Background

Limited English proficiency for many Asian Americans and Pacific Islanders (AAPIs) is a major barrier to accessing health care information, benefits, and services. The lack of information and assistance available to AAPI elders in their native languages makes it a significant challenge for them to be aware of and apply for medical benefits, such as Medicare or Medicaid. Access to these important benefits are critical to the health of many AAPI elders.

NAPCA provides the only national toll-free Asian language Helpline created to assist limited English speaking Chinese, Korean and Vietnamese seniors to enroll in Medicare and get the most out of their Medicare benefits. The NAPCA Helpline assists low-income seniors across the nation to apply for Medicare assistance programs, such as the Low-Income Subsidy (LIS) and Medicare Savings Program.

Since its creation, the NAPCA Helpline has used the Medicare Plan Finder to help over 7,000 seniors evaluate their prescription drug plans. NAPCA Helpline staff also assisted over 1,500 seniors to apply for Medicare’s Low-Income Subsidy. In 2011, the NAPCA Helpline counseled over 750 seniors using Medicare’s Plan Finder and assisted nearly 200 seniors to submit applications for LIS.

The NAPCA Helpline breaks down linguistic and cultural barriers that prevent thousands of AAPI elders from enrolling in Medicare Part D.
NAPCA Helpline Cost Savings

Open Enrollment Period is the only time during the year that most Medicare beneficiaries can change their prescription drug plans. In preparation for Open Enrollment, the NAPCA Helpline sends out letters annually to remind past callers to review the affordability and appropriateness of their existing prescription drug plans during this period.

NAPCA analyzed data collected during the Medicare Part D Open Enrollment Periods 2010 (Nov. 15-Dec. 31, 2010) and 2011 (Oct. 15-Dec. 7, 2011) to better understand Helpline’s impact on cost savings.

Findings

NAPCA collected information on 479 out of 575 (83%) callers who received counseling using the Medicare Part D Plan Finder during Open Enrollment Periods 2010 and 2011. Helpline staff uses the online Medicare Plan Finder (www.medicare.gov/find-a-plan/) to identify the most affordable and appropriate prescription drug plan for each individual.

Most (48%) of these seniors were Chinese; 29% were Korean; and 22% were Vietnamese. About 54% of the callers were men and 46% were women. The majority of callers were from California (52.6%) and Washington state (9.4%). Maryland (5.8%), Texas (5.4%), Virginia (5.2%), and New York (4.6%).

About 44% of AAPI seniors whom we assisted with Plan Finder reported being on Medicaid. On average, these seniors reported taking four drugs during the year.

We found that when Helpline staff assisted a senior to enroll or switch a Medicare prescription drug plan, NAPCA saved a senior, on average, $838 for plan year 2011 and $1,082 for plan year 2012 in total out-of-pocket prescription drug and related costs. Total costs include prescription drug plan premiums, and out-of-pocket prescription drug expenses, including co-pays and deductibles. Thus, total potential cost savings for all Helpline callers who enrolled or switched plans during Open Enrollment Period 2011 is estimated at nearly $178,500 (213 enrolled x $838 per enrollee) for plan year 2012 and about $298,632 (276 enrolled x $1,082 per enrollee) for plan year 2011.

When Helpline aids limited English speaking seniors to successfully enroll for Medicare’s “Extra Help” or Low-Income Subsidy, they have

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Many Helpline callers are low-income

45% on Medicaid*

67% have Low-Income Subsidy*

*Open Enrollment Period 2011 estimates

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Figure 1. Ethnicity of Helpline Callers During Open Enrollment Periods 2010 and 2011
little to no prescription drug costs. Helpline saved LIS-eligible seniors an average of $813 per person for 2012 and $1,678 per person for 2011. Due to incomplete data in some cases, these are likely underestimates of the cost savings that Helpline provides limited English speaking AAPI seniors.

The NAPCA Helpline saved seniors almost $299,000 in 2011 and $178,500 in 2012 during Medicare Part D Open Enrollment Periods

Figure 2. Average annual total and out-of-pocket prescription drug cost savings per person when the NAPCA Helpline enrolled or switched Medicare prescription drug plans during Open Enrollment Periods 2010 and 2011

Conclusions

NAPCA’s Helpline breaks down linguistic and cultural barriers that would otherwise prevent AAPI elders from enrolling in Medicare Part D and other public programs. Helpline informs, educates and assists limited English speaking and primarily low-income Asian seniors to apply for and get the most from the senior benefits like Medicare Part D and Medicare income assistance programs. Helpline saved seniors an estimated $178,000-$300,000 in prescription drug and related drug plan expenses during Open Enrollment Periods 2010 and 2011. Moreover, the Helpline facilitates the affordability and access to crucial health care services and prescription drugs. The Helpline provides protection for the health of AAPI seniors by serving them in-language and in a culturally appropriate manner.
Mr. Pham*, a Vietnamese senior, has Medicaid. The Centers for Medicare & Medicaid Services (CMS) automatically gave him a prescription drug plan that did not cover one of his drugs, so his annual total costs would have been $2,165 for 2012. Helpline assisted him with the Medicare Plan Finder and enrolled him into a new plan that covered this drug with a total annual cost of $136. Mr. Pham saved an estimated $2,029 for 2012.

Mr. Pham’s wife also has Medicaid and the Medicare Part D plan that she was automatically enrolled in did not cover two of her drugs, so her annual out-of-pocket costs would have been $4,986 for 2012. NAPCA Helpline staff enrolled her in the same plan as her husband that covered these two drugs with an annual total cost of $73. She saved $4,913 for 2012. Together, they saved nearly $7,000 and are now able to afford their medications and other basic expenses.

*Name was changed to protect the caller’s identity

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