

### Financial assistance for low-income Medicare beneficiaries

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#### Introduction

- Commission recommended in 2012 to redesign the FFS benefit, including protection against high out-ofpocket (OOP) costs
- Low-income beneficiaries may still have difficulty with OOP costs
- Commission's 2008 recommendation to increase the income eligibility criteria of the Medicare Savings Programs (MSPs) could help low-income beneficiaries' afford Medicare OOP costs



# Background on Medicare premium and cost-sharing assistance

	Income category			
	Up to 100% FPL	100-120% FPL	120-135% FPL	135-150% FPL
Medicare Parts A	A and B			
MSP category	QMB	SLMB	QI	
Part A premium	Х			
Part B premium	Х	Х	Х	
Deductibles (Parts A and B)	Х			
Coinsurance (Parts A and B)	Х			
Medicare Part D	LIS			
Premium or deductible	Х	X	Х	
Reduced copayment	Х	Х	Х	Х



Note: FPL (federal poverty level), MSP (Medicare Savings Programs), QMB (Qualified Medicare Beneficiary), SLMB (Specified Low-Income Medicare Beneficiary), QI (Qualifying Individual), LIS (low-income drug subsidy)

### 2008 Commission recommendation

- "The Congress should raise Medicare Savings Program income and asset criteria to conform to low-income drug subsidy criteria."
- <u>Implication</u>: Beneficiaries with incomes up to 150% of poverty (instead of up to 135% of poverty) would receive Part B premium assistance



### Rationale for 2008 Commission recommendation

- Compared to non-Medicare beneficiaries under age 65, beneficiaries aged 65 and older were more likely to be poor or near poor
- They spent a larger percentage of income on OOP health costs
- Those eligible for, but not enrolled in, MSPs were more likely than MSP enrollees to avoid needed care because of cost
- Income and asset eligibility for extra help for low-income beneficiaries would be synchronized between Parts A, B, and D



## Part B premium assistance through the QI program

Raising the QI income criteria to 150% was the illustrative example to the 2008 recommendation

Implications:

- No increase in state spending because QI program is federally funded
- Increase in federal spending
- Maintains cost-sharing incentives at the point of service
- Directly targets assistance to low-income beneficiaries



## Targeting assistance for low-income beneficiaries

- Low-income supports more directly and efficiently targeted through MSPs
- Less-targeted approaches
  - Higher payments to Medicare Advantage plans
  - Medigap plans filling in Medicare cost-sharing



## Relationship between the 2008 and 2012 Commission recommendations

- Under the 2008 recommendation, beneficiaries with incomes up to 150% of poverty would receive a Part B premium subsidy
- In 2014, the Part B premium subsidy would amount to about \$1,300/year
- This additional subsidy would free up discretionary income for paying remainder of OOP costs. For example, average cost-sharing liabilities for QI beneficiaries were about \$1,900 in 2011

## Summary and implications for future work

- Direct and targeted financial assistance for lowincome beneficiaries through MSPs
- Directions for future work: Financial assistance for low-income beneficiaries in context of synchronizing FFS, ACOs, and MA policies
  - Premium assistance only?
  - Cost-sharing assistance could have implications for state financing

