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

Leslie Fried, JD; Lauren Popham, PhD; Ann Kayrish; and Samantha Zenlea
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Presenters:
Lauren Popham, PhD
Ann Kayrish
Samantha Zenlea

Moderator:
Leslie Fried, JD
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:
  o Adults 60 years and older
  o With incomes below 150% of the Federal Poverty Level

<table>
<thead>
<tr>
<th># of people in household</th>
<th>$ amounts associated with &lt;150% of FPL in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;$18,210</td>
</tr>
<tr>
<td>2</td>
<td>&lt;$24,690</td>
</tr>
</tbody>
</table>

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.

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

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

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

- Married: 29%
- Separated/Divorced: 28%
- Widowed: 32%
- Never Married: 11%

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

Region

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

Residence

<table>
<thead>
<tr>
<th>Residence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>45%</td>
</tr>
<tr>
<td>Suburban</td>
<td>25%</td>
</tr>
<tr>
<td>Rural</td>
<td>30%</td>
</tr>
</tbody>
</table>

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
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
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
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.
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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)

<table>
<thead>
<tr>
<th>Year</th>
<th>LIS Total</th>
<th>LIS Non-Automatic</th>
<th>LIS Automatic Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>98.8%</td>
<td>30.9%</td>
<td>98.8%</td>
</tr>
<tr>
<td>2010</td>
<td>99.7%</td>
<td>29.0%</td>
<td>61.8%</td>
</tr>
<tr>
<td>2012</td>
<td>99.7%</td>
<td>27.1%</td>
<td>62.3%</td>
</tr>
<tr>
<td>2014</td>
<td>98.7%</td>
<td>32.8%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

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

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Modernizing Medicare Plan Finder

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

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
Beneficiary Interviews

• 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

Race
• 64% white
• 24% African American
• 12% Latino or other

Age
• 60% under 75
• 40% over 75

Education
• 56% bachelor’s degree or higher
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

<table>
<thead>
<tr>
<th>Category</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous Browsing</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>Customized Plan Information</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Default Order</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Plan Finder Support</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Highlights Supplemental Benefits Choices</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>OOP Cost Calculator</td>
<td>C</td>
<td>Part C Only</td>
</tr>
<tr>
<td>OOP Cost Calculator</td>
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<td>Part D Only</td>
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## Scorecard continued

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Integrated Provider Directory</td>
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<td>Part C Only</td>
</tr>
<tr>
<td>Integrated Pharmacy Directory</td>
<td>D</td>
<td>Part D Only</td>
</tr>
<tr>
<td>Integrated Drug Directory</td>
<td>D</td>
<td>Part D Only</td>
</tr>
<tr>
<td>Layout</td>
<td>D</td>
<td></td>
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<tr>
<td>Access to Human Support</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Language Accessibility</td>
<td>A</td>
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</tr>
</tbody>
</table>
Report Recommendations

Provider directory

OOP Costs

Layout and navigation

Accuracy
Seniors group blasts 'misleading' Medicare website

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

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

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