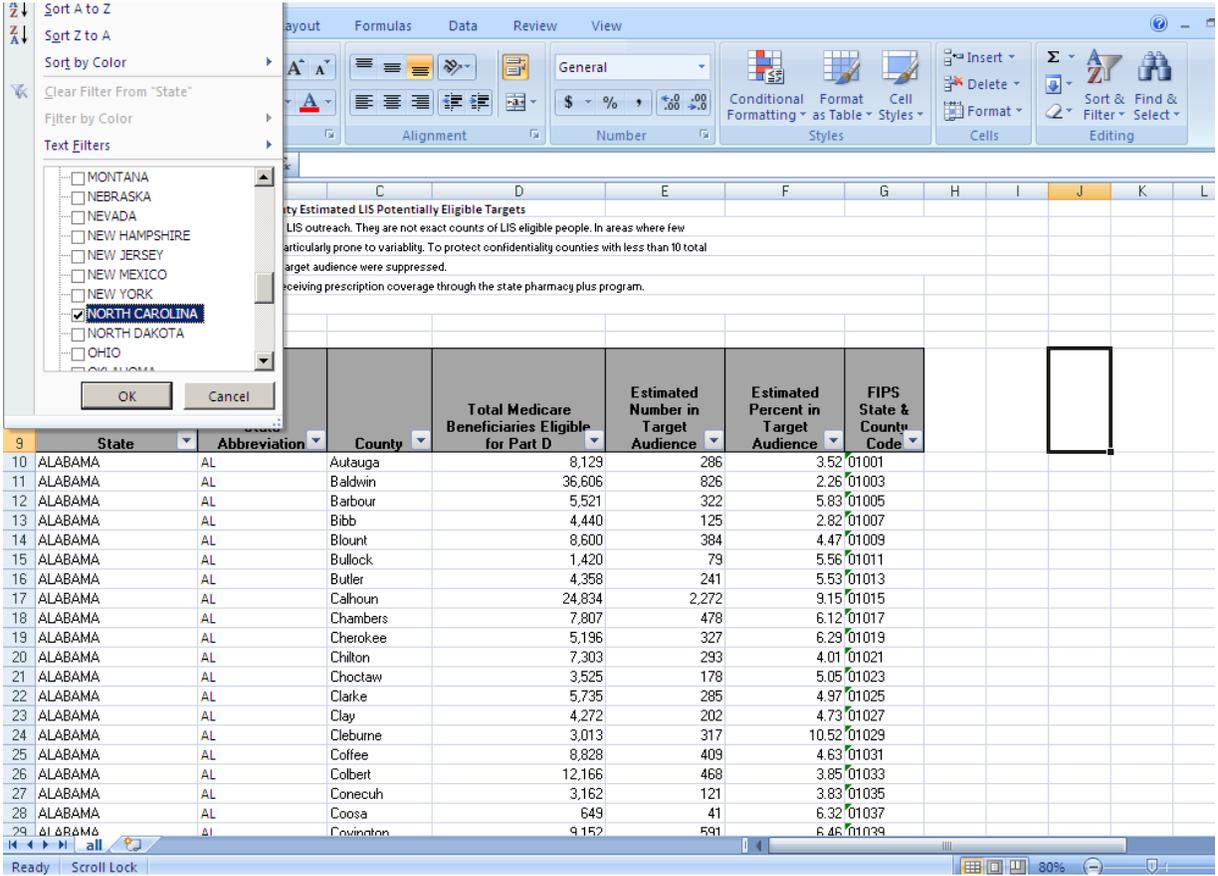


## **2011 Low Income Subsidy (LIS) Targeting Spreadsheets: An Example of How the Spreadsheets Can be Used**

To aid local outreach efforts in targeting their resources, CMS has provided two files, in both comma separated value [CSV] and Microsoft Excel spreadsheets, one at the county level and the other at the zip code level. These files contain the total number of Medicare beneficiaries eligible for Part D coverage, the estimated number of beneficiaries in the target audience, and the estimated percentage of the Medicare Part D eligible population in the target audience as of December 2010. The estimated number of beneficiaries in the target audience allows users to view the counties or zip codes that have the highest number of people estimated in the target audience. Outreach in these areas may reach the most beneficiaries. The estimated percentage of the Medicare population allows users to view areas with the highest density of people in the target audience. Outreach in these areas may be more efficient in that beneficiaries reached would be more likely to qualify for the low-income subsidy. Here we provide examples of how the data filters in the Excel files can be used to narrow the amount of data one looks at to target their efforts. The CSV files can be imported into other database programs for sorting and use of the information. A description of how the data was developed is at the end of this document.

The Excel spreadsheets have six columns that reflect state, county, total Medicare beneficiaries eligible for Part D, estimated number in target audience, estimated percent in target audience, state and county fips code. The fips codes will allow use of the data with mapping software. The zip code spreadsheet has an additional column for the zip code. Each column has a filter which allows for a quick and easy analysis to find areas to target outreach. A filtered range displays only the rows that meet the criteria that are specified for a column. Figure 1 demonstrates how to filter for one state, in this case, North Carolina.

**Figure 1. Filtering for a Particular State**



Now that we've narrowed our analysis to North Carolina, we can filter the counties to meet our needs. We've decided to identify the counties with the greatest number of beneficiaries in the target audience and then sort them so those with the highest percentage of beneficiaries in the target audience are at the top. The result, Figure 2, was accomplished by filtering for the top 10% in the estimated number in target audience column and then filtering in descending order in the estimated percentage column. Figure 2 shows that in Johnston, North Carolina there are approximately 1,299 Medicare beneficiaries in the target audience, representing 10% of all beneficiaries eligible for Part D in that county. Figure 2 also shows that Wake County has the largest estimated number in the target audience, but that number represents only 2% of the total Medicare beneficiaries within the county.

People in North Carolina will tell you Johnston and Wake counties have different characteristics that would be important to understand when targeting outreach. For example, Johnston County, North Carolina is smaller with a Part D eligible population of approximately 21,555 people, is geographically located near the center of North Carolina and has ten towns, including: Smithfield (county seat), Clayton, Selma, Benson, Kenly, Four Oaks, Pine Level, Princeton, Wilson's Mills, and Micro. In contrast, Wake County is the most populace county in the state with approximately 100,811 people eligible for Part D. Wake County contains thirteen municipalities including Angier, Apex, Cary, Fuquay-Varina, Garner, Holly Springs, Knightdale, Morrisville, Raleigh, Rolesville, Wake Forest, Wendell, and Zebulon.

**Figure 2. Narrowing Analysis to North Carolina Counties with the Greatest Number in the Target Audience**

	State	State Abbreviation	County	Total Medicare Beneficiaries Eligible for Part D	Estimated Number in Target Audience	Estimated Percent in Target Audience	FIPS State & County Code
1822	NORTH CAROLINA	NC	Johnston	21,555	1,299	6.03	37101
1829	NORTH CAROLINA	NC	Rowan	23,327	1,302	5.58	37159
1837	NORTH CAROLINA	NC	Gaston	36,444	2,011	5.52	37071
1845	NORTH CAROLINA	NC	Robeson	22,354	1,206	5.40	37155
1847	NORTH CAROLINA	NC	Iredell	25,253	1,330	5.27	37097
1852	NORTH CAROLINA	NC	Pitt	22,947	1,205	5.25	37147
1860	NORTH CAROLINA	NC	Buncombe	45,539	2,148	4.72	37021
1862	NORTH CAROLINA	NC	Randolph	26,107	1,199	4.59	37151
1871	NORTH CAROLINA	NC	Catawba	28,331	1,292	4.56	37035
1885	NORTH CAROLINA	NC	Cumberland	38,498	1,621	4.21	37051
1887	NORTH CAROLINA	NC	Mecklenburg	99,844	2,387	2.39	37119
1889	NORTH CAROLINA	NC	Forsyth	59,017	1,381	2.34	37067
1891	NORTH CAROLINA	NC	Guilford	72,752	1,697	2.33	37081
1903	NORTH CAROLINA	NC	Wake	100,811	2,014	2.00	37183



## **How were estimates derived?**

We used multiple sources of data and some approximations to estimate these numbers. First, we created a file of beneficiaries with no known source of prescription drug coverage. This file was created using Medicare Part D enrollment data, data reported by employers receiving retiree drug subsidies, and enrollment information about creditable drug coverage from other federal, state, and employer sources.

Next, we attempted to identify low income beneficiaries who might be eligible for the LIS. CMS does not have income information for beneficiaries. Therefore we needed to use an approximate method. We geo-coded each beneficiary's address into a census block group. We then assigned the median household income for the population age 65 and over for the block group (provided by the Census Bureau) to the beneficiary. Earlier CMS estimates indicate that up to 30 percent of beneficiaries may be eligible for the LIS. Using this as a guide, we created a file containing the 30 percent of beneficiaries with the lowest assigned incomes.

We then combined the two files above to create a file of beneficiaries with no known source of prescription drug coverage living in the lowest income areas. Counts of beneficiaries were aggregated to the zip code and county level. Zip codes and counties with fewer than 10 beneficiaries in the target population were excluded for confidentiality purposes.

The result is the county and zip-level files. Please remember that these are not actual counts of LIS-eligible individuals without prescription drug coverage. They are only estimates. We are providing these to partners to guide and support their LIS outreach efforts. These estimates can help to identify geographic areas with large numbers of beneficiaries who might be eligible for the low income subsidy and who have no other drug coverage. We encourage our partners to use these data in combination with their knowledge of local resources to help encourage enrollment of these vulnerable individuals in the Low Income Subsidy program.