

# TOP FIVE THINGS FEDERAL GOVERNMENT CAN DO TO SUPPORT DUALLY ELIGIBLE INDIVIDUALS' PARTICIPATION IN INTEGRATED CARE



**1. Establish a resource hub, in consultation with states, which gives clear, comprehensive information to dually eligible individuals about their integrated options and connects individuals to a trained expert. A resource hub should:**

- a. Include an interactive website and toll-free hotline in which individuals, their caregivers and other trusted sources can learn about integrated care, its benefits and the available plan options in the format and language of their choice
- b. Assist dually eligible individuals to learn about which integrated care option might be best for them based on their health needs, similar to the “Find My Care” feature of MyCareMyChoice.org
- c. Allow dually eligible individuals to enroll directly in coverage

**2. Offer a one-year continuity of care period to allow individuals the opportunity to continue seeing existing out-of-network providers after initially enrolling in an integrated option. This will allow:**

- a. Dually eligible individuals time to transition to new provider, if necessary
- b. Health plans to grow their provider networks by including providers their members know and trust, thereby retaining more enrollees
- c. States time to collect and analyze data on dual eligible individuals' reasons for opting out or disenrolling from integrated care programs, and consider more effective enrollment strategies in accordance with findings (see item #5)

*“To find someone in the local community that is recognized as a trusted leader is ... the most important [way] to ...get [enrollees’] attention.”*

– federal government official

**3. Require states to make all outreach and education materials, including passive enrollment notices, available in the primary languages spoken by dually eligible beneficiaries in their state. In order to accomplish this, CMS should:**

- a. Collect data on the languages spoken by dually eligible individuals at the time they are identified for passive enrollment so that states can be sure to send individuals materials in their primary language

*“We learned that in order to have appropriate and timely contact from a health risk assessment perspective and a care coordination perspective in the beginning, you couldn’t have huge waves of people all at once because the plans weren’t necessarily able and staffed to be able to do that.”*

– federal government official



- b. Require states to print and disseminate all written materials in the primary languages spoken in the regions the integrated plans are serving
- c. Conduct ongoing evaluations on whether notices and other written materials are truly accessible to dually eligible individuals, and use these findings to determine whether and when states should receive approval to tailor the content of written materials
- d. Require states to more prominently present enrollment assister organization contact information on outreach and education notices

#### **4. Require states to take steps to prevent enrollees from losing Medicaid coverage by:**

- a. Implementing a six-month Medicaid deeming period that accounts for the time it takes for individuals to both realize they have a deadline or have missed their deadline and to complete the annual Medicaid redetermination application
- b. Working with integrated care plans on outreach strategies regarding the annual Medicaid redetermination process, including collaborating on communications materials and community events
- c. Ensuring individuals are aware of the deeming process and that their benefits will continue and giving sufficient notice on the status of their eligibility

*"[It's important] to help [an enrollee] see ...how someone like them could benefit [from integrated care, using] more person-centered storytelling ...[that goes] beyond using words like care coordination"*

– federal government official

#### **5. Require states to collect data on the reasons why individuals decided to opt out or disenroll from integrated care program. States, in particular, can use this information to:**

- a. Identify gaps in provider networks and work to develop more robust networks
- b. Assess whether there are any trends in provider access issues, such as particular plans experiencing high disenrollment rates due to their networks or particular providers that dually eligible individuals are having trouble accessing
- c. Assess whether additional enrollment policies or protections need to be put in place to increase access to providers and ensure better access to care, such as stronger network adequacy or network management rules, or changes to intelligent assignment procedures