

Keeping Medicare Affordable in North Dakota

Every day, the [Medicare Improvements for Patients and Providers Act](#) (MIPPA) helps people with Medicare afford their prescriptions, premiums, and doctor visits.

Who MIPPA Helps in North Dakota

3,813 Medicare beneficiaries connected to benefits

33,979 Medicare beneficiaries living at or below \$22,500
(150% of the federal poverty level)



Carol's Story

Carol, 81, has chronic obstructive pulmonary disease, and her medications cost \$2,200 a month. With an income of just \$900, she couldn't afford her prescriptions, oxygen tank, rent, food, and electric bill. A benefits counselor discovered Carol qualified for the Medicare Part D Low-Income Subsidy. Within a month, Carol was paying just \$9 for a 90-day supply of medication. With the savings, Carol could pay her daily expenses and even afford new eyeglasses.

What MIPPA Does



Connects eligible individuals to benefits like the Medicare Savings Program and Medicare Part D Low-Income Subsidy, which help pay for prescription drugs, premiums, and copays



Promotes preventive health services and screenings



Keeps older adults healthy and out of hospitals

Potential Medicare Savings through MIPPA

One of the main components of MIPPA is to connect eligible Medicare Beneficiaries to programs to help them afford prescription drugs through Medicare Part D. Research shows that having prescription drug coverage through Medicare Part D could reduce hospitalization rates by 7%.¹ With an average Medicare hospital stay costing \$14,700,² connecting individuals to prescription drug coverage could create significant health care savings for both the patient and the government.

How MIPPA is Delivered in North Dakota

- [State Health Insurance Assistance Program](#)
- [North Dakota Health & Human Services](#)

Learn More



BenefitsCheckUp.org

800-794-6559



How to Access Benefits Online

BenefitsCheckUp is a free tool where individuals can see if they may be eligible for these money-saving programs.

For more information, contact:

Natalie Zellner

571-527-3953

Natalie.zellner@ncoa.org

Sophie Morgado

571-527-3953

Sophie.morgado@ncoa.org

Daniel Wilson

571-527-4031

Daniel.Wilson@ncoa.org

* Data from 10/1/23 to 9/30/24 from SHIP Tracking and Reporting System and BenefitsCheckUp

¹ Afendulis CC, He Y, Zaslavsky AM, Chemew ME. The impact of Medicare Part D on hospitalization rates. *Health Serv Res.* 2011 Aug;46(4):1022-38. doi: 10.1111/j.1475-6773.2011.01244.x. Epub 2011 Feb 9. PMID: 21306369; PMCID: PMC3165176.

² Moore BJ, Liang L. Medicare Advantage Versus the Traditional Medicare Program: Costs of Inpatient Stays, 2009–2017. 2020 Aug 4. In: *Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]*. Rockville (MD): Agency for Healthcare Research and Quality (US); 2006 Feb-. Statistical Brief #262.