

Make Funding Permanent for Low-Income Benefits Outreach and Enrollment

Medicare Funding for Outreach and Enrollment Efforts

In 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) funded community-based outreach and enrollment activities to help low-income Medicare beneficiaries access critical assistance programs—the Part D Low-Income Subsidy (LIS), or Extra Help, and Medicare Savings Programs (MSPs). These benefits enable eligible older adults and younger adults with disabilities to afford needed prescription drugs, doctor visits, and other health care.

Current annual funding for this effort is \$50 million. The federal investment is shared among:

- Medicare State Health Insurance Assistance Programs (SHIPs)
- Area Agencies on Aging (AAAs)
- Aging and Disability Resource Centers (ADRCs)
- The National Center on Benefits Outreach and Enrollment (Center), housed at the National Council on Aging (NCOA)

The Center's funding is used to provide technical assistance to these agencies, as well as competitive grants to 90 state and local Benefits Enrollment Centers (BECs), support for the free online screening tool BenefitsCheckUp.org, and a national Benefits Helpline call center.

The program has been extended 12 times with bipartisan support over these past 16 years, and is up for renewal again this year. In December 2023, a broad range of 75 national aging, disability, patient, and provider groups signed onto a letter to Congress supporting the continuation of the program. That same month, the Senate Finance Committee voted unanimously to extend the outreach efforts, and this past March, Congress agreed to extend the program to December 31, 2024.

Why Medicare Low-income Outreach and Enrollment Matters

Federal funding has successfully supported enrollment assistance to millions of low-income beneficiaries and their families. Under the program:



Medicare beneficiaries and their caregivers have received help connecting to benefits

12.2 million



The number of low-income Medicare beneficiaries enrolled in the MSPs has increased from 6.4 million in 2008 to 12.2 million in June 2022.

Older adults face increasing debt, significant and growing retiree savings shortfalls, and inflation-related difficulties making ends meet. Renewed funding not only will help those older adults facing financial hardship but will aid those who lost Medicaid coverage due to the post-pandemic unwinding re-enroll in Medicaid. The program also enables agencies to focus resources on assisting Medicare beneficiaries in rural, hard-to reach communities and to help low-income beneficiaries receive recently improved Extra Help benefits.

Many of those in need are dually eligible for both Medicare and Medicaid. Single beneficiaries eligible for assistance generally have annual incomes below just \$22,000 and non-housing assets of less than \$16,000. Together, Black and Hispanic beneficiaries account for 18% of the total Medicare population, but 40% of the dually eligible population. As such, outreach and enrollment funding also helps to address health disparities in Medicare by ensuring these populations have access to affordable care.

Progam funding offers a significant return on investment in local communities. Assisting low-income beneficiaries to receive the extra help they are eligible for enables them to spend extra dollars at local pharmacies, grocery stores, and for home maintenance, which has a multiplier effect on the economy.

How Outreach Funding Helped Dora Find Financial Stability



Dora, 68, was living on just \$430 a month from her husband's Social Security survivor benefits and paying over a quarter of that each month for her Medicare Part B premium. With just \$265 a month left to cover rent, utilities, food, and other daily expenses, Dora sought help from a Benefits Enrollment Center, the Center for Independence of the Disabled in New York. A benefits counselor helped Dora to apply for a Medicare Savings Program, which will save her \$1,979 in 2024. The counselor also helped Dora apply for an affordable unit at a senior housing complex. Today, Dora has the support she needs to live with the dignity and security she deserves.



What Needs to be Done

It's time for Congress to make this important program permanent and raise annual funding for low-income outreach and enrollment activities from \$50 million to \$75 million.

According to a recent Centers for Medicare & Medicaid Services (CMS) estimate, up to 3 million older adults and people with disabilities could benefit from the Extra Help program but are not currently enrolled.

State and local groups that serve older adults every day often receive referrals from Members of Congress to respond to constituent Medicare questions and provide information and guidance. Additional stable funding will enable these organizations to dedicate sufficient resources and permanent staff to accomplish their respective goals. Static short-term allocations and looming funding expirations have failed to provide the assurances needed to hire full-time staff, have contributed to staff turnover and training challenges, and degraded the year-over-year stability necessary to conduct effective outreach and enrollment.

Permanent funding for low-income outreach and enrollment will alleviate many of these challenges and ensure that more Medicare beneficiaries are able to age well with health and improved well-being.

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