

# Age + Action

June 17–20, 2019 | Washington, DC

**ncoa**

National Council on Aging

## Translating Data into a Voice for Older Adults

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[#AgeAction2019](#) | [#WeAgeWell](#)

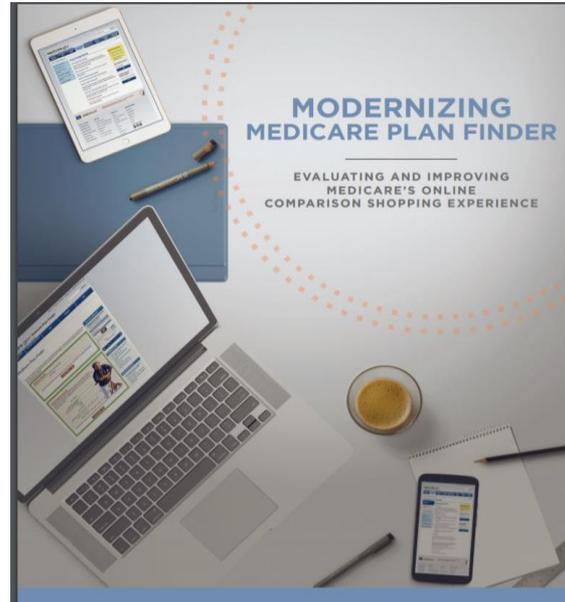
# Agenda

- NCOA report on Medicare Plan Finder
- Informal field survey on public charge
- Listening sessions with older adults

## Reason for sharing these examples

- Sharing several different examples to demonstrate how data collection – whether informal or rigorous research, quantitative or qualitative – can help elevate the voices of older adults, particularly those who cannot speak up for themselves

# Modernizing Medicare Plan Finder



# Improving Beneficiary Choice on MPF

- Millions of Medicare beneficiaries use the Medicare Plan Finder (MPF) to shop for Medicare coverage
- Optimal plan choice can:
  - reduce health and drug related out of pocket expenses
  - improve beneficiaries health outcomes and access to care.

# Suboptimal Plan Choice in Medicare Markets

A 2016 American Economic Review study, finds beneficiaries do not select Part D plans that offer the best value

- 11% of patients chose the best plan in 2006;
- 8-9% in 2007-2008
- 2% in 2009
- Estimated 90% of enrollees kept the previous year's plan
- Change in plans often does not result in improved coverage

[American Economic Review, 106\(8\), 2016, pp. 2145-](#)

[2184.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5665392/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5665392/)

# Report Methods

- Phone survey of SHIP directors
- In-person interviews with older adults
- Clear Choices scorecard analysis

# SHIP Survey

- Participated in bi-regional calls with directors
- Asked two questions about priorities for Plan Finder-  
one multiple choice, one open ended

# Beneficiary Interviews

- **25 beneficiary interviews**

- 13 focused on shopping for a Medicare Advantage plan
- 12 focused on shopping for a standalone Part D plan

## **Gender**

- 72% female
- 28% male

## **Age**

- 60% under 75
- 40% over 75

## **Race**

- 64% white
- 24% African American
- 12% Latino or other

## **Education**

- 56% bachelor's degree or higher

# Beneficiary Voices

*Everyone wants to lower their premium, but the question is **what am I sacrificing** in doing so?*

*I understand the importance of drug being on formulary – but **why is it so much effort** to determine if a drug is on a formulary?*

*There is **no clear path** to how to find your doctor and the idea of having to do this over again **makes my head hurt**.*

***Too much clutter** on the (results) page.*

*I really don't bother reading all this when it's me ... **so many caveats**.*

# Scorecard

Category	Grade	Notes
<b>Integrated Provider Directory</b>	F	Part C Only
<b>Integrated Pharmacy Directory</b>	D	Part D Only
<b>Integrated Drug Directory</b>	D	Part D Only
<b>Layout</b>	D	
<b>Access to Human Support</b>	F	
<b>Language Accessibility</b>	A	

# Report Recommendations

Provider  
directory

OOP Costs

Layout and  
navigation

Accuracy

# Media



Search for news, symbols or companies

Search

Sign in



Finance Home Watchlists My Portfolio My Screeners Markets Industries Personal Finance Technology Originals Events

S&P 500  
2,860.62  
+2.17 (+0.08%)

Dow 30  
25,615.49  
-13.42 (-0.05%)

Nasdaq  
7,896.07  
+12.41 (+0.16%)

Russell 2000  
1,684.18  
-4.12 (-0.24%)

Crude Oil  
67.19  
-1.98 (-2.86%)

US Markets close in 4 hrs and 27 mins

Ameritrade  
TOP TOOLS FOR LESS

Open an account.  
E\*TRADE

## Seniors group blasts 'misleading' Medicare website



**Ethan Wolff-Mann**  
Senior Writer  
Yahoo Finance May 2, 2018  
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### Original Medicare (H0001-001-0)

Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance) - Excludes Part D Drug Coverage

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]
Retail Annual: \$4,644 Mail Order Annual: N/A	Standard Part B: \$134	Part B Deductible: \$183	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: Not Applicable	N/A	\$8,530	Not Available

### Prescription Drug Plans

20 plans were found in 10003 based on your search criteria. View 10 View 20

Compare Plans

Sort Results By: Lowest Estimated Annual Retail Drug Cost

### Aetna Medicare Rx Select (PDP) (S5810-277-0)

Organization: Aetna Medicare

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]	Drug Coverage [?], Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]
Retail Annual: \$1,760 Mail Order	\$17.70	Annual Drug Deductible: \$405 Drug Copay/Coinsurance:	All Your Drugs on Formulary: No Drug Restrictions: No	★★★★ 3.5 out of 5 stars

Medicare's Plan Finder is difficult for seniors to use, a report found. (Screenshot: Yahoo Finance)

Quote Lookup

Recently Viewed

Your list is empty.

A recent report on the state of the Medicare Plan Finder website, conducted by

# CMS

- Meeting with head of Medicare in April 2018
- Positive reactions to report
- Ongoing CMS correspondence throughout the past year
- National Medicare Education Program

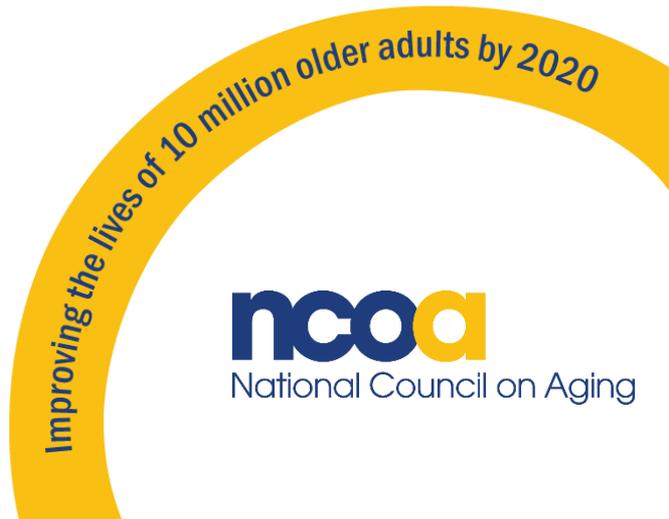
## Other advocacy

- Hill briefing
- Stakeholders meeting
- Ways and Means hearing on MA
- MedPAC
- GAO
- Conference presentations

# Medicare Plan Finder Redesign

- Announced in early 2019 as part of e-Medicare initiative
- Modernizing Medicare Plan Finder cited as one of multiple research reports informing redesign
- Public preview over summer

# Informal survey on Public Charge



Improving the lives of 10 million older adults by 2020

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# Background

- In October 2018, the Department of Homeland Security (DHS) proposed several changes to the definition and determination of “public charge”
  - Affected immigrants wanting to legally enter the United States and those lawfully here who are seeking to remain or adjust their residency status.

# Background

- DHS proposed changing the definition of “public charge,” from someone who is primarily dependent on the government for sustenance to someone who receives (or is deemed likely to receive) public benefits.
- This could have had a *chilling effect* in which immigrants or their families may be reluctant to apply for benefits or access social services.

# Background

- DHS accepted comments on the proposed changes until Dec. 10, 2018.
- NCOA conducted an informal survey of community-based organizations to examine how these proposed changes may affect older adult immigrants and their families. NCOA used the informal survey results to inform our public comments.

## Informal quantitative survey

- Sent a survey to organizations that serve older adults to understand the initial impact the proposed rule has had on immigrant seniors. Over 80 organizations responded.
- Results
  - 47% of respondents noticed a chilling effect in which immigrants or their families have been reluctant to apply for benefits or access social services
  - 45% of respondents have had clients ask about disenrolling from benefits, refusing congregate meals or food supplies, since the rule was proposed

# Phone interview with one BEC

- A BEC that primarily serves Asian-American adults reported a chilling effect in their community, in particular on potential first-time applicants who have chosen to not apply for Medicaid, as a result of their fear of being deemed a public charge.

In one Section 8 apartment building, the organization serves approximately 70 Asian families, the majority of which are legal permanent residents and have adult children that are U.S. citizens. However, many are nervous and discussing disenrolling from benefits. The organization has referred such individuals to legal services – but it is not clear that individuals in such a situation will get consistent and accurate advice nationwide. The organization is also trying to educate its clients – but it is tough to educate potentially affected individuals without scaring them.

# Read NCOA's public comments here

<https://www.ncoa.org/resources/ncoa-public-charge-proposed-rule-comments/>



National Council on Aging

December 10, 2018

Regulatory Coordination Division  
Office of Policy and Strategy  
U.S. Citizen and Immigration Services  
Department of Homeland Security  
20 Massachusetts Avenue NW  
Washington, DC 20529-2140

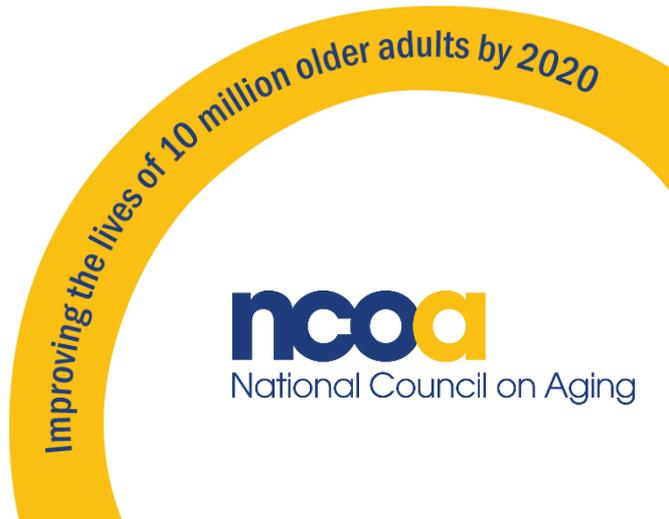
Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

Re: USCIS-2010-0012

Dear Ms. Nielsen:

The National Council on Aging (NCOA) appreciates the opportunity to comment on the proposed rule, "Inadmissibility on Public Charge Grounds" (USCIS-2010-0012). The National Council on Aging (NCOA) is one of the nation's leading nonprofit service and advocacy organization representing older adults and the community organizations that serve them. Our goal is to improve the health and economic security of 10 million older adults by 2020. Our comments focus on the detrimental impact that the proposed rule would have on older adults. NCOA strongly urges the Department of Homeland Security (DHS) to withdraw this rule from consideration, given the negative impact it will have on

# Connecting to Hard to Reach Communities in Erie and Chautauqua counties of New York



Improving the lives of 10 million older adults by 2020

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## Persistent Uninsured Rates

- Health Foundations of Western and Central New York (HFWCNY) engaged NCOA to better understand why uninsured and underinsured chose not to enroll or access insurance

# Project Methods

- Find and engage local partners
- Create outreach tools and train staff
- Facilitate listening sessions
- Generate report with recommendations and identifying best practices

## Find and Engage Local Partners

- Western New York Integrated Care Collaborative, Inc. (Erie county)
- Chautauqua County Office for the Aging

# NCOA Listening Session Preparation

- Identify topics of discussion
- Develop a facilitators guide
- Train listening session facilitators

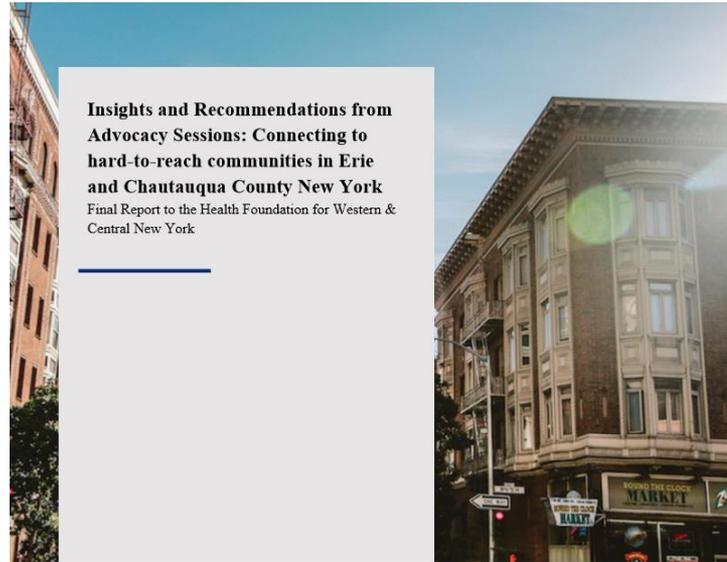
# Facilitate Listening Sessions

- United Way of Buffalo and Erie County Buffalo, NY
- Elm Church, Buffalo, NY
- Chautauqua Office for the Aging, Jamestown, NY
- Dunkirk Senior Center, Dunkirk, NY

# Facilitate Listening Sessions

- Ensured partner involvement
- Record sessions & address confidentiality concerns
- Guided discussion to cover topics including:
  - barriers to obtain & and navigate health insurance
  - sources of trusted information,
  - current health coverage status,
  - improve to outreach/messaging

# Generate Report and Best Practices



# Voices

I knew I'd be asked about what type of insurance I had not how are you

Too many of the people I trust move away, my children, doctors..

Social media is not a reliable source of information, I'd prefer to receive a piece of mail cause its addressed to me

Do I buy groceries or pay premiums. I will go to urgent care if something happens

Church or community events where live people are there to explain thing are more helpful

My parents are educated and they can't even tell me what kind of plan is best for me

## Question to the audience

- When has formal or informal research helped you elevate the voices of older adults?

## Stay in touch

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- [Samantha.Zenlea@ncoa.org](mailto:Samantha.Zenlea@ncoa.org)



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