

Health Coverage and Concerns Facing Older Women

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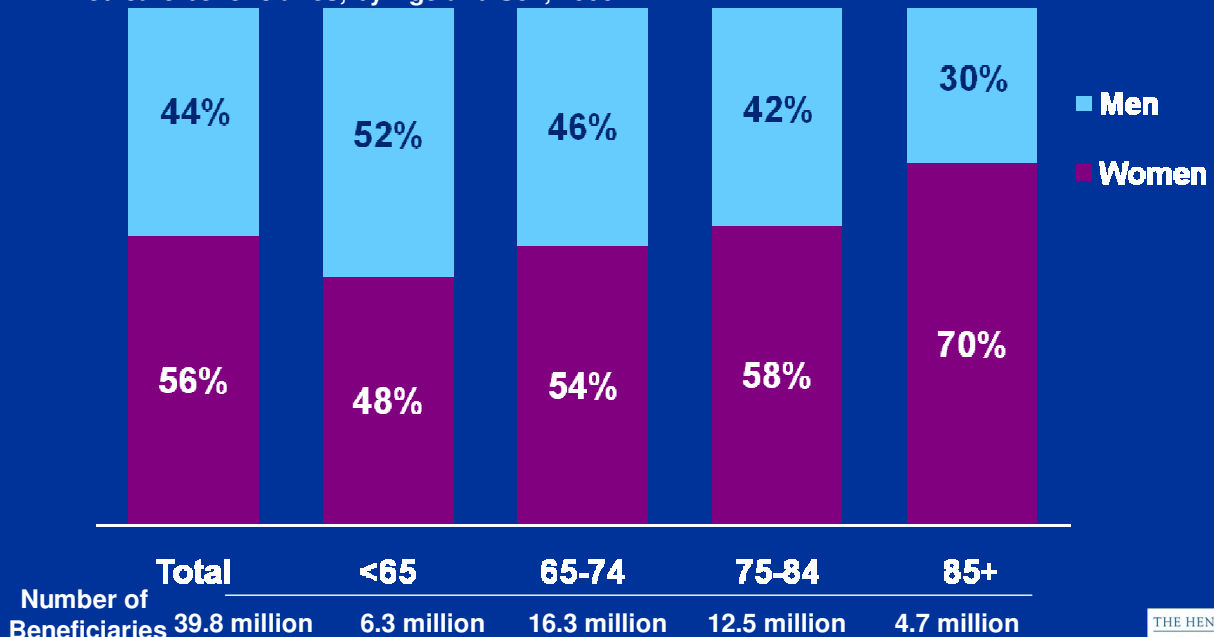
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Figure 1

Women comprise the majority of Medicare enrollment

Medicare beneficiaries, by Age and Sex, 2006



Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Figure 2

How does Medicare work?

- **Part A:** Covers inpatient hospital care, skilled nursing facility care (following hospitalization), hospice care, and limited home health services (up to 100 days post-hospital)
- **Part B:** Supplementary Medical Insurance program helps pay for Physician services, outpatient hospital care, preventive services, such as mammography screening, mental health services, home health, and x-rays, diagnostic tests, durable medical equipment
- **Part C:** Provides care through managed care plans, such as local HMOs, new regional PPOs, private fee-for-service plans, and is referred to as ***Medicare Advantage***
- **Part D:** Medicare prescription drug benefit, which are private plans that contract with Medicare. These include stand-alone prescription drug plans and Medicare Advantage plans that also include the Part D benefit.

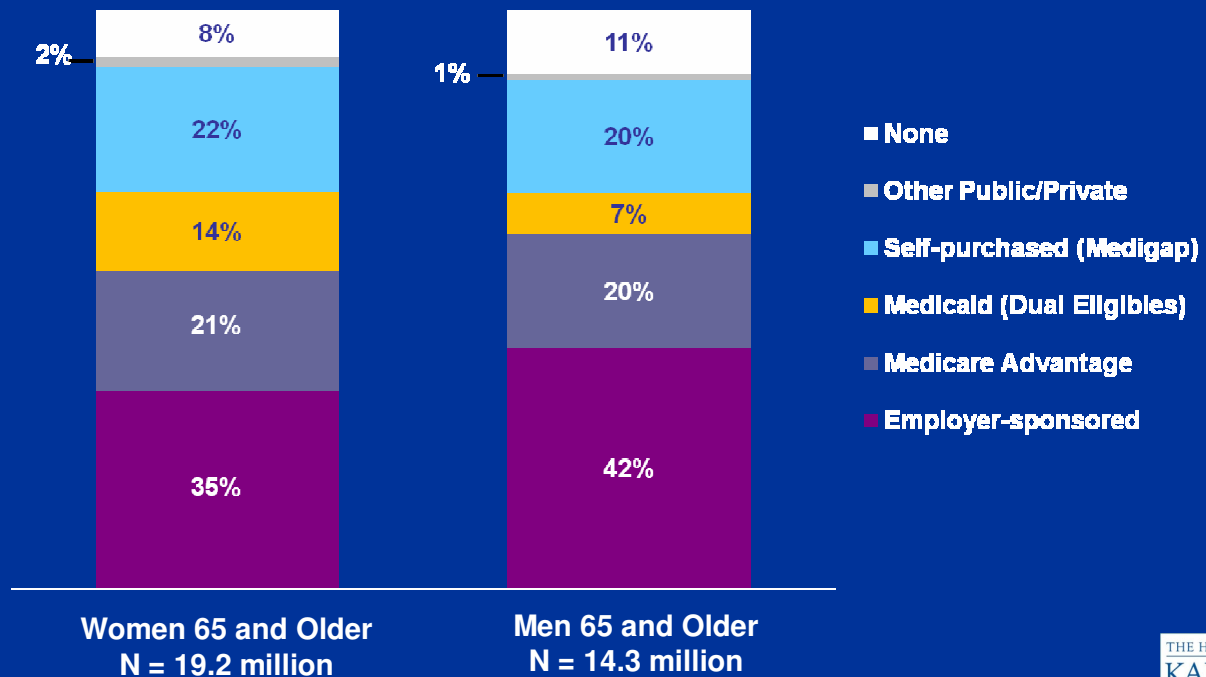
Figure 3

Medicare costs and gaps

- **Benefit gaps**
 - No hearing aids, eyeglasses, or dental care
 - Limited long-term care
- **Significant cost-sharing requirements**
 - Part A deductible (\$1,024 in 2008)
 - Part B monthly premium (\$96.40/month in 2008)
 - Most preventive services have cost-sharing requirement
 - 20% coinsurance for mammography, CBE, Bone Mass, Pap test (no charge for lab)
 - Part D - Medicare drug plans charge various premiums, deductibles, co-payments, and “donut hole”
 - No cap on out-of-pocket spending
- **Medicare paid for 48% of total covered health and long-term care costs in 2005; beneficiaries paid 18% out-of-pocket**
- **Out of pocket burden continues to rise**
 - Grew from 11.9% of income in 1997 to 16.1% in 2005

Figure 4

Supplemental health insurance coverage



Source: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey Access to Care file, 2006.

Figure 5

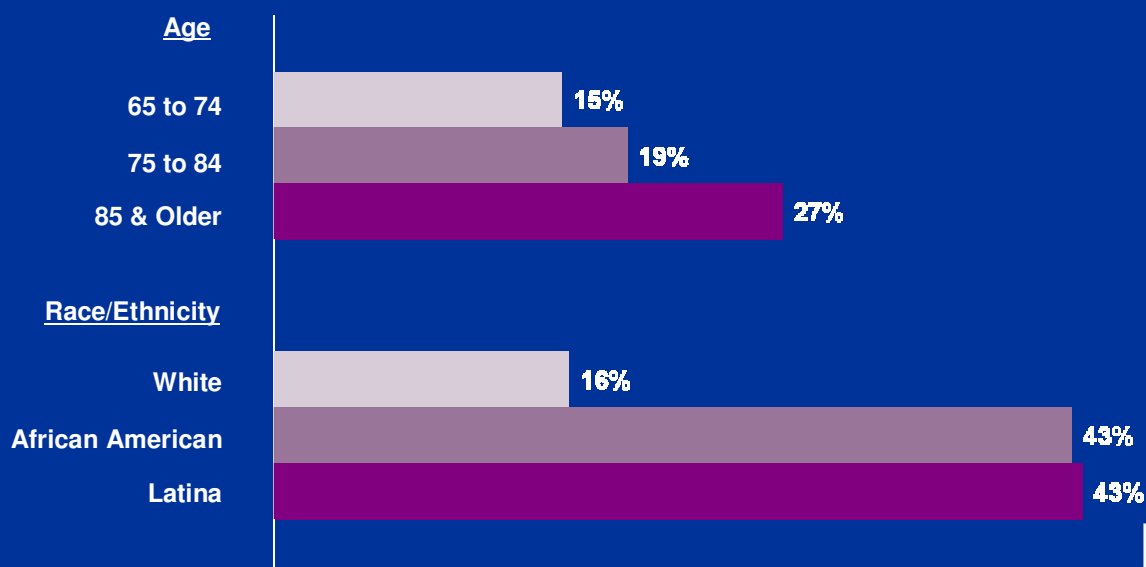
Medicaid matters for older women

- **Medicaid—a federal/state health insurance program for low-income families, elderly, and disabled**
 - Covers 55 million people, including 6 million people age 65 and older
 - Elderly account for 11% of Medicaid enrollees but 28% of overall spending
- **Covers benefits not included in Medicare**
 - Vision, dental, and hearing services, differs by state
 - Long-term care services
 - Pays for Medicare premiums, deductibles, coinsurance and copays
- **Eligibility is limited to very low income/disabled elderly**
 - Incomes below 100% of poverty
 - Others must spend-down or deplete their income and assets to become eligible
 - Some low-income Medicare beneficiaries who are not poor enough to qualify for full Medicaid benefits can get Medicaid assistance for Medicare cost-sharing

Figure 6

Many older women on Medicare are impoverished

Percent of women ages 65 and older on Medicare with annual income below \$10,000:



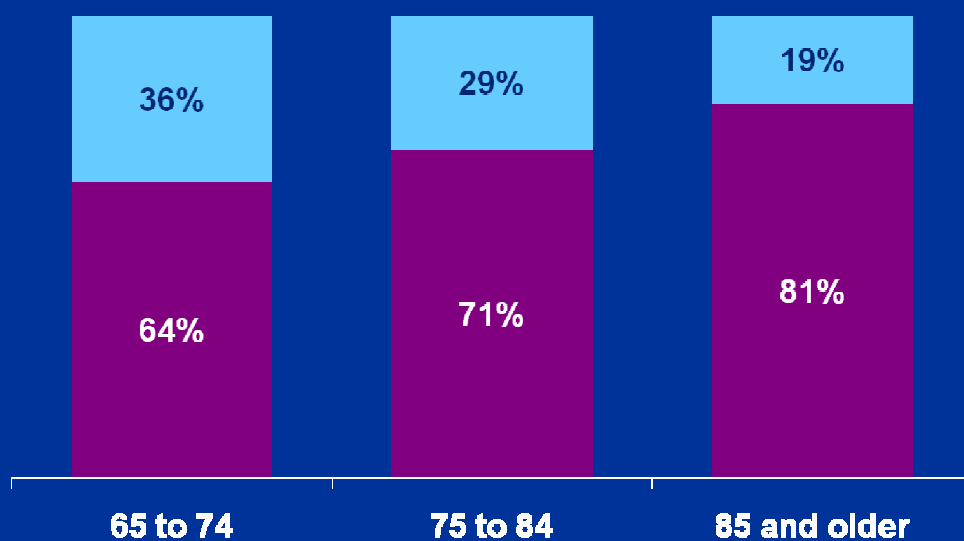
Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Figure 7

Older women comprise the majority of seniors on Medicaid

Distribution of Seniors with Medicaid, by Age and Sex, 2004

■ Women ■ Men



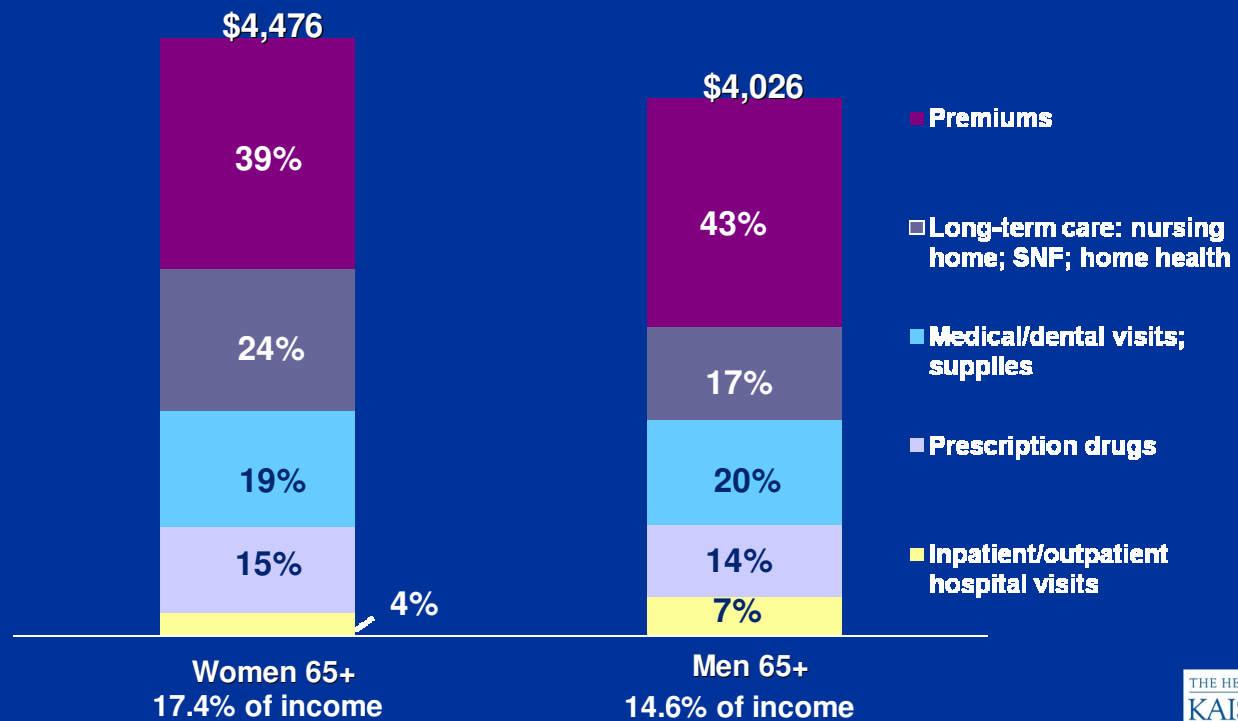
Women = 70% of the 5.9 million Medicaid beneficiaries 65 and older

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of 2004 MSIS data, 2007.

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Figure 8

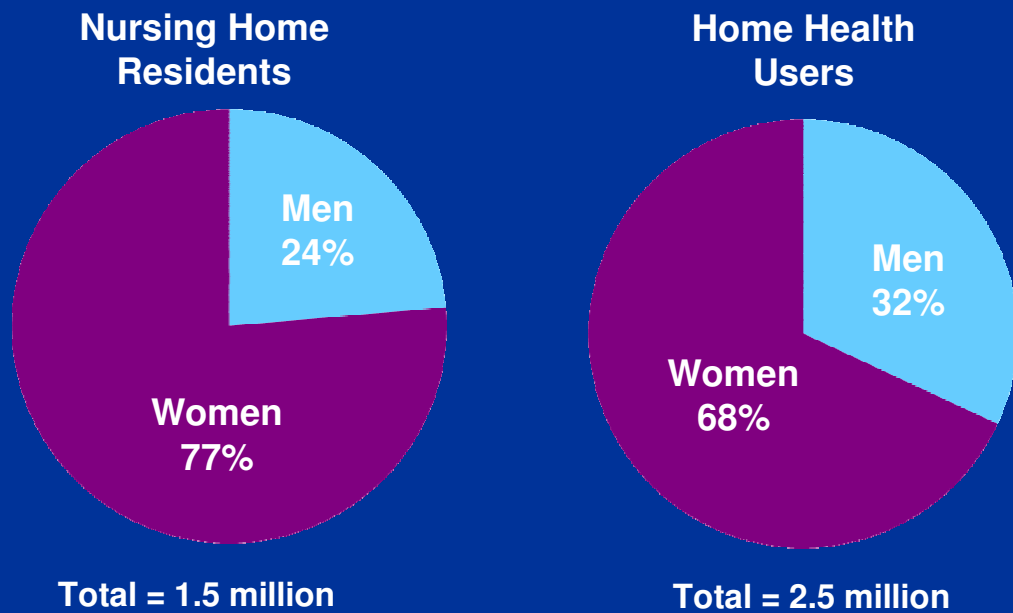
Out-of-pocket health spending by Medicare beneficiaries age 65+, 2005



Note: Estimates reflect mean out-of-pocket spending for Medicare and private insurance premiums and health care services. **Source:** KFF analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2005.

Figure 9

Women comprise the majority of the long-term care population

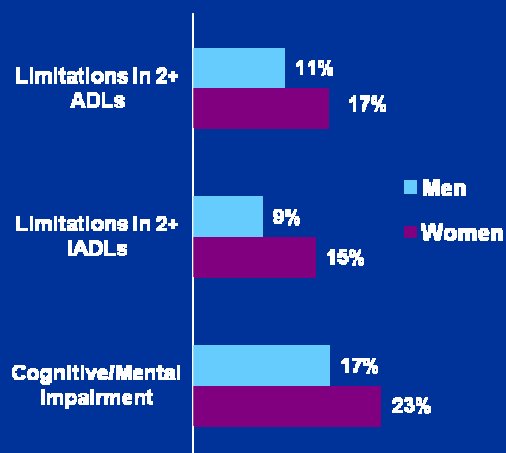


Source: Kaiser Family Foundation analysis of Medicare Current Beneficiary Survey Access to Care file, 2006.

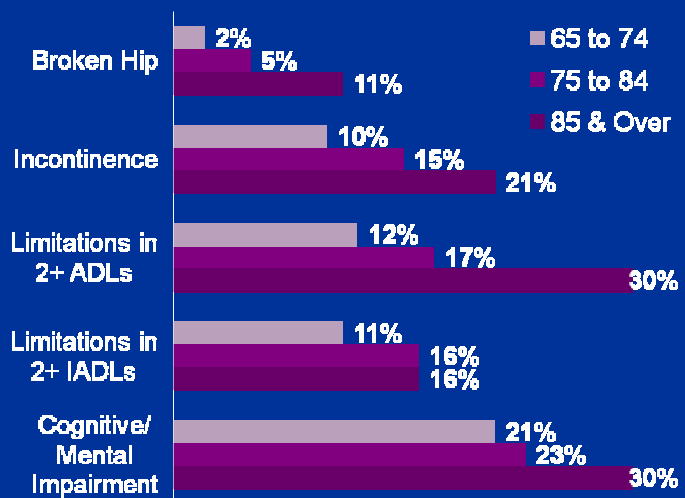
Figure 10

Many older women have limitations that predispose them to needing long-term care

By Sex:



Women, by Age:

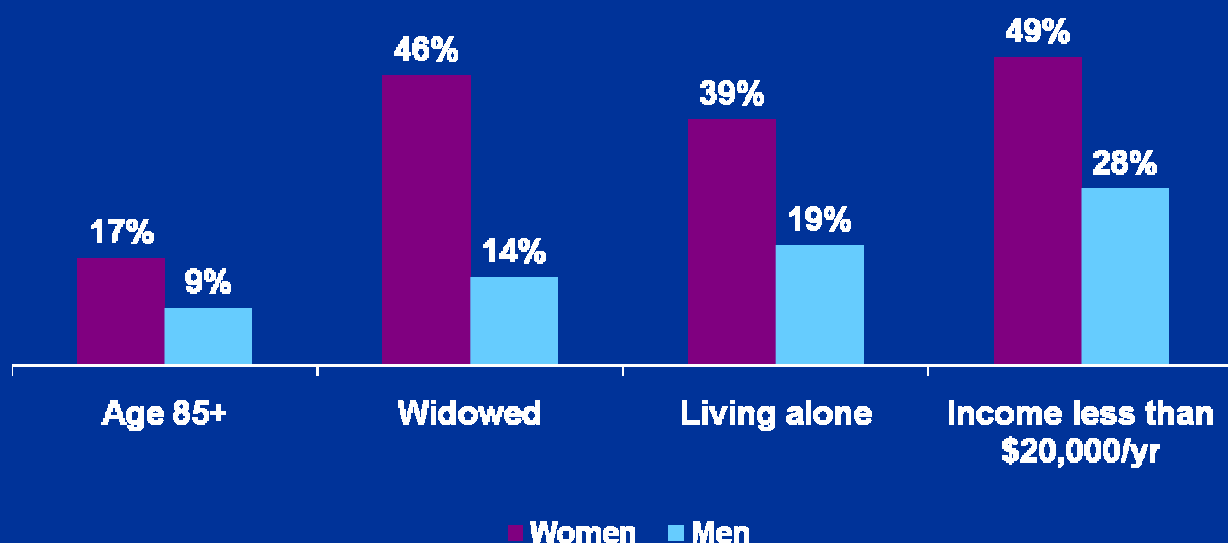


Note: ADLs refer to Activities of Daily Living (bathing, dressing, eating, walking, using the toilet, getting in and out of chairs). IADLs refer to Instrumental Activities of Daily Living (doing housework, making meals, managing money, shopping, using the telephone). Analysis excludes institutional population.

Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey Access to Care file, 2006.

Figure 11

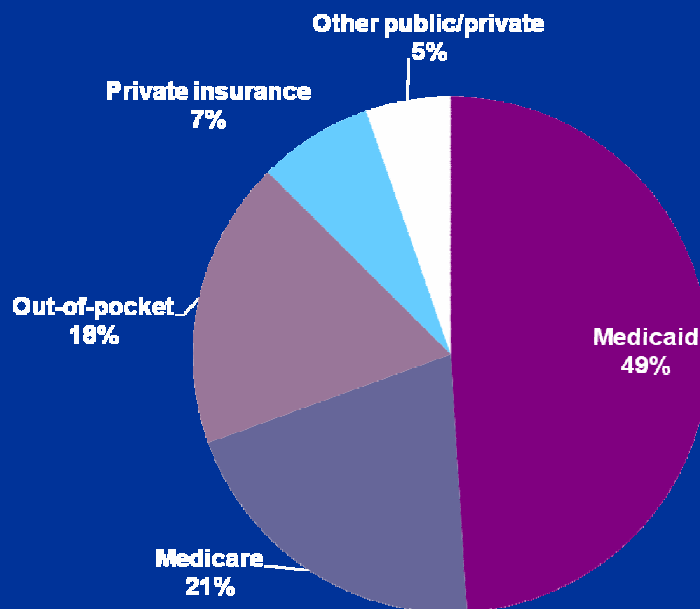
Economic and social factors also affect long-term care use for women



Source: KFF analysis of Medicare Current Beneficiary Survey, 2006

Figure 12

Medicaid is a major payer of long-term care



Total long-term care expenditures in 2005 = \$206.6 billion

Source: National Clearinghouse for Long-Term Care Information, U.S. Department of Health and Human Services, 2008

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Figure 13

Coverage and cost challenges for older women

- **Women have fewer financial resources:
Social Security, pensions, and assets**
- **Medicare out-of-pocket costs can be
burdensome**
- **Long-term care coverage limited**
 - Medicare and home care
 - Medicaid and nursing home care