



Title VI MIPPA Programs

June 21, 2017



MIPPA Grant

- Medicare Beneficiary Outreach and Assistance Program (MIPPA) will provide valuable support to eligible Native American elders for the Low Income Subsidy program, Medicare Savings Program, Medicare Part D, Medicare prevention benefits and screenings, and in assisting beneficiaries in applying for benefits.
- The grants are used to coordinate at least one community announcement and at least one community outreach event to inform and assist eligible American Indian, Alaska Native or Native Hawaiian elders about the benefits available to them through Medicare Part D, the Low Income Subsidy, the Medicare Savings Program or Medicare prevention benefits and screenings, and counsel those who are eligible.

MIPPA Grant Awards (9/30/16-9/29/17)

- 12 month grants from September 30, 2016-September 29, 2017
- MIPPA grantees specifically help low-income seniors and persons with disabilities to apply for two main programs that help pay for their [Medicare costs](#):
- The [Medicare Part D Extra Help/Low-Income Subsidy](#) (LIS/Extra Help), which helps pay for the Part D premium and reduces the cost of prescriptions at the pharmacy, and
- The [Medicare Savings Programs](#) (MSPs), which help pay for Medicare Part B.
- Partnerships and/or collaborations can expand program services for great outreach and impact!

Medicare Savings Programs-MSP

- Medicare Savings Programs help you to pay for some of your Medicare costs related to health care (but not prescriptions). These programs go by several different names:
 - **QMB**--The Qualified Medicare Beneficiary program, sometimes called QMB (KWIM-bee). QMB helps pay for your Parts A and B annual deductible, Part B premium, and other copayments you may have at the doctor/hospital.
 - **SLMB**--The Specified Low-Income Medicare Beneficiary program, or SLMB (SLIM-bee). SLMB pays for your monthly Part B premium.
 - **QI**--The Qualified Individual program, or QI. QI pays for your monthly Part B premium.
- The Qualified Disabled and Working Individual program, or QDWI. This program is for people with Medicare who are under age 65, disabled, and do not qualify for free Medicare Part A because they returned to work. QDWI pays for Medicare Part A premiums.
- Medicare Savings Programs are run through your state Medicaid office but help to pay for Medicare, such as your Part B premium and copayments. Even if you do not get other types of Medicaid, you may be able to get help from this program.

Medicare Saving Programs-MSP Eligibility and Coverage 2017-QMB

Type of MSP	Financial Eligibility	Effective Date of MSP Enrollment	Benefits Covered by the MSP
Qualified Medicare Beneficiary (QMB)	<p><u>Monthly Income:</u> \$1,025/\$1,374 Single/Married</p> <p><i>Alaska:</i> \$1,715/\$2,303</p> <p><i>Hawaii:</i> \$1,580/\$2,121</p> <p><u>Resources:</u> \$7,390/\$11,090</p>	The first of the month following the month eligibility is documented	<ul style="list-style-type: none"> -Part A hospital deductible (\$1,316/per benefit period) -Part A hospital copays: days 61-90 (\$329 daily), days 91-150 (\$658 daily) -Part A SNF copays: days 21-100 (\$164.50 daily) -Part B annual deductible (\$183) -Part B monthly premium (\$134) -Part B 20% coinsurance (amount varies)

Medicare Saving Programs-MSP Eligibility and Coverage 2017-SLMB

Type of MSP	Financial Eligibility	Effective Date of MSP Enrollment	Benefits Covered by the MSP
Specified Low-Income Medicare Beneficiary (SLMB)	<p><u>Monthly Income:</u> \$1,226/\$,1644 Single/Married</p> <p><i>Alaska:</i> \$1,526/\$2,049</p> <p><i>Hawaii:</i> \$1,406/\$1,887</p> <p><u>Resources:</u> \$7,390/\$11,090</p>	<p>3 months retroactive from the date of Application, if your client meets eligibility criteria during those months.</p>	<p>-Part B monthly premium (\$134)</p>

Medicare Saving Programs-MSP Eligibility and Coverage 2017-Q1

Type of MSP	Financial Eligibility	Effective Date of MSP Enrollment	Benefits Covered by the MSP
Qualifying Individual (QI)	<p><u>Monthly Income:</u> \$1,377/\$1,847 (Single/Married)</p> <p><i>Alaska:</i> \$1,715/\$2,303</p> <p><i>Hawaii:</i> \$1,580/\$2,121</p> <p><u>Resources:</u> \$7,390/\$11,090</p>	<p>3 months retroactive from the date of Application, if your client meets eligibility criteria during those months.</p>	<p>-Part B monthly Premium (\$134)</p>

Names of Note

State	Program	Name
Alaska	QI	SLMB Plus
Nebraska	QMB	Replaced with full Medicaid
Nebraska	SLMB and QI	QMB
Oregon	SLMB	SMB
Oregon	QI	SMF
Wisconsin	QI	SLMB Plus

MSP Informational Video

- Available to anyone on the NCOA Center for Benefits Access Website
- Less than 2 minutes
- <https://youtu.be/wnTyKecK594>

LIS/Extra Help

- Extra Help helps you pay for your Medicare Part D (prescription drug) costs. If you get Extra Help, you will have either no or a reduced premium for your drug plan, and will pay between \$1.20 and \$7.40 for your medicine at the pharmacy.
- Extra Help is sometimes called LIS, which stands for the Part D Low-Income Subsidy.
- To get Extra Help, you must meet the following guidelines for 2017:

Individual Income	Married Couple Income	Individual Resources	Married Couple Resources
\$18,090/year	\$24,360/year	\$13,820	\$27,600

Note: If you have Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (except QDWI), you do not have to apply for Extra Help. You will get it automatically.

Funding Requirements

- All expenditures must be properly documented and allowable under the cost principles of the grant.
- Minimum requirements:
 - One Community Announcement
 - One Community Outreach Event
- Announcement and Outreach must be to eligible Native Americans about:
 - Medicare Part D
 - LIS
 - MSP
- Do you know your local SHIP office?! 

Unallowable Costs

- Construction and/or major rehabilitation of buildings
- Basic research (ex: scientific or medical experiments_
- Continuation of existing projects without expansion or new and innovative approaches
- Bad debts
- Contributions and donations
- Fines and penalties
- Interest and other financial cost
- Legislative expenses and financial cost
- Under-recovery of costs under grant agreements

MIPPA Reports

- Narrative report and SF425s are due **within 90 days of occurrence.**
- Narrative report should contain a brief description of:
 - the event
 - date
 - location
 - number of participants (no list of names, please)
 - activities including speakers, flyers, and/or handouts
- All funds must be obligated no later than the end of the one year project period. Funds must be drawn down from the Payment Management System (PMS) within 90 days following the event.
- Instructions for completing the SF-425 are available at http://www.whitehouse.gov/sites/default/files/omb/grants/standard_forms/SF-425_instructions.pdf .

Things to Consider for your Report

- ❖ Any partnerships or collaborations that were helpful?
- ❖ Any challenges or actions taken to address challenges?
- ❖ What was produced as part of this grant? (articles, fact sheets, newsletters, videos)
- ❖ What impact did these activities have on the community?
- ❖ What are your lessons learned completing this project?

MIPPA Report Submission

1. Narrative and financial reports should be submitted via email to MIPPA.Grants@acl.hhs.gov. Include the words “*SF-425 and/or Progress Report: State, Name of Tribe, MIPPA Grant Number*” on the subject line;

or

2. Hardcopies can also be sent by overnight mail to:
Administration for Community Living
Office of Grants Management
330 C Street, SW, Room 1136B
Washington, DC 20201
Attention: Yi-Hsin Yan
Phone: 202-795-7474

Problems with MIPPA Reports

- Timeliness of submission
 - Due 90 days after your event
- Not including detail of event
- Not identifying partner organizations
- No attachments, flyers, or handouts included
- Including the attendance list
 - Please do NOT include any personal identifying information!

Resources!!

- <https://www.ncoa.org/centerforbenefits/>
- <https://www.ncoa.org/centerforbenefits/mippa/>
- <https://www.ncoa.org/centerforbenefits/beccs>
- <https://www.ncoa.org/economic-security/benefits/visualizations/native-visualization/>



Center for Benefits Access

The screenshot shows the NCOA website's Center for Benefits Access page. At the top left is the NCOA logo (National Council on Aging). To the right is a search bar with a magnifying glass icon and a green 'Search' button. Below the search bar is a navigation menu with icons and text for 'Economic Security', 'Healthy Aging', 'Public Policy & Action', 'News', 'Get Involved', and 'Resources'. The main content area features a large blue banner with the text 'Center for Benefits Access' in white serif font. Below this is a subtitle: 'Assisting professionals with benefits outreach & enrollment for low-income Medicare beneficiaries'. A green 'Go' button is positioned to the right of the text 'Learn about benefits'. To the right of the banner is a photograph of an elderly woman with short, curly white hair, wearing a purple top and large gold earrings, smiling warmly. At the bottom left of the page, there is a breadcrumb trail: 'Homepage > Center for Benefits Access'. At the bottom right, there is a row of social media icons for Facebook, Twitter, LinkedIn, Google+, Email, Print, and a plus sign for more options. Below the social media icons is a paragraph of text: 'We help organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and'.

ncoa
National Council on Aging

Search ... a A

[Economic Security](#) [Healthy Aging](#) [Public Policy & Action](#) [News](#) [Get Involved](#) [Resources](#)

Center for Benefits Access

Assisting professionals with benefits outreach & enrollment for low-income Medicare beneficiaries

[Learn about benefits](#)

Homepage > Center for Benefits Access

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We help organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and

State Specific MIPPA Flyer



Getting Help with Medicare Costs

Information for American Indians and Alaska Natives

Health care can be expensive. If you have Medicare and have trouble paying for your health care and prescriptions, you may be able to get help from several programs.

Two Programs That Can Save You Money

Extra Help

Extra Help helps you pay for your Medicare Part D (prescription drug) costs. If you get Extra Help, you will have either no or a reduced premium for your drug plan, and will pay between

Where to Get Help

Every state has its own State Health Insurance Assistance Program. In Nebraska, this program is called the Senior Health Insurance Information Program (SHIIP) and is run through the Nebraska Department of Insurance.

The SHIIP provides free information and assistance to people with Medicare and their families. You can ask your SHIIP if you qualify for Extra Help or the Medicare Savings Programs. Even if you cannot get help from these programs, your SHIIP may be able to help you select a prescription drug or health plan that can save you money.

Contact your SHIIP by calling 1-800-234-7119 or visit: <http://www.doi.ne.gov/shiip>.

Map Visualizations!

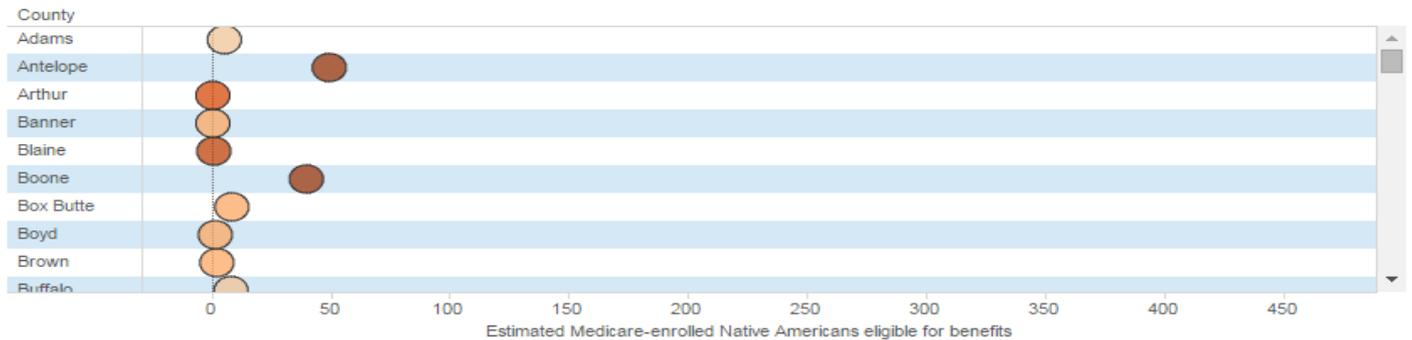
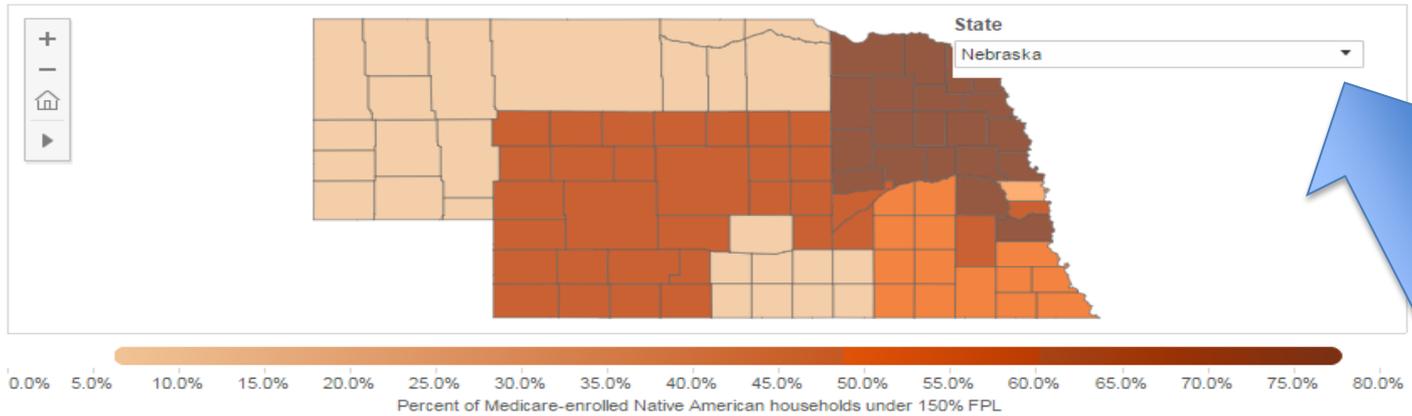
The screenshot shows a web browser window with the URL <https://www.ncoa.org/economic-security/benefits/visualizations/native-visualization/>. The page header includes navigation links: [About NCOA](#), [National Institute of Senior Centers](#), [Center for Benefits Access](#), [Center for Healthy Aging](#), and a [Donate](#) button. The NCOA logo (National Council on Aging) is on the left, and a search bar with a magnifying glass icon and a green 'Search' button is on the right. Below the logo is a navigation menu with 'Economic Security' highlighted in orange. Other menu items include 'Home Equity', 'Older Workers', and 'Money Management'. A large blue banner at the bottom of the page contains the title 'Native Americans & Medicare Visualization' in white serif font.

[Homepage](#) > [Economic Security](#) > [Benefits for Seniors](#) > [Visualization Tools](#) > [Native Americans & Medicare Visualization](#)



Using data from the American Community Survey 2012 5-Year Sample, this map presents information on Native American households with at least one household member enrolled in Medicare and with incomes below 150% of the Federal Poverty Level (FPL), which makes them potentially eligible for many core benefits. This map does not indicate whether households are already receiving benefits; instead, it is meant to indicate areas where there are high concentrations of poverty among Native populations.

Benefits Eligibility for Medicare-Enrolled Native American Households
Source: American Community Survey, 2012 5 Year Sample



Contact information



Lacey Vaughan

Aging Services Program Specialist
Regions V & VII – Chicago and Kansas City
Administration for Community Living

233 N. Michigan Ave, Suite 790

Chicago, IL 60601

Tel: 312-938-9856

Email: Lacey.Vaughan@acl.hhs.gov

