

Keeping Medicare Affordable in Iowa

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 Iowa

40,985 Medicare beneficiaries connected to benefits

170,502 Medicare beneficiaries living at or below \$22,500

(150% of the federal poverty level)



John's Story

John was told he had too much money for Medicaid. But a benefits counselor reviewed his case and found he was eligible. He applied for that program, as well as a Medicare Savings Program, plus help with his Internet bill and food assistance. All told, the counselor helped John receive \$220 per month, which he said “makes a huge difference” in his ability to afford daily expenses.

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 Iowa

- 1 [State Health Insurance Assistance Program](#)
- 6 [Area Agencies on Aging](#)
- 11 [Benefits Enrollment Centers](#)
[Elderbridge Agency on Aging](#)
[Northeast Iowa Area Agency on Aging](#)



Learn More



[BenefitsCheckUp.org](#)

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

¹Afendulis CC, He Y, Zaslavsky AM, Chernew 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.

²Moore 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.