were collected through focus groups and a national survey. Preliminary findings suggest that older borrowers demonstrate several distinct communication typologies within their families in regards to finances, particularly regarding student loan accrual and repayment. Each of the four primary communication styles regarding loans impact borrowers' financial and emotional wellbeing throughout the life course, as well as perceived relationship dynamics. Moreover, older borrowers are more likely to report family conflict if student loans are less frequently discussed with family members. Findings also suggest strategies to help parents and grandparents facilitate conversations abound student loans based on their unique family communication styles.

MEDICARE COVERAGE CHANGES: THE ROLE OF INDIVIDUAL CHARACTERISTICS AND INTERNET USE

Brian E. McGarry,[1] and David C. Grabowski[1], *1. Harvard Medical School, Boston, Massachusetts, United States*

An important challenge to the success of consumer choice within the Medicare program is older adults' proclivity to assess their coverage on an annual basis and make changes when appropriate. Every year, relatively few beneficiaries alter their coverage (e.g., by switching Part D plans, switching between MA and traditional Medicare coverage) despite annual coverage changes and new market entrants. Little is known about the factors that encourage re-evaluation of Medicare coverage choices or the role of technology in facilitating changes. The latter knowledge gap is particularly relevant as the internet is an increasingly important delivery mechanism for Medicare information and consumer support tools. This study uses a nationally-representative sample of Medicare beneficiaries to describe Medicare coverage changes, the individual factors that predict such changes, and the relationship between Medicare-related internet use and plan switching. On average, 12% of Medicare beneficiaries made changes to their coverage in a given year, with 25% of beneficiaries making a change at any point during the study period. Between 2011 and 2015, the self-reported rate of using the internet to handle Medicare/insurance matters increased from 5% to 11%. In adjusted models that included individual-level fixed effects and other time-varying characteristics (e.g., health status, prescription drug needs), Medicare-related internet use was associated with a 65% increase in the probability of making a coverage change. Although using the internet to handle insurance matters remains relatively rare among older adults, it may an important mechanism for obtaining information that encourages plan changes, facilitating such switches, or both.

ASSESSING THE EFFECTS OF LONG-TERM CARE INSURANCE ON EQUITY AND EFFICIENCY: A CASE STUDY OF QINGDAO CITY IN CHINA

Wei Yang,[1] and Shuang Chang[2], *1. King's College London, London, United Kingdom, 2. Tokyo Institute of Technology, Tokyo, Japan*

The demand for equitable and efficient long-term care (LTC) has risen rapidly, and finding a suitable mechanism to finance LTC has become a pressing policy concern for many countries. A number of high income countries have chosen to use a social LTC insurance to fund the LTC system, but empirical assessments on such an insurance in low-and middle-income countries are limited. Using China as an example, this paper empirically assesses the performance of newly-piloted LTCNI by evaluating its impact on equity and efficiency in financing. We draw data from 47 in-depth interviews conducted with local government, care providers and family members of the LTCNI participants in Qingdao in 2016. We found that there remain sizable disparities in financial burden among LTCNI participants, despite of its emphasis on ensuring access to care based on people's needs; care providers are incentivised to provide care at the least cost even this care is deemed as insufficient or inadequate due to fixed payment for their services. Our paper offers critical insights into the potential and challenges in applying LTC insurance model to a LMIC, where critical lessons can be drawn for public LTC insurance in other LMICs.

MEDICAID FINANCING IN ASSISTED LIVING AND CHARACTERISTICS OF MEDICARE DUAL-ELIGIBLE RESIDENTS

Chanee D. Fabius,[1] Portia Y. Cornell,[2] and Kali S. Thomas[3], *1. Johns Hopkins University, Baltimore, Maryland, United States, 2. Brown University, Providence, Rhode Island, United States, 3. Providence VA Medical Center, Providence, Rhode Island, United States*

An increasing number of assisted living (AL) residents rely on Medicaid waivers or state plans to pay for personal care and other supportive services. States may finance services for duals residing in AL through Medicaid waivers and state plans, but the availability of coverage varies – some states offer little to no Medicaid coverage for services in AL, and others offer multiple pathways to receiving assistance. Little is known about duals in AL, including how many have access to AL and the quality of care they receive there. The present study compares the characteristics of Medicare beneficiaries residing in large AL settings, by dual-eligibility status, and investigates the variability in the share of duals in AL among states. We identified 586,397 Medicare beneficiaries residing in AL in 2014. Medicare claims were used to measure health characteristics and health care utilization. Duals represented 16% of AL residents in our cohort. Compared to non-duals, duals were more often older adults of color (24 vs 4%), and more likely to qualify for Medicare due to disability (46 vs 7%). Duals had higher rates of hospitalizations (24 vs 21%) and skilled nursing facility use while in AL (11 vs 10%), and more chronic conditions than non-duals. States varied in the share of AL residents who are duals, ranging from 6% in New Hampshire to 41% in New York. State policies that may contribute to variation in the prevalence of duals in AL and implications of these findings for policy-makers and residents will be discussed.

GENDER DIFFERENCE IN RETIREMENT TIMING

Hansol Kim,[1] Hyun Kang,[2] and David J. Ekerdt[2], *1. Gerontology, University of Kansas, Lawrence, Kansas, United States, 2. University of Kansas, Lawrence, Kansas, United States*

The aim of this research is to examine the retirement timing of older men and women in the United States and to find what factors impact such timings. This research used the 2014 Health and Retirement Study datasets. A total of 2,401 respondents were included in this research. All of the