



The Medicare Improvements for Patients and Providers Act (MIPPA) provides funding to key segments of Administration for Community Living's (ACL's) network of community-based organizations - including Medicare State Health Insurance Assistance Programs, Area Agencies on Aging, and Aging and Disability Resource Centers - to undertake additional outreach and enrollment activities above and beyond their basic one-on-one assistance to Medicare beneficiaries. Grantees educate beneficiaries about the Low-Income Subsidy (LIS) program under Medicare Part D and Medicare Savings Programs (MSPs), while also providing in-depth application assistance to beneficiaries to help them apply for these benefits they qualify for but are not yet enrolled in that help lower their healthcare costs.

Funding also supports the National Center for Benefits Outreach and Enrollment. In addition to providing technical assistance to grantees and community-based organizations, the Center offers competitive grants of up to \$240,000 each to develop 85 state and local Benefits Enrollment Centers (BECs) in 41 states to develop the most effective, person-centered strategies, as well to support a national Benefits Helpline call center.

Over the past 15 years, Congress has extended the program 11 times with bipartisan support, and current annual funding is a relatively modest \$50 million. Funding authority for the program expired on October 1st. Unfortunately, the recent Continuing Resolution (CR) that that passed Congress to keep the government open and extend some health programs did not include the MIPPA extension, despite the fact that the Senate Finance Committee unanimously passed a health care package in November that included an extension at current funding levels. NCOA and other advocates continue to work to get an extension in the next congressional funding package, which will hopefully pass by January 19th.

In August, 57 diverse national groups representing older adults, people with disabilities, patients and providers urged Congress to make the program permanent and increase annual funding from \$50m to \$75 million (See [House Extender Letter: Medicare Low-Income Beneficiary Outreach and Enrollment](#)).

The funding is particularly important to help low-income beneficiaries to enroll in the new, enhanced Part D Low-Income Subsidy benefit available on January 1st for those with incomes between 135-150% of poverty and assist with enrolling those who lost Medicaid coverage due the end of the COVID Public Health Emergency, and focus additional resources on rural communities. It is also increasingly important to respond to the growing need for Medicare low-income enrollment assistance with an estimated 10,000 Americans turning 65 every day, and with older adults facing increasing debt, and significant and growing retiree savings shortfalls.

Single beneficiaries eligible for assistance generally have annual incomes below 150% of poverty (\$21,870) and non-housing assets of less than \$15,160. Without the assistance under the Medicare Saving Programs (MSPs) and the Part D Low-Income Subsidy (LIS) Extra Help programs, millions of Medicare beneficiaries could not afford the care they need as out-of-pocket health costs continue to rise.

Previous allocations for these critical low-income outreach and enrollment activities have led to important, proven results from MIPPA state and local community partners. The program has been successful in providing assistance to millions of low-income beneficiaries and their families. From September 2020 to August 2023, partners assisted almost 3 million beneficiaries at over 60,000 group outreach events and conducted about 3.2 million one-on-one contacts with Medicare

beneficiaries, their families, or caregivers. Additionally, they helped about 350,000 beneficiaries with applications for MSP and LIS. The program has contributed to increasing the number of low-income Medicare beneficiaries enrolled in the MSPs from 6.4 million in 2008 to 12.2 million in June 2022. Despite this progress, too many low-income beneficiaries who are eligible are still not receiving needed assistance. For example, according to a recent CMS estimate, up to 3 million seniors and people with disabilities could benefit from the LIS program but are not enrolled.

Improving Medicare outreach and enrollment will also help to address health disparities in Medicare. Together, Black and Hispanic beneficiaries account for 18% of the total Medicare population, but 40% of the Medicare-Medicaid dually eligible population.

Advocates are urging Congress to extend the program in the funding package that will hopefully pass Congress by or before January 19th. State and local groups can help by reaching out to members of Congress and their staff, urging them to extend the program. If you can't lobby, you can also **educate** members of Congress and their staff about the importance of the program to their constituents and the consequences if it is not extended. **Please fill out this form to contact your Senators and Representatives and share it with other partners: <https://act.ncoa.org/a/mippa>.**

Please also respond and email the following information to advocacy@ncoa.org:

- Success stories of Medicare beneficiaries that received help to enroll in Medicare LIS and/or MSP programs.
- Information on member of Congress offices that you or your staff have worked with, for example, receiving referrals from state/district staff? Please share names and the kind of assistance provided.
- Summaries of how the failure to extend MIPPA funding would impact your organization and low-income Medicare beneficiaries. For example, estimates on reduction in the number of beneficiaries served, or other adverse consequences.
- Are you willing/able to reach out to staff of members of Congress to educate them on the importance of MIPPA funding, the value you provide, implications for constituent Medicare beneficiaries if the program is not extending?

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