“EXTRA HELP” WITH PRESCRIPTION DRUG COSTS
Under Medicare’s Low Income Subsidy

A Webinar for State & Local Coalitions
Developed with grant support from
Eli Lilly and Company
October 1, 2019
Webinar Agenda

Part 1: Subject Matter Presentation

“Medicare Part D Extra Help Low Income Subsidy”

• Guest Presenter – David Santana, CMS Health Insurance Specialist
• Q&A

Part 2: Introduction to NAC’s Virtual LIS Toolkit
Medicare Part D Extra Help
Low Income Subsidy (LIS)
The Parts of Medicare

Part A (Hospital Insurance) helps cover
- Inpatient care in hospitals
- Skilled nursing facility care (SNF)
- Hospice care
- Home health care
- Blood

Part B (Medical Insurance) helps cover
- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (DME)
- Many preventive services

Part D (prescription drug coverage) helps cover
- Cost of prescription drugs
Your Medicare Options

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage.

There are 2 main ways to get Medicare:

- **Original Medicare**
- **Medicare Advantage (MA)**
Your Medicare Options—Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- If you want drug coverage, you can join a separate Part D plan
- To help pay your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance) you can also shop for and buy supplemental coverage

### You Can Add:

- **Part A**
- **Part B**
- **Part D**

### You Can Also Add:

- **Supplemental Coverage**

Some examples include coverage from a Medicare Supplement Insurance (Medigap) policy or coverage from a former employer or union.
Your Medicare Options—Medicare Advantage (MA) (also known as Part C)

- An “all in one” alternative to Original Medicare
- “Bundled” plans include Part A, Part B, and usually Part D
- Plans may have lower out-of-pocket costs than Original Medicare
- Plans may offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, dental, and more

Most plans include:
- Part A
- Part B
- Part D

Some plans also include:
- Lower out-of-pocket costs
- Extra benefits
Part D Eligibility Requirements

- You must have Medicare Part A and/or Part B to join a Medicare Prescription Drug Plan (PDP)
- You must have Medicare Part A and Part B to join a Medicare Advantage Plan with drug coverage (MA-PD)
- You must have Medicare Part A and Part B or only Part B to join a Medicare Cost Plan with Part D coverage
- You must live in the plan’s service area
  - You can’t be incarcerated
  - You can’t be unlawfully present in the U.S.
  - You can’t live outside the U.S.
- You must join a plan to get drug coverage (in most cases)
Things to Consider Before Joining a Plan

- Important questions to ask
  - Do you have other current health insurance?
  - Is any prescription drug coverage you might have as good as (creditable) Medicare drug coverage?
  - How does your current coverage work with Medicare?
  - Could joining a plan affect your current coverage or family member’s coverage?
Prescription drug coverage under Part A, Part B, or Part D depends on:

- Medical necessity
- Health care setting
- Medical indication (why you need it, like for cancer)
- Any special drug coverage requirements
  - Like immunosuppressive drugs following a transplant
Medicare Drug Plan Costs

- Costs vary by plan
- In 2019, most people will pay
  - A monthly premium (varies by plan and income)
  - A yearly deductible (if applicable)
  - Copayments or coinsurance
  - Percentage of cost while in the coverage gap, beginning at $3,820
  - Very little after spending $5,100 out-of-pocket—automatically get catastrophic coverage
Part D Monthly Premium and Income-Related Monthly Adjustment Amounts (IRMAA)

- Based on income above a certain limit
  - Fewer than 5% pay a higher premium
  - Uses same thresholds used to compute Part B IRMAA
  - Income as reported on your Internal Revenue Service (IRS) tax return from 2 years ago

- Required to pay if you have Part D coverage
  - If you don’t pay, you’ll be disenrolled

- Extra amount goes to Medicare Trust Fund
  - Not your plan
<table>
<thead>
<tr>
<th>File Individual Tax Return</th>
<th>File Joint Tax Return</th>
<th>File Married &amp; Separate Tax Return</th>
<th>You pay Income-related monthly adjustment amount + your plan premium (YPP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
<td>$85,000 or less</td>
<td>$0.00 + YPP</td>
</tr>
<tr>
<td>Above $85,000 up to $107,000</td>
<td>Above $170,000 up to $214,000</td>
<td>N/A see notes section</td>
<td>$12.40 + YPP *</td>
</tr>
<tr>
<td>Above $107,000 up to $133,500</td>
<td>Above $214,000 up to $267,000</td>
<td>N/A see notes section</td>
<td>$31.90 + YPP *</td>
</tr>
<tr>
<td>Above $133,500 up to $160,000</td>
<td>Above $267,000 up to $320,000</td>
<td>N/A see notes section</td>
<td>$51.40 + YPP *</td>
</tr>
<tr>
<td>Above $160,000 and less than $500,000</td>
<td>Above $320,000 and less than $750,000</td>
<td>Above $85,000 and less than $415,000</td>
<td>$70.90 + YPP *</td>
</tr>
<tr>
<td>$500,000 and above</td>
<td>$750,000 and above</td>
<td>$415,000 and above</td>
<td>$77.40 + YPP *</td>
</tr>
</tbody>
</table>
## Improved Coverage in the Coverage Gap

<table>
<thead>
<tr>
<th>Year</th>
<th>What You Pay for Covered Brand-Name Drugs in the Coverage Gap</th>
<th>What You Pay for Covered Generic Drugs in the Coverage Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>2020</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
True Out-of-Pocket (TrOOP) Costs

- Expenses that count toward your out-of-pocket threshold of $5,100 (for 2019)
- After threshold you get catastrophic coverage
  - You pay only small copayment or coinsurance for covered drugs
- Explanation of Benefits (EOB) shows TrOOP costs to date
- TrOOP transfers if you switch plans during the year
- Pharmacists have to tell you if a better price is available without going through your plan
What Payments Count Toward TrOOP?

**Payments made by**

- You (including payments from your MSA, Health Savings Account (HSA), or Flexible Spending Account (FSA) (if applicable))
- Family members or friends
- Qualified State Pharmacy Assistance Programs (SPAPs)
- Medicare’s Extra Help (LIS)
- Indian Health Service (IHS)

- Most charities (unless they’re established, run, or controlled by the person’s current or former employer or union or by a drug manufacturer’s Patient Assistance Program (PAP) operating outside Part D)
- Drug manufacturer discounts on brand-name drugs under the Medicare coverage gap program
- AIDS Drug Assistance Programs (ADAPs)
What Payments Don’t Count Toward TrOOP?

- The amount paid by a Medicare drug plan
- The monthly drug plan premium
- Drugs purchased outside the U.S. and its territories
- Drugs not covered by the plan
- Drugs excluded from the definition of Part D drug, even in cases where the plan chooses to cover them as a supplemental benefit (like drugs for hair growth)
- Payments made by, or reimbursed to you by
  - Group health plans (GHPs) or retiree coverage
  - Government-funded programs
  - Other third-party groups
  - PAPs operating outside the Part D benefit
  - Other types of insurance
- Over-the-counter drugs or most vitamins (even if they’re required by the plan as part of step therapy)
Ms. Smith joins a prescription drug plan. Her coverage begins on January 1. She doesn’t get Extra Help and uses her Medicare drug plan membership card when she buys prescriptions. She pays a monthly premium throughout the year.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Ms. Smith pays the first $415 of her drug costs before her plan starts to pay its share.</td>
<td>Ms. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches $3,820.</td>
<td>Once Ms. Smith and her plan have spent $3,820 for covered drugs, she’s in the coverage gap. In 2019, she gets a 70% discount from the drug manufacturer on covered brand-name prescription drugs that counts as out-of-pocket spending, and helps her get out of the coverage gap. For 2019, she gets an additional 5% coverage from her plan on covered brand-name drugs and 63% coverage on covered generic drugs while in the coverage gap.</td>
<td>Once Ms. Smith has spent $5,100 out-of-pocket for the year, her coverage gap ends. Now she only pays a small coinsurance or copayment for each covered drug until the end of the year.</td>
</tr>
</tbody>
</table>
What’s Extra Help?

- Program to help people pay for Medicare Part D prescription drug costs
  - Also called the low-income subsidy (LIS)
- For people with limited income and resources
  - Lowest income and resources
    - Pay no premiums or deductible and small or no copayments
  - Slightly higher income and resources
    - Pay a reduced deductible and a little more out-of-pocket
- You won’t enter the coverage gap or pay late enrollment penalty if you qualify
- If you reach catastrophic coverage limit ($5,100) and have Extra Help, you’ll generally pay nothing for covered drugs for the rest of the year
- Special Enrollment Period (SEP)
  - Changed in 2019 - Once per calendar quarter during first 9 months each year
Qualifying for Extra Help

- You automatically qualify for Extra Help if you get
  - Full Medicaid coverage (sometimes called “full dual”)
  - Supplemental Security Income (SSI)
  - Help from Medicaid paying your Part B premium (Medicare Savings Program; sometimes called “partial dual”)

- All others must apply
  - Online at socialsecurity.gov/benefits/medicare/prescriptionhelp
  - Call Social Security at 1-800-772-1213; TTY: 1-800-325-0778
    - Ask for “Application for Help With Medicare Prescription Drug Plan Costs” (SSA-1020)
  - Contact your State Medical Assistance (Medicaid) office
  - Work with a local organization, like a State Health Insurance Assistance Program (SHIP)
2019 Income and Resource Limits to Apply for Extra Help

- Income limits (based on family size)-2019
  - Below 150% of the federal poverty level (FPL)
    - $18,735* per year for an individual, or $25,365* per year for a married couple

- Resource limits-2019
  - Up to $14,390*, per year for an individual, or $28,720* per year for a married couple
    - Cash, bank accounts, stocks, bonds, mutual funds and other similar investments
    - Real estate (except your home or properties needed for self-support like a rental property or land used to grow produce for home consumption)
    - Doesn’t include $1,500/person for burial expenses, life insurance policies, personal possessions like your car, jewelry or furniture

*Higher amounts for Alaska and Hawaii
Regional Low-income Subsidy Benchmark and De Minimis Amount

- Those that qualify for full Extra Help won’t have to pay a monthly plan premium if they select a plan at or below the regional low-income subsidy benchmark.
- If they enroll in a plan that has a premium above the benchmark amount, they may have to pay a portion of the monthly premium.
- Plans can choose to waive a “de minimis” premium amount above the regional benchmark.
- 2019 de minimis amount is $2.
- Regional benchmark amounts and de minimis amounts are updated each year.
## Automatic Enrollment

<table>
<thead>
<tr>
<th>People with Medicare and…</th>
<th>Basis for Qualifying</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Medicaid benefits</td>
<td>Automatically qualify</td>
<td>State Medical Assistance</td>
</tr>
<tr>
<td>(full duals)</td>
<td></td>
<td>(Medicaid) office</td>
</tr>
</tbody>
</table>

- Automatic enrollment in Part D drug plan (unless already in a drug plan)
- Letter on YELLOW paper
- Coverage starts first month eligible for Medicare and Medicaid
Facilitated Enrollment

- Facilitated enrollment in Part D drug plan
- Letter on GREEN paper
  - 2 versions (full or partial Extra Help)
- Coverage starts 2 months after CMS gets notice of eligibility

<table>
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<tr>
<th>People with Medicare and...</th>
<th>Basis for Qualifying</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Savings Program</td>
<td>Automatically qualify</td>
<td>State Medical Assistance (Medicaid) office</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI) benefits</td>
<td>Automatically qualify</td>
<td>Social Security Administration (SSA)</td>
</tr>
<tr>
<td>Limited income and resources</td>
<td>Must apply and qualify</td>
<td>SSA (most) or State Medical Assistance (Medicaid) office</td>
</tr>
</tbody>
</table>
## 2019 Extra Help Copayments

<table>
<thead>
<tr>
<th>Extra Help Copayments</th>
<th>2019 Generic/Brand-name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalized (Level 3)</td>
<td>$0</td>
</tr>
<tr>
<td>Receiving Home and Community-Based Services (under waiver only) (Level 3)</td>
<td>$0</td>
</tr>
<tr>
<td>Up to or at 100% federal poverty level (FPL) (Level 2)</td>
<td>$1.25/$3.80</td>
</tr>
<tr>
<td>Full Extra Help (Level 1)</td>
<td>$3.40/$8.50</td>
</tr>
<tr>
<td>Partial Extra Help (deductible/cost-sharing) (Level 4)</td>
<td>$85.00/15%</td>
</tr>
</tbody>
</table>
Medicare’s Limited Income Newly Eligible Transition (LI NET) Program

- Designed to remove gaps in coverage for low-income individuals moving to Part D coverage
- Gives temporary drug coverage if you have Extra Help and no Medicare drug plan
- Coverage may be immediate, current, and/or retroactive
- Medicare’s Limited Income Newly Eligible Transition (LI NET) Program
  - Has an open formulary
  - Doesn’t require prior authorization
  - Includes standard safety and abuse edits to protect you from refilling too soon or therapy duplication
  - Has no network pharmacy restrictions
- Continuing education credit webinars available
  - Run by Humana
How Do You Access Medicare’s Limited Income Newly Eligible Transition (LI NET) Program?

- **Auto-enrollment by CMS**
  - CMS auto-enrolls you if you have Medicare and get either full Medicaid coverage or SSI benefits.

- **Point-of-Sale (POS) Use**
  - You may use Medicare’s LI NET program at the pharmacy counter.

- **Submit a Receipt**
  - You may submit pharmacy receipts (not just a cashier’s receipt) for prescriptions already paid for out-of-pocket during eligible periods.
Reassignment Notices

- People reassigned notified by CMS early November (BLUE paper)
  - 3 versions of notice
    - People whose plans are leaving the Medicare Program
      - CMS Product No. 11208 (Medicare Advantage Plan with prescription drug coverage (MA-PD))
      - CMS Product No. 11443 (MA)
    - People whose premiums are increasing
      - CMS Product No. 11209
Changes in Qualifying for Extra Help

Medicare reestablishes eligibility each fall for next year if

- You no longer automatically qualify
  - Medicare sends “Loss-of-Deemed-Status” notice in September (GRAY paper)
    - Includes Social Security application to reapply
- Your status changes and you again automatically qualify
  - Medicare sends “Deemed Status” notice (PURPLE paper)
- You automatically qualify, but your copayment changed
  - Medicare sends “Change in Extra Help Co-payment” notice in early October (ORANGE paper)
Redetermination Process

- People who applied and qualified for Extra Help
  - 4 types of redetermination processes
    - Initial
    - Cyclical or recurring
    - Subsidy-changing event (SCE)
    - Other event (change other than SCE)
Extra Help, Dual and Partial Dual Eligible Special Enrollment Period (SEP) Limitations

- Previously, the SEP for those eligible for Extra Help (also known as LIS), dual eligible, and partial duals was ongoing
- As of January 1, 2019
  - Can only change plans one time per calendar quarter in the first 3 quarters of the year (January–March, April–June, and July–September)
    - Annual OEP can be used in the fourth quarter
  - These individuals will have another 3-month SEP following
    - A gain, loss, or change to Medicaid or Extra Help status
    - Notification of a CMS or state-initiated enrollment action
  - Extra Help, dual and partial dual eligible individuals who are determined to be “potentially at-risk” or “at-risk” for misuse of frequently abused drugs won’t be able to use this SEP (1x per calendar quarter SEP) to change plans
Extra Help and Dual Eligible Special Enrollment Period (SEP) Limitations (continued)

- Comprehensive Addiction and Recovery Act (CARA) established drug management programs
- Individuals who have been notified that they’re “potentially at-risk” or “at-risk” under a drug management program can’t use the Extra Help and Dual Eligible SEP
  - Limitation lasts until the “at-risk” determination expires or is terminated by the plan
  - “At-risk” status can be appealed to plan
  - Decision based on opioid use, dosage, and number of providers used
- Other enrollment periods are still available—OEP, other SEPs
<table>
<thead>
<tr>
<th>Medicare Prescription Drug Coverage Resource Guide</th>
</tr>
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<tbody>
<tr>
<td><strong>Centers for Medicare &amp; Medicaid Services (CMS)</strong></td>
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<td><strong>Social Security</strong></td>
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<tr>
<td><strong>State Health Insurance Assistance Programs and State Insurance Departments</strong></td>
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<tr>
<td><strong>Limited Income NET Program (Humana)</strong></td>
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<tr>
<td>Resource</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Prescription Drug Benefit Manual</td>
</tr>
<tr>
<td>National Training Program – Partner Job Aids</td>
</tr>
<tr>
<td>“Things to Think About When You Compare Medicare Drug Coverage”</td>
</tr>
<tr>
<td>“4 Ways to Help Lower Your Medicare Prescription Drug Costs”</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>“Handling Medicare Part D Complaints”</td>
</tr>
<tr>
<td>“LI NET for People at Pharmacy Counter”</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>“LI NET for People With Retroactive Medicaid &amp; SSI Eligibility”</td>
</tr>
</tbody>
</table>

**To access other helpful products:**

- View or download at [Medicare.gov/Publications](https://www.medicare.gov/Publications)
- Order multiple copies (partners only) at [Productordering.cms.hhs.gov](https://productordering.cms.hhs.gov). You must register your organization.
### Appendix: Enrollment Periods

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>Occurs From</th>
<th>Coverage Starts</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Enrollment Period (OEP)</td>
<td>October 15 – December 7</td>
<td>January 1</td>
<td>Plan marketing begins on October 1</td>
</tr>
<tr>
<td>Non-Renewal Special Enrollment Period (SEP)</td>
<td>December 8 – end of February</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month after request is made</td>
<td>If no election made by December 31, individual will be in Original Medicare and lose Part D</td>
</tr>
<tr>
<td>Medicare Advantage Open Enrollment Period (MA OEP)</td>
<td>January 1 – March 31, or first 3 months after initial Medicare entitlement</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month after request is made</td>
<td>Must have MA. Can switch to any MA Plan (except Medical Savings Account (MSA)), or go to Original Medicare. If go to Original Medicare, have SEP to enroll in Part D plan. Can add or drop Part D when switching plans.</td>
</tr>
</tbody>
</table>
## Enrollment Periods (continued)

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>Occurs From</th>
<th>Coverage Starts</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-star SEP</td>
<td>For enrollments effective during the year in which that plan has the 5-star rating</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month after request is made</td>
<td>Only enroll into a 5-star plan. Part D coverage not guaranteed.</td>
</tr>
<tr>
<td>SEP for Dual Eligible/Extra Help Eligible Individuals</td>
<td>One use per calendar quarter during the first 9 months of the year</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; of the month after request is made</td>
<td>Can’t be used by “at-risk” or “potentially at-risk” beneficiaries</td>
</tr>
<tr>
<td>Other SEPs</td>
<td>Varies based on situation, like residence changes, Special Needs status, etc.</td>
<td>Varies</td>
<td></td>
</tr>
</tbody>
</table>
CMS National Training Program (NTP)

To view all available NTP training materials, or to subscribe to our email list, visit CMSnationaltrainingprogram.cms.gov.

Stay connected.
Contact us at training@cms.hhs.gov, or follow us @CMSGov #CMSNTP
NAC’s Virtual Toolkit on Medicare’s Low Income Subsidy

Developed by the National Alliance for Caregiving
with grant support from Eli Lilly & Company
Information on Financial Help among Most Requested Caregiver Support Services

Figure 75: Use of Services
Q45. In your experience as a caregiver, have you ever...?

Base: Caregivers of Recipient Age 18+ (n=1,248)

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours Caregiving per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any of these</td>
<td></td>
</tr>
<tr>
<td>Made modifications to recipient home</td>
<td>59%</td>
</tr>
<tr>
<td>Requested information about financial help for recipient</td>
<td>55%</td>
</tr>
<tr>
<td>Used transportation service</td>
<td>30%</td>
</tr>
<tr>
<td>Used respite services</td>
<td>23%</td>
</tr>
</tbody>
</table>

Figure 76: Use of Services by Duration of Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Less than a Year (n=596) A</th>
<th>1 Year or Longer (n=649) B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had modifications made to recipient’s home</td>
<td>26%</td>
<td>42% A</td>
</tr>
<tr>
<td>Requested information about financial help</td>
<td>20%</td>
<td>35% A</td>
</tr>
<tr>
<td>Used transportation service</td>
<td>19%</td>
<td>27% A</td>
</tr>
<tr>
<td>Used respite services</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Full report at https://www.caregiving.org/caregiving2015/
Introducing Caregivers to Medicare LIS

A Virtual Toolkit for Caregiving Advocates

caregiving.org  @NA4Caregiving  /NA4Caregiving
Pocket Information Card

**EXTRA HELP**
MEDICARE LOW-INCOME SUBSIDY

Does Your Family Need “Extra Help” with Prescription Drug Costs?

Medicare Part D enrollees with limited income and resources can apply for the Low-Income Subsidy to help pay related premiums, deductible and copayments. To apply, a beneficiary must:

1. Gather records about income and resources (for both beneficiary and spouse, if married and living together).
2. Complete the application (Form SSA-1020):
   - at www.socialsecurity.gov/extrahelp;
   - by calling Social Security 1.800.772.1213 (or TTY 1.800.325.0778);
   - or by visiting the local Social Security office.
3. Once qualified, join an approved prescription drug plan.

More information about the Medicare Part D Low-Income Subsidy (or “Extra Help) is available at:

www.medicare.gov
1.800.MEDICARE
(or TTY 1.877.486.2048)

A Virtual “Extra Help” Toolkit
developed by the National Alliance For Caregiving with grant support from Eli Lilly and Company
is also available at: www.caregiving.org/ExtraHelp4Rx.
An “Extra Help” Fact Sheet

The Fact Sheet includes additional information about:

- Coverage;
- Eligibility;
- Applying for LIS; and
- LIS enrollment period.
Complete Contents of Virtual Toolkit

• Pocket Information Card
• Fact Sheet
• Webinar Recording
• LIS Briefing Paper
• #ExtraHelp4RX
  (Social Media Templates)
• Links to Additional Resources

Find NAC’s Virtual Toolkit on Medicare’s LIS at:

www.caregiving.org/ExtraHelp4Rx.

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Thank you!

National Alliance for Caregiving

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