

# Comprehensive & Seamless Healthcare Coverage

## Older Adults' Needs

Older adults need affordable healthcare coverage and benefits that support their whole health and well-being.

## Insight for Action

Health coverage limits create obstacles to older adults' overall well-being. These restrictions slow or compromise their health outcomes.

## Policy Perspectives

Despite growing agreement that social drivers have a direct impact on health outcomes and spending, non-medical services are not consistently or adequately covered. Medicare coverage—in both the traditional program and Medicare Advantage offerings—better oriented toward the whole health and well-being of older adults would require a broader array of explicitly covered services (including vision, hearing, and dental care) and easier access to these and other non-medical support services. Separately, many Medicare Advantage organizations employ utilization management tools, including prior authorization, which can delay or constrain access to the medical services that are covered.

Policy actions and market solutions are needed to improve Medicare coverage options and incentivize high quality, comprehensive coverage that will result in greater outcomes, reduce avoidable spending, and enable consumers to easily access the services for which they are eligible.

## Hear from Older Adults

### THEMES

- Older adults feel that insurance companies and healthcare systems have little regard for their well-being.
- Many older adults face hardship due to gaps in their plans.
- Some essential costs are not covered by insurance and can be prohibitively expensive.
- What helps?

“ One struggles with medicine here because they prescribe something that insurance doesn't cover. So you end up just going to the appointment, but you don't get the medicine.... So you're stuck in the same situation. ”

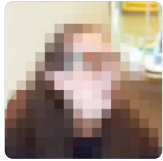
**Theme:** Some essential costs are not covered by insurance and can be prohibitively expensive.



**Bonita**

76-80, Woman, Suburban California,  
Below 138% FPL, Medicare & Medicaid  
(Dual Eligible)

↗ [Video](#) ↗ [Profile](#)



### Melanie

65-70, Woman, Suburban Texas, Below 138% FPL, Medicaid & Medicare (Dual Eligible)

"This year, on [my insurance's] formulary, they have a preventative drug. My doctor put in, I don't know how many prior authorizations to get approved. I trialed it with my doctor, she gave me samples for a month.... And it worked.... They will not approve it. They say I have to trial other ones. They give you a list to trial.... I'm like if I trial [one] that worked for my doctor... and she put it on how many prioritizations, you keep denying them, why? Because you don't want to pay for the \$2,000 now?... I had [to] fight for that again this past year.... I have talked to so many people who've had the same problem. They do it and I think they do it on purpose a lot of times because they want to get you so frustrated and so tired you give up.... I'm paying you a premium every month out of my measly poverty salary, but yet you don't want to approve a drug that could help me."

**Theme:** Older adults feel that insurance companies and healthcare systems have little regard for their well-being.

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### Dennis

65-70, Man, Urban Alabama, Below 138% FPL, Traditional Medicare and Military/Veteran Insurance

"They have transportation. But you gotta schedule the week in advance, and... if it was just 1 or 2 trips to Biloxi and back, probably not a problem. But I'm looking at 20 surgeries. 20 trips there, first to biopsy, then 20 trips for surgery, then trips to havet stitches taken out. That's a whole lot of trips, you know. If... look at the logistics of it all, and it [takes] one week to schedule transportation over there and back for an appointment? I'll never get it all done. I'll never get... it over with. It's mathematically impossible. You know? I mean, It won't work."

**Theme:** Many older adults face hardship due to gaps in their plans.

"I'm 30-something dollars over the threshold of qualifying to receive Medicaid...I could get my teeth fixed.... So what's going to happen? I'm going to lose all those teeth."

**Theme:** Some essential costs are not covered by insurance and can be prohibitively expensive.

➤ [Video 1](#)

➤ [Video 2](#)

➤ [Profile](#)



### Sandra

76-80, Woman, Urban New York, 138-400% FPL, Traditional Medicare

"I have Medicare, and I have original Medicare, so I have a Medigap. A lot of people try to push the Advantage, but I'm not comfortable with it.... My mother had it, and whenever we needed to get something done, it was always, 'Well, we don't think...' or 'We're not going to approve it.' And I remember saying to someone [from my insurance], do you have an MD behind your name? And they were 'No'. I said, so how do you make the decision that the doctor's recommendation is not acceptable?... That experience was really difficult. Then the other experience.... I was self-employed for a period of time and I had to have an MRI.... They told me that I couldn't have it. Same thing, wasn't a doctor who was saying it. The insurance just didn't want to pay for it.... I don't want to deal with that no more, you know. It costs more upfront, but I believe in the long run, it is beneficial for me."

**Theme:** What helps?

### RELATED RESEARCH

"Person-Centered Approaches – Connecting Individuals To Services and Benefits." Advancing States. February 1, 2024. <https://www.advancingstates.org/sites/nasquad/files/u34287/Person-Centered Approaches-Connecting Individuals to Benefits and Services 02-01-2024.pdf>.

Roberts, Eric T. "Changes in Care Associated with Integrating Medicare and Medicaid for Dual-Eligible Individuals." JAMA Health Forum, December 21, 2023. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2812751>.

Jacobson, Gretchen, Aimee Cicchiello, Arnav Shah, Michelle M. Doty, and Reginald D Williams. "When Costs Are a Barrier to Getting Health Care: Reports from Older Adults in the United States and Other High-Income Countries." Commonwealth Fund, October 1, 2021. <https://www.commonwealthfund.org/publications/surveys/2021/oct/when-costs-are-barrier-getting-health-care-older-adults-survey>.

Rucker, Patrick, Maya Miller, and David Armstrong. "How Cigna Saves Millions by Having Its Doctors Reject Claims without Reading Them." ProPublica, March 25, 2023. <https://www.propublica.org/article/cigna-pxdx-medical-health-insurance-rejection-claims>.

Andreyeva, Elena, and Winnie Chi. "Social Determinants of Health and High-Cost Utilization among Commercially Insured Population." The American Journal of Managed Care, July 20, 2023. <https://www.ajmc.com/view/social-determinants-of-health-and-high-cost-utilization-among-commercially-insured-population>.

➤ Visit [thepeoplesay.org](https://thepeoplesay.org) to watch videos of older adults sharing their aspirations for later life firsthand.

**The People Say** is a qualitative database designed to help policymakers hear the voices of the public when shaping policy. The database features first-hand insights from a diverse group of older adults and caregivers, as well as feedback from experts on policies affecting older adults. This initiative is a collaboration between the Public Policy Lab and The SCAN Foundation.

