



INCREASING PARTICIPATION IN BENEFIT PROGRAMS FOR LOW-INCOME SENIORS

Laura Summer
Georgetown University Health Policy Institute

May 2009

ABSTRACT: A review of the literature shows that some of the most vulnerable Americans, low-income seniors, do not participate in benefit programs for which they are eligible. The two major obstacles to enrollment are lack of knowledge about public benefit programs and the complexity of application and enrollment processes. The author identifies several ways of helping low-income elders get the health care they need: simplifying and aligning eligibility rules and enrollment procedures; using a “person-centered,” one-on-one approach to outreach and enrollment; investing in information technology; and providing support for ongoing outreach and enrollment activities. More systemic studies regarding the effectiveness and efficiency of efforts to increase enrollment are necessary, the author says.

Support for this research was provided by The Commonwealth Fund. The views presented here are those of the author and not necessarily those of The Commonwealth Fund or its directors, officers, or staff. This and other fund publications are available online at www.commonwealthfund.org. To learn more about new publications when they become available, visit the Fund’s Web site and [register to receive e-mail alerts](#). Commonwealth Fund pub. no. 1266.

CONTENTS

List of Tables and Figures.....	iv
About the Author.....	v
Acknowledgments.....	v
Executive Summary	vi
Introduction.....	1
Understanding Barriers To Program Participation.....	3
Unfamiliarity with Programs	3
Complex or Unfamiliar Application and Enrollment Processes	4
Stigma	5
Overcoming Barriers To Program Enrollment.....	5
Providing Assistance from a Trusted Source	6
Screening for Multiple Programs.....	7
Identifying Potential Program Participants in New Ways.....	12
Using Technology to Facilitate Enrollment	14
Policy Implications And Recommendations.....	17
Simplify and Align Eligibility Rules and Enrollment Procedures	17
A Person-Centered Approach.....	18
Support for Ongoing Outreach and Enrollment Activities	19
Invest in Technology.....	20
Measure Enrollment Outcomes.....	21
Conclusion	21
Notes	22
Bibliography	28
Related Publications.....	35

LIST OF TABLES AND FIGURES

Figure 1	Estimated Participation Rates Among the Eligible for Selected Entitlement Benefits Elderly	2
Figure 2	Percentage of Seniors Eligible for Multiple Benefits Programs	8
Figure 3	Proportion of Seniors Eligible for Food Stamps Who Are Also Eligible for Other Programs	8
Figure 4	Shadow Screen Results for 2007 LIS Applicants: Eligibility for Other Programs	12
Figure 5	Results of Targeted “In-Reach” to Increase Low-Income Subsidy (LIS) Enrollment	14
Table 1	Key Entitlement Benefit Programs for Low-Income Older Americans	34

ABOUT THE AUTHOR

Laura Summer, M.P.H., a senior research scholar at Georgetown University's Health Policy Institute, has more than 20 years of experience with federal and state governments, independent policy organizations, and academic institutions. Summer's research addresses the ways in which states design, administer, and operate publicly financed health and long-term care programs. She has written extensively about access to health insurance; the operation of Medicaid and Medicare programs; and long-term care for populations of all ages. Her recent work has focused on methods for increasing moderate- and low-income Americans' enrollment in public programs and on improving the Medicare Part D program for low-income beneficiaries. Prior to joining the Georgetown faculty, she was a policy consultant to a number of Washington-based organizations. Summer has a master of public health degree from the University of Michigan. She can be emailed at l1s6@georgetown.edu.

ACKNOWLEDGMENTS

A number of individuals at the National Council on Aging, especially Kristen Kiefer and Bill Hodge, made important contributions to this report. The author is particularly grateful to the Benefits CheckUp data team, for help with analyzing and interpreting data from that Web-based screening tool. Staff at national, state, and local organizations that assist older Americans were also generous with their time and their willingness to discuss the difficulties and accomplishments associated with efforts to improve enrollment rates for public benefit programs. Jen Thompson, at Georgetown University's Health Policy Institute, provided valuable research assistance for this project.

Editorial support was provided by Elizabeth Dossett.

EXECUTIVE SUMMARY

Older Americans are a diverse group, but on the whole they are vulnerable relative to other age groups, particularly in terms of health and financial security. A number of public and private programs provide financial assistance to older low-income seniors, yet sizable proportions of potentially eligible individuals do not participate. The two major barriers to enrollment in public benefit programs among older individuals are lack of knowledge about the programs and the complexity of the application and enrollment processes. Other factors that may affect enrollment are reluctance to provide personal information, or seniors' calculation that the value of the benefit is not great enough to warrant their participation in a confusing or difficult application process.

A great deal of activity has occurred in the past several years to boost enrollment in benefit programs, particularly in the Medicare Part D Low-Income Subsidy, which became available in 2006, and the Medicare Discount Drug Card, the transitional benefit provided just before the establishment of the Part D program. The Medicare Savings Programs, which pay Medicare Part A and B premiums as well as copayments for some beneficiaries, also have been the focus of public and private campaigns to increase enrollment. A review of the literature and data related to outreach and enrollment suggests that certain policies and practices can help increase participation in benefit programs for low-income older Americans.

Simplify and Align Eligibility Rules and Enrollment Procedures

Older Americans with limited incomes are faced not only with a multiplicity of programs that potentially will provide needed assistance, but also with multiple sets of complex eligibility rules and enrollment procedures that may differ from program to program and state to state. Simpler eligibility rules and procedures can make programs more accessible for seniors. Eliminating resource tests, which greatly complicate the application process for applicants and program staff, would remove a persistent barrier to enrollment.

The alignment of program eligibility rules and enrollment procedures can also reduce confusion for applicants, promote efficiency, and help control administrative costs. Evidence from states shows that program enrollment has increased following efforts to align the State Pharmacy Assistance Program, Medicare Savings Program, and Low-Income Subsidy eligibility rules. Achieving greater standardization, however, is not without challenges. Efforts may be affected by whether federal, state, or local agencies have direct control over various aspects of the eligibility and enrollment processes for different programs. Changes in eligibility criteria will likely have budgetary implications.

It may take time to fully implement comparable eligibility policies and practices, but shifting emphasis from preserving current practices to promoting a more consistent approach has great potential.

A Person-Centered Approach

A “person-centered” approach now has the potential to substantially increase enrollment in benefit programs for qualified low-income seniors. To be most effective, the approach must:

- take all of seniors’ needs into account;
- inform them about eligibility for multiple benefits; and
- provide help when needed, ideally one-on-one assistance that is culturally appropriate and provided by a trusted source.

A person-centered approach directly addresses the common barriers to program participation. The fact that seniors often do not apply because they are unfamiliar with the range of available benefits is addressed when all of the benefits for which an individual may qualify are considered rather than just the one they may know about or have inquired about. Substantial evidence shows that low-income seniors often qualify for multiple benefits. For example, almost 38,000 consumers who used BenefitsCheckUp, a Web-based benefit-screening tool for older adults, appeared to be eligible for the Food Stamp Program (renamed the Supplemental Nutrition Assistance Program as of October 2008) in 2007. Among that group, the proportions eligible for, but not participating in other major benefit programs such as the Low-Income Home Energy Assistance Program, Low-Income Subsidy, Medicaid, and Medicare Savings Programs were, respectively, 48, 37, 34, and 30 percent. Learning that they are eligible for multiple benefits, which are of higher value collectively than a single benefit, may encourage seniors to apply.

The availability of assistance is essential for individuals who are confused about the application process. Also, applicants may be less wary of providing information about their financial circumstances if someone they trust is available to explain why the information is needed and how it will be used. Community-based organizations play an important role in identifying seniors who may qualify for benefits and assisting with their applications.

Substantial resources are needed to achieve higher enrollment in available programs, but a person-centered approach can help keep administrative costs low. Among a range of community-based projects designed to help seniors apply for benefits, for example, the process of identifying and connecting with potential beneficiaries accounted

for about half of application costs, on average. Thus, if individuals can apply for multiple programs at the same time, finding potential program participants can be a one-time expense rather than one incurred repeatedly for separate program-specific outreach efforts. Also, if information about individuals' financial and other circumstances can be gathered once but used in multiple ways (with the applicant's consent), the time and expense associated with collecting the same information multiple times can be reduced and program staff will have easier access to information they need to assess eligibility.

Invest in Technology

Technological advancements provide opportunities to reach people who may be eligible for benefits in new ways and to simplify the enrollment process for benefit programs. Electronic screening tools are used by government and independent organizations to help individuals determine whether they may be eligible for benefits. Linking electronic screening tools to program applications saves a step for applicants, and if they are receiving help with the screening process they can also receive immediate help with the application. Electronic systems that not only have the capacity to screen for eligibility, but also to track enrollment outcomes and renewal dates, can be an important tool to help enrollees renew their benefits in a timely manner.

Systems that have the capacity to capture, save, and transmit data allow government agencies and programs to exchange data in a secure manner. Master client lists can be developed so that different programs have access to information that an individual has previously submitted. Data available already in the system can be used to verify information submitted by applicants. Also, the data can be used to identify individuals applying for or participating in one program who may be eligible for other programs as well. Data from BenefitsCheckUp show, for example, that almost two-thirds of individuals who appear eligible for the Medicare Part D subsidy likely qualify for the Medicare Savings Programs as well, though only 15 percent of those who appear to qualify actually receive MSP benefits.

The use of technology to promote enrollment may require an initial investment to establish electronic screening, application, or data sharing systems. Community-based organizations may have to purchase equipment and train staff. Evidence from states, however, shows significant reductions in administrative costs related to processing applications once systems are established. After initial investments, the cost per beneficiary can be low relative to more traditional outreach and enrollment methods.

Provide Support for Ongoing Outreach and Enrollment Activities

The ideal approach to finding and enrolling seniors in benefit programs is to use technology in concert with one-on-one assistance. Recognizing Medicare beneficiaries' need for assistance as the program has become even more complex. Congress increased funding over the past several years for the State Health Insurance Assistance Programs, which provide personalized counseling and assistance to Medicare beneficiaries and their caregivers. Congress also approved funds in 2008 to establish a National Center for Benefits Outreach and Enrollment. This type of financial support is critical to efforts to promote enrollment. Support will likely be needed for some time to achieve higher rates of participation in benefit programs for older Americans.

Conclusion

Low-income older Americans are a vulnerable group that can gain considerably from participation in public and private benefit programs. Yet sizable proportions of potentially eligible individuals do not participate. The primary reasons are that seniors are not familiar with the programs, or they are discouraged by the complexity of the enrollment process. Eliminating resource tests would ease the process considerably. Another effective approach to promote enrollment is to better align program eligibility rules and practices, but this may take some time to achieve. In the interim, person-centered enrollment, which involves one-on-one assistance to help seniors apply for multiple benefits, has the potential to increase program enrollment significantly.

Technological advancements could greatly increase the capacity of organizations to identify, reach, and enroll potential participants. Investment and ongoing support are needed to increase enrollment for low-income seniors in benefit programs. More systematic study regarding the effectiveness and efficiency of efforts to increase enrollment will help policymakers and practitioners determine how to use limited resources in the optimal manner.

INCREASING PARTICIPATION IN BENEFIT PROGRAMS FOR LOW-INCOME SENIORS

INTRODUCTION

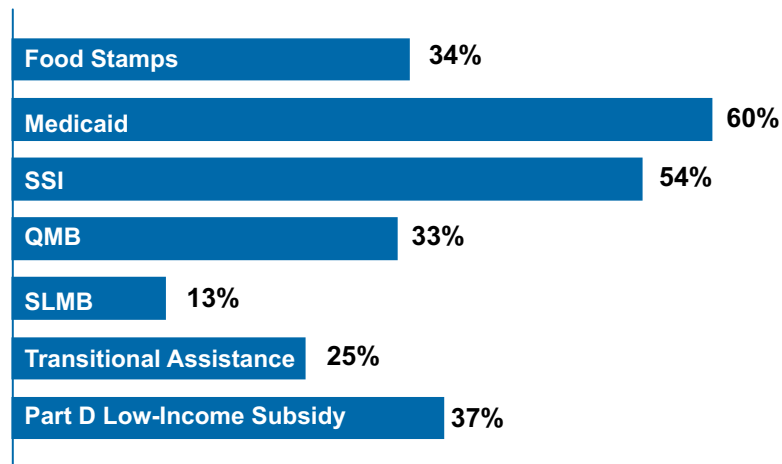
Older Americans are a diverse group in terms of health, education, skills, resources, and financial status. On the whole, however, health care for the elderly is uncertain relative to other age groups, even though seniors are more likely to be in poor health. By virtue of their age, they are more likely to develop conditions that require substantial amounts of care or long-term assistance and, consequently, to deplete their financial resources.¹ The elderly tend to have lower incomes relative to other age groups and have higher out-of-pocket health care expenses.²

In 2003, the median total annual health care expenditure for individuals aged 65 or older, excluding drugs, was \$1,483, compared to \$515 for individuals under 65. On average, older individuals spend more than 12 percent of their income on health care, a much higher proportion than the 2 percent spent by the younger population.³ With the recent rise in energy costs, many seniors can expect substantial increases in heating bills, and older low-income consumers will be particularly affected.⁴ Because of uncertainty in the housing market and the overall economy, some older individuals have seen their savings erode more quickly than anticipated.⁵

The vulnerability of older Americans, particularly in terms of health and financial security, has long been recognized, and a number of public and private programs provide financial assistance to older low-income individuals. Yet sizable proportions of potentially eligible seniors do not participate in available benefit programs. Key entitlement benefit programs for which seniors must apply are described in Table 1.

In 2005, the Government Accountability Office reported that the proportion of individuals of all ages who were eligible for means-tested programs but not enrolled varied substantially both among and within programs. Participation rates ranging from about 50 to more than 70 percent among entitlement programs and from less than 10 to more than 50 percent among non-entitlement programs. Within some programs, such as the Food Stamp Program (renamed the Supplemental Nutrition Assistance Program as of October 2008) and Medicaid programs, the elderly tended to have lower participation rates than other groups.⁶

Figure 1. Estimated Participation Rates Among the Eligible Elderly for Selected Entitlement Benefits



Note: Among those who must apply separately for the Low-Income Subsidy (LIS), 37 percent are enrolled. Among *all* those eligible for the LIS (enrollees who are deemed eligible for the LIS because they participate in other means-tested programs or who must apply on their own), 79 percent have Part D coverage with the subsidy or other comparable coverage. Source: Most recent estimates of participation rates for the eligible elderly; see endnote 7 in this report.

An examination of available estimates of participation rates among the eligible elderly for selected entitlement benefits indicates that many vulnerable seniors are missing out on important benefits of significant value (Figure 1).⁷ The Part B Medicare premium paid by the Medicare Saving Programs (MSPs) totals \$1,150 annually (in 2008 and 2009), for example, and the Medicare Part D Low-Income Subsidy (LIS), provides help with prescription drug plan premiums and prescription cost-sharing.

The Centers for Medicare and Medicaid Services (CMS) estimates that the average value of the Part D benefit, premium subsidy, and cost-sharing subsidy for low-income enrollees is \$3,900 for 2009.⁸ The consequences of not participating in available programs have been documented: Medicare beneficiaries eligible for but not participating in the MSPs are more likely than those enrolled to report that they did not receive needed health care because of the cost.⁹

This paper reviews published and unpublished literature on reasons for low participation rates in public benefit programs for older Americans with limited incomes and resources and on strategies that have and can be used to help ensure that low-income older adults are enrolled in all of the benefit programs for which they qualify. In addition, data from the BenefitsCheckUp database are presented. BenefitsCheckUp is a Web-based benefit screening tool, used by both individuals and organizations, to obtain information

about potential eligibility for public benefit programs. More than 165,000 consumers were screened for benefits in 2007, and more than 81,000 of that group received a comprehensive screening for a wide array of benefit programs. Data from a study that examined 25 projects engaged in activities to identify seniors and help them apply for benefits are also presented. Most of the projects were established to help with enrollment for the Medicare Discount Drug Card, the transitional benefit provided just before the establishment of the Medicare Part D Prescription Drug program, but the groups studied other benefits that were promoted as well, such as those provided through the MSPs.¹⁰

UNDERSTANDING BARRIERS TO PROGRAM PARTICIPATION

Research indicates that the two major barriers to enrollment in public benefit programs among seniors are lack of knowledge about the programs and the complexity of the application and enrollment processes. Other factors that may affect enrollment are reluctance on the part of older individuals to provide personal information or their calculation that the value of the benefit is not great enough to warrant their participation in a confusing or difficult application process.

Unfamiliarity with Programs

Studies of the MSPs conclude that not knowing that programs exist is the leading barrier to enrollment.¹¹ A national survey of Medicare beneficiaries, conducted in 2003, indicated that 79 percent of eligible beneficiaries who were not participating in the MSPs had never heard of the programs.¹² Research also shows that some Medicaid eligibility workers and counselors are not aware of available programs.¹³ State officials in Arizona and Maine report that despite policy changes to expand eligibility for the MSPs, enrollment did not increase substantially because Medicare beneficiaries were not familiar with the programs or the expansions.¹⁴

A national survey of seniors indicates that lack of awareness about LIS benefits is a significant factor in low participation rates, particularly among low-income seniors of color.¹⁵ A survey of Medicare beneficiary counselors across the country shows that the most common reasons beneficiaries do not apply for the LIS are that they do not have the information they need; they are not aware that a subsidy is available, they do not know how to apply for the subsidy, or they think they are ineligible for financial reasons.¹⁶

Misperceptions Regarding Who Qualifies for Benefits

Confusion related to eligibility rules can pose barriers to enrollment, as can lack of knowledge or understanding about program benefits.^{17,18} Some seniors conclude that the transaction costs associated with applying for benefits are too high relative to the

difficulty of applying.¹⁹ It may be difficult, for example, to arrange for transportation to apply in person, or to obtain the documents needed to verify financial information, such as the value of a life insurance policy. The reluctance of older individuals to ask for help or to share personal financial information also has been documented.²⁰

Complex or Unfamiliar Application and Enrollment Processes

Confusion related to complex or unfamiliar application and enrollment processes can occur among potential beneficiaries, particularly among applicants who have limited English proficiency. Confusion among eligibility workers has also been documented.²¹ Seniors in focus groups say they sometimes do not understand what is being asked, and they are fearful of making mistakes on MSP application forms.²² Some Medicare beneficiaries are also confused about the two-step process required for low-income beneficiaries to enroll in a Medicare Part D drug plan and apply for the LIS.²³ A study of enrollment in State Pharmacy Assistance Programs concluded that well-established older programs and those that have the fewest restrictions on enrollment tend to have the highest enrollment rates.²⁴

One source of complexity related to the application process is the resource or asset test. Beneficiaries may not understand what information they must provide, they may have difficulty obtaining the information needed to apply, or they may be wary of sharing detailed information about their finances.²⁵ The need to verify this information also complicates the process for program staff. Recent federal legislation exempts the value of life insurance policies from resource calculations for the LIS.²⁶ This exemption will simplify the application process somewhat, but it would be even simpler without a resource test.

Different Eligibility Rules and Enrollment Procedures Among Programs

Older Americans with limited incomes are faced not only with a multiplicity of programs that potentially will provide needed assistance, but also with multiple sets of complex eligibility rules and enrollment procedures that may differ from program to program and state to state. Decisions about who qualifies for programs are based not only on the prescribed eligibility criteria, but also on the methods used to make eligibility determinations. The manner in which income and resources are counted, for example, varies across programs and states.²⁷

Even programs that provide health-related benefits to similar groups of Medicare beneficiaries the MSPs and the Part D LIS—differ with regard to who qualifies and how they qualify.²⁸ An added complication is that benefit programs for low-income seniors are

administered by a variety of agencies within the federal government, states, and localities, each with its own priorities and practices. Thus, potential program applicants may be confused about where and how to apply for benefits, as well as whether they will likely qualify. State officials note that individuals who are told that they are not eligible for one program may fail to apply to other programs for which they are eligible because they assume they will not qualify.²⁹

Stigma

Stigma associated with applying for or participating in public benefit programs is sometimes cited as a barrier to program participation.³⁰ A review of studies on increasing participation in public insurance programs concludes, however, that stigma generally does not seem to be important when individuals decide whether to apply for benefits.³¹ Findings from focus groups with seniors indicate that among those not enrolled in Medicaid, stigma is not a major barrier. Once they learn more about the program, most want to enroll.³² Research on a range of factors affecting take-up concludes that benefit design and enrollment procedures are likely more important than attitudes about program participation in the choices people make about whether to apply.³³

OVERCOMING BARRIERS TO PROGRAM ENROLLMENT

Given that lack of knowledge about available programs is a significant barrier to enrollment, publicizing of programs is needed. The literature suggests, however, that publicity alone is not sufficient to lead to increases in enrollment. A review of education and outreach projects conducted by CMS to provide Medicare beneficiaries with information on the Medicare Discount Drug Card concluded that relative to other methods, the use of mass media or direct mail to disseminate information about programs may not be effective in reaching and enrolling low-income older individuals. Comprehensive assistance will likely produce better results.³⁴ A study conducted for the Medicare Payment Advisory Commission found that low literacy rates, limited English proficiency, and unfamiliarity with health care programs are factors that limit the utility of direct mail campaigns for low-income Medicare beneficiaries.³⁵

Four key factors that can be effective in overcoming enrollment barriers are discussed below: providing assistance from a trusted source, screening for multiple benefits at the same time, using data to identify potential program participants, and applying technology to facilitate enrollment. Ideally, these practices can be combined so that trusted sources can provide comprehensive assistance using advanced technology.

Providing Assistance from a Trusted Source

When assistance is available, the application and enrollment processes may not be so daunting for seniors. In focus groups, most seniors currently enrolled in Medicaid indicated that they had needed help with the enrollment process.³⁶ In a series of interviews regarding early experience with the Medicare Discount Drug Card and the accompanying transitional assistance program, state officials, pharmacists, and beneficiary counselors stressed the importance of one-on-one counseling for Medicare beneficiaries to promote enrollment.³⁷ To be most effective, however, sufficient staff must be available to provide one-on-one counseling. The General Accountability Office found, for example, that the one-on-one counseling provided to Medicare beneficiaries when the drug card became available was effective, but that only limited numbers of people could be counseled because the demand for help exceeded the capacity of local organizations to provide assistance.³⁸ State Health Insurance Assistant Programs (SHIP) counselors who help Medicare beneficiaries choose Part D prescription drug plans say that it is not unusual to have more than one session with a beneficiary before the individual is successfully enrolled.³⁹

A study of a Social Security Administration (SSA) pilot project to increase enrollment in MSPs also shows the value of providing assistance. The study compared six outreach models, all of which involved sending letters to seniors to tell them that they might qualify for benefits. The most intensive model, which had SSA employees complete beneficiaries' applications, compile the necessary documentation, and forward completed applications to the state Medicaid agency for review, proved to be the most effective.⁴⁰ Data from an evaluation of the BenefitsCheckUp screening tool indicate that individuals who received follow-up assistance after they were screened were more likely than those who did not receive assistance to apply for benefits.⁴¹

A national evaluation of the QMB and SLMB programs found that two-thirds of MSP enrollees needed help applying for assistance and concluded that personal assistance is key to successfully educating and enrolling beneficiaries in MSPs. Researchers suggested that it may be most effective to conduct enrollment efforts through those in the community who can identify potentially eligible beneficiaries and assist them with the enrollment process.⁴²

Community Organizations Provide Assistance

Community-based agencies can be particularly effective in providing assistance with program applications if they are known and trusted by older adults. The organizations are familiar with the obstacles older low-income adults face in applying for benefits: they are

knowledgeable about public benefit programs, and they have established relationships with community members. Seniors may overcome their reluctance to apply for benefits if they trust the individuals who are helping them. An examination of activities undertaken by grantees in five states to increase enrollment in the MSPs concludes that people respond to trusted information sources, and that the involvement of community leaders and organizations in efforts to increase program enrollment is particularly important.⁴³ Assistance can be provided on-site, or knowledgeable telephone counselors can be helpful in assisting individuals at a lower cost, but some individuals may still need help in person.⁴⁴

Screening for Multiple Programs

An approach that provides screening and assistance in applying for multiple programs can also address some of the common program enrollment barriers. Seniors who are unfamiliar with the range of available benefits have the opportunity when they apply for one program to learn about the availability of others. In interviews conducted during a 10-state study on the MSPs, eligibility workers and health insurance counselors reported that financial difficulties are what typically bring individuals to their offices. Thus, the counselors have the chance to identify the full array of available programs and services for each individual.⁴⁵

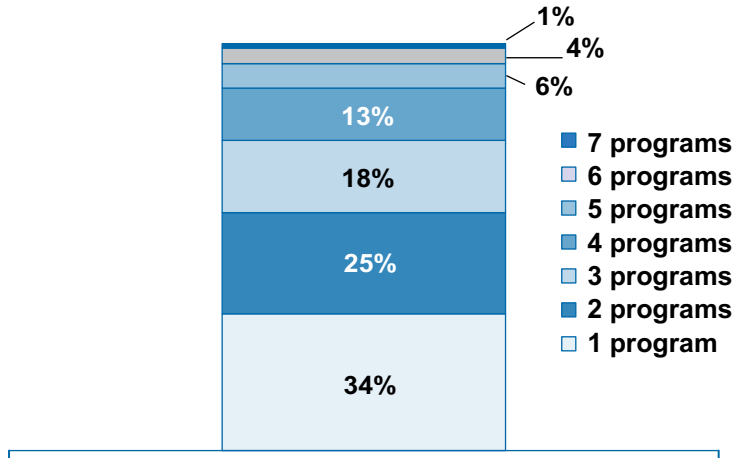
Seniors Are Commonly Eligible for More Than One Program

Data from BenefitsCheckUp indicate that low-income individuals who qualify for one program likely qualify for others. Almost 70 percent of the 81,354 people who received a comprehensive screening using the BenefitsCheckUp tool in 2007 screened eligible for one or more of seven programs that provide substantial benefits: the Medicare Part D LIS, MSPs, State Pharmacy Assistance Programs, SSI, Medicaid, Food Stamp Program, and the Low-Income Home Energy Assistance Program. Among those who screened potentially eligible for at least one program, about one-third were eligible for just one of the seven programs. One-quarter were eligible for two programs, and the remaining 42 percent were eligible for three or more programs (Figure 2).

Individuals who are eligible for programs with stricter eligibility requirements are more likely to be eligible for numerous programs. Substantial proportions of those who screened eligible for the Food Stamp Program using the BenefitsCheckUp tool, for example, appeared to be eligible for other major programs as well, but only small proportions were participating (Figure 3).

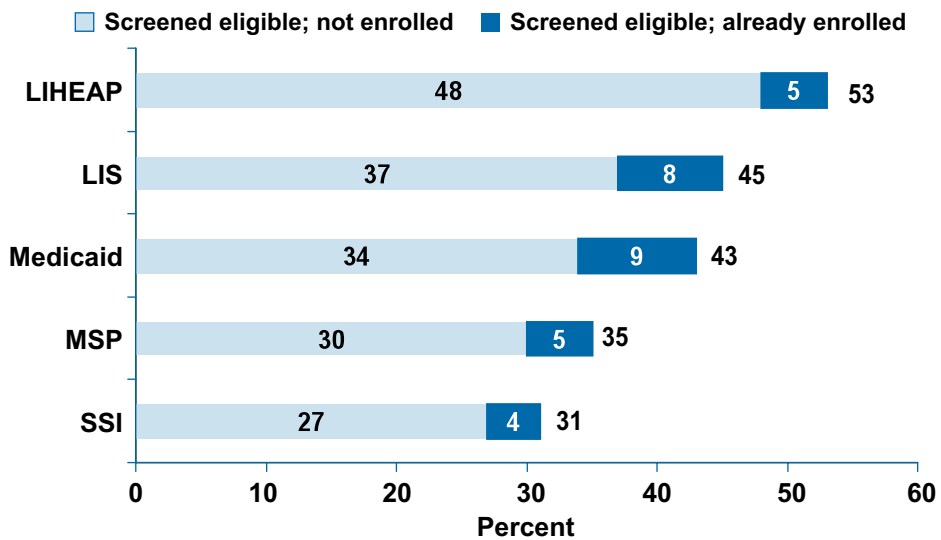
Two national panels have noted that the more closely aligned the program eligibility rules, the easier it is to help individuals enroll in multiple programs.⁴⁶ New

Figure 2. Proportion of Individuals Eligible for Multiple Benefits Programs



Note: The seven programs are the Low-Income Subsidy (LIS), Medicare Savings Programs (MSP), State Pharmacy Assistance Programs (SPAP), Supplemental Security Income (SSI), Medicaid, Food Stamps, and the Low-Income Home Energy Assistance Program, (LIHEAP). N=56,051
 Source: Analysis of BenefitsCheckUp data, 2008.

Figure 3. Proportion of Individuals Eligible for Food Stamps Who Are Also Eligible for Other Programs



N = 37,785 people screened eligible for Food Stamps in 2007.
 Source: Analysis of BenefitsCheckUp data, 2008.

Medicare legislation, effective January 1, 2010, will increase the MSP asset limits so they are the same as the limits for individuals qualifying for full LIS subsidies.⁴⁷

The Prospect of Multiple Benefits May Help Change Attitudes

Seniors' calculus about whether applying for benefits is worthwhile may change if they are found eligible for multiple programs that have higher benefit value collectively than the single benefit they may have initially heard or inquired about. A number of studies show the size of potential benefits is one factor that affects program participation.⁴⁸

Among those eligible for benefit programs, those participating generally qualify for a higher level of benefits than those not participating.⁴⁹

Government statistics indicate that in 2006, the Food Stamp Program served 67 percent of all eligible individuals, but just 34 percent of eligible elderly individuals.⁵⁰ One reason offered for relatively low participation by the elderly in the program has been that the benefits are too small. In focus groups, seniors indicated that they did not apply for food stamps because the benefits were too low and the application process too difficult.⁵¹ In 2000, some 44 percent of all households with elderly members eligible for food stamps qualified for a monthly benefit of only \$10 or less.⁵² If individuals realize, however, that they potentially could qualify not only for a food stamp benefit, but also for a monthly Medicare Part B premium payment of \$96.40 and premium payments for Part D prescription drug coverage as well as other benefits, the prospect of applying for a number of benefits, including food stamps, may be more appealing, particularly if assistance with the application process is available. New food stamp legislation increases the \$10 minimum benefit to about \$14 in 2009 and requires that it be adjusted annually for inflation. The new law also changes the way that assets are counted when eligibility for food stamps is determined.⁵³ As a result, more seniors will qualify for benefits and counselors will have more opportunities to inform them about the range of programs for which they may qualify.

The National Council on Aging calculates that if every person screened in 2007 using the BenefitsCheckUp comprehensive screening tool were to receive all of the key benefits for which they were eligible, the value of the benefits over the course of a year would be about \$450 million.⁵⁴ When older individuals have information about the potential value of benefits, they may come to view benefit programs as a resource for savvy consumers rather than as a request for assistance, and thus overcome their reluctance to apply.

Experience with One Benefit Can Lead to Others

Evidence shows that interest in one benefit can create interest in others, drawing people in to apply. A study of SSI take-up rates for the elderly concludes that the potential for access to Medicaid health insurance coverage may have a positive influence on individuals' decisions to seek SSI benefits.⁵⁵ Also, a study of eligible individuals showed a positive association between participation in the QMB and SLMB programs and participation in the SSI program.⁵⁶ In 2004, South Carolina saw a spike in MSP enrollment concurrent with a broad outreach campaign that the state conducted for its pharmaceutical assistance program; both programs targeted similar groups of Medicare beneficiaries.⁵⁷

With recent efforts to publicize the availability of the Medicare Part D LIS, beneficiary counselors, providers, and beneficiaries also became more familiar with the MSPs, which have eligibility criteria similar to those for the LIS. A case study of MSP expansion in Maine indicates that the publicity surrounding the Part D program and the efforts to reach and enroll beneficiaries in the LIS led to increased interest in the MSPs. Beneficiary counselors noted that people do not know what the MSPs are called, but they know about the program benefits because they heard about them when they learned about Part D.⁵⁸

Promoting Efficient Use of Administrative Resources

Outreach and enrollment activities can be costly. An assessment of 21 community-based projects designed to help seniors apply for benefits indicates that the process of identifying and connecting with potential beneficiaries accounts for a substantial portion of the total cost for the projects—50 percent on average. The remaining costs are associated with providing application assistance. The proportion of costs related to identification of beneficiaries and connection with an organization that can assist them are even higher for efforts that involve national mailings to prospective participants—75 percent on average. (The median for the proportion of funds spent on identifying and connecting with beneficiaries is 49 percent for the 21 community-based projects and 78 percent for four projects that primarily involved national mailings to potential participants.)⁵⁹ These figures suggest that from an administrative perspective, helping individuals enroll in the whole range of programs, rather than just one for which they initially qualify, may be financially prudent. Thus, finding potential program participants can be a one-time expense rather than an expense incurred repeatedly for separate program-specific outreach efforts.

Tailored Approaches to Screening for Multiple Programs

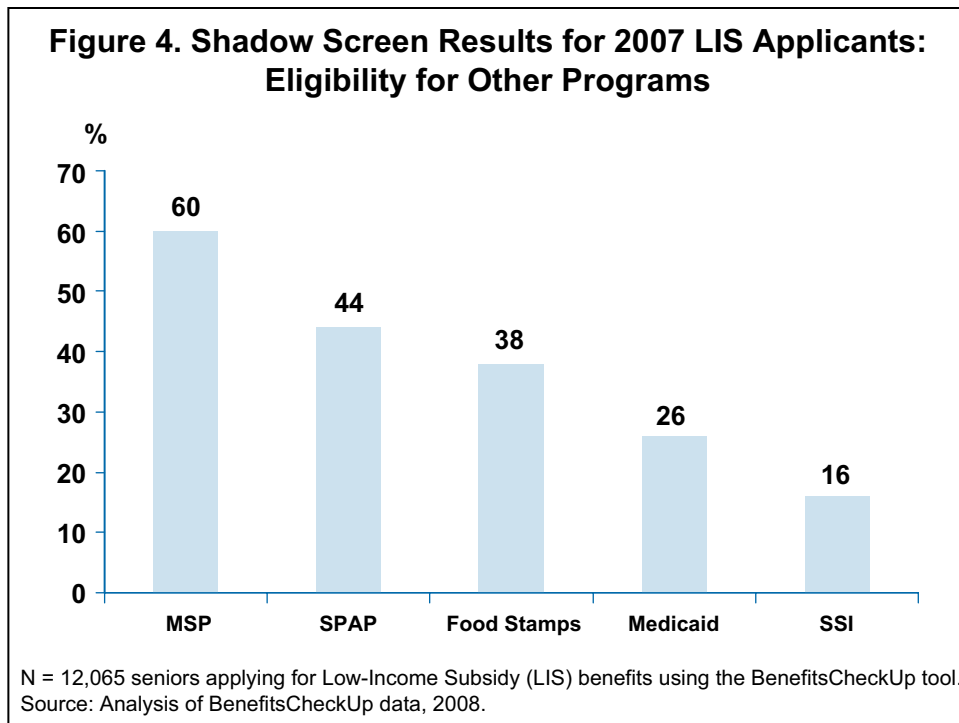
Screening for multiple programs can be very beneficial, but also important is not to discourage individuals by requesting too much information for screening purposes or to overwhelm them by providing too much information initially about an array of programs. Staff at community-based organizations using the COMPASS online screening and application system in Pennsylvania note that some individuals may be put off if applying for many programs requires that they provide more information and takes more time than would be required to apply for a particular program. Therefore, COMPASS gives people the option to choose specific programs for screening.⁶⁰ There is a risk, however, that individuals will not learn about important benefits. In an attempt to streamline the screening process, another screening tool, Oregon Helps, uses a sequence of questions about individuals' circumstances to identify which programs are relevant for each screening and accordingly asks only pertinent questions.⁶¹

BenefitsCheckUp has also tailored screening tools for particular populations. In March 2006, for example, a Disaster Recovery edition of BenefitsCheckUp was developed for local agencies involved in assisting older adult Hurricane Katrina survivors. The screening contains fewer questions than the more comprehensive screening tool because it checks for only key benefits that were identified by the local agencies as being most important to support survivors' long-term recovery.⁶²

An alternative is a "shadow screen" approach: when individuals apply for a single benefit they also receive information on other benefits for which they may qualify based on the limited information they already have supplied. In 2007, for example, some 12,065 individuals used a BenefitsCheckUp tool that has an option for individuals to apply only for the Part D LIS. Based on information that potential applicants provided for the LIS online application, they were subsequently informed of their potential eligibility for other programs. More than half of those who applied also appeared to be eligible for the MSPs, and substantial proportions also qualified for other programs (Figure 4).

Deeming Program Participants Eligible for Other Benefits

Perhaps the most efficient method of assuring that individuals receive all the benefits for which they qualify is to deem those participating in one program already eligible for other programs with similar or more expansive eligibility rules. For example, Medicare beneficiaries who qualify for full Medicaid benefits (dual eligibles), those enrolled in MSPs, and those receiving SSI could automatically qualify for the Part D LIS.



Participation in Some Programs May Affect Eligibility for Others

Any method that screens for multiple programs should take program interactions into account either as part of the screening or counseling process. For example, when Part B premiums are paid through the MSPs, Social Security income effectively increases since the premiums are no longer subtracted from the Social Security check. In most cases this extra income will not affect eligibility for other programs, but in some instances it may have an impact on eligibility for public benefits such as food stamps, Section 8 rental assistance, or Medicaid “spend-down,” which allows individuals to deduct medical expenses from income to qualify for coverage.⁶³ This issue was recognized in legislation that established the Medicare Discount Drug Card, and specifically stated that the value of the assistance could not be counted in determining eligibility for other programs.

Identifying Potential Program Participants in New Ways

Enrollment in public programs generally occurs when individuals learn about the availability of benefits and apply to receive them; applicants are expected to initiate the process. To increase program participation, one common outreach activity is to publicize benefit programs under the theory that if more people are aware of the availability of benefits, they will apply. An alternative approach would be to identify individuals most likely to be deemed eligible for benefit programs, contact them about their potential eligibility, and encourage them to apply either by sending an application (which can be

partially completed based on information on hand) or by providing them with information about how to apply.

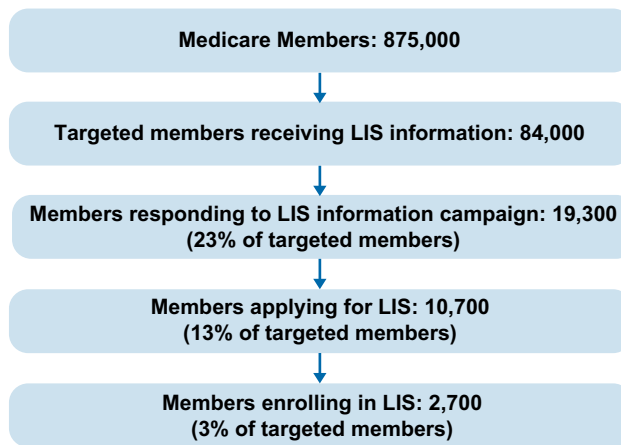
In-reach

“In-reach” refers to a technique that uses data from one benefit program to identify individuals who may qualify for other programs that serve a similar population. When information about participants’ financial circumstances is available, participant lists can be further refined to identify individuals most likely to be deemed eligible for other programs. In-reach can increase the likelihood of reaching and enrolling eligible beneficiaries and can increase the efficiency of the enrollment process.⁶⁴

In 2002, the Social Security Administration used an in-reach approach to identify Medicare beneficiaries whose incomes from Social Security and other federal sources indicated that they would likely meet the income eligibility criteria for the MSPs. This group of beneficiaries received letters from SSA alerting them to their potential eligibility. MSP enrollment growth for the year following SSA’s targeted mailing was nearly double that for each of the three prior years.⁶⁵ Recognition of the potential to identify individuals who may qualify for new programs is reflected in new Medicare legislation, which directs SSA to assist applicants for the LIS in applying for the MSPs and to share LIS application information with states.⁶⁶

In the private sector, the Kaiser Permanente health plan developed the capacity to identify members potentially eligible for the LIS on the basis of age, income, gender, marital status, and estimates of assets and home values. Among the 875,000 members who are Medicare beneficiaries, a group of approximately 80,000 beneficiaries potentially eligible for the LIS were identified in 2006. They and 4,000 others who received referrals from Kaiser Permanente pharmacies and membership services received information about the Part D LIS and about the call center that the health plan established to help members complete and submit LIS applications. Almost one-quarter of those contacted responded and 13 percent applied for the subsidy. Ultimately, 2,700 members received the LIS benefit (see Figure 5). Most members who received help with LIS applications were also screened, using data collected during the LIS application process, to determine whether they might qualify for other benefits. Of approximately 10,200 beneficiaries who were screened for the LIS, 22 percent were found to be eligible for but not receiving Medicaid, 17 percent for SSI, and 7 percent for the MSPs.^{67,68}

Figure 5. Results of Targeted “In-Reach” to Increase Low-Income Subsidy (LIS) Enrollment



Source: K. Meyers, M. Hanrahan, and J. Greenberg, *The Power of Partnerships: Lessons from Outreach for the Part D Low-Income Subsidy Program*, Kaiser Permanente Institute for Health Policy issue Brief No. 2, Sept. 2007.

Using Technology to Facilitate Enrollment

Technological advancements have provided opportunities and methods to reach individuals who may be eligible for benefits and to simplify the benefit enrollment process. While technology has great potential to increase the efficiency and effectiveness of the application process, it is important to note that the development of any system must include safeguards to ensure that it is secure and privacy is protected. In addition, for a substantial portion of the older population, some assistance will be required to make the best use of available technology.

Web-Based Screening

Web-based screening tools can be used to make preliminary determinations about whether individuals are likely to qualify for particular programs or benefits based on information about financial and other circumstances. Electronic screening tools have been developed by both government and independent organizations.⁶⁹ The screening may appeal to some seniors because their first exposure to information about benefits can occur in a comfortable setting—at home or at a community organization with which they are familiar—rather than at a government agency. When screening for multiple benefits, the programs can also play a role in publicizing the availability of benefits. A person who inquires about one benefit may learn about others as well.

Some question whether Web-based screening tools are effective for seniors given that Internet use among them is low relative to other age groups, but its use is increasing.

In a 2006 national survey, 34 percent of individuals age 65 or older reported that they go online, more than double the proportion (15 percent) in 2000. Moreover, about half (54 percent) of people age 60 to 69 go online. Internet use is closely associated with age; 72 percent of persons who are 51 to 59 years of age report that they go online, and the proportions are higher for younger Americans.⁷⁰ Seniors who do use the Internet are much more likely than users in other age groups to use it to get information about Medicare and Medicaid.⁷¹

Generally, low-income seniors are much less likely than their more affluent counterparts to use the Internet.⁷² Experience in states suggests, however, that low-income applicants have access to and are using the Internet, either on their own or with assistance.⁷³ Among BenefitsCheckUp users in 2007 who reported on their relationship to the senior for whom the screening was done, about half (49 percent) were family members or counselors.

Electronic Links Between Screening and Enrollment

Screening is a useful first step, but the ultimate goal is to ensure that eligible individuals enroll successfully in the programs for which they are eligible. Linking electronic screening tools to program applications saves a step for applicants, and if they are receiving help with the screening process they can also receive immediate help with the application process. In some instances, paper applications can be downloaded and printed to be completed and submitted by mail. In others, electronic applications can be completed and submitted online. All states provide online access to application forms for one or more health and social service programs. Most commonly, online applications are available to those who use food stamps, Medicaid for families and children, the State Children's Health Insurance Program, cash assistance, and child care. The use of online applications is becoming much more common. In 2007, some 34 of 43 Aging and Disability Resource Centers reported that they had created or were planning to create online screening or application options for Medicaid long-term care services.⁷⁴ Giving individuals the opportunity to apply online as an extension of the screening process can be an effective way to streamline the application process.

Generally, individuals as well as staff at community-based organizations can complete and submit online applications, though in some instances online applications can be completed only with a counselor who has received special training. Some states have also established toll-free numbers, recognizing that users may need assistance.⁷⁵

One important consideration for the use of electronic applications is that requirements for the submission of documents to verify income, resources, residency,

or citizenship can make the online application process more cumbersome unless the requirements are considered when the online system is developed. Programs have developed procedures to conduct verifications internally using information that is already available; some accept self-declaration for information provided on the application; and some have made provisions so that documents can be scanned and submitted.⁷⁶

Electronic Data-Sharing

When systems have the capacity to capture, save, and transmit data, government agencies and programs can exchange data in a secure manner. Master client lists can be developed so that different programs have access to information that a client has submitted once.⁷⁷ This data-sharing has a number of practical applications: data already in the system can be used to verify information submitted by applicants, and when required documents—such as proof of age or citizenship—are submitted with applications for one program, they can be scanned, stored, and made available for other programs. And, as noted above, the data can be used to identify individuals participating in one program who may be eligible for other programs as well. Some states may decide not to develop master client lists, but electronic matches and data sharing between specific programs can accomplish similar purposes.

Tracking Enrollment to Facilitate Renewal

Efforts to increase participation in public benefit programs generally focus on helping people obtain benefits, but ensuring that eligible individuals retain their benefits is also important. Some of the enrollment barriers that have been identified are also relevant for the renewal process, also known as the redetermination process.⁷⁸ Beneficiaries may not be aware of renewal requirements, or the renewal process may seem too complicated; they may need reminders and assistance. Efforts to ensure that eligible seniors remain enrolled in programs can be advantageous not only because benefits to vulnerable individuals will continue uninterrupted, but also because resources for screening and enrollment activities are limited and therefore should not be used to screen the same individuals multiple times. Electronic systems that not only have the capacity to screen for eligibility, but also to track enrollment outcomes and renewal dates, can be an important tool to help enrollees renew their benefits in a timely manner. Electronic reminders can be generated and sent directly to enrollees, or organizations can use screening tools to generate renewal reminders and arrange to provide continued assistance in completing the renewal process.

A series of policy changes in Louisiana have simplified the renewal process for the MSPs. The first step at renewal is to have eligibility workers search databases for other programs, such as food stamps, to verify that individuals still meet income and asset requirements for MSP. If no further information is needed from a beneficiary, the worker updates the computer system, changes the date of eligibility, and sends a notice to the beneficiary that enrollment has been extended for another year. If an internal review is not possible or if the review indicates that a beneficiary may no longer be eligible, information is solicited by telephone or by mail if necessary. Early in 2003, when the policy was instituted, more than 7 percent of MSP cases were closed at renewal, but the proportion declined to about 4.5 percent two years later. At the same time, the proportion of cases closed for procedural reasons was less than half as high as it had been.⁷⁹

POLICY IMPLICATIONS AND RECOMMENDATIONS

A review of the literature and data related to outreach and enrollment suggests that certain policies and practices can help increase participation in benefit programs for low-income seniors.

Simplify and Align Eligibility Rules and Enrollment Procedures

The elimination of resource tests would simplify the application process primarily by easing the documentation requirements for applicants and reducing the need for program staff to verify information. Some states already recognize these benefits. Almost all have eliminated Medicaid resource tests for children and parents.⁸⁰ Eight states have eliminated the resource test for some or all of the MSPs, and others have disregarded certain sources of income or resources in making eligibility determinations. Generally, these states have experienced small increases in beneficiary participation and report administrative savings.⁸¹ This likely reflects the fact that income and assets are closely related for a substantial number of older low-income individuals.⁸²

Much of the confusion associated with applying for multiple benefits could be eliminated by aligning eligibility policies and procedures. A more streamlined approach could also promote efficiency and reduce administrative costs. Recent developments demonstrate an interest on the part of policymakers in promoting simpler, more standard program rules. In the legislation establishing the Medicare Part D program, lawmakers specified that individuals already receiving Medicaid, MSP, or SSI benefits would be deemed eligible for the LIS, even though the eligibility rules for those programs differ from those of the LIS. The Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) raises the MSP resource limit to the LIS standard resource limit, effective January 1, 2010.⁸³

National advisory groups, including the Medicare Payment Advisory Commission, have called for better alignment of the rules and procedures associated with assistance programs for older adults with low incomes.⁸⁴ President Obama’s budget narrative includes an observation that many state-administered programs, such as Medicaid and the Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) operate independently of each other yet serve similar low-income populations. He calls for improvements to integrate systems, improve eligibility determinations, and reduce errors. It also notes that current asset rules across a variety of programs are antiquated, inconsistent, and present obstacles for low-income individuals who aspire to achieve self-sufficiency.”⁸⁵

Evidence shows that program enrollment increases when eligibility rules are aligned. Medicaid enrollment increased in Arizona and Mississippi after financial eligibility limits for aged and disabled beneficiaries were raised to correspond to the limits for the QMB program.⁸⁶ Administrative cost savings were also reported.⁸⁷ In Maine and Vermont, changes to align eligibility rules for the MSPs with State Pharmacy Assistance Programs boosted enrollment substantially.⁸⁸ Developing and implementing more standard program rules and procedures is not without challenges. Efforts may be affected by whether federal, state, or local agencies have direct control over various aspects of the eligibility and enrollment processes for different programs.⁸⁹ Changes in eligibility criteria will likely have budgetary implications. With a shift in emphasis from preserving current practices to promoting a more consistent approach, however, great potential exists for a more effective, efficient enrollment system to help ensure that those in need have more ready access to the available benefits for which they qualify.

A Person-Centered Approach

The findings presented above show that in the absence of a better-integrated system, a “person-centered” approach to enrollment, which features one-on-one assistance, ideally from a trusted source, has the potential to take all of seniors’ needs into account. By making individuals aware of the multiple benefits for which they may qualify—in addition to the one benefit they originally inquired about—application for and enrollment in benefit programs may be increased. In addition, a person-centered approach provides opportunities to streamline the often complex enrollment process. If the necessary information about the applicant’s financial and other circumstances can be gathered at one time and place (with the individual’s consent), the time and expense associated with collecting the same information multiple times can be avoided, and staff will have easier access to information they need. To accomplish this change, certain rules and policies may have to be amended and information systems may need to be upgraded to facilitate data-sharing.

Shadow Screening

The ideal person-centered system would simply require that individuals provide certain information on which eligibility could be determined at the same time for a whole range of benefits. Achieving this, however, would likely require some legislative changes as well as a major overhaul of current program eligibility systems and procedures. Under current circumstances, which generally require that individuals apply for benefits programs separately, government agencies could use a “shadow screen” approach to inform people of their potential eligibility for other benefits. For example, as the BenefitsCheckUp data show, substantial proportions of the individuals applying for the LIS online appear to be eligible for the MSPs or for full Medicaid coverage. Thus, the potential exists for the SSA to conduct preliminary eligibility screenings for other programs at the same time they conduct eligibility determinations for the LIS. The SSA could inform applicants not only about their eligibility for the LIS, but also about their potential eligibility for other programs.

Ensuring Eligibility for Multiple Programs

As noted above, any method to conduct screening and enrollment for multiple programs should take program interactions into account. Legislation that established the Medicare Discount Drug Card specifically stated that the value of the assistance could not be counted in determining eligibility for other programs. Similar legislative provisions for other benefit programs would be helpful in terms of both encouraging enrollment and ensuring that needy individuals receive available benefits. In the absence of legislation, screening initiatives should consider the total effect that benefits may have on an individual’s financial status.

Support for Ongoing Outreach and Enrollment Activities

Experience to date suggests that financial support from the federal government is needed to ensure that low-income seniors enroll in benefit programs. As noted above, publicizing programs is important, but more effort is needed to promote and support enrollment efforts. Recognizing Medicare beneficiaries’ need for assistance as the program has become even more complex, Congress has increased funding over the past several years for the State Health Insurance Assistance Programs (SHIPs), which provide personalized counseling and assistance to Medicare beneficiaries and their caregivers. SHIPs received \$54.3 million in fiscal year 2008, but funding for 2009 is uncertain. The [MIPPA](#) legislation provides additional grants of \$7.5 million to both SHIPs and Area Agencies on Aging, and a grant of \$5 million to Aging and Disability Resource Centers; a portion of the funds must be used to reach out to potentially eligible LIS and MSP beneficiaries.

Congress also authorized a new entity, the National Center for Benefits Outreach and Enrollment, and approved nearly \$2 million dollars in funding in 2008 for a one-year effort to establish the Center. The National Council on Aging, which administers the Center, will work with the aging network, Tribal Organizations, and other service providers, caregivers, and volunteers to promote the enrollment of seniors in the full array of benefits for which they are eligible. The use of person-centered assistance and Web-based decision support tools are specified as practices for the Center to promote. This type of financial support is critical to efforts to promote enrollment and will likely be needed for some time to come in order to achieve higher rates of participation in benefit programs for seniors.

Invest in Technology

The use of technology to promote enrollment may require an initial investment to establish electronic screening, application, or data sharing systems. There is evidence from states, however, of significant reductions in administrative costs related to processing applications once systems are established.⁹⁰ With electronic applications, the time spent by applicants and eligibility workers is reduced, as is the total time between application submission and final eligibility determination. There are also indications that fewer application errors occur.⁹¹ As the use of technology becomes more common and new products are available, the costs associated with developing and using online enrollment systems have decreased.⁹² After initial investments, the cost per beneficiary can be low relative to more traditional outreach and enrollment methods.⁹³

Investments may also be needed to ensure that community-based organizations can provide the assistance that seniors need and help them file applications electronically. In an examination of online application activities in four states, community-based organizations cited lack of equipment or lack of experience with computers as reasons for not using online screening and application tools. Among users, however, there was satisfaction related to the ability to immediately file and track applications and they noted that electronic applications are processed more quickly than paper applications.⁹⁴

Measure Enrollment Outcomes

More definitive information about the effectiveness and efficiency of efforts to increase enrollment for seniors in benefit programs would help policymakers and practitioners

determine how to use limited resources most effectively. Data on the number of people screened for benefit programs are a good starting point, but it is also important to determine how many of those screened appear to be eligible, apply for benefits, and enroll in programs. The rate of renewal is another important measure to consider. A common denominator such as the number screened initially should be used to make meaningful comparisons of eligibility, application, enrollment, and renewal rates. The most useful outcome measures are the proportions of individuals who enroll or retain coverage. Comparisons of different outreach and enrollment methods, for example those that provide assistance or use technology to differing extents, can also provide useful information about which practices are most effective. Finally, more rigorous assessments of the cost of the methods, both initial and ongoing, are needed to make more definitive determinations about cost-effectiveness.

CONCLUSION

Low-income older Americans are a vulnerable group that can gain considerably from participation in public and private benefit programs. Yet sizable proportions of potentially eligible individuals do not participate. The primary reasons are that seniors are not familiar with the programs or that they are discouraged by the complexity of the enrollment process. Eliminating resource tests would ease the process considerably. Another effective approach to promote enrollment is to better align program eligibility rules and practices, but this may take some time to achieve. In the interim, person-centered enrollment, which involves one-on-one assistance to help seniors apply for multiple benefits, has the potential to increase program enrollment significantly, particularly as technological advancements increase the capacity of organizations to identify, reach, and enroll potential participants. Investment and ongoing support are needed to increase enrollment for low-income seniors in benefit programs. More systematic study regarding the effectiveness and efficiency of efforts to increase enrollment will help policymakers and practitioners determine how to use limited resources in the optimal manner.

NOTES

- ¹ National Center for Health Statistics, *Health, United States, 2007, with Chartbook on Trends in the Health of Americans* (Hyattsville, MD: National Center for Health Statistics, 2007), Table 60.
- ² Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy* (Washington, DC: MedPAC, March 2008).
- ³ Katherine Desmond, Thomas Rice, Juliette Cubanski, and Patricia Neuman, *The Burden of Out-of-Pocket Health Spending Among Older Versus Younger Adults: Analysis from the Consumer Expenditure Survey, 1998-2003* (Washington, D.C.: The Henry J. Kaiser Family Foundation, Sept. 2007).
- ⁴ Ann McLarty Jackson and Neal Walters, *The Impact of Higher Energy Prices on Winter Heating Costs: Many Consumers Over Age 65 to Be Hit Hard* (Washington, DC: AARP Public Policy Institute, Jan. 2008).
- ⁵ Sharon Hermanson, *FYI: The Subprime Market: Wealth Building or Wealth Stripping for Older Persons*. (Washington, DC: AARP Public Policy Institute, June 2007); Deborah Thorne, Elizabeth Warren, and Teresa A. Sullivan, *Generations of Struggle* (Washington, DC: AARP Public Policy Institute, June 2008), p.4, Table 1.
- ⁶ U.S. Government Accountability Office, *Means-Tested Programs: Information on Program Access Can Be an Important Management Tool*. (Washington, DC: GAO, March 2005).
- ⁷ Kari Wolkwitz, *Trends in Food Stamp Program Participation Rates: 2000–2006* (Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, June 2008); Suzanne Felt-Lisk, “Helping Eligible Medicare Beneficiaries Access Medicaid: Lessons from SCHIP,” *Monitoring Medicare+Choice Operational Insights*, no. 9 (2000); Dahlia K. Remler and Sherry A. Glied, “What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs,” *American Journal of Public Health*, Jan. 2003 93(1):67–74; U.S. Congress, Congressional Budget Office, *A Detailed Description of CBO’s Cost Estimate for the Medicare Prescription Drug Benefit* (Washington, DC: U.S. Congressional Budget Office, July 2004); Sharman Stephens, “Basic Overview of Medicare Part D Eligible Populations and Enrollment Assumptions for 2006 from CMS Regulatory Impact Analysis, January 2005” (unpublished). From Access to Benefits Coalition, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes* (Washington, DC: National Council on Aging, 2006); “Medicare Prescription Drug Benefit’s Projected Costs Continue to Drop,” press release, Centers for Medicare and Medicaid Services, Jan. 31, 2008.
- ⁸ Centers for Medicare and Medicaid Services, “Lower Medicare Part D Costs Than Expected in 2009,” press release, Aug., 14, 2008.
- ⁹ Alex D. Federman, Bruce C. Vladeck and Albert L. Shu, “Avoidance of Health Care Services Because Of Cost: Impact of the Medicare Savings Program,” *Health Affairs*, Jan./Feb. 2005 24(1):263–70.
- ¹⁰ Data were collected for a study sponsored by the Access to Benefits Coalition to examine methods used to identify and enroll seniors in benefit programs and to examine costs associated with the benefits. Detailed telephone interviews were conducted with 25 project leaders. Some of the study results are also reported in Access to Benefits Coalition, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes*, 2005.

- ¹¹ Susan G. Haber, Walter Adamache, Edith G. Walsh et al., *Evaluation of Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) Programs* (Baltimore: Centers for Medicare and Medicaid Services, Oct. 1, 2003); Laura Summer and Emily Ihara, *Simplifying Enrollment in Medicaid and Medicare Savings Programs for the Elderly and Individuals with Disabilities* (Washington, DC: AARP Public Policy Institute, Dec. 2005).
- ¹² Haber et al., *Evaluation of QMB and SLMB Programs*.
- ¹³ Ibid.
- ¹⁴ Kim Glaun, *Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Medicare Saving Programs Case Study Findings* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Dec. 2002); MedPAC, *Medicare Payment Policy*.
- ¹⁵ Patricia Neumann, Michelle K. Stollo, Stuart Guterman et al., “Medicare Prescription Drug Benefit Progress Report: Findings from a 2006 National Survey of Seniors,” *Health Affairs*, Aug., 21, 2007 25(5):w630–w642.
- ¹⁶ Laura Summer, Patricia Nemore, and Jeanne Finberg, *Medicare Part D: How Do Vulnerable Beneficiaries Fare?* (New York: The Commonwealth Fund, April 2008).
- ¹⁷ Todd E. Elder and Elizabeth T. Powers, *SSI for the Aged and the Problem of Take-Up*, Working Paper 2004-076, University of Michigan Retirement Research Center, Jan. 2004; Michael Perry, Susan Kannel, and Adrian Dulio, *Barriers to Medicaid Enrollment for Low-Income Seniors* (Washington, DC: Kaiser Family Commission on Medicaid and the Uninsured, Jan. 2002); GAO, *Means-Tested Programs. Information on Program Access*; Laura Summer, *Increasing Enrollment for the Medicare Savings Programs*, Center for Medicare Education Issue Brief 2(7) (2001); Kristen Kiefer, Marisa Scala-Foley, Jay Greenberg et al., *Why Inreach Makes Good Business Sense: The Case for Medicare Advantage and Part D Plans* (New Brunswick, NJ: Rutgers Center for State Health Policy, Sept. 2007).
- ¹⁸ JoAnn Lamphere and Margo L. Rosenbach, “Promises Unfulfilled: Implementation of Expanded Coverage for the Elderly Poor,” *Health Services Research*, April 2000 35(1) pt. 2:207–17; Margo L. Rosenbach and JoAnn Lamphere, *Bridging the Gaps Between Medicare and Medicaid: The Case of QMBs and SLMBs* (Washington, D.C.: American Association of Retired Persons Public Policy Institute, Jan. 1999); Todd E. Elder and Elizabeth T. Powers, *Public Health Insurance and SSI Participation Among the Aged*, Working Paper 2006-117, University of Michigan Retirement Research Center, May 2006.
- ¹⁹ Rosenbach and Lamphere, *Bridging the Gaps*; Elder and Powers, *SSI For the Aged and the Problem of Take-Up*; GAO, *Means-Tested Programs. Information on Program Access*.
- ²⁰ Perry et al., *Barriers to Medicaid Enrollment*; U.S. Government Accountability Office, *Medicare Part D Low-Income Subsidy. Additional Efforts Would Help Social Security Improve Outreach and Measure Program Effects*. (Washington, D.C.: GAO, May 2007).
- ²¹ Lamphere and Rosenbach, “Promises Unfulfilled”; Rosenbach and Lamphere, *Bridging the Gaps*; GAO, *Means-Tested Programs. Information on Program Access*; Stephen Crystal, Thomas Trail, Kimberly Fox et al., *Enrolling Eligible Persons in Pharmacy Assistance Programs: How States Do It* (New York: The Commonwealth Fund, Sept. 2003); Kim Glaun, Karen Davenport, and Andrea Cohen, *The Medicare Low Income Drug Subsidy: Strategies to Maximize Participation* (New York: Medicare Rights Center, Jan. 2005).
- ²² Perry et al., *Barriers to Medicaid Enrollment*.

- ²³ Debra J. Lipson, Allison Barrett, Angela Merrill, and Noelle Denny-Brown, *Doors to Extra Help: Boosting Enrollment in the Medicare Part D Low-Income Subsidy*. (AARP Public Policy Institute, Sept. 2007).
- ²⁴ Crystal et al., *Enrolling Eligible Persons in Pharmacy Assistance Programs*.
- ²⁵ Perry et al., *Barriers to Medicaid Enrollment*.
- ²⁶ PL 110-275, The Medicare Improvements for Patients and Providers Act of 2008, enacted July 15, 2008.
- ²⁷ Dorothy Rosenbaum, *New Food Stamp Outreach Opportunity: Medicare Discount Drug Card Offers an Opportunity to Expand Food Stamp Enrollment Among the Elderly and People with Disabilities* (Washington, D.C.: Center on Budget and Policy Priorities, Jan. 29, 2004).
- ²⁸ Jack Ebler, Paul N. Van de Water, and Cyanne Demchak (eds.), *Improving the Medicare Savings Programs* (Washington, D.C.: National Academy of Social Insurance, June 2006); Patricia Nemore, Jacqueline Bender, and Wey-Wey-Kwok, *Toward Making Medicare Work for Low-Income Beneficiaries: A Baseline Comparison of the Part D Low-Income Subsidy and Medicare Savings Programs Eligibility and Enrollment Rules*, Kaiser Family Foundation, May 2006; Medicare Rights Center, *The Medicare Low Income Drug Subsidy: Strategies to Maximize Participation*, Jan. 2005.
- ²⁹ U.S. Government Accountability Office. *Means-Tested Programs. Information on Program Access Can Be an Important Management Tool* (Washington, D.C.: GAO, March 2005).
- ³⁰ Rosenbach and Lamphere, *Bridging the Gaps; Elder and Powers, SSI For the Aged and the Problem of Take-Up*.
- ³¹ Remler and Glied, "What Other Programs Can Teach Us."
- ³² Perry et al., *Barriers to Medicaid Enrollment*.
- ³³ Janet Currie, *The Take Up of Social Benefits*, Working Paper 10488 (Washington D.C.: National Bureau of Economic Research, March 2004).
- ³⁴ U.S. Government Accountability Office, *Medicare: CMS's Beneficiary Education and Outreach Efforts for the Medicare Prescription Drug Discount Card and Transitional Assistance Program* (Washington, DC: GAO, Nov. 18, 2005).
- ³⁵ Medicare Payment Advisory Commission, *Report to the Congress: Issues in a Modernized Medicare Program* (Washington, D.C.: MedPAC, June 2005).
- ³⁶ Perry et al., *Barriers to Medicaid Enrollment*.
- ³⁷ MedPAC, *Issues in a Modernized Medicare Program*.
- ³⁸ GAO, *Medicare: CMS's Beneficiary Education and Outreach Efforts*.
- ³⁹ MedPAC, *Issues in a Modernized Medicare Program*.
- ⁴⁰ Lisa M.B. Alecxih, Mary Farrell, Sam Ankrah et al., *Results from the SSA Buy-In Demonstration* (Falls Church, VA: The Lewin Group, Oct. 4, 2001).
- ⁴¹ Evaluation of the BenefitsCheckUp Model Communities Project conducted by Holmes Research, 2005.
- ⁴² Haber et al., *Evaluation of QMB and SLMB Programs*.
- ⁴³ Laura Summer, *Accomplishments and Lessons from the State Solutions Initiative to Increase Enrollment in the Medicare Savings Programs* (New Brunswick, NJ: Rutgers Center for State Health Policy, May 2006).

- ⁴⁴ Access to Benefits Coalition, *Pathways to Success*.
- ⁴⁵ Rosenbach and Lamphere, *Bridging the Gaps*.
- ⁴⁶ Jack Ebler, Paul N. Van de Water, and Cyanne Demchak (eds.), *Improving the Medicare Savings Programs*. (Washington, DC: National Academy of Social Insurance, June 2006).
- ⁴⁷ P.L. 110-275, The Medicare Improvements for Patients and Providers Act of 2008, enacted July 15, 2008.
- ⁴⁸ Remler and Glied, “What Other Programs Can Teach Us”; Liliana E. Pezzin and Judith K. Kasper, “Medicaid Enrollment Among Elderly Medicare Beneficiaries: Individual Determinants, Effects of State Policy, and Impact on Service Use,” *Health Services Research*, Aug. 2002 37(4):827–47.
- ⁴⁹ GAO, *Means-Tested Programs. Information on Program Access*.
- ⁵⁰ Wolkwitz, “Trends in Food Stamp Program Participation Rates.”
- ⁵¹ Vivian Gabor, Susan Schreiber Williams, Hilary Bellamy et al., *Seniors’ Views of the Food Stamp Program and Ways to Improve Participation—Focus Group Findings in Washington State: Final Report*, E-FAN No. 02-0212, U.S. Department of Agriculture Economic Research Service, June 2002.
- ⁵² GAO, *Means-Tested Programs. Information on Program Access*.
- ⁵³ P.L. 110-246 was enacted on June 18, 2008.
- ⁵⁴ BenefitsCheckUp database, 2008. Programs included in the calculations are: Elderly Nutrition Program, Food Stamp Program, Low Income Home Energy Assistance Program, Low-Income Subsidy for Medicare Part D, Medicaid, Medicare Savings Programs, Patient Assistance Programs, Pharmaceutical Manufacturers Drug Discount Cards, State Pharmacy Assistance Programs, Supplemental Security Income, Medical Care from the Department of Veteran Affairs, and Weatherization Assistance Program.
- ⁵⁵ Elder and Powers, *SSI for the Aged and the Problem of Take-Up*; Elder and Powers, *Public Health Insurance and SSI Participation Among the Aged*.
- ⁵⁶ James Sears, *Comparing Beneficiaries of the Medicare Savings Programs with Eligible Nonparticipants*, Social Security Administration, 2008. Accessed July 22, 2008, at <https://www.ssa.gov/policy/docs/ssb/v64n3/v64n3p76.html>.
- ⁵⁷ Glaun et al., *The Medicare Low Income Drug Subsidy*.
- ⁵⁸ MedPAC, *Medicare Payment Policy*.
- ⁵⁹ Data from the Access to Benefits Coalition study of 25 projects engaged in activities to identify seniors and help them apply for benefits, 2005.
- ⁶⁰ McKean et al., *Applying Online: Technological Innovation for Income Support Programs*.
- ⁶¹ Liz Schott and Sharon Parrott, *Using the Internet to Facilitate Enrollment in Benefit Programs: Eligibility Screeners and Online Applications* (Washington, DC: Center on Budget and Policy Priorities, June 20, 2005).
- ⁶² Benefits include: Medicare Part D LIS, Medicaid, Food Stamps, SSI, the Earned Income Tax Credit, LIHEAP, Weatherization Assistance Program, the Medicare Savings Programs, Veteran Health Care benefits, HUD public housing, Section 8 housing assistance, State Pharmacy Assistance Programs, and Manufacturer Sponsored Patient Assistance Programs.

- ⁶³ Glaun et al., *The Medicare Low Income Drug Subsidy*.
- ⁶⁴ Summer, *Accomplishments and Lessons from the State Solutions Initiative*.
- ⁶⁵ U.S. General Accounting Office, *Medicare Savings Programs. Results of Social Security Administration's 2002 Outreach to Low-Income Beneficiaries* (Washington, DC: GAO, March 2004).
- ⁶⁶ P.L. 110-275, The Medicare Improvements for Patients and Providers Act of 2008, was enacted July 15, 2008.
- ⁶⁷ The difference between the 10,200 batch "shadow screenings" mentioned here and the 10,700 total LIS applications displayed in Figure 5 is that a small portion of the applications were submitted after the shadow screening process was completed.
- ⁶⁸ Maureen Hanrahan and Jay Greenberg, "Kaiser Permanente Medicare Prescription Drug Coverage Limited Income Subsidy (LIS) Member Outreach & Benefits Screening Program," presentation at Finding Easier Ways Conference, March 21, 2007; Kiefer et al., *Why Inreach Makes Good Business Sense*.
- ⁶⁹ Bernadette Wright, *Online Medicaid Screening and Applications*, ADRC-TAE Issue Brief, June 5, 2007; Schott and Parrott, *Using the Internet to Facilitate Enrollment*.
- ⁷⁰ Susannah Fox, *Older Americans and the Internet* (Washington, DC: Pew Internet & American Life Project, March 2004); Susannah Fox, "Are 'Wired Seniors' Sitting Ducks?" (memo), Pew Internet & American Life Project, April 2006.
- ⁷¹ Fox, *Older Americans and the Internet*.
- ⁷² Victoria Rideout, Tricia Neuman, Michelle Kitchman et al., *E-Health and the Elderly: How Seniors Use the Internet for Health Information* (Washington, DC: Henry J. Kaiser Family Foundation, Jan. 2005).
- ⁷³ Kirsten Wyses, *Public Access to Online Enrollment for Medicaid and SCHIP*, prepared for the California HealthCare Foundation by the National Academy for State Health Policy, May 2003; McKean et al., *Applying Online: Technological Innovation for Income Support Programs*.
- ⁷⁴ Wright, *Online Medicaid Screening and Applications*.
- ⁷⁵ Kirsten Wyses, *Public Access to Online Enrollment*; Beth Morrow and Dawn Horner, *Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, May 2007); McKean et al., *Applying Online: Technological Innovation for Income Support Programs*; Joanne Jee and Lisa Chimento, *Online Screening and Applications* (Washington DC: Department of Health and Human Services, Aging and Disability Resource Center Technical Assistance Exchange, April 26, 2004).
- ⁷⁶ Morrow and Horner, *Harnessing Technology to Improve Medicaid and SCHIP Enrollment*; Jee and Chimento, *Online Screening and Applications*.
- ⁷⁷ Morrow and Horner, *Harnessing Technology to Improve Medicaid and SCHIP Enrollment*.
- ⁷⁸ Lipson et al., *Doors to Extra Help*; Perry et al., *Barriers to Medicaid Enrollment*.
- ⁷⁹ Summer, *Accomplishments and Lessons from the State Solutions Initiative*.

- ⁸⁰ Donna Cohen Ross and Caryn Marks, *Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-sharing Practices in Medicaid and SCHIP in 2009* (Washington, DC: Kaiser Family Foundation, Jan. 2009).
- ⁸¹ Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy* (Washington, DC: MedPAC, March 2008).
- ⁸² Thomas Rice and Katherine Desmond, “Who Will Be Denied Medicare Prescription Drug Subsidies Because of the Asset Test?” *The American Journal of Managed Care*, Jan. 2006 12(1):46–54; Laura Summer and Lee Thompson, *How Asset Tests Block Low-Income Medicare beneficiaries from Needed Benefits* (New York: The Commonwealth Fund, May 2004).
- ⁸³ P.L. 110-275.
- ⁸⁴ Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy* (Washington, DC: MedPAC, March 2008); National Academy of Social Insurance, *Improving the Medicare Savings Programs* (Washington, DC: NASI, June 2006); N. Joyce Payne, testimony before the U.S. Senate Special Committee on Aging on Medicare Programs for Low-Income Beneficiaries, May 22, 2008.
- ⁸⁵ Office of Management and Budget, *A New Era of Responsibility, Renewing America’s Promise* (Washington, DC: OMB, Feb. 2009).
- ⁸⁶ Rosenbach and Lamphere, *Bridging the Gaps*; Amy Tiedemann and Kimberly Fox, *Promising Strategies for Medicare Savings Program Enrollment: Modifying Eligibility Criteria and Documentation Requirements* (New Brunswick, NJ: Rutgers Center for State Health Policy, 2006).
- ⁸⁷ Tiedemann and Fox, *Promising Strategies for Medicare Savings Program Enrollment*.
- ⁸⁸ Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy* (Washington, DC: MedPAC, March 2008), Laura Summer, Ellen O’Brien, Patricia Nemore et al., *Medicare Part D: State and Local Efforts to Assist Vulnerable Beneficiaries* (New York: The Commonwealth Fund, April 2008); Kimberly Fox and Carolyn Gray, *Expanding Medicare Savings Program Eligibility: A Cost-Saving Strategy for States with State Pharmacy Assistance Programs?* (New Brunswick, NJ: Rutgers Center for State Health Policy, Oct 2007).
- ⁸⁹ U.S. Government Accountability Office. *Means-Tested Programs. Information on Program Access Can Be an Important Management Tool* (Washington, DC: GAO, March 2005).
- ⁹⁰ Morrow and Horner, *Harnessing Technology to Improve Medicaid and SCHIP Enrollment*; Jee and Chimento, *Online Screening and Applications*.
- ⁹¹ Bob Atlas, Lisa Chimento, and Pooja Shukla, *Business Case Analysis of Health eApp*, prepared for the California Health Care Foundation by the Lewin Group, June 2001; Jee and Chimento, *Online Screening and Applications*.
- ⁹² Greg Martin, *Online Enrollment in Medicaid and SCHIP*, Briefing Paper, National Conference of State Legislatures, Feb. 2005.
- ⁹³ Access to Benefits Coalition, *Pathways to Success*.
- ⁹⁴ McKean et al., *Applying Online: Technological Innovation for Income Support Programs* (Chicago: Center for Impact Research, Jan. 2004).

BIBLIOGRAPHY

- Access to Benefits Coalition. *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes*. Washington, DC: National Council on Aging, 2005.
- Alexih, Lisa M. B., Mary Farrell, Sam Ankrah, and BrieAnne Olearczyk. *Results from the SSA Buy-In Demonstration*. Prepared for the Social Security Administration by the Lewin Group, Oct. 2001.
- Atlas, Bob, Lisa Chimento, and Pooja Shukla. *Business Case Analysis of Health eApp*. Prepared for the California Health Care Foundation, by the Lewin Group, June 2001.
- Centers for Medicaid and Medicare Services. "Medicare Prescription Drug Benefit's Projected Costs Continue to Drop." Press release, Jan. 31, 2008.
- Cohen Ross, Donna, and Caryn Marks. *Challenges of Providing Health Coverage for Children and Parents in a Recession: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2009*, Henry J. Kaiser Family Foundation, Jan. 2009.
- Crystal, Stephen, Thomas Trail, Kimberly Fox, and Joel Cantor. *Enrolling Eligible Persons in Pharmacy Assistance Programs: How States Do It* (New York: The Commonwealth Fund, Sept. 2003).
- Currie, Janet. *The Take Up of Social Benefits*. Working Paper 10488, National Bureau of Economic Research, March 2004.
- Desmond, Katherine, Thomas Rice, Juliette Cubanski, and Patricia Neuman. *The Burden of Out-of-Pocket Health Spending Among Older Versus Younger Adults: Analysis from the Consumer Expenditure Survey, 1998-2003* (Washington, DC: Henry J. Kaiser Family Foundation, Sept. 2007).
- Ebler, Jack, Paul N. Van de Water, and Cyanne Demchak (eds.), *Improving the Medicare Savings Programs*. Washington, DC: National Academy of Social Insurance, June 2006.
- Elder, Todd E., and Elizabeth T. Powers. *Public Health Insurance and SSI Participation Among the Aged*. Working Paper 2006-117, University of Michigan Retirement Research Center, May 2006.
- Elder, Todd E. and Elizabeth T. Powers. "SSI For the Aged and the Problem of Take-Up." Working paper 2004-076, University of Michigan Retirement Research Center, Jan. 2004.
- Federman, Alex D., Bruce C. Vladeck, and Albert L. Shu. "Avoidance of Health Care Services Because of Cost: Impact of the Medicare Savings Program." *Health Affairs*, Jan./Feb. 2005 24(1):263-70.
- Felt-Lisk, Suzanne. "Helping Eligible Medicare Beneficiaries Access Medicaid: Lessons from SCHIP." *Monitoring Medicare+Choice Operational Insights* no. 9 (2000).

- Fox, Kimberly, and Carolyn Gray. *Expanding Medicare Savings Program Eligibility: A Cost-Saving Strategy for States with State Pharmacy Assistance Programs?*, Rutgers Center for State Health Policy, Oct. 2007.
- Fox, Susannah. "Are 'Wired Seniors' Sitting Ducks?" Memo, Pew Internet & American Life Project, April 2006.
- Fox, Susannah. *Older Americans and the Internet*. Washington, DC: Pew Internet & American Life Project, March 2004.
- Gabor, Vivian, Susan Schreiber Williams, Hilary Bellamy, and Brook Layne Hardison. *Seniors' Views of the Food Stamp Program and Ways to Improve Participation—Focus Group Findings in Washington State: Final Report*. (E-FAN No. 02-0212, U.S. Department of Agriculture Economic Research Service, June 2002.)
- Glaun, Kim. *Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Medicare Savings Program Case Study Findings*. (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Dec. 2002).
- Glaun, Kim, Karen Davenport, and Andrea Cohen. *The Medicare Low Income Drug Subsidy: Strategies to Maximize Participation* (New York: Medicare Rights Center, Jan. 2005).
- Haber, Susan G., Walter Adamache, Edith G. Walsh et al. *Evaluation of Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) Programs* (Baltimore, MD: Centers for Medicare & Medicaid Services, Oct. 1, 2003).
- Hanrahan, Maureen, and Jay Greenberg. "Kaiser Permanente Medicare Prescription Drug Coverage Limited Income Subsidy (LIS) Member Outreach & Benefits Screening Program." Presentation at Finding Easier Ways Conference, March 21, 2007.
- Heiss, Florian, Daniel McFaden, and Joachim Winter. "Who Failed to Enroll in Medicare Part D, And Why? Early Results." *Health Affairs* Web Exclusive, Aug. 1, 2006:w344–w354.
- Hermanson, Sharon. *FYI: The Subprime Market: Wealth Building or Wealth Stripping for Older Persons* (Washington, DC: AARP Public Policy Institute, June 2007).
- Jackson, Ann McLarty, and Neal Walters. *The Impact of Higher Energy Prices on Winter Heating Costs: Many Consumers Over Age 65 to Be Hit Hard* (Washington, DC: AARP Public Policy Institute, Jan. 2008).
- Jee, Joanne and Lisa Chimento. *Online Screening and Applications*. Department of Health and Human Services, Aging and Disability Resource Center Technical Assistance Exchange, April 26, 2004.
- Kaiser Permanente Institute for Health Policy. "The Power of Partnerships: Lessons from Outreach for the Part D Low-Income Subsidy Program." Sept. 2007.
- Kiefer, Kristen, Marisa Scala-Foley, Jay Greenberg et al. *Why Inreach Makes Good Business Sense: The Case for Medicare Advantage and Part D Plans* (New Brunswick, NJ: Rutgers Center for State Health Policy, Sept. 2007).

- Lamphere, JoAnn, and Margo L. Rosenbach. "Promises Unfulfilled: Implementation of Expanded Coverage for the Elderly Poor." *Health Services Research*, April 2000 35(1): 207–17.
- Levy, Helen, and David R. Weir. "Take-Up of Medicare Part D and the SSA Subsidy: Early Results from the Health and Retirement Study." Working Paper 2007-163, University of Michigan Retirement Research Center, University of Michigan, Oct. 2007.
- Lipson, Debra J., Allison Barrett, Angela Merrill, and Noelle Denny-Brown. "Doors to Extra Help: Boosting Enrollment in the Medicare Part D Low-Income Subsidy." AARP Public Policy Institute, Sept. 2007.
- Martin, Greg. "Online Enrollment in Medicaid and SCHIP," Briefing Paper, National Conference of State Legislatures, Feb. 2005.
- McKean, Lise, Michael A. O'Connor, and Amy Rynell. *Applying Online: Technological Innovation for Income Support Programs in Four States* (Chicago: Center for Impact Research, Jan. 2004).
- Medicare Payment Advisory Commission. *Report to the Congress: Medicare Payment Policy* (Washington, DC: MedPAC, March 2008).
- Medicare Payment Advisory Commission. *Report to the Congress: Increasing the Value of Medicare* (Washington, DC: MedPAC, June 2006).
- Medicare Payment Advisory Commission. *Report to the Congress: Issues in a Modernized Medicare Program* (Washington, DC: MedPAC, June 2005).
- Medicare Rights Center. *Maximizing MSP Enrollment with Part D: Lessons from Three States* (New Brunswick, NJ: Rutgers Center for State Health Policy, May 2006).
- Medicare Rights Center. *The Medicare Low Income Drug Subsidy: Strategies to Maximize Participation*, Medicare Rights Center, Jan. 2005.
- Morrow, Beth, and Dawn Horner. *Harnessing Technology to Improve Medicaid and SCHIP Enrollment and Retention Practices* (Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, May 2007).
- National Center for Health Statistics. *Health, United States, 2007, with Chartbook on Trends in the Health of Americans* (Hyattsville, Md.: National Center for Health Statistics, 2007).
- National Center for Health Statistics. *Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2006* Vital and Health Statistics, Series 10, Number 235 (Hyattsville, Md.: National Center for Health Statistics, Dec. 2007).
- Nemore, Patricia, Jacqueline Bender, and Wey-Wey-Kwok, *Toward Making Medicare Work for Low-Income Beneficiaries: A Baseline Comparison of the Part D Low-Income Subsidy and Medicare Savings Programs Eligibility and Enrollment Rules*, Henry J. Kaiser Family Foundation, May 2006.

- Neumann, Patricia, Michelle K. Stollo, Stuart Guterman et al. "Medicare Prescription Drug Benefit Progress Report: Findings From A 2006 National Survey of Seniors," *Health Affairs*, Aug. 21, 2007 25(5):w630–w642.
- Office of Management and Budget, *A New Era of Responsibility, Renewing America's Promise*, Feb. 2009.
- Payne, N. Joyce, and AARP Board of Directors. Testimony Before the Senate Special Committee on Aging on Medicare Programs for Low-Income Beneficiaries, May 22, 2008.
- Perry, Michael, Susan Kannel, and Adrian Dulio. *Barriers to Medicaid Enrollment for Low-Income Seniors* (Washington, DC: Kaiser Family Commission on Medicaid and the Uninsured, Jan. 2002).
- Pezzin, Liliana E., and Judith K. Kasper. "Medicaid Enrollment Among Elderly Medicare Beneficiaries: Individual Determinants, Effects of State Policy, and Impact on Service Use." *Health Services Research*, Aug. 2002 37(4):827–47.
- Remler, Dahlia K., and Sherry A. Glied. "What Other Programs Can Teach Us: Increasing Participation in Health Insurance Programs," *American Journal of Public Health*, Jan. 2003 93(1):67–74.
- Rice, Thomas, and Katherine Desmond. "Who Will Be Denied Medicare Prescription Drug Subsidies Because of the Asset Test?" *The American Journal of Managed Care*, Jan. 2006 12(1):46–54.
- Rideout, Victoria, Tricia Neuman, Michelle Kitchman and Mollyann Brodie. *E-Health and the Elderly: How Seniors Use the Internet for Health Information* (Washington, DC: Henry J. Kaiser Family Foundation, Jan. 2005).
- Rosenbach, Margo L. and JoAnn Lamphere. *Bridging the Gaps Between Medicare and Medicaid: The Case of QMBs and SLMBs* (Washington, DC: American Association of Retired Persons Public Policy Institute, Jan. 1999).
- Rosenbaum, Dorothy. *New Food Stamp Outreach Opportunity: Medicare Discount Drug Card Offers an Opportunity to Expand Food Stamp Enrollment Among the Elderly and People with Disabilities* (Washington, DC: Center on Budget and Policy Priorities, Jan. 29, 2004).
- Schott, Liz, and Sharon Parrott. *Using the Internet to Facilitate Enrollment in Benefit Programs: Eligibility Screeners and Online Applications* (Washington, DC: Center on Budget and Policy Priorities, June 20, 2005).
- Sears, James. "Comparing Beneficiaries of the Medicare Savings Programs with Eligible Nonparticipants." Social Security Administration; accessed July 22, 2008, at: <https://www.ssa.gov/policy/docs/ssb/v64n3/v64n3p76.html>.

- Stephens, Sharman. “Basic Overview of Medicare Part D Eligible Populations and Enrollment Assumptions for 2006 from CMS Regulatory Impact Analysis, January 2005” (unpublished). From Access to Benefits Coalition, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes* (Washington, DC: National Council on Aging, 2006).
- Summer, Laura. *Accomplishments and Lessons from the State Solutions Initiative To Increase Enrollment in the Medicare Savings Programs*. New Brunswick, NJ: Rutgers Center for State Health Policy, May 2006.
- Summer, Laura. “Increasing Enrollment for the Medicare Savings Programs, Center for Medicare Education Issue Brief 2(7), 2001.
- Summer, Laura, and Emily Ihara. *Simplifying Enrollment in Medicaid and Medicare Savings Programs for the Elderly and Individuals with Disabilities* (Washington, DC: AARP Public Policy Institute, Dec. 2005).
- Summer, Laura, Patricia Nemore, and Jeanne Finberg. *Medicare Part D: How Do Vulnerable Beneficiaries Fare?* (New York: The Commonwealth Fund, April 2008).
- Summer, Laura, Ellen O’Brien, Patricia Nemore, and Katharine Hsiao. *Medicare Part D: State and Local Efforts to Assist Vulnerable Beneficiaries* (New York: The Commonwealth Fund, April 2008).
- Summer, Laura, and Lee Thompson. *How Asset Tests Block Low-Income Medicare beneficiaries from Needed Benefits* (New York: The Commonwealth Fund, May 2004).
- Tiedemann, Amy, and Kimberly Fox. *Promising Strategies for Medicare Savings Program Enrollment: Modifying Eligibility Criteria and Documentation Requirements*, Rutgers Center for State Health Policy 2006.
- Thorne, Deborah, Elizabeth Warren and Teresa A. Sullivan. *Generations of Struggle* (Washington, DC: AARP Public Policy Institute, June 2008).
- U.S. Congress. Congressional Budget Office. *A Detailed Description of CBO’s Cost Estimate for the Medicare Prescription Drug Benefit* (Washington, DC: U.S. Congressional Budget Office, July 2004).
- U.S. General Accounting Office. *Medicare Savings Programs. Results of Social Security Administration’s 2002 Outreach to Low-Income Beneficiaries* (Washington, DC: U.S. General Accounting Office, March 2004).
- U.S. Government Accountability Office. *Means-Tested Programs. Information on Program Access Can Be an Important Management Tool* (Washington, DC: U.S. Government Accountability Office, March 2005).
- U.S. Government Accountability Office. *Medicare: CMS’s Beneficiary Education and Outreach Efforts for the Medicare Prescription Drug Discount Card and Transitional Assistance Program* (Washington, DC: U.S. Government Accountability Office, Nov. 18, 2005).

- U.S. Government Accountability Office. *Medicare Part D. Low-Income Subsidy. Additional Efforts Would Help Social Security Improve Outreach and Measure Program Effects* (Washington, DC: U.S. Government Accountability Office, May 2007).
- Wolfe, Mark. *Issue Brief. The Low Income Home Energy Assistance Program* (Washington, DC: National Energy Assistance Director's Association, Nov. 26, 2007).
- Wolkwitz, Kari. *Trends in Food Stamp Program Participation Rates: 2000–2006*. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service, June 2008.
- Wright, Bernadette. *Online Medicaid Screening and Applications*. ADRC-TAE Issue Brief, June 5, 2007.
- Wysen, Kirsten. *Public Access to Online Enrollment for Medicaid and SCHIP*. Prepared for the California HealthCare Foundation by the National Academy for State Health Policy, May 2003.

Table 1. Key Entitlement Benefit Programs for Low-Income Older Americans

Program	Year Established	Program Description
Food Stamp Program/Supplemental Nutrition Assistance Program	1964	Helps individuals with low incomes and limited resources purchase food.
Medicaid	1965	Health insurance program for low-income children and families as well as aged, blind, and disabled individuals.
Supplemental Security Income (SSI)	1972	Provides monthly payments to aged, disabled, or blind individuals with low incomes and few resources.
Qualified Medicare Beneficiary Program (QMB)	1988	One of the Medicare Savings Programs (MSP) available to individuals with incomes less than 100% of the federal poverty level (FPL) and limited resources; pays Medicare Part A and B premiums, deductibles, and copayments.
Specified Low-Income Medicare Beneficiary Program (SLMB)	1990	One of the MSPs available to individuals with incomes less than 120% of the FPL and limited resources; pays Medicare Part B premiums.
Medicare Discount Drug Card (also known as Transitional Assistance)	2004–2005	\$600 drug discount card credits available in 2004 and 2005 to Medicare beneficiaries with incomes less than 135% of the FPL and no prescription drug coverage.
Medicare Part D Low-Income Subsidy (LIS)	2006	Pays for Part D premiums and deductibles and reduces copayments for Medicare beneficiaries with incomes less than 150% of the FPL and limited resources.

Source: Georgetown University Health Policy Institute.

RELATED PUBLICATIONS

Publications listed below can be found on The Commonwealth Fund's Web site at www.commonwealthfund.org.

B. Biles, E. Adrion, and S. Guterman, *[Medicare Advantage's Private Fee-for-Service Plans: Paying for Coordinated Care Without the Coordination](#)* (New York: The Commonwealth Fund, Oct. 2008)

J. Hoadley, *[Medicare Part D: Simplifying the Program and Improving the Value of Information for Beneficiaries](#)* (New York: The Commonwealth Fund, May 2008)

L. Summer, E. O'Brien, P. Nemore et al., *[Medicare Part D: State and Local Efforts to Assist Vulnerable Beneficiaries](#)* (New York: The Commonwealth Fund, May 2008)

L. Summer, P. Nemore, and J. Finberg, *[Medicare Part D: How Do Vulnerable Beneficiaries Fare?](#)* (New York: The Commonwealth Fund, May 2008)

E. O'Brien and J. Hoadley, *[Medicare Advantage: Options for Standardizing Benefits and Information to Improve Consumer Choice](#)* (New York: The Commonwealth Fund, April 2008)

C. J. Milligan, Jr., and C. H. Woodcock, *[Coordinating Care for Dual Eligibles: Options for Linking State Medicaid Programs with Medicare Advantage Special Needs Plans](#)* (New York: The Commonwealth Fund, Feb. 2008)

C. J. Milligan, Jr., and C. H. Woodcock, *[Medicare Advantage Special Needs Plans for Dual Eligibles: A Primer](#)* (New York: The Commonwealth Fund, Feb. 2008)

L. Summer, P. Nemore, and J. Finberg, *[Improving the Medicare Part D Program for the Most Vulnerable Beneficiaries](#)* (New York: The Commonwealth Fund, May 2007)