

WHAT'S AT STAKE

WHAT ADMINISTRATIVE BARRIERS MEAN FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

MEDICARE RIGHTS CENTER
Getting Medicare right



This fact sheet explains what administrative barriers to Medicare and Medicaid mean for older adults, people with disabilities, and the health care system.

Policymakers often overlook or disregard the problems people may face when they try to enroll or stay enrolled in public programs or to get the care they need. Issues around Medicare and Medicaid enrollments and appeals are legion and can run the gamut from minor one-time annoyances to recurrent bureaucratic nightmares.

Most administrative barriers are choices policymakers have made, and they can keep far too many people from successfully enrolling in or staying enrolled in the coverage they need. The barriers vary in type and burden: confusing rules; complex application processes; duplicative or conflicting reporting of income or assets across programs; lack of accessible information, tools, or assistance; frequent redeterminations; rent-seeking administrative layers; administrative backlogs, errors, or negligence; and paperwork burdens.

Importantly, individuals and families may qualify for benefits from several different programs, meaning these administrative barriers are doubled, or tripled, even quadrupled or more as people try to survive and thrive.¹

Callers to the Medicare Rights Center's National Helpline are too often caught in red tape. For example, every year, we hear from people who believed they were following Medicare's complex enrollment rules and specific timelines only to discover too late they missed a key deadline or

decision point.² The consequences for these mistakes can be severe: Beneficiaries who do not enroll at the proper time may face steep financial penalties, higher-than-expected medical costs, and lapses in health coverage. For many, these missteps are rooted in a lack of timely, actionable enrollment information.³

As this and other examples show, navigating health programs can be daunting, with too many accidental pitfalls and deliberate tripwires getting in the way of coverage and care.⁴



Medicare

Medicare Enrollment:⁵ While most older adults and people with disabilities are automatically enrolled in Medicare Part B,⁶ a growing number are not. These individuals must make an active enrollment choice, taking into consideration specific timelines,⁷ complex Medicare rules,⁸ and their existing coverage. Beneficiaries who make honest mistakes may face financial penalties,⁹ higher-than-expected medical costs,¹⁰ and lapses in health coverage.

Medicare Advantage Enrollment:¹¹ While enrolling in Medicare itself is a one-time act for most people, those in Medicare Advantage (MA) should take action every year to assess their plan and ensure they have the best coverage they can find for their circumstances.¹² Recent changes to the Medicare Plan Finder tool should help people better determine whether their preferred providers are in-network for given plans,¹³ but will not address other issues like the cluttered plan landscape,¹⁴ predatory marketing, and a lack of high-quality tools and information. Combined, these barriers make choosing a plan an annual chore that many people simply refuse to do. In 2024, for example, KFF found that 69% of people did not compare plans and 43% did not review their coverage to learn about any changes ahead of the 2022 Fall Open Enrollment period.¹⁵

Medicare Advantage Denials and Appeals: MA coverage denials leave enrollees with only bad options: paying out of pocket, going without, or getting embroiled in a daunting and deeply flawed appeals process. Each path can lead to delayed

care, abandoned therapies, worse health, and higher costs. Particularly egregious are the estimated tens of thousands of improper coverage denials each year, which force people to make this choice unnecessarily.¹⁶

Part D Denials and Appeals: Part D enrollees often struggle to successfully navigate the world of Part D denials and appeals. They receive little information at the pharmacy counter for why their medication has been denied and must pursue a tedious fact-finding mission just to understand their options.¹⁷



Medicaid

Medicare Savings Programs (MSPs):¹⁸ Despite their name, MSPs are Medicaid-funded programs that help people with Medicare afford their coverage and, in some cases, their doctor bills.¹⁹ These programs are chronically underenrolled, with an estimated 40% of those who are eligible missing out on thousands of dollars in assistance each year.²⁰ This may be due to a lack of information about the programs, confusion about how to sign up, or difficulty navigating an enrollment process that is notoriously complex.²¹

The Biden administration finalized rules that were designed to streamline MSP application processes for eligible people,²² but the recently passed 2025 reconciliation bill, HR 1, halted enforcement of most of the rule. The Congressional Budget Office projects this law will keep many eligible people from accessing these benefits and cause nearly 1.4 million low-income people with Medicare—more than 10% of the dually enrolled Medicare-Medicaid population—to lose their MSP coverage due to administrative hurdles.²³

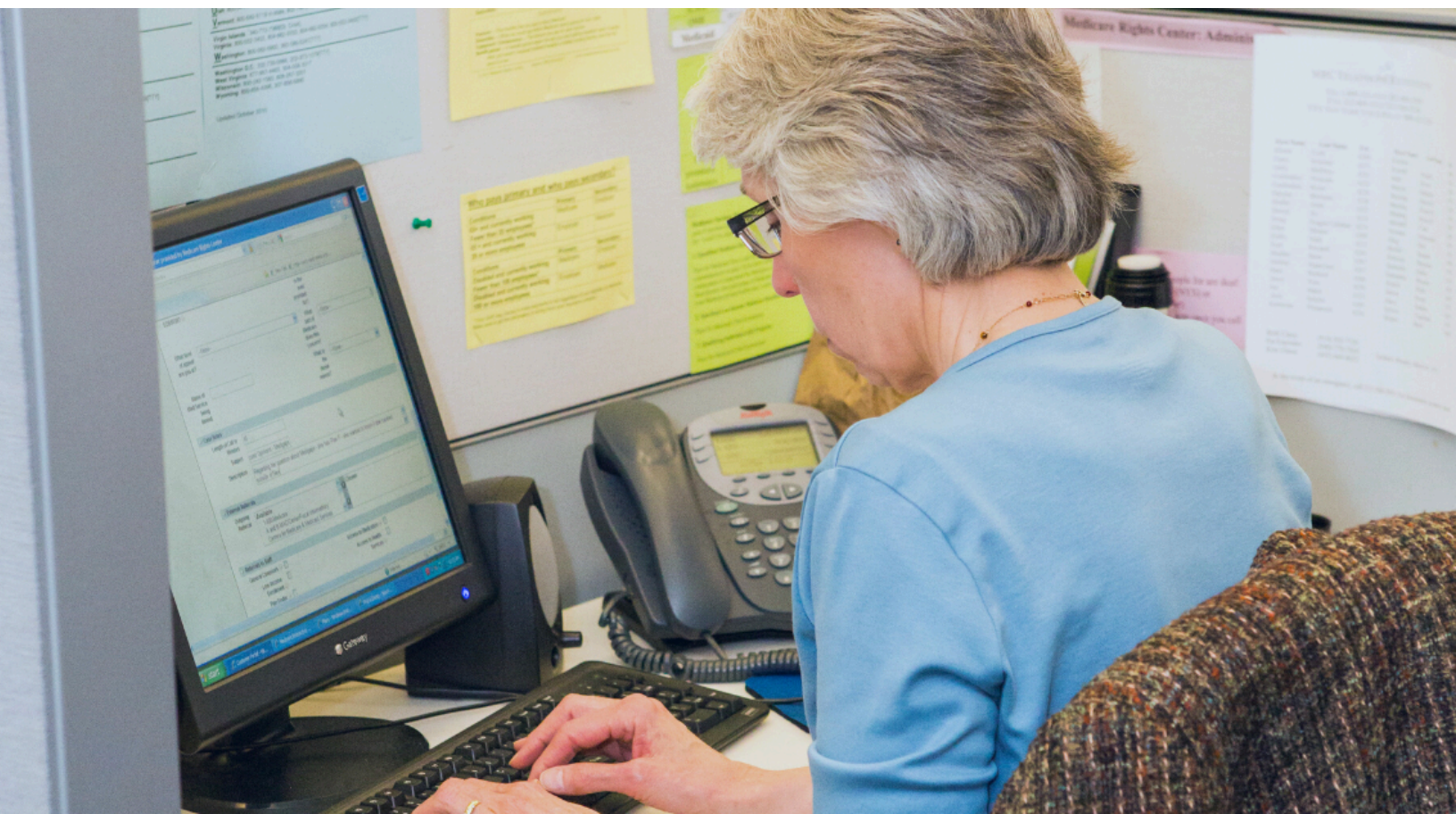
Redeterminations: “Churn” is the unnecessary loss of Medicaid coverage, and it is often tied to burdensome administrative processes and paperwork.²⁴ Churn causes significant health and financial burdens for beneficiaries, providers, insurance plans, and states, but many states have embraced churn, including by requiring older adults and people with disabilities—whose incomes are likely to be stable year over year—to resubmit their income and asset information multiple times a year. Since such compliance can be difficult, people may lose their coverage despite still being eligible. The Biden administration finalized rules that were designed to cut down on Medicaid churn for eligible people,²⁵ but HR 1 halted enforcement of most of the rule.

Work Reporting Requirements: Like redeterminations, work reporting requirements add hurdles that can keep eligible people from remaining enrolled in Medicaid. Most adults on Medicaid work,²⁶ but the administrative hurdles of work requirements can effectively keep people from accessing the care and coverage they need.²⁷ In 2018, when a new work requirement went into effect in Arkansas, 18,164 people lost Medicaid coverage due to failure to meet the work and reporting requirements despite the vast majority being exempt.²⁸



Similarly, an investigation of Georgia’s work reporting requirement implementation showed that the program was extremely costly and ineffective, with 90% of the spending going to administrative expenses and only a fraction of those estimated to be eligible managing to enroll in the program in the first year.²⁹ Even after the requirement was more firmly established, a government watchdog found the program had spent far more on administrative costs—\$54 million—than medical support and had missed all enrollment targets.³⁰

The recently passed 2025 reconciliation bill, HR 1, instituted a new work requirement on the expansion Medicaid population, starting December 31, 2026. As with many health policies, the deleterious effect of a work reporting requirement will likely be most pronounced for people over 50 who face significant challenges in meeting work requirements, often due to discrimination.³¹ The health consequences for this population if they lose Medicaid coverage can be especially severe,³² and self-reported health status—a strong indicator of well-being—tends to decline with age and to be closely related to income status.³³



- [1] Alexandra Schweitzer & Aparna Mathur, "Reducing Administrative Burdens To Increase Access To Safety Net Programs" (November 22, 2023), <https://www.healthaffairs.org/content/forefront/reducing-administrative-burdens-increase-access-safety-net-programs>.
- [2] Sarah Murdoch, et al., "Medicare Trends and Recommendations: An Analysis of 2023 Call Data from the Medicare Rights Center's National Helpline" (January 2025), <https://www.medicarerights.org/pdf/2023-helpline-trends-report.pdf>.
- [3] Lindsey Copeland, "New Bipartisan Bill Would Improve Medicare Enrollment" (August 21, 2025), <https://www.medicarerights.org/medicare-watch/2025/08/21/new-bipartisan-bill-would-improve-medicare-enrollment>.
- [4] See, e.g., Medicare Rights Center, "Challenges Faced by Dual Eligibles: Medicare Savings Program Enrollment" (September 10, 2024), <https://www.medicarerights.org/policy-documents/msp-enrollment>.
- [5] Medicare Rights Center, "Medicare Part B Enrollment: Pitfalls and Solutions" (March 1, 2023), <https://www.medicarerights.org/policy-documents/medicare-part-b-enrollment-pitfalls-and-solutions>.
- [6] Medicare Interactive, "How to enroll in Medicare if you are turning 65" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/original-medicare-enrollment/how-to-enroll-in-medicare-if-you-are-turning-65>.
- [7] Medicare Interactive, "How to enroll in Medicare if you are turning 65 without Social Security or Railroad Retirement benefits" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/original-medicare-enrollment/how-to-enroll-in-medicare-if-you-are-turning-65-without-social-security-or-railroad-retirement-benefits>.
- [8] Medicare Interactive, "How to enroll in Medicare if you missed your Initial Enrollment Period" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/original-medicare-enrollment/how-to-enroll-in-medicare-if-you-missed-your-initial-enrollment-period>; Medicare Interactive, "The 30-month coordination period for people with ESRD" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/medicare-and-end-stage-renal-disease-esrd/the-30-month-coordination-period-for-people-with-esrd>.
- [9] Patricia A Davis, "Medicare Part B: Enrollment and Premiums," Congressional Research Service (May 19, 2022), <https://sgp.fas.org/crs/misc/R40082.pdf> (In 2021, nearly 780,000 Medicare beneficiaries were paying a Part B Late Enrollment Penalty that increased their monthly premium by around 27%. Because the penalty applies as long as the individual has Part B, it is effectively lifelong); Medicare Interactive, "Medicare Part B late enrollment penalties" (last visited September 26, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/original-medicare-enrollment/medicare-part-b-late-enrollment-penalties>.
- [10] Medicare Interactive, "COBRA and Medicare coordination" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/coordinating-medicare-with-other-insurance/cobra-and-medicare/cobra-and-medicare-coordination>.
- [11] Medicare Rights Center, "Simplifying Medicare Advantage Enrollment" (March 1, 2023), <https://www.medicarerights.org/policy-documents/simplifying-medicare-advantage-enrollment>.
- [12] Medicare Interactive, "Six things to know about Fall Open Enrollment" (last visited September 9, 2025), <https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/changing-medicare-coverage/six-things-to-know-about-fall-open-enrollment>.
- [13] Julie Carter, "Final Rule and New Special Enrollment Period Will Aid Those Misled by Provider Directories" (September 25, 2025), <https://www.medicarerights.org/medicare-watch/2025/09/25/final-rule-and-new-special-enrollment-period-will-aid-those-misled-by-provider-directories>.

- [14] Medicare Rights Center, "Medicare Advantage Proliferation: Too Much of a Complicated Thing" (July 23, 2025), <https://www.medicarerights.org/policy-documents/medicare-sustainability-ma-proliferation>.
- [15] Nancy Ochieng, et al., "Nearly 7 in 10 Medicare Beneficiaries Did Not Compare Plans During Medicare's Open Enrollment Period" (September 26, 2024), <https://www.kff.org/medicare/nearly-7-in-10-medicare-beneficiaries-did-not-compare-plans-during-medicares-open-enrollment-period/>.
- [16] Julie Carter, "Government Watchdog Reports Medicare Advantage Denying or Delaying Medically Necessary Care" (April 28, 2022), <https://www.medicarerights.org/medicare-watch/2022/04/28/government-watchdog-reports-medicare-advantage-denying-or-delaying-medically-necessary-care>.
- [17] Medicare Rights Center, "Medicare Part D Appeals Problems and Options to Correct Them" (March 1, 2023), <https://www.medicarerights.org/policy-documents/medicare-part-d-appeals-problems-and-options-to-correct-them>.
- [18] Medicare Rights Center, "Improving Medicare Savings Programs" (March 1, 2023), <https://www.medicarerights.org/policy-documents/improving-medicare-savings-programs>.
- [19] Medicare Interactive, "Medicare Savings Program basics" (last visited September 26, 2025), <https://www.medicareinteractive.org/understanding-medicare/cost-saving-programs/medicare-savings-programs-qmb-smb-qi/medicare-savings-program-basics>.
- [20] Medicaid and CHIP Payment and Access Commission, "Medicare Savings Programs" (September 8, 2023), <https://www.macpac.gov/subtopic/medicare-savings-programs/>.
- [21] Centers for Medicare & Medicaid Services, "Navigating the Medicare Savings Program (MSP) Eligibility Experience" (last visited September 25, 2025), <https://www.cms.gov/files/document/navigating-medicare-savings-program-msp-eligibility-experience-journey-map.pdf>.
- [22] Centers for Medicare & Medicaid Services, "Streamlining Medicaid and CHIP, Final Rule, Fact Sheet" (September 8, 2023), <https://www.cms.gov/newsroom/fact-sheets/streamlining-medicare-and-chip-final-rule-fact-sheet>.
- [23] Congressional Budget Office, "Energy & Commerce, Subtitle D, Part I – Medicaid" (May 5, 2025), [https://d1dth6e84htgma.cloudfront.net/E and C Markup Subtitle D Part I 5 12 25 4628d60c2a.pdf](https://d1dth6e84htgma.cloudfront.net/E%20and%20C%20Markup%20Subtitle%20D%20Part%20I%205%2012%2025%204628d60c2a.pdf).
- [24] Erin Weir Lakhmani, et al., "Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Opportunities for States" (March 2022), [https://www.integratedcareresourcecenter.com/sites/default/files/ICRC Addressing Medicaid Churn 0.pdf](https://www.integratedcareresourcecenter.com/sites/default/files/ICRC%20Addressing%20Medicaid%20Churn%200.pdf).
- [25] Centers for Medicare & Medicaid Services, "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes Final Rule Fact Sheet" (March 27, 2024), <https://www.cms.gov/newsroom/fact-sheets/streamlining-medicare-and-chip-final-rule-fact-sheet>.
- [26] Madeline Guth, et al., "Understanding the Intersection of Medicaid & Work: A Look at What the Data Say" (April 24, 2023), <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicare-and-work-a-look-at-what-the-data-say/>.
- [27] Adrianna McIntyre, et al., "New Medicaid Enrollment Barriers and Lessons From Unwinding" (September 4, 2025), <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2838677>; MaryBeth Musumeci, Robin Rudowitz & Cornelia Hall, "An Early Look at Implementation of Medicaid Work Requirements in Arkansas" (October 8, 2018), <https://www.kff.org/medicaid/issue-brief/an-early-look-at-implementation-of-medicare-and-work-requirements-in-arkansas/>.
- [28] Robin Rudowitz, MaryBeth Musumeci & Cornelia Hall, "February State Data for Medicaid Work Requirements in Arkansas" (March 25, 2019), <https://www.kff.org/medicaid/issue-brief/state-data-for-medicare-and-work-requirements-in-arkansas/>.

[29] Andy Miller & Renuka Rayasam, "Georgia's Medicaid Work Requirements Costing Taxpayers Millions Despite Low Enrollment" (March 20, 2024), <https://kffhealthnews.org/news/article/georgia-medicaid-work-requirements-experiment-high-cost-low-enrollment/>.

[30] Margaret Coker, "Georgia's Medicaid Work Requirement Program Spent Twice as Much on Administrative Costs as on Health Care, GAO Says" (September 24, 2025), <https://www.propublica.org/article/georgia-pathways-medicaid-work-requirement-gao-report>; Government Accountability Office, "Medicaid Demonstrations: Information on Administrative Spending for Georgia Work Requirements" (September 3, 2025), <https://www.gao.gov/assets/gao-25-108160.pdf>.

[31] Victoria A Lipnic, "The State of Age Discrimination and Older Workers in the U.S. 50 Years After the Age Discrimination in Employment Act (ADEA)" (June 2018), <https://www.eeoc.gov/reports/state-age-discrimination-and-older-workers-us-50-years-after-age-discrimination-employment>.

[32] Center on Budget and Policy Priorities, "Taking Away Medicaid for Not Meeting Work Requirements Harms Older Americans" (March 14, 2019), <https://www.cbpp.org/research/health/taking-away-medicaid-for-not-meeting-work-requirements-harms-older-americans>.

[33] Centers for Disease Control, "Health Status" (last visited June 24, 2024), <https://www.cdc.gov/nchs/hus/topics/health-status.htm#featured-charts>.

www.medicarerights.org

800-333-4114

266 W. 37th St. 3rd Floor
New York, NY 10018

