Background

Since 2008, the Medicare Improvements for Patients and Providers Act (MIPPA) has helped hundreds of thousands of low-income Medicare beneficiaries access programs that make their health care and prescriptions affordable. Specifically, MIPPA provides targeted funding for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to:

- Conduct outreach and enrollment of low-income Medicare beneficiaries into the Part D Low Income Subsidy (LIS/Extra Help), and the Medicare Savings Programs (MSPs).
- Help rural residents to enroll in Part D.
- Promote utilization of the free preventive services offered under Medicare since the passage of the Affordable Care Act in 2010.

MIPPA IV

In early 2014, Congress passed and the President signed the Protecting Access to Medicare Act of 2014. Section 110 of the Act authorizes funding for SHIPs, AAAs, and ADRCs to continue their outreach and enrollment activities. The National Council on Aging’s Center for Benefits Access also was awarded a grant from the Administration for Community Living (ACL) to continue to serve as the MIPPA technical resource center, which it has done since 2009.

In 2015, 47 states and the District of Columbia received MIPPA IV funding from ACL, as illustrated in the map below.

Additionally, Title VI Native American Programs were invited to apply for MIPPA funding from ACL to coordinate at least one community announcement and one outreach event to inform and assist eligible American Indian, Alaska Native, or Native Hawaiian elders about the benefits available to them through Medicare. 91 Tribes in 17 states (AK, AZ, CA, ID, KS, ME, MI, MN, MT, NM, NV, NY, OK, OR, SD, WA, WI) received funding for this.

Planned Activities

In their proposals, state grantees articulated a variety of target populations for outreach and enrollment, partnerships, and approaches to fur-
thering promotion of Medicare's preventive services.

**Target populations**

- More than half of the states include American Indians/Native Alaskans as a target population. Outreach strategies include liaising with tribal councils and targeting tribal media outlets; at least three state grantees will conduct outreach through powwows.

- Technology is a key approach in reaching rural populations, who are a special target of the MIPPA 4 grant. Skype counseling, bringing tablets into remote areas, and tele-Town Hall sessions are a few of the ways grantees hope to connect with rural residents.

Other target populations include:

- Limited English Proficient (LEP) beneficiaries,
- Veterans,
- The homeless, and
- Homebound individuals.

**Key partnerships**

Health care providers; religious, ethnic, and community organizations; State Pharmaceutical Assistance Programs (where applicable); and Centers for Independent Living were the most frequently cited partners working with SHIPs, AAAs, and ADRCs to do outreach and enrollment.

- 13 states (CT, KY, MA, MI, NH, NY, OH, OK, TN, SC, VA, VT, WA) already or are planning to partner with their local Social Security Administration (SSA) offices; states draw on these relationships to co-host “Welcome to Medicare” events, and post information about where new beneficiaries can get assistance through the aging network.

- Eight states (CA, CT, KS, MO, MT, OK, NV, WV) are partnering with providers and community mental health agencies to better reach persons with mental illness and behavioral health issues.

- Four states (CO, KY, SD, WV) are working to ease the transition of individuals aging into Medicare from the health insurance Marketplaces.

**Collaboration with health initiatives**

- Because many low-income Medicare beneficiaries have a chronic condition, 14 states (GA, KY, ME, MD, MI, MO, MN, NV, NM, NY, OH, SC, SD, WA) collaborate with Chronic Disease Self-Management Education (CDSME) programs. Most often this collaboration is in the form of referring CDSME clients to SHIPs, AAAs, and ADRCs for more information about Medicare cost savings, and providing materials to CDSME participants that outline the preventive services offered by Medicare to keep them healthy.

- Seven states (AR, CT, IL, IN, ME, MO, NE) have partnerships with Federally Qualified Health Centers (FQHCs), which provide primary health care services to underserved communities. MIPPA grantees are utilizing these relationships to train FQHC staff on Medicare benefits and to provide outreach and enrollment assistance to FQHC patients.

**Successes to date**

Since 2009, SHIPs, AAAs, and ADRCs have submitted more than 860,000 applications for LIS and MSP, worth a combined $2.3 billion in benefits.

**MIPPA—What We’ve Learned and What Happens Next** is a report from the Center for Benefits summarizing the successes of MIPPA grantees to date. It can be downloaded from: [www.ncoa.org/centerforbenefits](http://www.ncoa.org/centerforbenefits).

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**About the Center for Benefits Access**

The National Council on Aging’s Center for Benefits Access helps community-based organizations find and enroll seniors and younger adults with disabilities with limited means into benefits programs for which they are eligible, so they can remain healthy, secure, and independent. The center accomplishes its mission by developing and sharing tools, resources, best practices, and strategies for benefits outreach and enrollment.

For more information, please visit [ncoa.org/centerforbenefits](http://ncoa.org/centerforbenefits).