



## FACT SHEET



### HIICAP Overview

Provide general information about health insurance options, including:

- Medicare eligibility (Parts A and B), benefits, preventive services, claims filing and appeals
- Medicare Prescription Drug Benefit (Part D)
- Medicare Advantage options
- Low Income Subsidy
- Medicare Supplement Insurance, comparison information and claims filing
- Senior Medicare Patrol
- Patient's Rights
- Long Term Care insurance and planning
- Veteran Benefits
- Medicaid eligibility, benefits and spousal protections (including dual-eligibility)
- Other types of health insurance benefits (including employer, retiree, Medicare Savings Program benefits, "Extra Help", EPIC)

Revised January 2019

## Health Insurance Information Counseling and Assistance Program (HIICAP)

HIICAP is New York's source for current and impartial information about health care coverage for people age 60 and over or individuals with disabilities.

### Information and Assistance

The Health Insurance Information Counseling and Assistance Program (HIICAP), is part of a national network of State Health Insurance Assistance Programs (SHIP). Through HIICAP, Area Agencies on Aging (AAAs) provide information and assistance on health care coverage options via telephone and face-to-face sessions, public education presentations and programs, and media activities. HIICAP counselors and volunteers must have knowledge of and be able to provide unbiased information and assistance on health insurance programs.

### Who does HIICAP Serve?

- Current Medicare beneficiaries
- People about to become eligible for Medicare or planning for retirement
- People younger than 65 years old who are eligible for Medicare due to a disability
- People needing information on long-term care insurance
- People who are eligible for both Medicare and Medicaid

### When to contact a HIICAP counselor

Counselors are available year round to help:

- Individuals as they turn 65 or otherwise become eligible for Medicare
- During open enrollment periods
- Understand which options are best suited to the individual's needs
- Resolve problems during the year

### Historical Context

Medicare and Medicaid programs were signed into law on July 30, 1965, after several decades of debate over what universal medical coverage for the poor and elderly should look like. When Medicare went into effect in 1966, over 19 million people age 65+ enrolled. In 1972 disabled persons under age 65 were provided services under Medicare. In 1997 Medicare Advantage was enacted. In 2003 the Medicare Modernization Act was signed into law – linking premiums to beneficiary income. In 2006 the Part D prescription drug benefit became available to beneficiaries from private drug plans and Medicare Advantage plans.

During FFY 10/1/16 – 9/30/17, HIICAP served over 130,800 Medicare beneficiaries in New York State.

HIICAP provides direct Medicaid counseling on eligibility, application assistance and billing claims. Over 22,500 Medicare beneficiaries were counseled with some type of Medicaid issue during this time.

Of those served, over 43,000 low-income New York beneficiaries were screened for the Federal Extra Help Program and over 48,000 beneficiaries were screened for the Medicare Savings Program.

## The Profile

Since the inception of HIICAP, the number of people served by HIICAP counselors increased steadily over time. With the introduction of the prescription program in 2006 (Medicare Part D), the number of client contacts jumped dramatically and continues to rise. In State Fiscal Year 2013-14, the largest age group receiving HIICAP services remained the 65-74 year old cohort at 38%.

### HIICAP Administration (Source New York State Office for the Aging)

NYSOFA coordinates HIICAP through a network of 59 county offices for aging where over 400 trained insurance counselors and volunteers are available to assist beneficiaries.

HIICAP manages the Managed Care Consumer Advocacy Program (MCCAP) that consists of six CBOs that provide counseling and assistance to New York's low income Medicare beneficiaries.

## Economic Status

HIICAP helps educate seniors in all income brackets on health insurance options and provides additional information if they become Medicaid eligible. Slightly less than half of those clients who have received HIICAP counseling are at or below 150% of the federal poverty level. Individuals may qualify for Medicaid if their income and resources are very low. Medicare and Medicaid can work together (referred to as "dual eligible") to pay health care costs for low-income seniors and disabled Americans. Medicare will pay first. Medicaid will then cover many, often all, of the costs not covered by Medicare.

## Steady Increase in the Number of Contacts

Following the January 1, 2006 addition of the Medicare Part D outpatient prescription drug benefit, requests for information exploded. The number of client contacts increased, the complexity of the program choices increased, the duration of a client contact increased and the type of client contact shifted. Prior to the Part D plan going into effect in 2006, a greater majority of the client contacts were able to be handled by quick calls (less than 10 minutes). By 2010, clients were going to AAA offices for in-person site appointments (increase from 5% to 26%), and telephone calls of significantly longer duration were occurring. On all fronts, HIICAP assistance has skyrocketed.

### Medicare Improvement for Patients and Providers (MIPPA)

- Coordinated effort among the local HIICAP, NY Connects and Office for the Aging to expand outreach activities to Medicare beneficiaries likely eligible for the Low Income Subsidy program (LIS) or the Medicare Savings Program (MSP) and to assist those beneficiaries in applying for benefits.
- For Medicare beneficiaries who qualify for the Medicare Savings Program, annual savings are estimated at \$5,608 per year/per individual.
- For FFY 2017, MIPPA partners provided savings in the amount of \$57.4 million dollars to low-income New York Medicare beneficiaries who were seeking financial assistance with prescription drugs & other Medicare costs.

## Impact on the Lives of Seniors

Mrs. H., a 91 year old widow who was referred for home delivered meals after a recent hospitalization. During the home visit assessment, Mrs. H. and her son raised concerns about recent and future medical bills. When she became Medicare-eligible at age 65, she declined enrollment in Part B due to having an Employer Health Plan.

Upon retirement, she did not enroll in Part B because the premium was high. Now several years later, she needs Part B, but was told she would have to wait until the Annual Enrollment Period to enroll and she would have a significant penalty.

The OFA caseworker, who is also a trained HIICAP counselor, screened Mrs. H for Medicare Savings Program (MSP) during the home visit and worked with the son to complete required documentation. It was also recommended to contact the hospital about applying for charity care for outstanding medical bills.

When the OFA caseworker/HIICAP counselor followed up, DDS denied eligibility for Part B and said that even if she was eligible, she would have to pay a penalty. The OFA caseworker/HIICAP counselor explained to the local DSS Medicaid worker that Mrs. H was eligible for Part B and that MSP would eliminate the penalty. The OFA caseworker requested assistance from the Medicare Rights Center to advocate for the client and eventually Mrs. H. was found eligible for MSP and enrolled in Part B with penalty eliminated.

Estimated savings: Part B premium with 150% penalty = \$4,020+/year; Part B medical coverage – estimated \$8,852/year\*. Additionally, Mrs. H. was found eligible for the hospital charity care program. All of her recent hospital bills were taken care of in full (\$1,400) and she was eligible for charity care for 12 additional months with estimated savings of \$3,900 for future medical care.