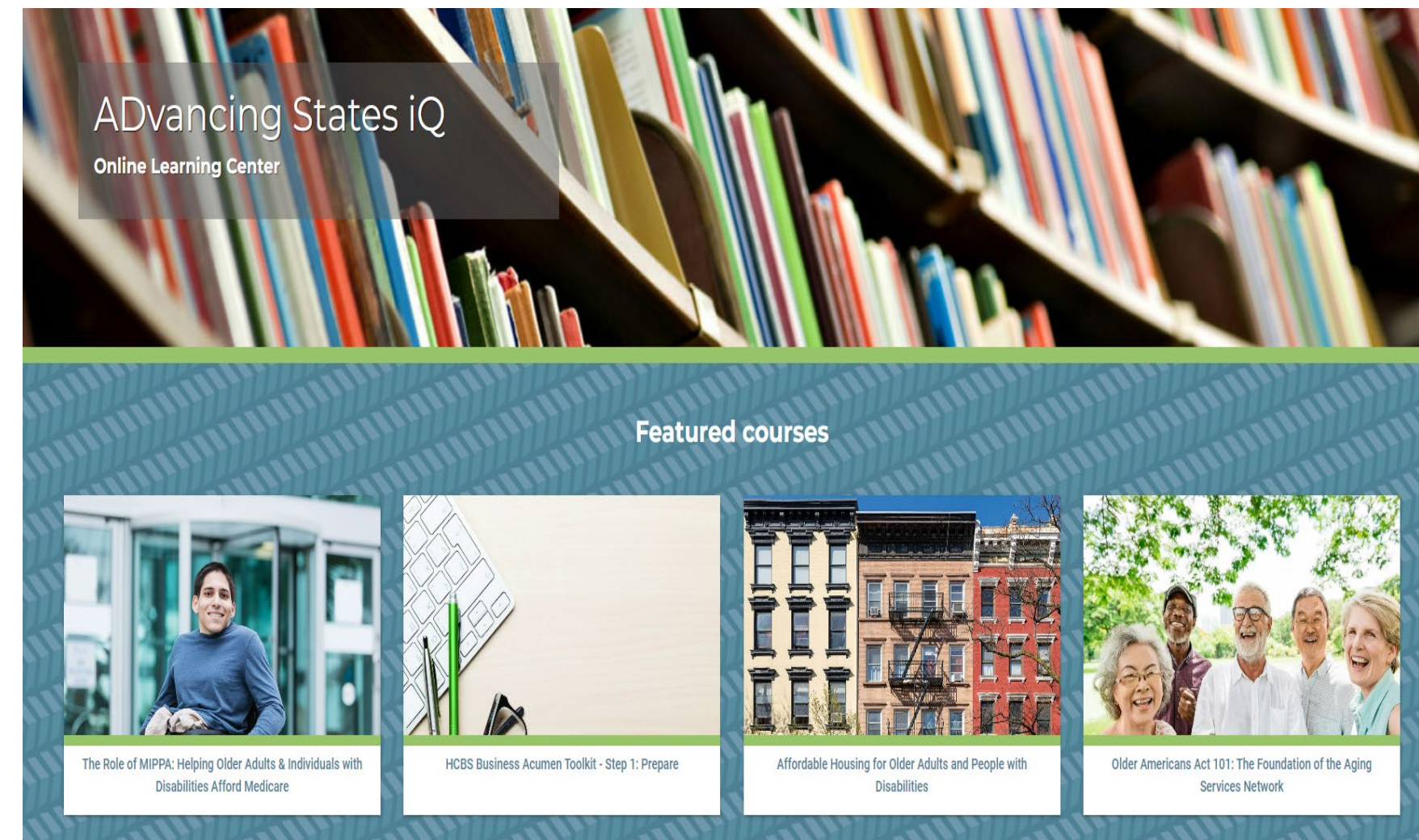
Comments from the Field:

- “When assisting a client our resource coaches are trained to screen for all services a client may possibly need or benefit from. The Benefits CheckUp tool is extremely useful when trying to find additional services and supports that our ADRC or agency does not offer.” (ADRC)
- “The check up allows us to see what they have since most seniors are confused about benefits they receive.” (AAA)

ADvancing States MIPPA Resources

ADvancing States iQ Online Learning Center: MIPPA Courses

- “The Role of MIPPA: Helping Older Adults & Individuals with Disabilities Afford Medicare”
- “Benefits Outreach and Enrollment for Older Adults and Persons with Disabilities: The Role of State and Local Organizations”



The screenshot displays the ADvancing States iQ Online Learning Center website. At the top, there is a header with the text "ADvancing States iQ Online Learning Center" overlaid on a background image of a bookshelf. Below the header, the text "Featured courses" is centered. Underneath, there are four course cards, each with a representative image and a title:

- Course 1:** Image of a woman in a blue shirt. Title: "The Role of MIPPA: Helping Older Adults & Individuals with Disabilities Afford Medicare".
- Course 2:** Image of a whiteboard with a grid pattern. Title: "HCBS Business Acumen Toolkit - Step 1: Prepare".
- Course 3:** Image of a multi-story brick building. Title: "Affordable Housing for Older Adults and People with Disabilities".
- Course 4:** Image of a group of five diverse older adults smiling. Title: "Older Americans Act 101: The Foundation of the Aging Services Network".


Issue Briefs

“No Wrong Door (NWD) Systems: A Guide to Fundamentals and Engagement for Community Organizations, Nov. 2022”

“Process and Application Changes to Benefit Enrollment Systems During COVID-19: Findings from State Aging and Disability Agencies”, August 2020

“Benefits Access and Enrollment Since the Onset of COVID-19”, Nov. 2021

No Wrong Door (NWD) Systems:
A Guide to Fundamentals and
Engagement for Community
Organizations



Executive Summary

The No Wrong Door (NWD) System initiative provides states and communities a roadmap for developing a one-stop resource hub and access point for long-term services and supports (LTSS) and benefits in states and territories. As the services and supports system can be difficult to navigate and understand, the impetus for the NWD System was to create a navigable access point for older adults and people with disabilities to LTSS needed to maintain quality of life, independence, and both access to and continued living in the community. NWD Systems build on the ADRC (Aging and Disability Resource Center) initiative and other programs. The design grew out of state need for a coordinated system of information and resources and has been supported by the Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA).

Over time, states have configured NWD Systems in several ways that fit their benefits service delivery and design. In partnering with community-based organizations (CBOs), some states have relied on county-based resource centers, while others have partnered with the aging network, 211 information and referral agencies, and/or developed online resource hubs. The service array offered within a NWD System may vary throughout states, but the foundation of NWD includes information and referral/assistance, person-centered counseling¹, and access to benefits as well as state governance and administration. Individuals may contact a state or CBO to access information or obtain counseling on options and services regardless of the person's age, income, or disability. While states are at varying points of implementing NWD Systems, the COVID-19 pandemic has presented states and their NWD Systems with challenges in providing benefit access and enrollment services to LTSS while also spotlighting disparities in health care. However, strong NWD System partnerships facilitated efficient pandemic response. Even in a challenging landscape, NWD Systems have continued to grow and evolve.²

The innovation and creativity of states' NWD Systems demonstrate the benefit of state flexibility in meeting the needs of older adults and people with disabilities. As populations change, with more adults of all income and ability levels needing access to LTSS, having a NWD System in place will benefit states in providing timely, efficient, and cost-effective services, while also positioning states to meet the needs of future populations.

¹ According to the Administration for Community Living, “[p]erson-centered counseling...allows individuals to be engaged in the decision making process about their options, preferences, values, and financial resources. Individuals in need of service or who are planning for the future have access to one-on-one counseling in a variety of settings, including with the home, community residence, acute care hospital, school settings, or several other settings based on the individual's needs.” <https://nwd.acl.gov/person-centered-counseling.html>

² “Aging and Disability Resource Center/No Wrong Door Functions: A Leading Indicator in the 2020 Long-Term Services and Supports State Scorecard.” The Administration for Community Living and The Lewin Group, https://www.longtermscorecard.org/~media/Microsite/Files/2020/ADRC_NWD%202020%20Key%20Takeaways.pdf.

Advancing States www.advancingstates.org September 2022 1

Tip Sheet and Posters

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 (MSP) 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 Working Individual (QDWI), Qualifying Individual (QI), 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.	\$4,945**	\$6,659**	\$4,000	\$6,000	Part A premium

*Limits vary by state and are updated annually.

** Income amounts reflect threshold with the \$20 monthly income disregard and other earned income disregards.

The QI 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	Not for those who have Medicaid. Enrollment is limited.	\$1,660**	\$2,239**	\$9,090	\$13,630	Part B premium
SLMB	Open to those who have Medicaid.	\$1,478**	\$1,992**	\$9,090	\$13,630	Part B premium

*Limits vary by state and are updated annually.

** Income amounts reflect threshold with the \$20 monthly income disregard.

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.	\$1,235**	\$1,663**	\$9,090	13,630	Part A/B premiums, deductibles, co-pays and coinsurance

*Limits vary by state and are updated annually.

** Income amounts reflect threshold with the \$20 monthly income disregard.

Current as of February 2023

Turn Page Over

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 \$4,945 (or married with a combined monthly income of about \$6,659), **this program may help you.***

*Income limits vary by state.

FOR ASSISTANCE, CALL:

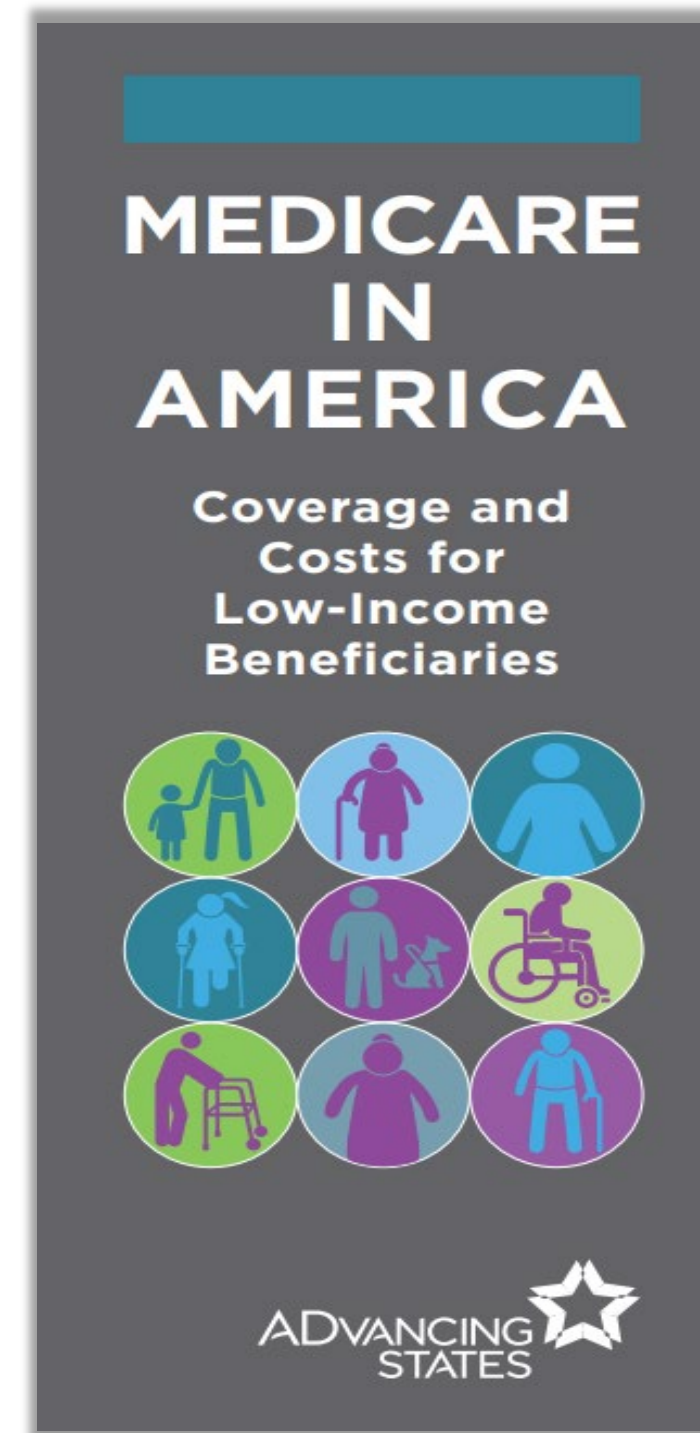
Current as of February 2023



Infographic

“Medicare in America: Coverage and Costs for Low-Income Beneficiaries”

This infographic includes information on financial needs among beneficiaries, programs supporting low-income beneficiaries, and ways to improve access to benefits.





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BenefitsCheckUp.org

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www.advancingstates.org

Thank you!



2023 Home and Community-Based Services Conference