Government Assistance Programs to Assist Medicare Patients with Limited Income

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Financial Disclosure

This CE program is funded by Alabama Department of Senior Services as part of the C.A.R.E.S program (https://alpharmacycares.org) and Westrick is the Principal Investigator on the ADSS-funded project. The authors have no other relevant affiliations or financial relationships with a commercial interest to disclose.

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Introduction

Today's healthcare system is complex. Because Medicare is the nation's largest health insurance program, covering more than 55 million Americans in the United States,[1] and over one million Alabamians in 2021,[2] it is important for pharmacists to help Medicare patients navigate the healthcare system as well as community resources available to them, especially for those with limited income. This continuing education article has 3 objectives:

1. Identify federal and state programs available for Medicare beneficiaries with limited income and their eligibility requirements
2. Describe the impact of the Inflation Reduction Act of 2022 on prescription drug provisions for Medicare beneficiaries
3. List community agencies that provide free counseling and assistance to Medicare enrollees and their families

In order to be eligible for Medicare, an individual must be 65 and older, under age 65 with certain disabilities, or diagnosed with End-Stage Renal Disease at any age.[3] Coverage under Medicare includes many types of services and is comprised of four parts (Table 1). Part A is known as hospital insurance and covers inpatient hospital stays, skilled nursing facility care, and home health care among others. Outpatient care and many preventive services are covered under Part B, otherwise known as medical insurance. Part C, or Medicare Advantage combines benefits covered by Parts A, B, and usually D and is run by Medicare-approved private insurance companies. Finally, Part D is the Medicare Prescription Drug Coverage and helps to lower prescription costs for beneficiaries.

It is important to recognize that Medicare can be costly to some patients. While most people do not pay a Part A premium, a deductible ($1,600 in 2023) and co-insurance ($400 per day on day 61-90) apply per benefit period, and beneficiaries can have multiple benefit periods in a year.[4] Most people who have Medicare Part A are likely to purchase Medicare Part B. Part B has the standard monthly premium of $164.90, deductible of $226 (per calendar year) and 20% co- insurance in 2023 for Medicare covered services.[4] Medicare Part C's premium and cost sharing varies by plan; but patients must pay a Part B premium to be eligible to enroll in Part C.[4] Lastly, premiums for Medicare Part D for prescription drugs also vary by plan. For example, for 2023, Part D plans in Lee County, Alabama had a premium that ranges from $7.40 to $152.30 per month.[4] Additionally, some Part D plans may have a deductible, co-insurance, or copayment of medications depending on the medication's tier and the total drug costs.

Table 1: Medicare and Coverage[5]

Medicare	Examples of Coverage	Premium and Cost-Sharing
Part A	Inpatient hospital stays, skilled nursing facility care, and home health care	Part A premium (most people don'tpay) Deductible and copayment
Part B	Doctors' services, outpatient care, preventive services, and durable medical equipment	Part B premium Deductible and coinsurance
Part C	All services covered by Parts A and B and possibly vision, hearing, dental, and prescription drug benefits	Part B Premium Part C Premium Deductible and coinsurance
Part D	Prescription drugs	Part D premium Deductible and coinsurance

Even though the Affordable Care Act helped reduce the out-of-pocket payments during the coverage gap (often known as the donut hole), the payments are still significant (i.e., 25% of drug cost in 2023).[6] It is important to note that a late penalty also applies if patients do not enroll in a plan when they become eligible.[4] Taken all together, premiums and cost-sharing of Medicare plans can be costly to some patients, especially those with limited income.

Although Medicare Part D helps many Medicare beneficiaries afford their medications, many still have problems paying for their prescriptions.[7] This is not surprising because Medicare beneficiaries are more likely to be low-income than the general population under 65.[8] Over 37% of Medicare beneficiaries in Alabama had an income less than 200% of the Federal Poverty Level (FPL) in 2021.[9] To give an estimate, those with < 200% FPL in 2023 have a monthly income of < $2,430 (individual) and < $3,287 (household size of 2).[10] This is definitely a great concern as access to care is key in achieving good health outcomes. Unaffordable medications can lead to medication non-adherence and subsequently increased rates of hospitalization, morbidity, and mortality.[11, 12, 13, 14, 15, 16, 17] The next section will describe federal and state programs that are available for Medicare patients with limited income.

Federal and State Programs for Medicare Population With Limited Income

Programs are available to assist Medicare beneficiaries with limited income in affording their healthcare. This article will highlight three programs including the Medicare Savings

Program (MSP), Low Income Subsidy (LIS or Extra Help) and SenioRx. These programs are available to help Medicare beneficiaries afford their medical care and prescription medications. Eligibility depends on the individual's income and sometimes resources. The LIS benefit alone was estimated at an average annual value of $5,300 for a beneficiary.[18]

Medicare Savings Program (MSP)

It is important to stress that, because of similar names, this Medicare Savings Program (MSP) is not the same as the Medicare Medical Savings Account which is a consumer-directed Medicare Advantage plan (high deductible plan with a medical savings account).

The Medicare Savings Program or MSP can save a significant amount of money for those who are qualified. Alabama Medicaid provides MSP benefits which helps pay for Medicare Part A or Part B premiums and, in some cases, Part A&B deductibles and coinsurance for those with limited income. There are four different types of MSP programs including the Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Disabled & Working Individuals (QDWI) programs (see Table 2).[19] Total household income is used to determine eligibility for these programs; those with income < 135% FPL may be qualified for this program. It is also important to note that Alabama's Medicaid does not consider resources as an eligibility requirement for these programs.

Table 2. Medicare Savings Program (MSP) Income Limits[19]

Medicare Savings Program	**Individual Monthly Income Limit (2023)***	**Married Couple Monthly Income Limit (2023)***	**Helps pay for**
Qualified Medicare Beneficiary(QMB)	$1,235.00	$1,663.00	Part A and Part B premiums, and other cost-sharing (e.g, deductibles and coinsurance)
Specified Low- Income MedicareBeneficiary (SLMB)	$1,478.00	$1,992.00	Part B premiums only
Qualifying Individual (QI)	$1,660.00	$2,239.00	Part B premiums only
Qualified Disabled & Working Individuals (QDWI)	$4,945.00	$6,659.00	Part A premiums only

* Limits slightly higher in Alaska and Hawaii

To illustrate the benefit of MSP, we will use the following case:

Mr. Alfred Smith is a 70-year old widower who lives by himself. Because he has a gross income of $1,200 per month, he is eligible for a Full Subsidy-Medicare Savings Program in 2023 or a QMB program. This is because his income does not exceed the QMB monthly income limit. Once his application is approved through the Alabama Medicaid Office, he will receive help paying for his part A (if applicable) and part B premiums, Part A and B deductibles, coinsurance, and copayments. He will automatically be qualified for the Low Income Subsidy (LIS) program, which is described below.

Individuals with higher incomes than Mr. Smith may still qualify for the SLMB, or QI programs in which they will receive assistance with their Part B premiums (see Table 2). As for QDWI, individuals who are under age 65, terminated from Title II Disability Insurance Benefits due to earnings exceeding the Substantial Gainful Activity level, and who continue to have the same physical or mental condition not expected to improve, may be eligible for QDWI if they are entitled to enroll in Medicare Part A benefits under certain restrictions. Income is based on approximately 400% of the Federal Poverty Level. All individuals who are eligible for any of the MSP programs automatically enroll in LIS.

Low Income Subsidy (LIS)

The Low Income Subsidy (LIS), also known as Extra Help or Part D low income subsidy, is a Federal program designed to assist individuals with their Medicare prescription drug costs.[20] Depending on an individual's income and resources, LIS may provide coverage for a beneficiary's monthly Part D premium, yearly deductible, and coinsurance or copayments for medication. In addition, beneficiaries enrolled in this program are not subject to the coverage gap or "donut hole", and late enrollment penalties. During the first nine months of the year, they can switch plans and coverage once per quarter and receive a 90-day supply of certain medications for the same co-payment as a 30-day supply.

Similar to MSP, total household income will be used to determine eligibility. However, departing from MSP, resources or assets are included in the eligibility determination for LIS. Resources can include cash in checking and savings accounts, stocks, bonds, mutual funds, and individual retirement accounts; but do not include an individual's home and adjoining land, car, up to $1,500 for burial expenses per person, furniture, life insurance policies, and any household or personal items. To be eligible for LIS, beneficiaries must have Medicare Part A or B, reside in one of the 50 states or District of Columbia, and not be imprisoned at the time of application. Some individuals automatically qualify for LIS and will not need to apply. This includes those that are dual eligible and have Medicare and full Medicaid coverage, those with Supplemental Security Income (SSI) benefits, or help from Medicaid paying Medicare Part B premiums through MSP programs. If an individual doesn't meet one of the above conditions, they may still qualify for LIS, but will need to fill out anapplication and apply for it. Application for LIS can be made

through the Social Security office or online at www.socialsecurity.gov.

The Federal Poverty Level Guidelines determine the income level requirements for people applying for LIS (Tables 3 and 4). An individual's level of income and resources will determine the level of subsidy. Those with the lowest income and resources, less than 135% of the federal poverty level and less than or equal to $10,590 (in 2023) in countable resources for one person will receive the full subsidy. For a household of two people, those with an income less than 135% FPL and less than or equal to $16,630 (in 2023) in countable resources will receive the full subsidy. These amounts may change each year.[21]

Table 3. Low Income Subsidy (LIS) Income Limits in 2023[21]

Allowable Income					
Family Size	**Percent of Poverty Guideline**				
	100%	**135%**	**150%**	**175%**	**200%**
1	$1,215	$1,640	$1,823	$2,126	$2,430
2	$1,643	$2,219	$2,465	$2,876	$3,287
3	$2,072	$2,797	$3,108	$3,625	$4,143
4	$2,500	$3,375	$3,750	$4,375	$5,000
5	$2,928	$3,953	$4,393	$5,125	$5,857
6	$3,357	$4,532	$5,035	$5,874	$6,713
7	$3,785	$5,110	$5,678	$6,624	$7,570
8	$4,213	$5,688	$6320	$7,373	$8,427
Each Additional	+429	+579	+643	+750	+856

Table 4. Low Income Subsidy (LIS) Resource Limits in 2023[21]

Allowable Resources			
Full Subsidy (100 - 135%)		**Partial Subsidy (135.01 - 150%)**	
Single	$10,590	Single	$16,660
Married	$16,630	Married	$33,240

Individuals who are eligible for the full subsidy will have all of their Medicare Part D plan's monthly premium, as long as the premium is within the benchmark premium, and yearly deductible covered. The benchmark plan amount in Alabama is $35.16 in 2023. Out-of-pocket

cost for individuals who qualify for full subsidy in 2023, is no greater than $4.15 for each generic, and $10.35 for each brand name drug.

To illustrate the LIS benefit, we will use the following case:

Ms. Nancy Marsal is a 67-year-old individual with a gross monthly income of $1,620 and she has no savings and resources. Once her application is approved by the Social Security Administration, she will pay nothing for a Part D premium if she enrolls in a plan with premiums at or lower than the $35.16 benchmark premium (in 2023). Also, she will pay a small copay for each medication before she reaches the catastrophic limit. She will not be subject to the coverage gap and will have no copay or coinsurance after the catastrophic limit.

SenioRx Program

SenioRx is a prescription medication assistance program that helps individuals apply for free or low-cost prescription medications from pharmaceutical companies. SenioRx is not just for Medicare beneficiaries. It is also for Alabamians with disabilities regardless of age or persons aged 55 and older who have been diagnosed with at least one medical condition that requires a prescription medication. Eligible individuals may receive a three-month supply of medication from pharmaceutical companies free or at a low cost. Medication refills are permitted as long as the participant remains eligible for the program. To qualify for SenioRx, an individual must be an Alabama resident and meet one set of the following as outlined in Table 5.

Table 5. SenioRx Criteria[22]

	Criteria
A	Age 55 or older Have at least one chronic medical condition Have no or limited prescription drug insurance Meet certain income limits
B	Any age with a disability (Beneficiaries have been deemed disabled by Social Security, have applied for disability, and are awaiting a decision, have a doctor's declaration of disability, or they are in the 24-month Medicare waiting period)
C	Have Medicare and have reached your Medicare Part D coverage gap

Inflation Reduction Act

As previously discussed, the cost of Medicare can be significant to many beneficiaries. The Inflation Reduction Act of 2022 (IRA), signed into law in August 2022, has several provisions that lower Medicare prescription drug costs to protect people with Medicare from high out-of-pocket costs.[23, 24] The implementation timeline started in 2023 but not all provisions will start in the same year. This section will highlight several provisions that affect Medicare beneficiaries (see Figure 1)

- Requires drug manufacturers to pay rebates to Medicare if they increase prices faster than inflation for drugs used by Medicare beneficiaries, beginning in 2023;
- Limits cost-sharing for insulin to $35 per month for people with Medicare, beginning in 2023;
- Eliminates cost-sharing for adult vaccines covered under Medicare Part D, as of 2023;
- Expands eligibility for full Part D Low-Income Subsidies (LIS) in 2024;
- Eliminates coinsurance above the catastrophic threshold in 2024;
- Caps Medicare beneficiaries' out-of-pocket spending under the Medicare Part D benefit, first by eliminating coinsurance above the catastrophic threshold in 2024 and then by adding a $2,000 cap on spending in 2025; and
- Requires the federal government to negotiate prices for some high-cost drugs covered under Medicare, beginning in 2026

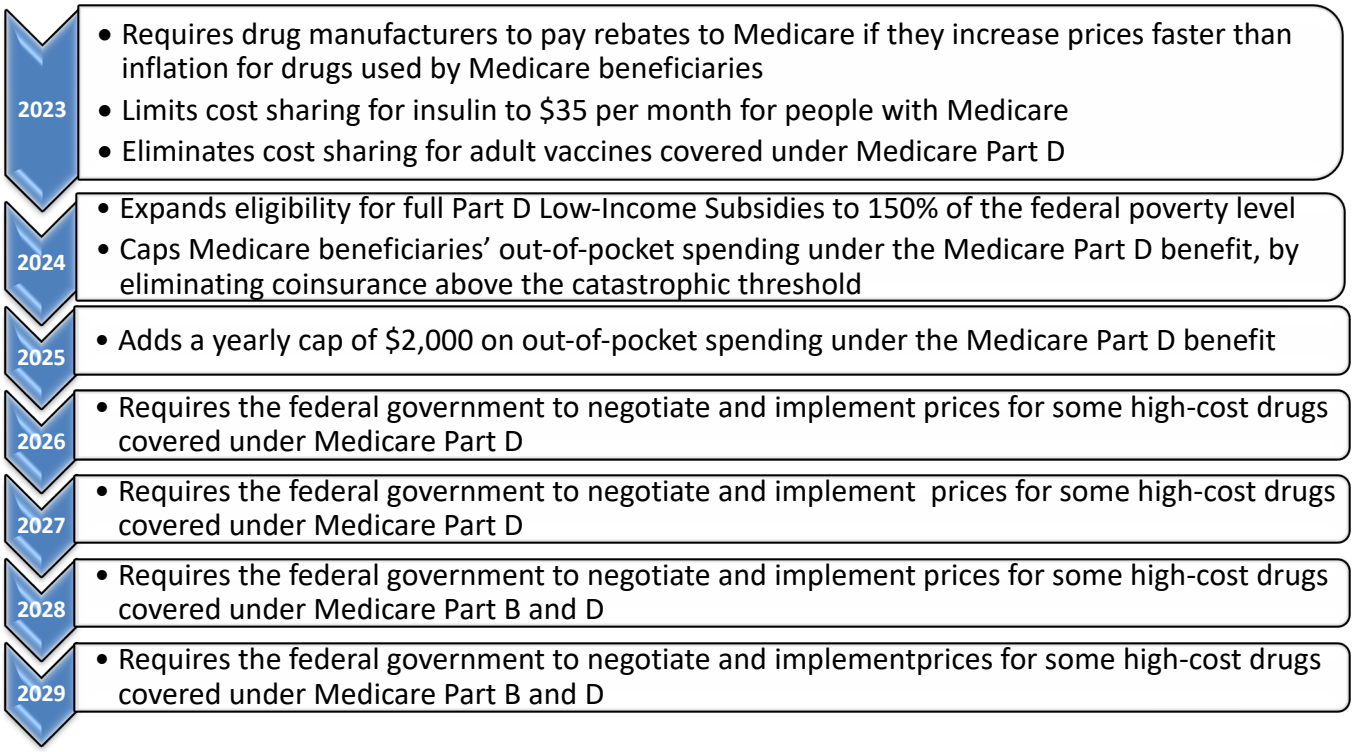

Figure 1: Schedule for implementing the prescription drug provision outlined in the Inflation Reduction Act.[25]

Many Medicare beneficiaries in Alabama will benefit from the Inflation Reduction Act.[25] Specifically, in Alabama alone, the IRA will affect thousands of Medicare beneficiaries. It was estimated that, almost 50,000 people would benefit from the elimination of cost sharing for adult vaccines in Part D. Next, over 11,000 people with partial LIS subsidy would soon enjoy the benefit of having full LIS subsidy (2024). Further, over 22,000 people would benefit from the elimination of 5% co-insurance above the part D catastrophic threshold (2024). Lastly, almost 22,000 individuals would benefit from establishing $2,000 maximum out-of-pocket spending cap on prescription drugs which will take effect in 2025.

Community Agencies Assisting Medicare Patients

While MSP and LIS programs have the potential to make a significant difference in helping low-income patients afford their care, many patients who could benefit are not yet enrolled in these programs and they continue to struggle to pay for their healthcare and medications. Approximately 54% and 60% of patients eligible for MSP and LIS respectively have not yet enrolled.[26, 27] The majority of this low enrollment may be due to a lack of awareness, as 68% of Medicare patients are not aware of these available programs.[28] In addition, the application process for these programs can be complex and overwhelming for many Medicare patients.[29] In order to help patients complete the application process and help them understand the programs' benefits, agencies such as the Aging and Disability Resource Centers (ADRCs) and the State Health Insurance Assistance Program (SHIP) are available to assist. There are 13 ADRCs with SHIP counselors across Alabama and they are unbiased agencies. In fact, these agencies will screen individuals to determine eligibility for the programs and assist them in filling out applications. These agencies are valuable resources that can be utilized once patients are made aware.

Pharmacists in particular are well-positioned to increase patients' awareness of ADRCs and SHIP given pharmacists' accessibility and availability. Additionally, pharmacists are often assisting patients with insurance-related issues while dispensing medications,[30, 31, 32, 33] and are the healthcare provider to which patients will most likely disclose concerns regarding medication costs.[34, 35] Previous research shows that 50% of pharmacists report encountering patients who cannot afford their medications at least once per week.[36] In this situation, pharmacists report undertaking a number of strategies to try to help these patients including re-filing previously denied claims, searching for free or low-cost medications from community or manufacturer programs, and even loaning or giving away medication.[36] While these strategies may be potentially useful in the short-term, they are often time-consuming for the pharmacist. Therefore, we recommend that pharmacists refer their patients to ADRCs and SHIP. Doing so may allow the patient to find a long-term solution to their financial struggle.

Conclusion

Many Medicare patients need assistance to afford their prescriptions. There are subsidy programs available to help these patients, and agencies which will help them apply, but patients are often unaware. Pharmacists and pharmacy technicians can help patients become aware of these subsidies and the agencies that may be able to help them.

Interested in Learning More? In addition to this CE activity, you are invited to complete the rest of the C.A.R.E.S. (Certified Aging Resource Educated Specialist) Training, totally 3 credit hour ACPE approved continuing education course. Any pharmacy with at least one full-time pharmacist who has completed the training can be enrolled in the C.A.R.E.S. Pharmacy Network. This training and network is available free of charge to you and your pharmacy, as this program is funded by Alabama Department of Senior Services. This network will provide pharmacies with an easy and efficient referral system so that staff who encounter a potentially eligible patient can refer the patient to a local agency to be screened for program eligibility. More information about this program can be found at https://alpharmacycares.org.

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