

2018 SMP/SHIP

NATIONAL CONFERENCE

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Data and Insights from Research about Supports for
Low-Income Older Adults: Implications for SHIPs

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Data and Insights from Research about Supports for Low-Income Older Adults: Implications for SHIPs

Presenters:

Lauren Popham, PhD

Ann Kayrish

Samantha Zenlea

Moderator:

Leslie Fried, JD

Improving the lives of 10 million older adults by 2020

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Agenda

- Health and economic profiles of low-income older adults
- Findings from research on participation trends in LIS and MSP
- NCOA report on Medicare Plan Finder

Knowing the characteristics of your population

- Why is it important to know the characteristics of your target population?
 - Better tailor outreach and communication materials to that audience
 - Know where to find potential clients when you have geographic information
 - Awareness of potential challenges (e.g., Limited English Proficiency, rural, ADL/IADL limitations, etc.)
 - To be able to tell the story of the needs of older adults for funding purposes

Low-Income Older Adults

- This data is based on:
 - Adults 60 years and older
 - With incomes below 150% of the Federal Poverty Level

# of people in household	\$ amounts associated with <150% of FPL in 2018
1	<\$18,210
2	<\$24,690

Currently there are more than **13 million** U.S. adults age 60+ with incomes less than 150% FPL (Current Population Survey, 2017). Many others are one crisis away.

Source: the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). <https://aspe.hhs.gov/poverty-guidelines>

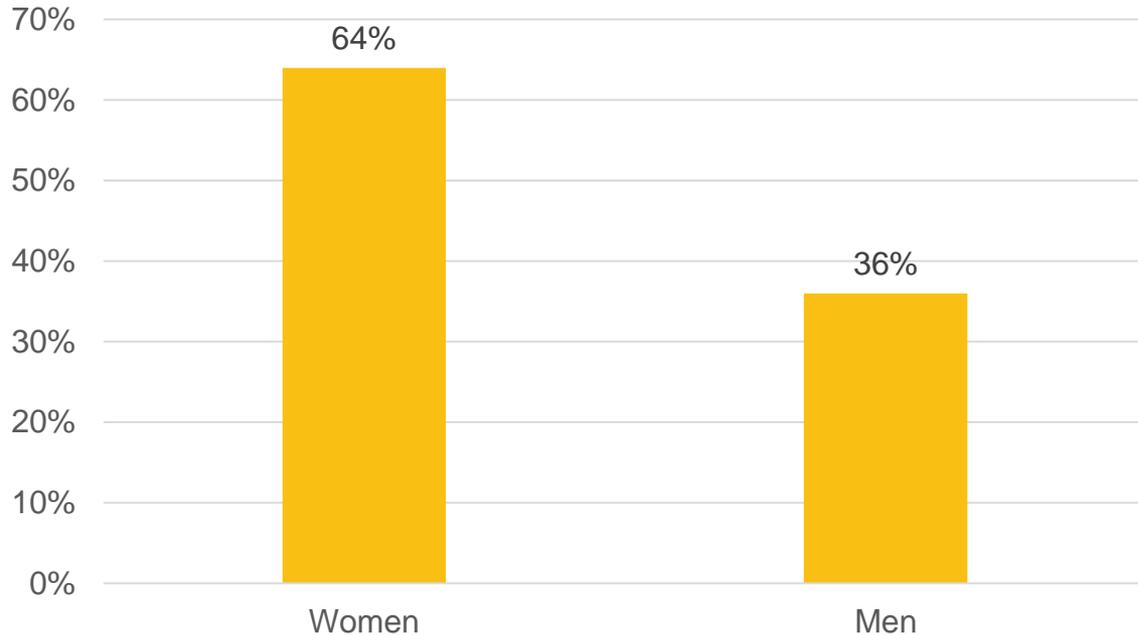
Basic Demographics

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Age 60+ with incomes less than 150% FPL

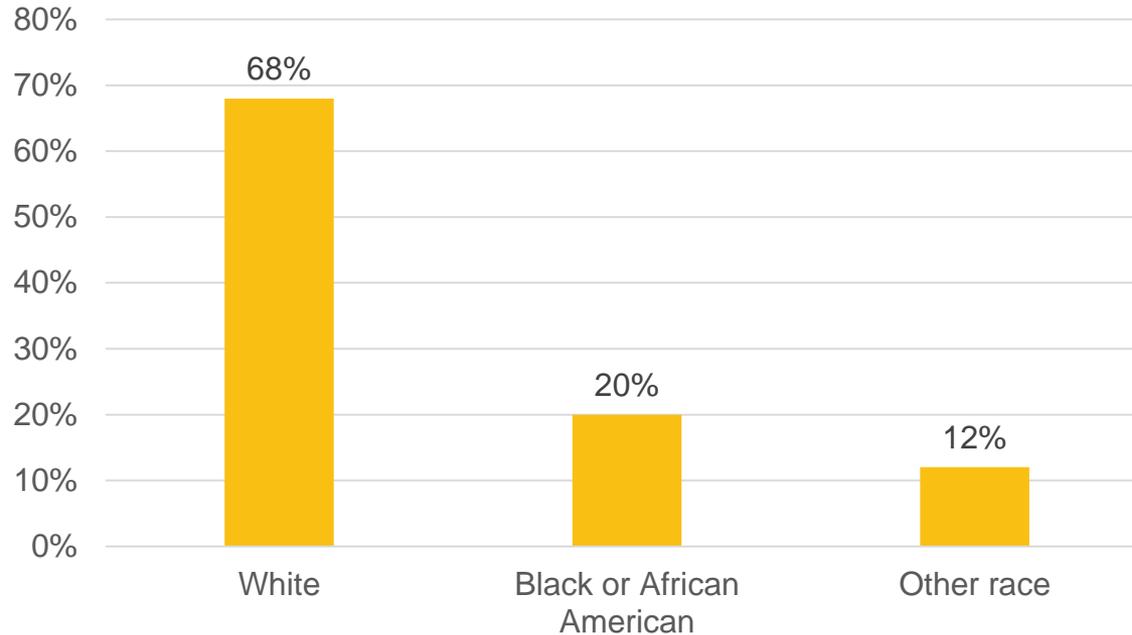
Gender



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Age 60+ with incomes less than 150% FPL

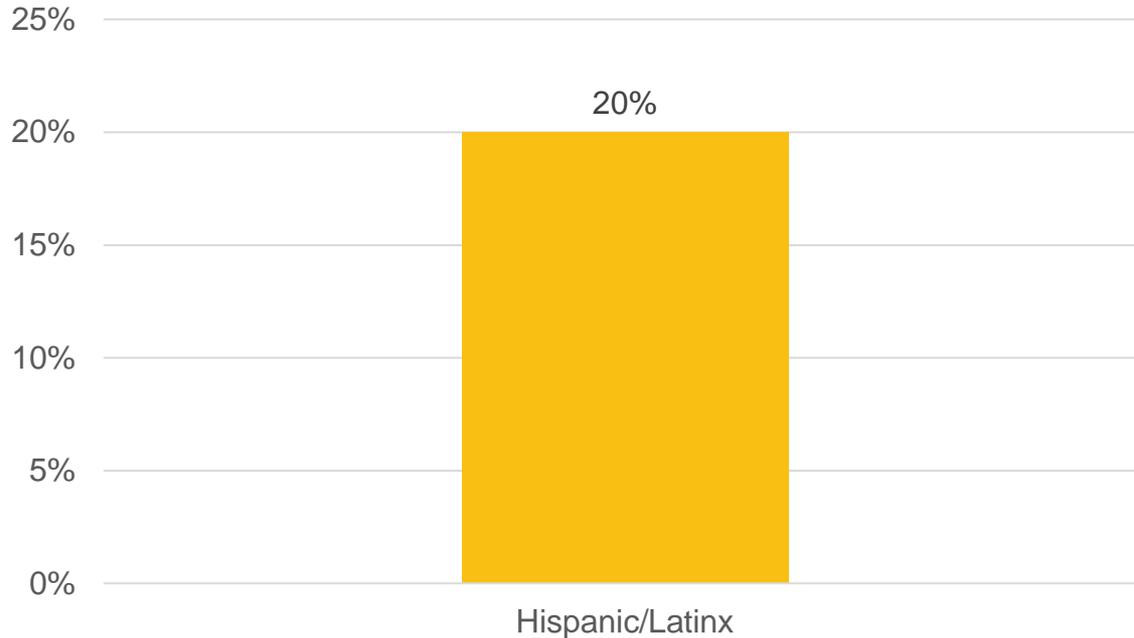
Race



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

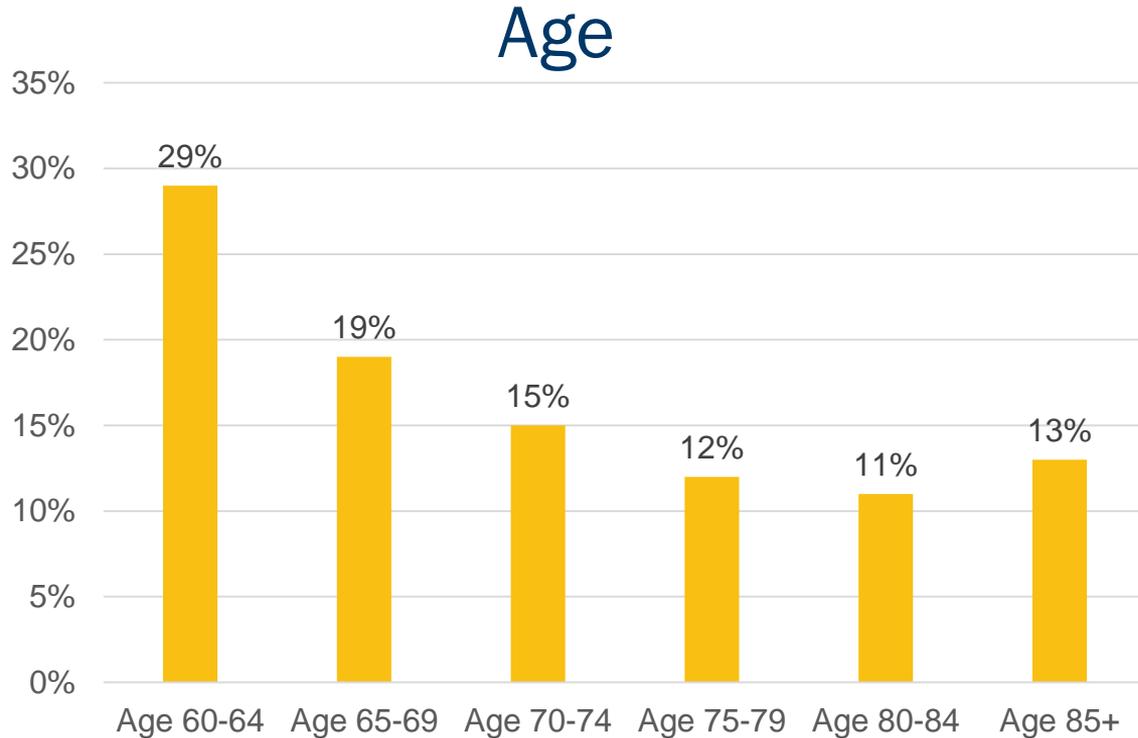
Age 60+ with incomes less than 150% FPL

Ethnicity



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

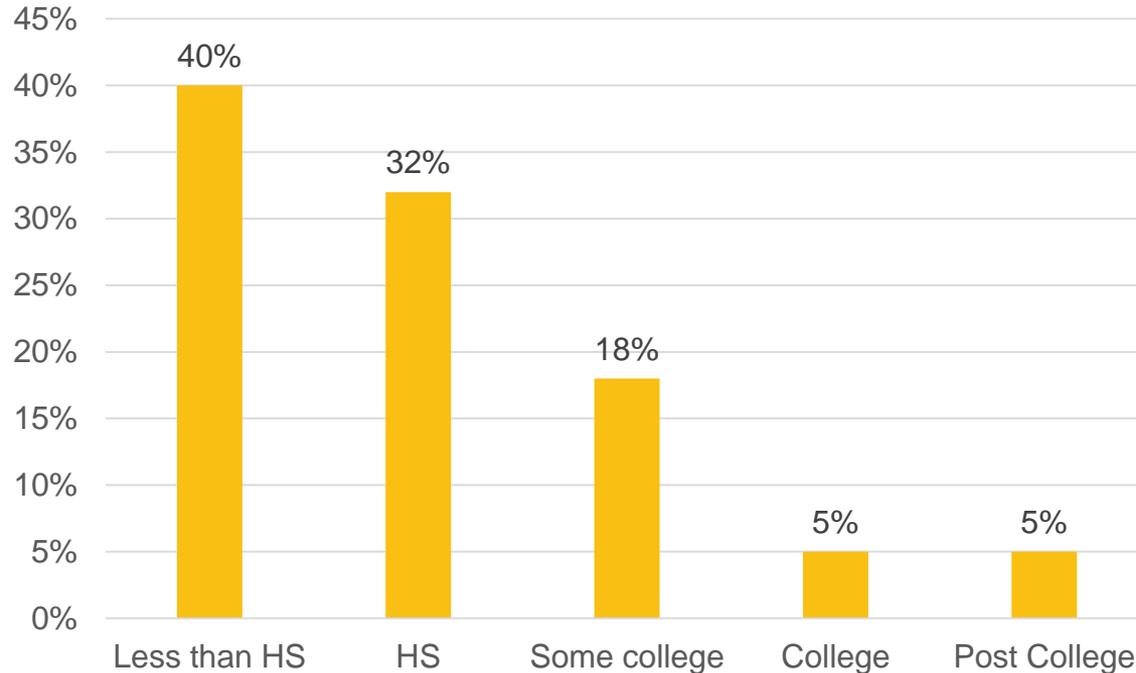
Age 60+ with incomes less than 150% FPL



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Age 60+ with incomes less than 150% FPL

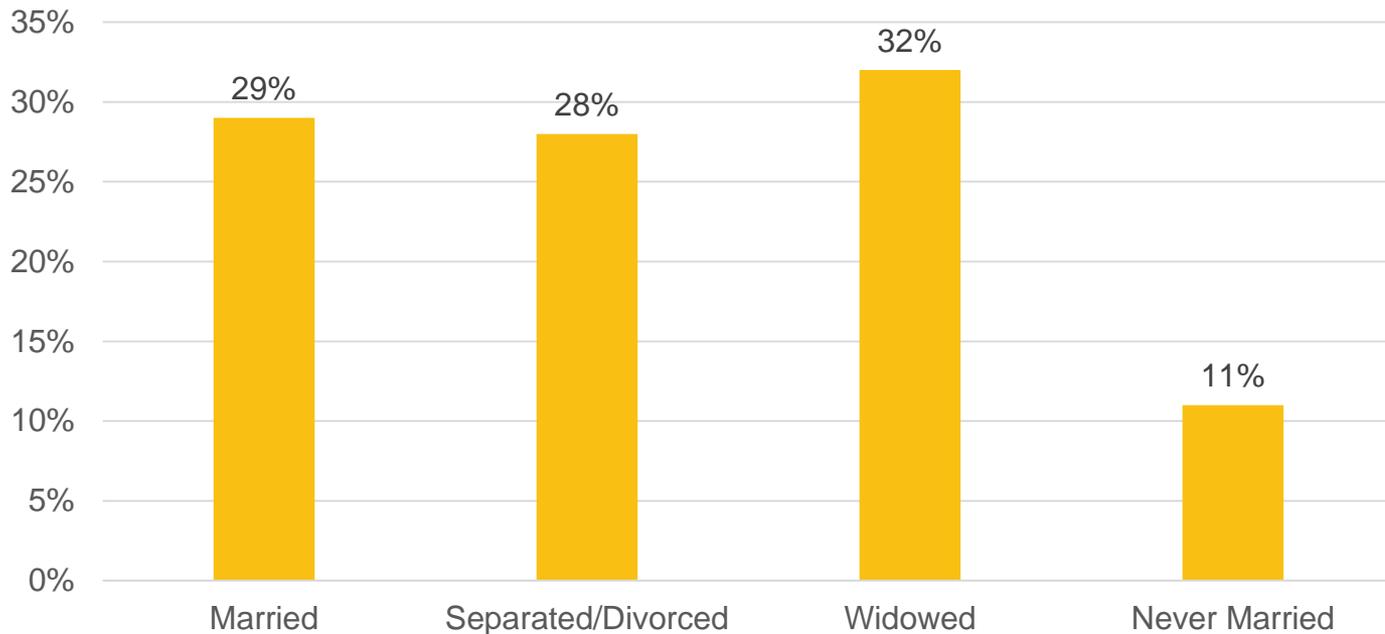
Education



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

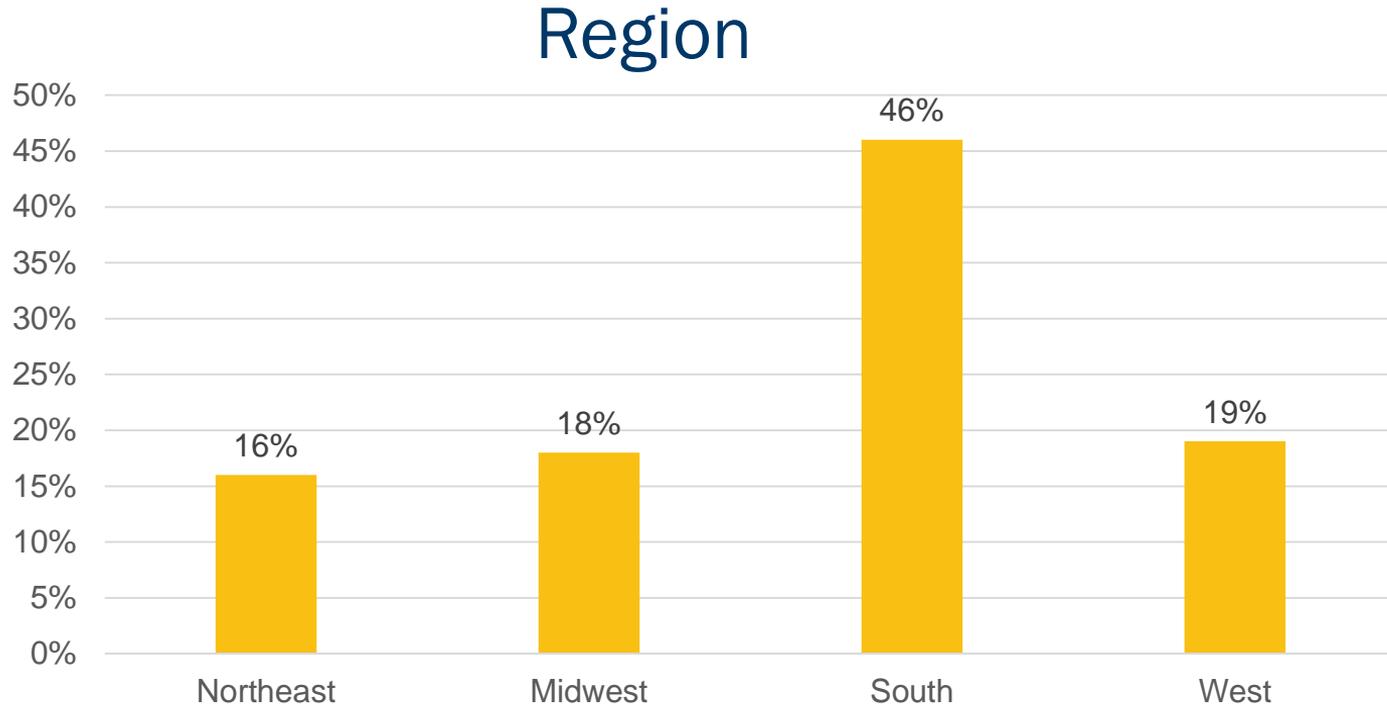
Age 60+ with incomes less than 150% FPL

Marital Status



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

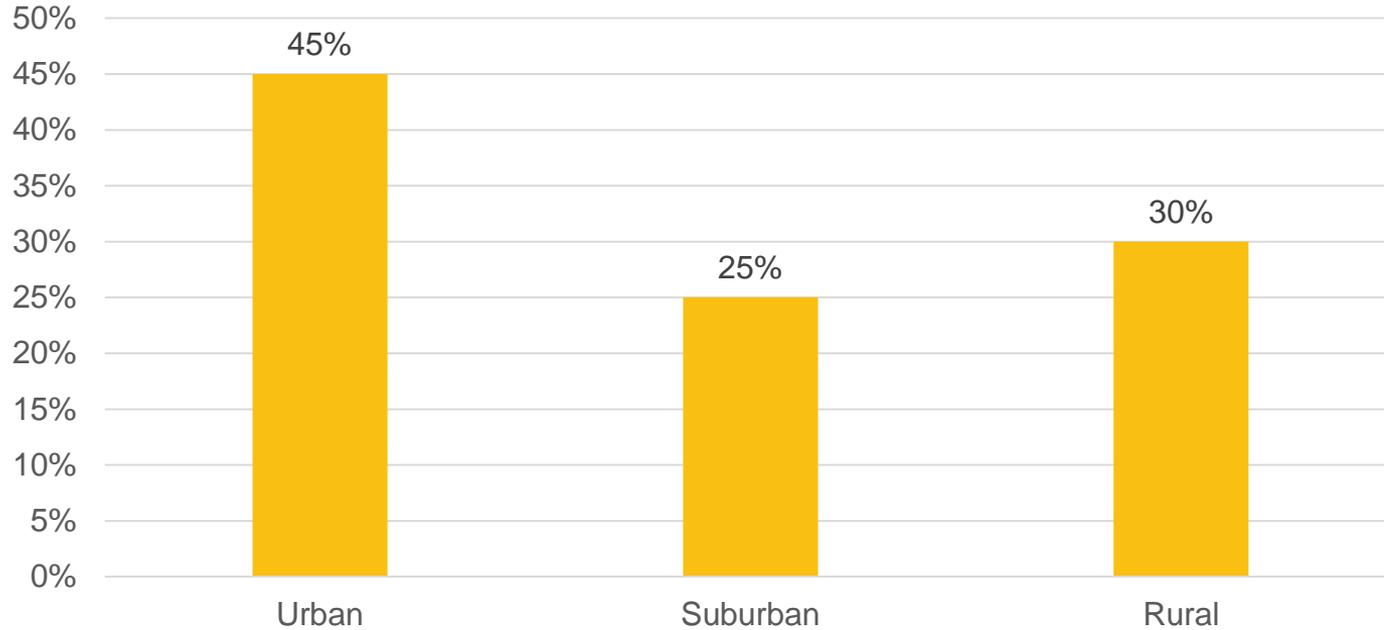
Age 60+ with incomes less than 150% FPL



Source: Analysis of the Health and Retirement Study, 2014, by LeadingAge LTSS Center at UMass Boston in partnership with NCOA.

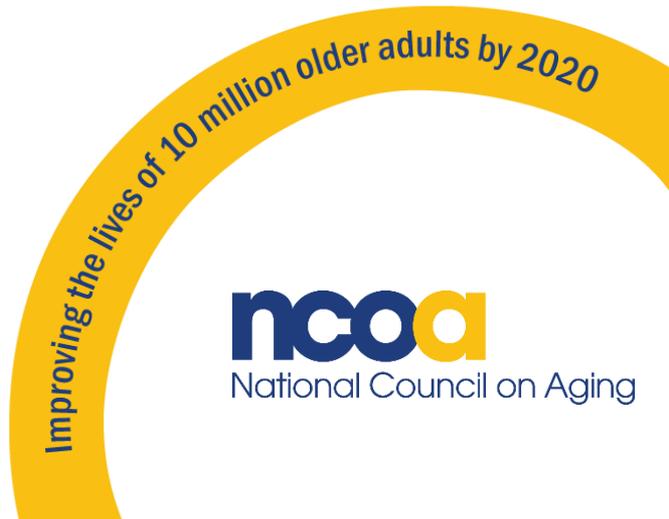
Age 60+ with incomes less than 150% FPL

Residence



Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Health Status and Health Care Utilization



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Age 60+ with incomes less than 150% FPL

▪ Health

- 48% report fair or poor health
- 70% overweight/obese
- 35% depressed
- 94% have 1 or more chronic condition (such as high blood pressure, diabetes, cancer, lung disease, heart condition, stroke, psychiatric problem, arthritis)
- 81% have 2 or more chronic conditions
- 57% have 3 or more chronic conditions

Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Age 60+ with incomes less than 150% FPL

- **Activities of Daily Living (ADLs)**
 - 33% of low-income seniors have 1 or more ADL limitations
 - Meaning they have trouble eating, bathing, dressing, toileting, transferring from chairs/bed, and/or maintaining continence
- **Instrumental Activities of Daily Living (IADLs)**
 - 30% of low-income seniors have 1 or more IADL limitations
 - Meaning they have trouble cleaning and maintaining their home, managing money, moving, preparing meals, shopping, taking medications, etc.

Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Age 60+ with incomes less than 150% FPL

▪ Health Care Utilization

- 33% have had a hospital stay in previous 2 years
- 5% have had a nursing home stay in previous 2 years
- 86% have visited a physician in previous 2 years
- 14% have used Home Healthcare in previous 2 years

Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Financial Situation

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Age 60+ with incomes less than 150% FPL

▪ Finances

- \$12,393 - median annual household income
- \$2,400 – median total non-housing assets (financial assets less debts; does not include value of house)
- \$6k – median *net* value of house (value of home minus home loan)

Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Age 60+ with incomes less than 150% FPL

▪ Finances

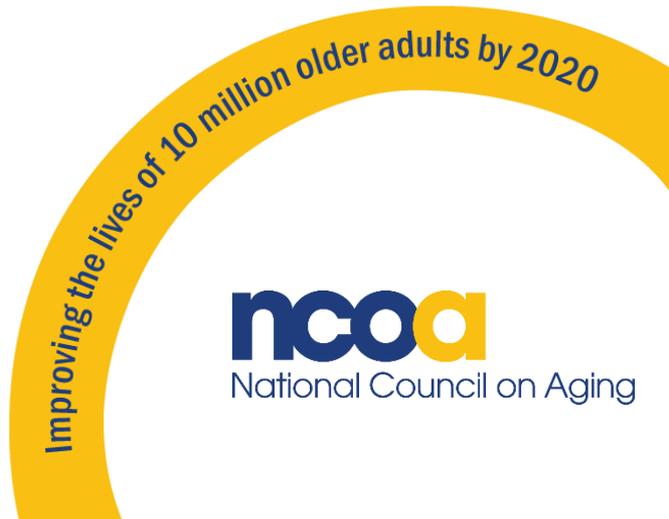
- \$700 – median out-of-pocket medical expenditures
- 19% have credit card debt, with an average balance of \$856

▪ Value of Benefits

- LIS - \$4,000
- MSP – avg. \$1,663
 - Substantial savings given this group's limited income

Source: Analysis of the Health and Retirement Study, 2014, by Leading Age LTSS Center at UMass Boston in partnership with NCOA.

Findings from Research on Participation Trends in LIS and MSP



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Participation Trends in LIS and MSP

- We know the enrollment rates in LIS and MSP, but we do not know the % of eligibles who actually enroll (participation rate).
- It's important to understand what proportion of eligible seniors enrolls over time to tailor assistance efforts and chart progress in enrollment.

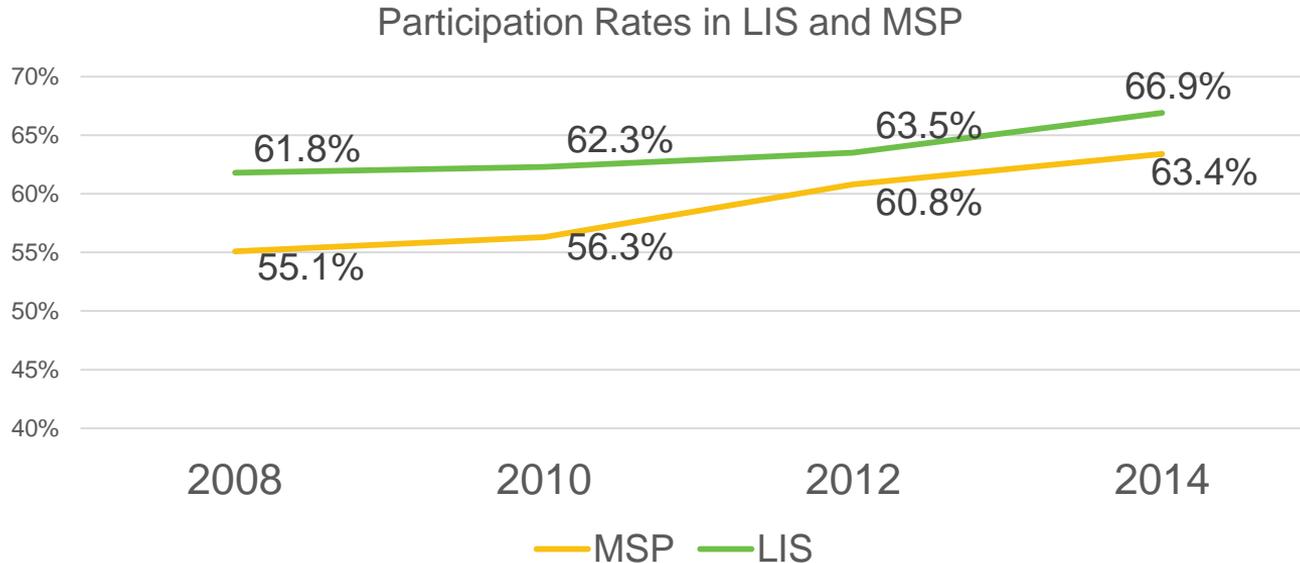
Participation Trends in LIS and MSP

- NCOA contracted L&M Policy Research, LLC to calculate eligibility and participation rates for:
 - Medicare Savings Programs (MSPs: QMB, QMB-plus, SLMB, SLMB-plus, QI combined)
 - Part D Low-Income Subsidy (LIS/Extra Help)

Source: Study completed by L&M Policy Research in partnership with NCOA.

Increasing Participation Rate in LIS and MSP

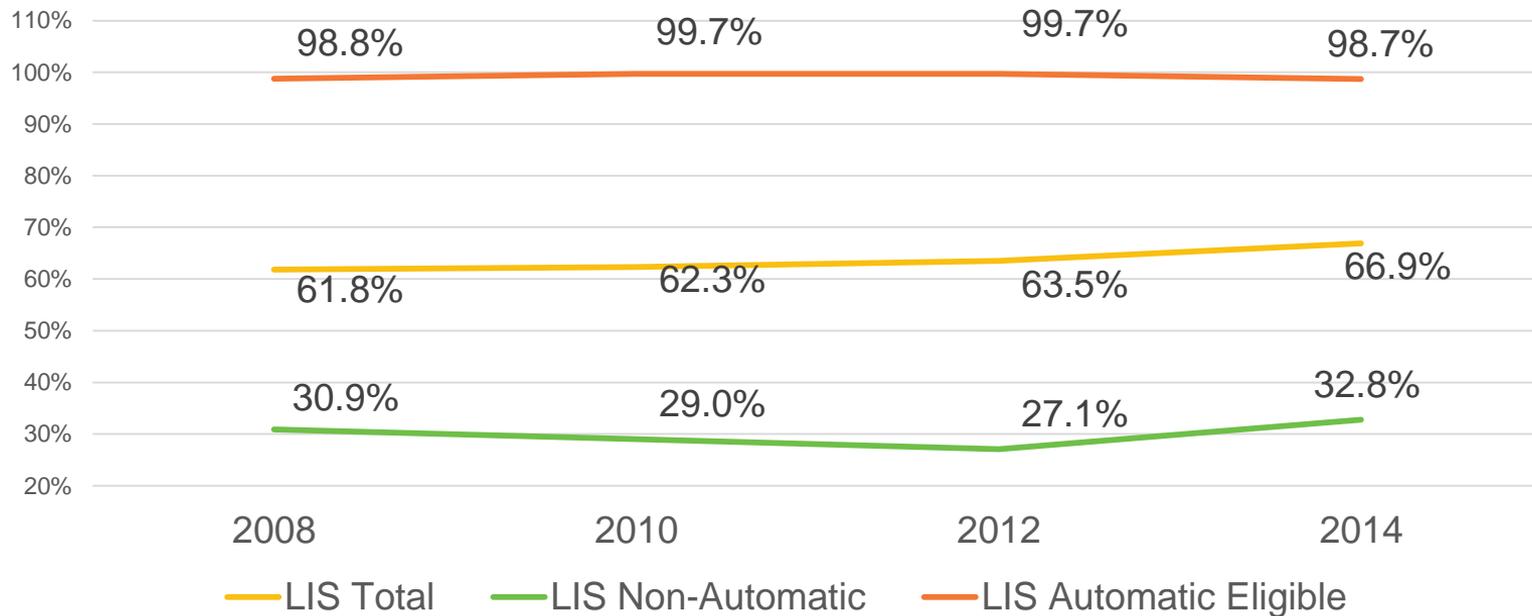
- The proportion of eligible seniors participating in LIS and MSP is increasing over time.



Source: Study completed by L&M Policy Research in partnership with NCOA.

Automatic eligibles are contributing to LIS participation rate

Participation Rates in LIS (Automatic and Non-Automatic Eligibles)



Source: Study completed by L&M Policy Research in partnership with NCOA.

Implications of this data

- Shows progress in closing the participation gap in LIS and MSP, but there is still much work to be done.
- Demonstrates the importance of getting clients into MSP because of automatic eligibility for LIS.
- Stay tuned for a report on this research and the related implications and policy recommendations.

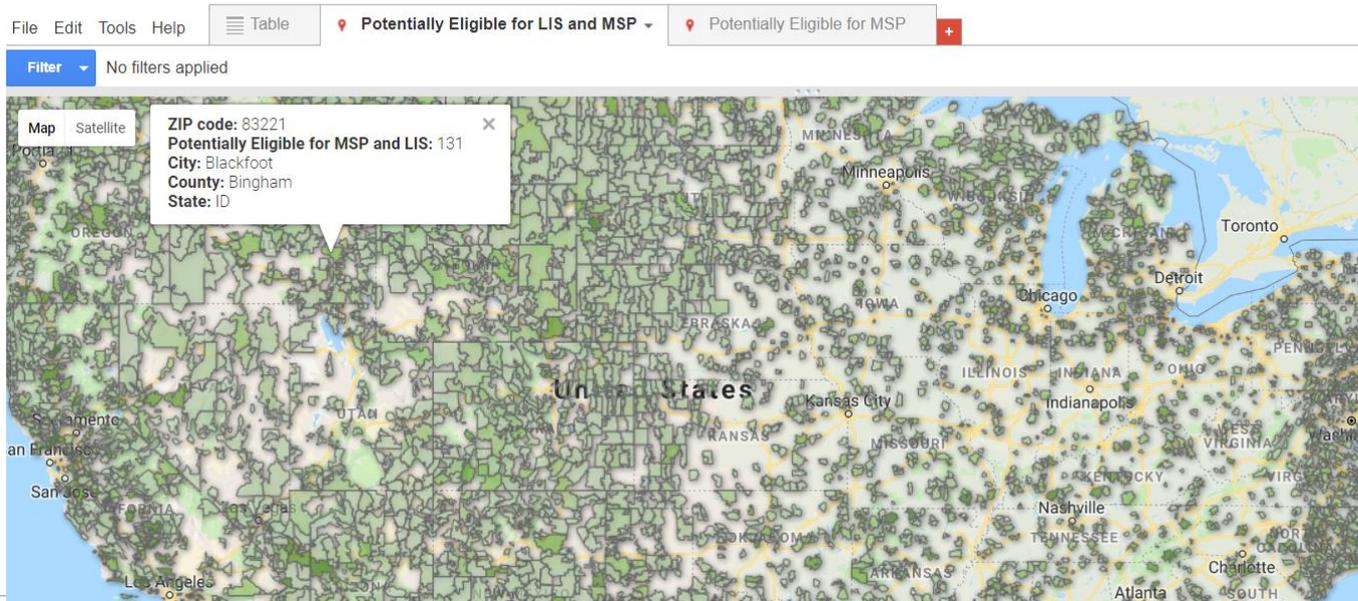
Resource for identifying potential eligibles

- <https://www.ncoa.org/economic-security/benefits/visualizations/lis-msp-potential-eligibles/>

SSA Letters Mailed to People Potentially Eligible for MSP and LIS in May 2018

Number of letters mailed by ZIP code to people likely eligible for Medicare Savings Programs (MSP)... [more >>](#)

NCOA and SSA - Edited on 2018 May 23



Modernizing Medicare Plan Finder



<https://www.ncoa.org/resources/modernizing-medicare-plan-finder-report/>

Improving Beneficiary Choice on MPF

- Millions of Medicare beneficiaries use the Medicare Plan Finder (MPF) to shop for Medicare coverage
- Optimal plan choice can:
 - reduce health and drug related out of pocket expenses
 - improve beneficiaries health outcomes and access to care.

Suboptimal Plan Choice in Medicare Markets

A 2016 American Economic Review study, finds beneficiaries do not select Part D plans that offer the best value

- 11% of patients chose the best plan in 2006;
- 8-9% in 2007-2008
- 2% in 2009
- Estimated 90% of enrollees kept the previous year's plan
- Change in plans often does not result in improved coverage

[American Economic Review, 106\(8\), 2016, pp. 2145-2184.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5665392/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5665392/)

SHIP Survey

- ❖ Providing searchable up-to-date provider network directories for MA plans
- ❖ Facilitating navigation on mobile devices
- ❖ Allowing for apples-to-apples comparison of all possible plan combinations on one page, including MA & Medigap
- ❖ Price stability and accurate out of pocket costs
- ✓ Providing in-depth info on the estimated out-of-pocket costs for Medicare beneficiaries customized to meet the beneficiary's personal information
- ✓ Proving integrated comparative info on supplemental insurance benefits for MA plans
- ✓ Revisiting the site's layout and overall design

- **25 beneficiary interviews**
 - 13 focused on shopping for a Medicare Advantage plan
 - 12 focused on shopping for a standalone Part D plan

Gender

- 72% female
- 28% male

Age

- 60% under 75
- 40% over 75

Race

- 64% white
- 24% African American
- 12% Latino or other

Education

- 56% bachelor's degree or higher

Beneficiary Voices

Everyone wants to lower their premium, but the question is **what am I sacrificing** in doing so?

I understand the importance of drug being on formulary – but **why is it so much effort** to determine if a drug is on a formulary?

There is **no clear path** to how to find your doctor and the idea of having to do this over again **makes my head hurt**.

Too much clutter on the (results) page.

I really don't bother reading all this when it's me ... **so many caveats**.

Scorecard

Category	Grade	Notes
Anonymous Browsing	A	
Customized Plan Information	D	
Default Order	B	
Plan Finder Support	C	
Highlights Supplemental Benefits Choices	D	
OOP Cost Calculator	C	Part C Only
OOP Cost Calculator	B	Part D Only

Scorecard continued

Category	Grade	Notes
Integrated Provider Directory	F	Part C Only
Integrated Pharmacy Directory	D	Part D Only
Integrated Drug Directory	D	Part D Only
Layout	D	
Access to Human Support	F	
Language Accessibility	A	

Report Recommendations

Provider
directory

OOP Costs

Layout and
navigation

Accuracy

https://finance.yahoo.com/news/seniors-group-blasts-misleading-medicare-website-192751195.html

Home Mail Tumblr News Sports Finance Entertainment Lifestyle Answers Groups Mobile More

YAHOO! FINANCE Search for news, symbols or companies Search Sign in

Finance Home Watchlists My Portfolio My Screeners Markets Industries Personal Finance Technology Originals Events

S&P 500 2,860.62 +2.17 (+0.08%) Dow 30 25,615.49 -13.42 (-0.05%) Nasdaq 7,896.07 +12.41 (+0.16%) Russell 2000 1,684.18 -4.12 (-0.24%) Crude Oil 67.19 -1.98 (-2.86%)

(↔) US Markets close in 4 hrs and 27 mins

Ameritrade TOP TOOLS FOR LESS Open an account. E*TRADE

Seniors group blasts 'misleading' Medicare website

Ethan Wolff-Mann Senior Writer Yahoo Finance May 2, 2018 Follow

Original Medicare (H0001-001-0)						
Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance) - Excludes Part D Drug Coverage						
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?] , Drug Restrictions [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: \$4,644 Mail Order Annual: N/A	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$8,530	Not Available

Prescription Drug Plans Star Ratings

20 plans were found in 10003 based on your search criteria. View 10 View 20

Compare Plans

Sort Results By Lowest Estimated Annual Retail Drug Cost Sort

Aetna Medicare Rx Select (PDP) (S5810-277-0)					
Organization: Aetna Medicare					
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	Enroll
Retail Annual: \$1,760 Mail Order	\$17.70	Annual Drug Deductible: \$405 Drug Copay/ Coinsurance:	All Your Drugs on Formulary: No Drug Restrictions: No	★★★★ 3.5 out of 5 stars	

Medicare's Plan Finder is difficult for seniors to use, a report found. (Screenshot: Yahoo Finance)

A recent report on the state of the Medicare Plan Finder website, conducted by

Quote Lookup

Recently Viewed >

Your list is empty.

What to Read Next

CMS

- Meeting with head of Medicare
- Positive reactions to report
- Other CMS conversations ongoing
- National Medicare Education Program

Hill briefing



Stakeholders meeting

- Beneficiary advocates
- SHIP volunteer
- Health plans
- Broker
- Consultants
- Pharmaceutical company

Awareness of report is spreading!

- Ways and Means hearing on MA
- MedPAC
- GAO
- Conference presentations

MIPPA Reporting under STARS



- Check the MIPPA box – Yes or No
- Record all services/activities that you performed
- Some MIPPA decisions still being made
- Trainings will be conducted in the next month or so