Community Catalyst

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Policy Options to Create a Person-Centered Enrollment Infrastructure for Medicare-Medicaid Enrollees

Acknowledgements

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Executive Summary

In previous research exploring dually eligible individuals' perspectives on enrolling or not enrolling in integrated care programs, Community Catalyst uncovered critical findings about the immense confusion and lack of support that people who are dually eligible experience in the enrollment process. This study builds on that knowledge through policy research and analysis which further defines and advances solutions to these challenges. In particular, this research explored the prospect of a federal resource hub, including investments in community and direct-services organizations, as a vehicle to address the information and resource gaps dually-eligible people experience when making integrated care enrollment decisions.

This research focused on supporting the conditions for progress on two policy objectives:

1. The federal government establishes and allocates sufficient funding for a permanent resource hub (including an interactive website and hotline) from which individuals, their caregivers, and other trusted sources can learn about integrated care, its benefits and the available plan options. This hub would be designed to bolster and complement current programs, including State Health Insurance Assistance Programs (SHIPs).
2. The federal government establishes a new, fully resourced program focused on training and investing in community-based or direct-service organizations to serve as enrollment assistance entities explicitly for dually eligible indviduals. The trainings would be multifaceted, tailored to the roles different organizations play (including SHIPs) and would include specialized trainings and resources.

Through key informant interviews with federal and state stakeholders, enrollment assister listening sessions, and a beneficiary listening session, our research uncovered a few key themes:

- There is legal authority and funding opportunities for a federal integrated care enrollment resource hub
- While SHIPs and other enrollment assisters have limited capacity and are not able to reach all beneficiaries with their current resources, they provide a neutral and welcoming enrollment environment that could be bolstered or replicated
- Accessible sources of trustworthy and knowledgeable information continue to be an unmet need for people who are dually eligible for Medicare and Medicaid
- The core issue of enrollment assistance is the limited capacity -- despite a clear need, especially for dually eligible individuals, the current availability of 1:1 assistance is insufficient

From these themes, we generated the following recommendations:

CMS should lead the development of a resource hub. There is a deep need for resources to realize the full potential of a resource hub, states do not have the money to execute a resource hub on their own, and there is a need for federal support. In particular, the

Medicare-Medicaid Coordination Office [CMS Duals Office] has the credibility, expertise, and statutory authority already granted by Congress[1] to lead such an initiative in a way individual states cannot. States also have technical assistance needs that would need to be fulfilled at the federal level. CMS should move forward with a resource hub without a federal mandate.

The CMS duals office could become a hub for enrollment options counseling. There is no distinct home for dual eligibility enrollment counseling. Having a resource hub could ensure the information landscape is more simplified. This would also allow CMS to collect better data about dually eligible people and enrollment. In order to support the rollout of a resource hub, existing supports such as SHIPs will need additional resources.

Make trusted source of neutral and unbiased information accessible and readily-available. Information is needed both for professionals troubleshooting complex scenarios and beneficiary-facing information that is clear and simple.

Integrate different groups of enrollment assisters. In the existing system, assisters reported they typically have no way to coordinate or work from the same information across Medicare and Medicaid programs, limiting their ability to provide support to people who are dually eligible and in need of enrollment counseling. Importantly, this integration should also include data coordination. By connecting different types of enrollment assisters into a unified network, such as Medicare and Medicaid assisters, the resource hub can create the conditions for better collaboration and information exchange.

Offer Personalized Assistance. Dually eligible people need someone to walk them through their plan options and provide guidance about which option could be the best fit for their particular needs and preferences. Interviewees expressed frustration that many resources available to people who are dually eligible are not able to provide advice that is tailored to individual needs. Interviewees suggested different methods to better personalize information, including algorithms and trained counselors. In order to adequately assist individuals, enrollment assisters need to easily access basic information. Enrollment assisters also need access to things like state portals to provide adequately personalized and accurate assistance.

Make enrollment assister information readily available to beneficiaries. In one state, demonstrations included SHIP phone numbers on their initial notices, which help the enrollment assisters reach beneficiaries. Enrollment assisters were able to answer foundational questions for beneficiaries who received notices, ensuring they had the correct basic information.

Make provider networks and medication coverage information readily available to beneficiaries. Many beneficiaries who had negative experiences with integrated care was due to provider network or medication coverage issues. This can be prevented with clearer information about the exact benefits of integrated care options.

1 42 U.S.C § 1315b.

A well-designed resource hub would address many of the enrollment-related challenges dually eligible individuals experience while building a stronger infrastructure for enrollment assisters to seek technical assistance, access data and contact other assisters, creating a no-wrong-door system for beneficiaries. There is federal authority and policy momentum towards authorizing and funding a resource hub. Building a well-designed resource hub will require braiding existing resources and expertise together with new improvements, a nuanced process that will require detailed feedback from the stakeholders who will utilize this resource most.

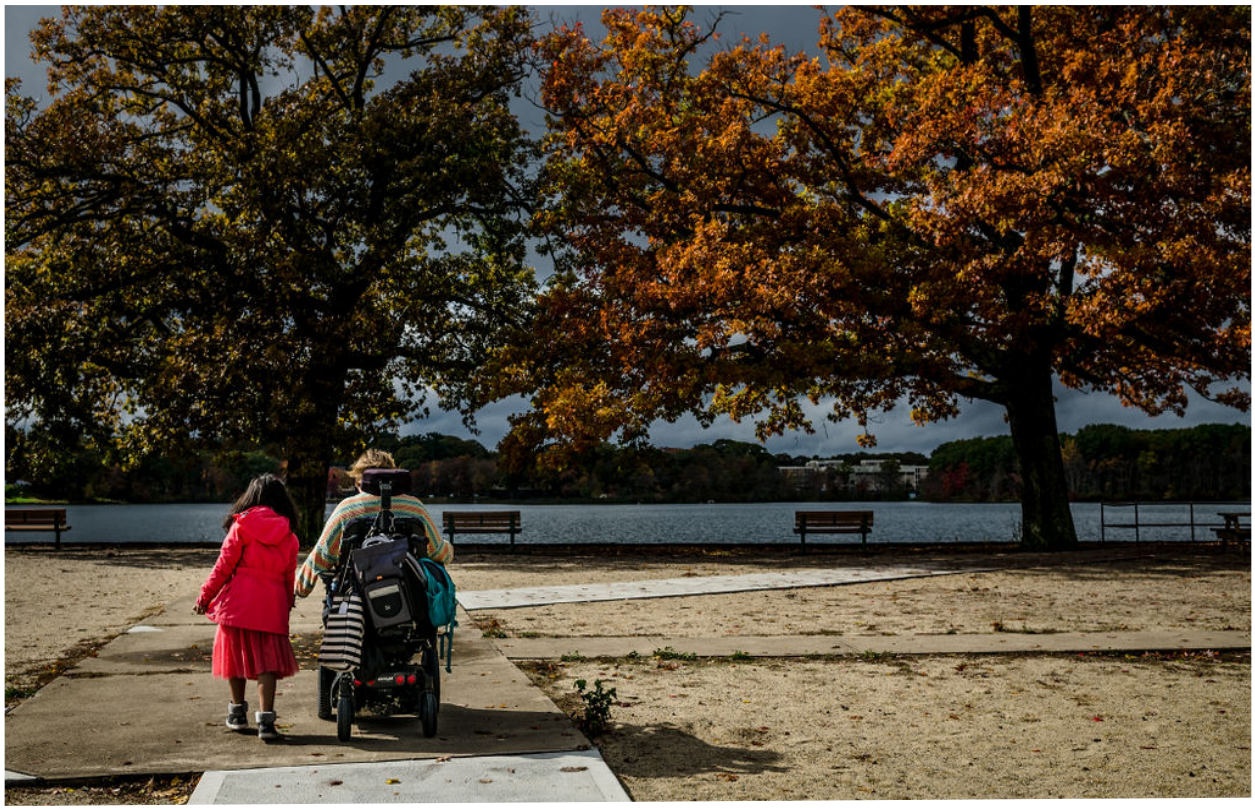

Photo: Crystal, a Medicaid-Medicare beneficiary, holds hands with a young girl in a park by the water.

Introduction

People dually eligible for Medicare and Medicaid face overwhelming and difficult-to-navigate enrollment decisions that significantly impact their health outcomes. These beneficiaries face an increasingly complex integrated care enrollment landscape, but have limited trusted supports to turn to for assistance. There is both too much information and too little – while these beneficiaries receive a barrage of marketing information about their plan options, they receive very few opportunities to meet with a neutral, knowledgeable person who can empower them to make an informed choice. This overwhelming decision-making process affects both people how are dually eligible and the overall implementation of integrated care. Addressing information landscape issues is a critical step towards building a Medicare-Medicaid system that empowers individuals to make informed health care decisions.

In previous research on understanding dually eligible individuals' perspectives on enrolling or not enrolling in integrated care programs, Community Catalyst uncovered critical findings about the immense confusion that dually eligible individuals experience in the enrollment process and the lack of support to assist them in understanding their options. This study builds upon that knowledge through in-depth policy research and analysis that defines and advances solutions to these challenges. This research explores the prospect of a federal resource hub with investments in community and direct-services organizations, as a way to address the information and resource gaps dually-eligible people experience when making integrated care enrollment decisions.

Study Objectives

In particular, this research focuses on supporting the conditions for progress on two policy objectives:

1. The federal government establishes and allocates sufficient funding for a permanent resource hub (including an interactive website and hotline) from which individuals, their caregivers, and other trusted sources can learn about integrated care, its benefits and the available plan options. This hub would be designed to bolster and complement current programs, including State Health Insurance Assistance Programs (SHIPs).
2. The federal government establishes a new, fully resourced program focused on training and investing in community—based or direct—service organizations to serve as enrollment assistance entities explicitly for dually eligible individuals. The trainings would be multi-faceted, tailored to the roles different organizations play (including SHIPs) and would include specialized trainings and resources.

This research contributes to the existing literature by soliciting a diverse array of stakeholders in delivering feedback on the potential of a federal resource hub for

integrated care enrollment. There is a lack of research that directly engages beneficiaries, beneficiary advocates, enrollment assisters, community-based organizations, and other critical stakeholders on the concept of integrated care resources and information.

Engagement is critical to ensuring the policy recommendations are reflective of the communities most impacted. The goal of this study is to lay the groundwork to develop a resource hub, and provide a detailed outline of the policy levers, design and implementation considerations necessary for success.

Research Questions

1. What authority exists within the federal government to establish a resource hub with in-person assistance, including an enrollment component?
2. What is the appropriate policy vehicle to move this forward?
3. What infrastructure and/or initiatives currently exist upon which a resource hub can be potentially built?
4. Is the information that currently exists on integrated care reaching key trusted sources? Where is the disconnect between existing information and those on the ground?
5. What is the current role of SHIPs, Medicaid enrollment brokers, Ombudsmen and other community-oriented counseling services? Where are the gaps? What role can these entities play in achieving the long-term policy objectives?
6. What is the integrated care enrollment ecosystem in states with significant experience with integrated care programs versus those states with limited experience? What barriers do they face? What are the lessons learned from experienced states?

Background

Our previous research on person-centered enrollment found that an enrollment model in which dually eligible individuals have access to sufficient information that allows them to choose an integrated care plan that will meet their needs and speak with a knowledgeable, trustworthy expert prior to their enrollment, would substantially improve the current enrollment strategies for integrated care by making them more person-centered[2]. That research also found that policymakers should design enrollment policies, communications materials, benefits packages, and provider networks that are truly reflective of and responsive to the needs and preferences of dually eligible individuals.

Our previous findings indicate a need for federal and state-level solutions to address the supports available to dually eligible beneficiaries making decisions about integrated care. One of the major themes that emerged in previous research was the need for a

2 Rachelle Brill et al. Listening to Dually Eligible Individuals: Person-Centered Enrollment Strategies for Integrated Care. Community Catalyst. June 2021. Available at: https://www.healthinnovation.org/Person-Centered-Enrollment-Strategies-for-Integrated-Care.pdf

resource that centralized information about integrated care enrollment for dually eligible beneficiaries and provided resources for those assisting beneficiaries. While there is an articulated need for this type of resource, there is limited inquiry into what this resource could look like, how it would be funded, and how it would be organized. To operationalize the call for a more person-centered integrated care enrollment system required investigation of building federal resource hub. In order to optimize the impact and viability of potential options, this investigation also required the guidance and feedback of a diverse group of stakeholders involved in implementation, including enrollment assisters and beneficiaries to be an integral component.

Project Design

First, Community Catalyst convened an Advisory Committee to provide strategic guidance for the project as it unfolded. The project was comprised of three major components: (1) a federal policy analysis; (2) federal and state-level key informant interviews to better understand the outreach, education, and enrollment landscape; (3) listening sessions with enrollment and education assisters and dually-eligible individuals.

Project Advisory Committee

The project advisory committee was comprised of key enrollment stakeholders, including former federal officials within the Centers for Medicare & Medicaid Services (CMS), former state Medicaid officials, health plan membership body organizations, and advocacy organizations. Advisory committee members provided critical contextual information, particularly in terms of state selection decisions. The advisory committee convened a few times over the course of the project in April, June, and December 2022 and in June 2023.

Federal Policy Analysis

In consultation with Manatt Health, the Center assessed legal and financing options at the federal level and creative options for bold administrative action on building a federal integrated care enrollment resource hub. This resulted in the collection and analysis of relevant regulations and enrollment counseling documents to understand current structures. This analysis identified existing authorities within the Center for Medicare and Medicaid Innovation (CMMI) and/or Medicare, as well as outside authorities, to leverage for the resource hub. The analysis also identified existing programs, resources, and tools to build upon.

Key Informant Interviews

We completed a total of 11 interviews with national-level stakeholders, which took place from May to July of 2022 via Zoom. The interviews included federal officials, health plan associations, and policy experts. The national-level interviews sought

feedback on proposed policy options for advancing a federal resource hub and policy recommendations on supporting integrated care resources and decision-making.

We completed a total of 12 interviews with state-level stakeholders, which took place from June to August of 2022 via Zoom. The states included Idaho, New York, New Jersey, Pennsylvania, and South Carolina. The state-level interviews consulted a diverse group of stakeholders, including state officials, enrollment assisters, community groups, health plans, and provider organizations. The state-level interviews captured state experiences with integrated care enrollment; state enrollment, outreach, and education landscapes; and recommendations for better supporting dually eligible individuals in the decision-making process.

We focused on five states: Idaho, New York, New Jersey, Pennsylvania, and South Carolina. These states were selected because they represent a broad spectrum of experiences with integrated care, ranging from states with multiple, well-established programs to states with more limited experience. Other considerations were enrollment penetration in integrated care programs, as well as level of stakeholder and community engagement.

Listening Sessions

Enrollment Assisters:
As a part of our research, we engaged current enrollment and education assisters (SHIPs, ADRCs, CBOs, AAA, others) through three regional virtual listening sessions organized in partnership with the National Council on Aging.

The listening sessions took place from September to October of 2022. Participating enrollment assisters were recruited through NCOA's network of benefits counselors and represented seven states: California, Massachusetts, New Jersey, Ohio, Rhode Island, Virginia, and Washington. These sessions identified gaps in information and knowledge related to integrated care; gathered input on the idea of creating a permanent resource hub that provides information about integrated care, its benefits, and the available plan options; and built our understanding of the training needs for community-based or direct-service organizations to serve as enrollment assistance entities explicitly for dually eligible individuals.

Beneficiaries:
In order to understand the beneficiary perspective on integrated care resources, we convened a virtual beneficiary listening session in October of 2022. In collaboration with our state partners, we recruited a diverse group of Medicare-Medicaid enrollees to share their experiences with finding information about their integrated care options. Participants were diverse in age, race, and geographic location, representing the states of Idaho, New York, Pennsylvania, Rhode Island, and Tennessee. Participants received gift cards as compensation for their time and contributions.

Data Analysis

The policy analysis portion of the project completed by Manatt focused specifically on legal authority and financing. Our analysis of both key-informant interviews and listening sessions used a thematic qualitative analysis approach. Interviews and listening sessions took place over zoom, were recorded, and then professionally transcribed. Transcriptions where then uploaded to the analysis software Dedoose.

The research team developed a coding tree to identify both common and unique themes across the qualitative data gathered. Two coders then searched for patterns, associations, concepts, and explanations in the data. Coders alternated roles across transcripts, one coder completed the initial analysis of a transcript and the second would review and flag discrepancies.

Discrepancies were discussed among coders and any thematic issues that could not be resolved were brought the larger project team. Limitations of the data analysis include: potential confirmation bias – both coders were part of the larger research team and sampling bias – both the key informants and listening session participants should not be considered representative of the total population impacted by dually eligible enrollment ecosystems.

MAJOR COMPONENTS OF A RESOURCE HUB

Based on our research, we define a resource hub as a two-pronged resource: one piece of the resource hub is general and state-specific information for beneficiaries and enrollment assisters, while the other piece focuses on training and resources for those who assist beneficiaries with enrollment.

This resource hub is unique in that it consolidates information specific to dually eligible individuals' enrollment into integrated care in one central location.

- General information about Medicare-Medicaid integrated coverage for beneficiaries
- General resources on Medicare-Medicaid for enrollment assisters
- State-specific resources on Medicare-Medicaid for enrollment assisters
- Education and training resources for enrollment assisters, including community-based organizations
- Contact information for 1:1 enrollment assistance
- Contact information for enrollment assister resources

Major Findings

Research Questions #1 and #2: Existing Federal Authority and Policy Vehicles

Federal Authority: Opportunities through Administrative Agency

In order to fund enrollment and benefits education for dually eligible beneficiaries, CMS must have both the legal authority to engage in the type of activities contemplated and an appropriation of funds from Congress sufficient to support the activity. Congress could authorize new assistance activities and appropriate the funds to support them at any time by passing new legislation. However, absent a new law, there are several alternative means by which CMS could fund new enrollment assistance activities using its existing authority:

- The program could potentially be launched as a model test, using innovation authority and budget. While authority could exist, the Centers for Medicare & Medicaid Services (CMS) may want to limit the overall scope of the project so that it remains a "test" and not a national program.
- CMS could adopt the program through its ordinary program management authority and account. However, these funds are limited and might not be available to support a new initiative. Alternative funding could be raised through a user fee on Medicare Advantage plans.
- States could launch initiatives on their own and claim 50% federal matching funds, provided they are willing to absorb the other half of the costs.

These above options are discussed in more depth below.

Center for Medicare and Medicaid Innovation Model Test

CMS could launch the program as a model test under authority granted to The Center for Medicare & Medicaid Innovation (CMMI) and the Medicare-Medicaid Coordination Office. This approach would allow CMS to use Innovation Center funds to launch the program.

Legal Authority

Activities supporting enrollment and benefits education of dually eligible beneficiaries could plausibly be construed as fitting within the Innovation Center's legal mandate to "test innovative payment and service delivery models" to reduce program spending and improve the quality of care in federal health care programs.[3]

Congress gave CMMI a list of potential tests to illustrate what activities CMMI should consider undertaking. Among these are "Allowing States to test and evaluate fully

3 Social Security Act (SSA) § 1115A(a)(1)

integrating care for dual eligible individuals in the State."[4]

A program of education for dually eligible beneficiaries, particularly one designed to inform about managed care options and programs of fully integrated care, could potentially be interpreted as fitting within this mandate or as an activity in support of it.

There are other CMMI model tests designed around beneficiary-facing communication that the Innovation Center could look to as a template for providing enrollment assistance as a model. In the Accountable Health Communities model, participants provide community service navigation services to help beneficiaries access community services.

Also, the Health Care Payment Learning and Action Network, launched as a CMMI model, is a nationwide collaborative seeking to accelerate the adoption of alternative payment models (APMs) across the public and private sectors, and serves as an example of a vehicle launched under CMMI authority for the dissemination of information to stakeholders.[5]

The activities supporting enrollment and benefits education could be structured as a stand-alone program, or embedded as an "add-on" feature within an existing model test.

Funding

The Innovation Center's authorizing statute gives CMMI $10 billion every 10 years, available to the Innovation Center until expended.[6] That account is chronically underutilized. CMMI did not fully expend its first $10 billion appropriation during the first 10 years of activity. Now, about 2.5 years into its second 10 years, the Innovation Center has an unobligated balance of $9.6 billion remaining.[7] This suggests that ample funds are available here to support enrollment activities.

Disadvantages

A program run through CMMI would have to be constructed as a "test" or at least an activity in support of a test, and a rationale developed describing how it would reduce program spending and improve the quality of care in federal health care programs, to meet CMMI's legal requirements. If a test, CMMI might limit the scope of the test so that some states are without programs and serve as "controls." CMMI might also limit the duration of the test to a five-year period, rather than allow it to continue indefinitely. CMMI might also only launch assistance in states where the state is actively seeking to fully integrate care for dually eligible beneficiaries so as to fit more closely within CMMI's mandate.

4 SSA § 1115A(b)(2)(B)(x)
5 CMS Innovation Center 2022 Report to Congress. Available at: https://innovation.cms.gov/data-and-reports/2022/rtc-2022
6 SSA § 1115A(f)
7 Centers for Medicare and Medicaid Innovation, Centers for Medicare and Medicaid, Health and Human Services FY 2023 Snapshot. Available at: https://www.usaspending.gov/federal_account/075-0522

CMS Program Management Authority and Account

CMS could launch the enrollment and benefits education programs using the funds appropriated by Congress each year in its general operating account.

Legal Authority

There is ample legal authority in the statutes creating the Medicare program for CMS to launch a program of assistance and information for dually eligible beneficiaries. CMS is required to provide information via a toll-free telephone number and in writing (known as the *Medicare and You* handbook) on the Medicare program, including benefits available through Medicare and Medicaid.[8] The agency also has specific obligations to disseminate information about the Medicare Advantage and Part D programs.[9] Adopting a program of enrollment advice for dually eligible beneficiaries could fall within these authorities.

The dually eligible beneficiary enrollment advisory service could also fall under the authority of the Federal Coordinated Health Care Office (also known as the "Medicare-Medicaid Coordination Office" or "duals office"), a special office within CMS focused on dually eligible beneficiaries. That office's goals include "Increasing dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs."[10] It is specifically charged to provide "States, specialized MA plans for special needs individuals, … physicians and other relevant entities or individuals with the education and tools necessary for developing programs that align benefits under the Medicare and Medicaid programs for dual eligible individuals."[11] A program of assistance and information for dual eligibles, particularly one supported by CMS and administered by states, plausibly fits under this authority.

Funding

An initiative launched under these authorities would likely be funded through CMS' general program management account. That account has $3.6 billion appropriated for it in FY 2022.[12] Yet those funds may already be spoken for. This $3.6 billion represents the lion's share of funds available to CMS to administer multiple programs and is far less than the $4.3 billion requested by the agency for FY 2023[13], suggesting multiple competing priorities and a potential lack of discretionary funds to launch a new program under current appropriations.

CMS could potentially offset some costs of the dual eligible enrollment and benefits education effort by increasing user fees on Medicare Advantage plans. CMS currently assesses these plans an annual fee based on their proportional share of the CMS education and outreach efforts related to Medicare Advantage, Part D and the State

8 SSA § 1804
9 SSA §§ 1857(e), 1860D-1(c)
10 42 U.S.C. § 1315b
11 *Id*
12 Consolidated Appropriations Act 2022
13 Centers for Medicare & Medicaid Services FY 2023 Justification of Estimates for Appropriations Committees. https://www.cms.gov/files/document/fy2023-cms-congressional-justification-estimates-appropriations-committees.pdf

Health Insurance Assistance (SHIP) programs.[14]

To the extent a portion of the new dually eligible beneficiary education and outreach effort can be attributed to enrollment in or education about the Medicare Advantage program and such vehicles as D-SNPs, those expenses might be allocated to the plans themselves under this authority and lead to lower overall impact on the program management account.

Disadvantages

The lack of available funds in CMS's operating account is the main disadvantage of this approach. Absent an increase in CMS's annual authorization of funds from Congress, CMS would struggle to find a sustainable funding stream for the project in its operating funds. If CMS were to increase the user fees imposed on Medicare Advantage plans, that increase might trigger opposition from plans who would oppose the new fees on their operations.

Medicaid Medical Assistance Matching Funds

States could stand up local enrollment and benefits information efforts for dually eligible beneficiaries through the Medicaid program. This approach would allow individual states to customize their programs to reflect local integration considerations.

Legal Authority

State Medicaid programs are obligated by federal rules to make plain-language information available about benefits and enrollment.[15] A state could implement an enrollment and benefits education program for dually eligible beneficiaries structured as part of its own Medicaid program, in fulfillment of this duty to provide information to beneficiaries.

Funding

The federal government will match states' outlay for Medicaid enrollment activities at the ordinary matching rate for administrative expenses, paying 50% of the cost.[16]

Disadvantages

This pathway requires that states pay for half of the program's cost. States may balk at appropriating additional funds for Medicaid administration.

14 SSA § 1857(e); 42 C.F.R. § 422.6
15 42 C.F.R. § 435.905
16 SSA § 1903(a)(7)

Policy Vehicles: Opportunities through Congress to Advance Person-Centered Enrollment in Integrated Care

A number of legislative initiatives were introduced in the 117th Congress that will be reintroduced in the 118th Congress, along with some newly introduced in the 118th Congress. These initiatives provide an opportunity to advance person centered enrollment into integrated care programs. They also provide a potential legislative avenue to advance an enrollment ecosystem that is responsive to needs of dually eligible individuals and those who care for them. Each would require further investigation and analysis in order to gauge the feasibility to stand up a resource hub.
Examples of initiatives introduced include:

- Advancing Integration in Medicare and Medicaid Act
  Requires state Medicaid programs to develop strategies for integrating and coordinating Medicaid and Medicare coverage for individuals who are dually eligible for both, including with respect to enrollment, quality measures, and access to care

- Comprehensive Care for Dual Eligible Individuals Act
  Creates a new program that states can choose to take up, to integrate the two programs and allow dual-eligible Americans to select the type of coordinated care that works best for them

- Supporting Care for Dual Eligibles Act
  Establishes a Dual Eligible Quality Care Fund to provide grants to State Medicaid programs to improve their capacity to ensure the provision of quality integrated care for dual eligible beneficiaries

- Coordinating Dual Eligible Recommendation Act
  Requires MedPAC and MACPAC to biennially conduct a coordinate review and analysis of Medicaid and Medicaid policy with respect to program spending and utilization trends, and access and quality of care for dually eligible beneficiaries, as well as jointly submit recommendations for policy changes.

Research Question #3: Existing Infrastructure to Build Upon

Enrollment Assister Infrastructure and Initiatives

Enrollment assisters pointed to a variety of information currently available to them that allows them to better support consumers. These elements represent potential starting points to build upon for a federal resource hub.

Information from State Medicaid Offices

Enrollment assisters were more successful when they had a direct relationship and information exchange with their state Medicaid offices. In particular, enrollment assisters

in some states receive advance notification about enrollment notices going out to their beneficiaries. By knowing about the exact nature of the notices in advance, enrollment assisters can better guide beneficiaries and anticipate increases in call volume and requests for assistance. Enrollment assisters also benefitted from briefings and trainings from their state Medicaid office, though they typically do not have adequate time to go into sufficient detail with Medicaid officials. Another enrollment assister mentioned that these trainings are typically held annually, and it would be beneficial to hold them more often. One state also held quarterly meetings with Medicaid providers, where they discussed common enrollment and health information-related issues that providers noticed their patients were experiencing.

Direct contacts at state agencies and other institutions

Enrollment assisters stressed that their ability to be effective advocates for their beneficiaries rested on how strong their relationships are with other stakeholders, such as state administrators and health plans. Without those connections, navigating institutions on behalf of beneficiaries becomes much more challenging. For example, one enrollment assister mentioned that having the contact for an outreach specialist at Social Security Administration gave them a direct way to address issues.

Enrollment assisters endorsed relationships with health plans as being crucial. In one state, enrollment assisters hold a regional meeting during open enrollment season with health plan representatives who speak directly with assisters about the plans available. One state's annual meeting with health plan representatives results in a comparison chart that SHIP counselors use as part of their educational materials.

Dedicated streams of information

Enrollment assisters referenced a variety of information sources that are customized to the needs of assisters. Enrollment assisters pointed to the special Medicare line for SHIP counselors as helpful, specifically because the representatives on the line are typically more seasoned and knowledgeable than standard 1-800 Medicare representatives.

Another state managed to get special viewing access on their state provider portal, which they consulted when helping beneficiaries navigate the provider networks available to them. Enrollment assisters also appreciated the national resources provided from the Administration for Community Living (ACL), CMS, and the SHIP Network, which prevented individual SHIP offices from dedicating time and resources to making duplicative resources.

> It's a direct person, and they're supposed to be more seasoned and knowledgeable compared to the regular 1–800 Medicare rep. That's really helpful.
>
> It was extremely helpful for me to gather information without waiting for 10 minutes, 15 minutes, and then talking to someone who knew Medicare, and really I feel like that's what's needed all around with CMS.
>
> Enrollment Assister

Partnerships with other community resources

Enrollment assisters partner with other community-based organizations to better reach more diverse populations of beneficiaries. For example, some enrollment assisters partner with community health centers (CHCs) and have an in-house navigator available to beneficiaries. SHIP counselors are present in immigrant assistance centers and councils of aging, increasing their reach to beneficiaries in need of assistance. Other enrollment assisters mentioned that in addition to bilingual staff members, they also contract with a language line to offer interpretation to linguistically diverse beneficiaries.

Other Infrastructure and Initiatives

State and community-based infrastructure

While SHIPs and other enrollment assisters have limited capacity and are not always accessible to all beneficiaries, for those beneficiaries they are able to reach, they provide a neutral and welcoming enrollment environment that could be bolstered or replicated. Some states and community-based organizations are doing certain things particularly well that could provide a basis for a resource hub. For example, the state of Minnesota has been able to create public-facing resources and institutional knowledge about Medicare and Medicaid integration. Now live in California, Ohio and Michigan, My Care, My Choice is complementing the more technical Plan Finder by helping dually eligible beneficiaries identify integrated care coverage options that are tailored to their preferences. In New York, Medicare Rights Center is providing beneficiary-facing assistance and technical assistance to professionals in the Medicare space.

> *I found out about the Medicare Rights Center because I had a navigator through the REAP program [Resource Entitlement and Advocacy Program] and my navigator referred me to the Medicare Rights Center because I was having some problems already with my previous health insurance.*
>
> *Beneficiary*

Federal infrastructure

On a federal level, some promising practices include:

- The cross-state consistency provided by the marketplace
- The up-to-date and easily accessible information provided by the Medicare SHIP Center
- Support being provided across states through the SHIP Technical Assistance Center

Interviewees emphasized that in the development of a resource hub model, there are existing mechanisms that have the potential to be built upon. Suggestions included expanding upon marketplace community navigator models to be duals-specific, or enhance existing platforms used by enrollment brokers. Multiple stakeholders recommended collaborating with enrollment brokers and other commercially-backed enrollment platforms, as these platforms are already consolidated and have a wider reach than a state resource could have.

Research Question #4: Efficacy of Existing Information

Challenges with Existing Information for Beneficiaries

Trusted Sources of Information

Accessible sources of trustworthy and knowledgeable information continue to be an unmet need for people who are dually eligible for Medicare and Medicaid. When these information resources do exist, they are often challenging to access. For example, beneficiaries and key informants cited enrollment notices not including information about language and interpretation options, and difficulties reaching SHIP counselors. There is a significant need for individuals who can speak directly with people navigating both Medicare and Medicaid in their needed and preferred languages and methods of communication. Many dually eligible people, especially those with complex needs, prefer to speak to an actual person instead of using digital or written resources. Taking their preferences into account is an extension of person-centered care.

Related to this, finding an informed and unbiased person to talk to needs to be straightforward and accessible. Interviewees reported that many older adults do well with being able to drop into their local Area Agency on Aging (AAA) or senior center, so someone there needs to be equipped to answer questions or directly connect them with someone who does. One beneficiary reported success in finding a navigator at their community health center. Some beneficiaries reported that they had family members or caregivers that helped them navigate enrollment, but others emphasized that they did not have this type of resource and were left to make decisions without support.

One beneficiary described existing resources as “overwhelming” and “laborious,” and even beneficiaries who were well-versed in enrollment decision-making found them difficult to use. Even dually eligible people who want to take a more detailed approach to

their care find barriers that require the assistance of someone with Medicare-Medicaid expertise and navigation skills.

> *There's some terms that I can't understand, so I need somebody that can give me a resource and help me understand the words in it.*
>
> *Beneficiary*

Beneficiaries report receiving a barrage of marketing phone calls and mailings that made their decision-making more confusing. They agreed that the volume of marketing materials they receive on a regular basis was frustrating and distracting, and they wish there was a way to opt out. Enrollment assisters noticed this same phenomenon, and often counsel beneficiaries who are confused by the marketing materials they receive.

> *It's very confusing. I've got everything I need, and I don't need to be inundated with phone calls.*
>
> *Beneficiary*

General education

The basics of Medicare and Medicaid enrollment can be challenging to understand, particularly for dually eligible beneficiaries who are newly eligible for one of the programs. Enrollment assisters pointed out that while general resources about integrated care exist, there is less information that is directly targeted to beneficiaries themselves. Beneficiaries themselves expressed that they struggled to understand notices and materials they received, and would benefit from some general education on their options. Along with this, people who are dually eligible need a clear explanation of how the plan options available to them differ and how those differences impact their health care. Often, dually eligible individuals are never told how their plan options compare to one another, making an informed decision impossible.

> *Simplifying the language would really help. I know that there are some things that have to be jargonish... But if you can simplify the language in the letters that are sent out and even on the websites, I think that would probably even help some folks.*
>
> *Beneficiary*

Additionally, key informant interviewees mentioned that many people who are dually eligible are not aware of their rights as beneficiaries, and there is a need for Know Your Rights information to be more widespread. Beneficiaries themselves expressed interest

in having a checklist available that would equip them with the questions they should be asking of health plans.

> I guess my biggest issue again goes back to just how complicated all of this is for a group of people that probably are not well-equipped to navigate it.
>
> It frustrates me that it couldn't be a little bit simpler.
>
> Enrollment Assister

Need for more accurate and consistent information

Enrollment assisters mentioned that they see beneficiaries get notices that might not apply to their situation but are none the less alarming due to the language used. This causes beneficiaries to worry they will lose their coverage if they do not take action, action they may not need to take in the first place. One beneficiary pointed out that all their enrollment information comes from notices in the mail, and they have no way to email for clarification or to submit additional documentation on urgent issues. Instead, they must respond by mail or fax, which takes important time away from getting their issue addressed.

The lack of a centralized source of information, explicitly for people who are dually eligible, frequently results in beneficiaries wading through conflicting or inaccurate information. Information specific to dually eligible beneficiaries is tough to find, and is often buried within larger resource guides. A centralized source of consistent information would not only help enrollment assisters and beneficiaries, but stakeholders ranging from enrollment brokers to advocates.

Challenges with Existing Information for Enrollment Assisters

Access to Information

One of the limitations encountered by enrollment assisters is technical and administrative barriers to accessing information. Enrollment assisters expressed frustration that often they cannot give a beneficiary accurate, personalized information because they cannot access it themselves. For example, SHIP counselors reported not being able to access basic Medicaid and Social Security information specific to the client they are helping. SHIP counselors used to have one ID token to log into Medicare Plan Finder to look at a specific individual's drug information, but that token is no longer available, forcing beneficiaries to login themselves. The same is true for provider lookups on Medicare Plan Finder. Counselors have to coach beneficiaries through questions to ask providers themselves, as they cannot intervene on behalf of a client.

> Having a login for each consumer is very frustrating as someone who sees several hundred people a year.
>
> Enrollment Assister

In general, enrollment assisters described an arduous process of having to go through many sources to find the answer to basic questions. The lack of basic systems access to look up information is at the root of many of these issues and manifests itself in many different ways. These barriers demand significantly more time and effort from enrollment assisters, which stretches their capacity and limits beneficiaries' ability to get prompt, personalized answers to their questions.

> You're back and forth and you're just all over the place. It gets confusing for us. So, I can only imagine what it's like for the person on the other side of the desk.
>
> Enrollment Assister

Clarity of Information

When information is accessible, it is not always accurate and specific enough to meet the needs of individual beneficiaries. As the availability of different integrated products widens, enrollment assisters and beneficiaries alike find plan options look very similar and struggle to distinguish the differences between options. For example, one enrollment assister pointed to Medicare Advantage Special Needs Plan benefits as being and very difficult to distinguish because of how similar they appear to be.

Existing tools do not always provide accurate information. Enrollment assisters highlighted issues with Medicare Plan Finder, including that it does not show diabetic medication information and other important drug cost information. Enrollment assisters have found the tool's provider directory to be inaccurate at times.

For Medicare-Medicaid enrollees, the existing tools do not allow for a specific provider search in the same way the standard health care marketplace tool allows for, meaning dually eligible individuals looking for an integrated plan cannot easily ensure their providers are in network.

> I can't tell them if their provider is going to necessarily take heed of this or adopt this certain plan. So that's one of the things, is trying to figure out which providers have decided to enroll in it.
>
> Enrollment Assister

Limited Supports

In addition to the lack of accessibility and consistency of information, limited external support creates an additional barrier. For example, SHIP counselors report having inadequate contacts at other states agencies to help access information, particularly on the Medicaid side. Enrollment assisters also described a lack of support from state leadership, often in state human services offices, which have high turnover and capacity issues. Due to the lack of responsiveness from state leadership, enrollment assisters are reliant on lower-level administrative staff to resolve issues, often at a smaller scale. SHIP counselors often find themselves being the last to know about policy changes, and sometimes feel they are not considered a communications priority by federal and state policymakers.

Enrollment assisters themselves are also at an existing disadvantage in terms of capacity, which the lack of external support exacerbates. One enrollment assister estimated that it takes an enrollment assister, either volunteer or staff, a couple of years to learn the basics. The significant amount of training needed limits enrollment counselors' ability to be effective. Without additional training resources from policymakers, enrollment assisters are forced to make do, limiting their ability to give 1:1 assistance.

> For us, we have over 200,000 beneficiaries.
>
> The ratio to helping people was 1 paid staff to the 200,000 and then some volunteers.
>
> Enrollment Assister

In general, enrollment assisters expressed concern that the individuals making policy decisions are not familiar with implementation and the supports that must come with it.

> You have people up on top who are implementing policies that they don't really understand. They understand the topic, but they don't understand really how to implement it because they haven't worked with the topic with clients.
>
> Enrollment Assister

Beneficiary Information on Enrollment Counseling

Insights offered by enrollment assisters and beneficiaries into how beneficiaries typically access enrollment counseling included:

- Word of mouth and local outreach
- Beneficiaries come by referral, often by case managers, including referrals from Social Security, health plans, and internal referrals, whether it was from Medicaid and the State Long-Term Care Ombudsman
- Contact information for enrollment assisters in enrollment notices
- Other organizations, including AAAs, Councils on Aging, senior centers, community centers, and advocacy groups
- Direct contact with statewide health information programs
- Presentations by SHIP counselors at senior centers or community centers

Enrollment assisters expressed challenges with capacity for outreach and community engagement. Some traditional methods of outreach do not seem effective for certain populations that require a tailored and cultural informed approach. For example, dually eligible individuals that do not frequently engage with the community organizations enrollment assisters are generally connected to may not be aware of counseling as an option. This lack of connection limits the accessibility of enrollment assistance, particularly for populations who have historically been underserved. There was a clear need for greater awareness of enrollment counseling as well as increased capacity for targeted outreach and community engagement, which could be supported by the resource hub.

Research Question #5: Role of Community-Oriented Enrollment Counseling

Role of Enrollment Assisters

Enrollment assisters serve a critical role as navigators, translators, educators, and advocates for beneficiaries making health plan enrollment decisions. Despite their resource challenges, both in terms of funding and capacity, they take on an integral role in supporting Medicare-Medicaid enrollees. Importantly, through this role, enrollment assisters empower beneficiaries with the language, tools, and information to advocate for themselves and make more informed decisions about their care.

Enrollment assisters function as the antidote to the existing information overload that is integrated care enrollment. They narrow the field to be understandable to beneficiaries, refining the volumes of information into what is most impactful to beneficiaries. By refining this information, they are able to deliver an objective, honest plan comparison to beneficiaries, helping them understand the differentiations in options and allowing beneficiaries to prioritize the benefits most important to them. In their role, they are able to comprehensively collect information about all the available options, something that would be challenging to do at the individual level.

For example, enrollment assisters build comprehensive knowledge of provider networks that self-help tools like Medicare Plan Finder would not be able to capture in the same way. Often, beneficiaries want to take a more informed, active role in their health plan decision-making, but do not know the questions to ask to get the information they need. Enrollment assisters give consumers a framework of how to ask questions, what questions to ask, and what to check for in a given plan option. One enrollment assister mentioned they make their own checklists for their clients, equipping them with the knowledge they need to review a plan or broach conversations with health plan representatives.

The decision-making process for Medicare-Medicaid enrollees, particularly those newly enrolled, is an emotional, anxiety-inducing process. Enrollment assisters address these concerns and providing reassurance to beneficiaries. Enrollment assisters are commonly utilized to walk beneficiaries through the process, giving an explanation of the process from start to finish and answering questions big and small. This is especially true for beneficiaries who are transitioning into either Medicare or Medicaid and are unfamiliar with navigating the nuances of that particular program. Enrollment assisters told us that often, beneficiaries need to hear the same information multiple times to feel reassured. Regardless of how long a person has been dually eligible, this type of support is critical for navigating an ever-changing enrollment landscape.

The complexity and documentation of application processes can be a barrier to eligible beneficiaries, and enrollment assisters stressed the importance of simply sitting down 1:1 with beneficiaries to fill out applications together. In one example, an enrollment assister told us that a state program was experiencing severe under enrollment and had no idea why – the enrollment assister suggested looking at the applications themselves, and found that 75% of the applications they received were returned back to the applicant because they were wrong or incomplete.

After the enrollment assister identified that the application process was impossible for an individual to complete on their own, they began sitting down with beneficiaries and walking them through the application, which resulted in a 90% approval rate of beneficiary applications. Enrollment assisters can provide the outreach that is necessary for eligible individuals to actually enroll in a given integrated care program.

> We had like a 90% success rate with the people that we sat with would get enrolled. But it was only because we literally sat with them and spent an hour and went through the application line by line and asked them in plain language the questions that were on the form because they couldn't read the form...
>
> Enrollment Assister

While there are always improvements to be made to the language accessibility of beneficiary communications, enrollment assisters bridge the health literacy gap by translating materials to beneficiaries. Enrollment assisters often instruct beneficiaries to bring in notices or other materials to their appointments to go through together. As one enrollment assister pointed out, even if enrollment into a program is seamless, beneficiaries still need someone to explain all of the documentation they've received and ensure no critical information was missed or misunderstood. When there is important non-beneficiary information that is not translated into anything beneficiary-facing, it is often the enrollment assister that translates that information to individual beneficiaries that are most impacted. Sometimes, enrollment assisters fill the role of helping beneficiaries understand the coverage they currently have.

Beneficiaries experiencing administrative issues would go without support and advocacy without enrollment assisters. Enrollment assisters reported advocating for individual beneficiaries whose coverage has been impacted by administrative errors by elevating their issue to the correct state authority or administrator. Enrollment assisters are in a unique position of both knowledge and capacity to do that level of advocacy. Enrollment assisters detect potential administrative hurdles and resolve them before they escalate. One enrollment assister reported facilitating an expedited denial for beneficiaries that needed the denial to become eligible for the coverage they needed. Without the assistance of an enrollment assister, those beneficiaries would have to forgo coverage while waiting the full 45 day waiting period to receive a denial. Disrupted and delayed routine care for dual-eligible beneficiaries can likely result in relapses of conditions and/or exacerbations after relapse.[17]

Enrollment assisters are the eyes and ears on the ground of integrated care enrollment implementation, and offer valuable insights to policymakers on how implementation is going and could be improved. Enrollment assisters are the first level of administration that sees challenges and barriers beneficiaries experience that affect overall enrollment, and can elevate and articulate these issues to policymakers. Enrollment assisters should be utilized by federal and state policymakers as much as possible, as their unique vantage point provides insights that improve implementation and creates a better experience for beneficiaries.

17 Am J Manag Care. 2021;27(5):212-216. https://doi.org/10.37765/ajmc.2021.88581

Gaps in Enrollment Assistance

The core issue of enrollment assistance is the limited capacity. Despite a clear need, especially for dually eligible individuals, the current availability of 1:1 assistance is insufficient. Due to limited capacity, enrollment counselors are forced to limit their time with beneficiaries. Juxtaposed with the increase in complexity of integrated care enrollment, this diminishes the effectiveness of existing enrollment assistance and prohibits enrollment assisters for reaching more beneficiaries. As a result of this limited capacity, many enrollment assisters are unable to do the level of outreach they would like to, which impacts marginalized beneficiary communities, such as those that do not speak English as their primary language, beneficiaries with disabilities, and communities of color. This may exacerbate existing disparities or create new ones. One enrollment assister communicated that she has to limit the community groups she engages with due to her extremely limited time.

Often, beneficiaries contact enrollment assisters such as SHIP counselors because they cannot reach other resources. This includes beneficiaries who cannot get ahold of their case workers through human services. In one state, a SHIP counselor observed that due to Medicaid being handled at the county level, case managers are overwhelmed and beneficiaries are unable to reach them, so they reach out to their SHIP.

> “...we get a lot of Medicaid-only phone calls. A lot of times, we can’t help. We try our best but it’s just out of our scope.
>
> Enrollment Assister

Research Question #6: Integrated Care Lessons Learned

Enrollment, education, and outreach landscape

Enrollment assisters are facing an increasingly complex enrollment landscape, while working to serve increasingly diverse needs of beneficiaries. Enrollment assisters report a strong demand for individual assistance, with limited staff and volunteers to meet that demand. Many enrollment assistance roles are still chronically understaffed from the impacts of the COVID-19 pandemic, even in full time roles.

This understaffing is magnified by significant understaffing at other state agencies. They are serving more linguistically diverse beneficiaries, and are supporting populations with low levels of health literacy. A common theme was having to “figure it out for ourselves” – enrollment assisters are navigating these new challenges without a designated place of support.

> Choices are great but when you have so many choices and so many options and you're trying to narrow them all down and match them to providers... They're trying to make the best decision.
>
> Do I go with the plan that my mental health providers are in or do I go with the plan that my health providers are in? It shouldn't be that complicated for these people. It should be simpler.
>
> Enrollment Assister

Enrollment assisters in one state finds the constant changes in programming and plans available make it difficult for enrollment assisters to stay informed. The volunteer basis of this work makes it even harder to keep up – trainees constantly have new learning curves while learning the basics, making it near-impossible to keep up with the changes to the integrated care landscape. To the contrary, another state that has one Medicare-Medicaid option found the process "seamless" and found it easy to discuss the benefits of the program with beneficiaries. The volume of integrated care changes in a given time was influential in how equipped enrollment assisters felt.

While there was beneficiary interest in integrated care options, they experienced difficulty in understanding the exact benefit information they needed to make an informed decision. Beneficiaries told us that they struggled to find providers in their network and could not find that information when signing up for an integrated care plan, causing access issues after they were enrolled. This was particularly true for dental and hearing coverage. At the initial implementation of integrated care options for their state, one enrollment assister reported that clients were excited about the integrated care benefits but found it difficult to get the services they needed. This was especially true with ensuring they had coverage for specialists.

> *None of our local providers knew much as far as dental, hearing, and there's one other, as far as coverage goes. Very little.*
>
> *Beneficiary*

Due to the COVID-19 pandemic, enrollment assistance has more modalities than previously available, which creates more pathways to enrollment for beneficiaries. Multiple enrollment assisters thought that the switch to more virtual meetings and phone calls was more efficient, and some beneficiaries preferred that option to in-person.

Beneficiaries were also supportive of these changes, expressing the importance of having multiple ways of contacting resources. One program started using their voicemail and email inboxes to triage the complexity of the enrollment questions being asked, and

assigned volunteers to simpler questions, freeing up paid staff to devote more of their time to beneficiaries with more complex enrollment situations, particularly Medicare-Medicaid enrollees.

Funding streams are highly variable and not always equitable. Funding streams depend on states and localities, making them hard to understand or standardize. For example, one program said it was unique in that it received half of its funding from the state office of insurance for their consumer protection mission. Other programs have less consistent and more varied funding sources. One enrollment assister expressed frustration that their state divides funding by area, not population, putting a strain on urban enrollment assisters.

The COVID-19 pandemic has had a dramatic impact on the enrollment landscape, impacting health care staffing as well as enrollment. These staffing challenges also extend to state positions that assist with enrollment. Many beneficiaries have had health status changes and disruptions to their care. With the end of the public health emergency, it will be a complex time for state and federal enrollment systems.

Experiences of Integrated Care

There was not a uniform experience of beneficiaries and enrollment assisters in states with more integrated care options. While some found enrollment assisters found the presence of integrated care made their role more difficult and decision-making more difficult for beneficiaries, others found the presence of integrated options a simple and seamless process and were optimistic about the future of integrated care. The diversity in experiences underlies the importance of getting the nuances of implementation right and involving enrollment assisters and beneficiaries as stakeholders in implementation.

The method of enrollment affected how beneficiary experiences and their overall understanding of integrated care. States reported issues with automatic enrollment that resulted in beneficiaries losing access to the medications they needed. Enrollment assisters found that beneficiaries who were passively enrolled did not understand the concept of integrated care, and assisters played a critical educational role. One enrollment assister explained that since beneficiaries had to go through Medicaid to enroll in integrated care, SHIP counselors could not assist them. Due to the complexity of that process, the vast majority of people took the plan that they were auto-enrolled into.

From a coordination perspective, enrollment assister identified issues with integrated care implementation. Due to high care coordinator turnover at the plan level (one enrollment assister estimated the average tenure to be three months), beneficiaries experienced issues getting ahold of their care coordinator and transitioning to their integrated care plan. Another enrollment assister described the difficulty that emerges when a beneficiary is covered by two different managed care plans, which can often result in “tricky” situations with coordination of benefits.

Recommendations

Research Questions #1 and #2: Existing Federal Authority and Policy Vehicles

CMS should lead the development of a resource hub. There is a deep need for resources to realize the full potential of a resource hub, states do not have the money to execute a resource hub on their own, and there is a need for federal support. In particular, the Medicare-Medicaid Coordination Office [CMS Duals Office] has the credibility, expertise, and statutory authority already granted by Congress[18] to lead such an initiative in a way individual states cannot. States also have technical assistance needs that need to be fulfilled at the federal level.

Move forward with a resource hub without a federal mandate. Both the CMMI model test and the matching funds model have viability. However, both models would be limited in the total amount of states included in a federal resource hub and might only include states actively seeking to boost information for beneficiaries as part of their integrated care enrollment implementation. By offering some appropriations to address a common state administrative problem, stakeholders felt states would be incentivized to participate, particularly as the resource hub becomes more developed.

Research Question #3: Existing Infrastructure to Build Upon

The CMS duals office should become a hub for enrollment options counseling. There is no distinct home for dual eligibility enrollment counseling. Having a resource hub could ensure the information landscape is more simplified. This would also allow CMS to collect better data about dually eligible people and enrollment, especially in terms of equity.

Existing resources will need an increase in capacity. In order to support the rollout of a resource hub, existing enrollment assistance resources will need to be bolstered. The volume of options available to dually eligible people will require a significant amount of assistance, which necessitates adequate staffing and training. There will also be a need to boost resources such as language assistance. Existing state and federal funding are limited.

Support cross-sector collaboration. Institutional knowledge about dual eligibility is sparse and in siloes. Infrastructure is needed that supports cross sector collaboration, timely data-sharing, and real-time feedback on how systems are functioning.

Prioritize guidance, consistency, and technical assistance. At the federal level, minimum standards need to be developed to ensure a flexible yet consistent experience for dually eligible beneficiaries across states. Tools such as integrated data-systems and shared resource libraries could be beneficial across all states.

18 42 U.S.C § 1315b.

Research Question #4: Efficacy of Existing Information

Use accessible language. Resources and notices targeted towards dually eligible people cannot assume their audience knows Medicare or Medicaid in any detail, and should explain all the terminology it uses. Language used in these materials should be in plain language that is reflective of the average level of health literacy of a dually eligible individual. This also includes the widespread use of materials that accommodate different disabilities, such as large print for beneficiaries with visual disabilities. Materials should be readily available in languages spoken in communities receiving the notices.

Utilize existing tools and resources for informed decision-making. Interviewees suggested a decision-tree model for the resource hub, which would equip both beneficiaries and enrollment assisters with tools to navigate options. Existing call centers and hotlines could be utilized for a simple, easy-to-reach resource hub.

Engage dually eligible people who have not utilized existing resources. Many stakeholders noted the fact that for a variety of factors, many dually eligible people do not reach out for personal assistance with enrollment or learning more about their plan options.

People who are dually eligible could have better access to information about their rights and other supports available to them. "Know Your Rights" materials are often hard to find, and including that information in the hub could ensure it reaches more dually eligible individuals. The resource hub could give more visibility to other forms of assistance, such as Medicare Savings Programs.

Make trusted source of neutral and unbiased information accessible and readily-available. Information is needed both for professionals troubleshooting complex scenarios and beneficiary-facing information that is clear and simple.

Build a zero-barrier system. A multi-faceted enrollment infrastructure is needed, where beneficiaries can engage in enrollment in various fashions (online, over the phone, or in-person) and professionals can reach peers for technical assistance. In the existing system, enrollment assisters are forced to decline requests for assistance that are out of scope, with limited ability to connect beneficiaries to an alternative resource.

Communication and Outreach: What Works for Dually Eligible People

Explain why options counseling is important. It's common for a crisis or an interruption in care to prompt people who are dually eligible to look into plan options, when it is often too late to remedy. It's more effective to frame this process in terms of an "annual checkup" or "reviewing your options to make sure you're getting everything you can." Stakeholders reported that dually eligible people need support in understanding the importance and value of proactively reviewing plan options.

Eliminating hassle is persuasive. Beneficiaries do not tend to take the risk of switching plans unless the switch alleviates existing issues. For many dually eligible people, the confusion of separate Medicare and Medicaid creates significant difficulty. Framing informed decision making as "reducing hassle" is persuasive to dually eligible people who prefer to keep their care as hands-off as possible (just as non-dually eligible health care beneficiaries tend to desire).

Empower dually eligible people with training and resources on how to distinguish between plans. Some stakeholders reported that many dually eligible people are not sure what questions to ask about enrollment options, which makes it intimidating to engage with enrollment decision-making. One state reported success with making a question checklist for dually eligible beneficiaries as they reviewed their plan options, and beneficiaries themselves expressed interest in having this as a resource.

Focus on explaining plan options in terms of their impact on dually eligible people themselves. For many members of the dually eligible population, there is not a need to understand how plans work on the back end – they mainly need assurance that their plan choices are not going to negatively impact their health or finances. Stakeholders should frame plan options through this lens.

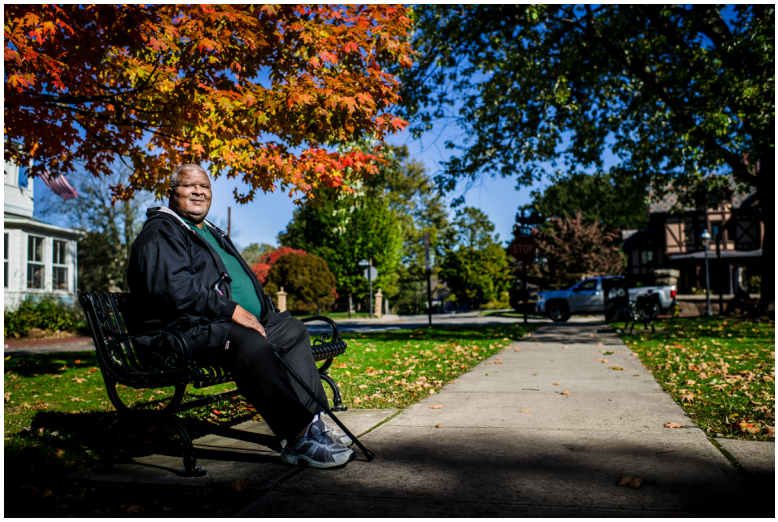

Photo: Sherman, a Medicaid-Medicare beneficiary, sits on a bench.

Research Question #5: Role of Community-Oriented Enrollment Counseling

Community-based organizations should receive funding to reach more dually eligible people duals with enrollment assistance. The resource hub model could allow for federal funding to organizations who have already built trust with dually eligible people. Currently, many CBOs do this work uncompensated, which limits their overall capacity and reach. This would also begin to address the capacity challenges of existing state-funded enrollment assistance.

Fewer Points of Contact. People who are dually eligible have to interact with a host of people and processes in order to finalize an enrollment decision. The amount of people involved with a given enrollment decision is too high and dissuades beneficiaries from exploring their options and getting their questions answered. There is a strong need for one "go-to" person who can assist with enrollment, find answers to the specific questions of a dually eligible person, and step in when there are barriers in the process. Like the standard health insurance marketplace, there is a need for one person who can serve the "navigator" role. Enrollment assisters are uniquely suited to fill this role but can only perform it if they are empowered with training and resources.

Offer Personalized Assistance. Dually eligible people need someone to walk them through their plan options and provide guidance about which option could be the best fit for their particular needs and preferences. Interviewees expressed frustration that many resources available to people who are dually eligible are not able to provide advice that is tailored to individual needs. Interviewees suggested different methods to better personalize information, including algorithms and trained counselors. In order to adequately assist individuals, enrollment assisters need to easily access basic information. One interviewee cited the barrier of people who are dually eligible having to create a login to use something like Medicare Plan Finder, and enrollment assisters being unable to look up the same information on their end when counseling a person. Enrollment assisters also need access to things like state portals to provide accurate assistance.

Address the resource gap for enrollment assisters. Existing supports are over capacity and underfunded. Key informant interviewees and enrollment assisters expressed enthusiasm for a resource hub that could provide needed financial support to this work.

Integrate different groups of enrollment assisters. In the existing system, enrollment assisters reported they typically have no way to coordinate or work from the same information across Medicare and Medicaid programs, limiting their ability to provide support to people who are dually eligible and in need of enrollment counseling. Importantly, this integration should also include data coordination. By connecting different types of enrollment assisters into a unified network, such as Medicare and Medicaid assisters, the resource hub can create the conditions for better collaboration and information exchange.

Prioritize the expertise and feedback of enrollment assisters. Enrollment assisters reported feeling undervalued and unheard by policymakers, despite having so much valuable information and support to beneficiaries. It will be important to continually engage with beneficiary advocates and enrollment assisters throughout the development and implementation of the resource hub.

Research Question #6: Integrated Care Lessons Learned

Make enrollment assister information readily available to beneficiaries. In one state, demonstrations included SHIP phone numbers on their initial notices, which help enrollment assisters reach beneficiaries. Enrollment assisters were able to answer foundational questions for beneficiaries who received notices, ensuring they had the correct basic information.

Make provider networks and medication coverage information readily available to beneficiaries. Many beneficiaries had negative experiences with integrated care due to provider network or medication coverage issues. This can be prevented with clearer information about the exact benefits of integrated care options.

Changes to integrated care enrollment must be adequately paced out. When implementing integrated care options, states must take into consideration the impact on enrollment assisters and beneficiary education. When significant changes happen back-to-back, those impacted cannot stay adequately informed.

Photo: Shirley, a Medicaid-Medicare beneficiary in a purple shirt, looks to the camera.

Conclusion

This research has uncovered significant enthusiasm, appetite, and need for a federal resource hub from a diversity of stakeholders, particularly among enrollment assisters and beneficiaries. A well-designed resource hub would address many of the enrollment-related challenges dually eligible individuals experience, and build a stronger infrastructure for enrollment assisters to seek technical assistance, access data, and contact other assisters, creating a streamlined system for beneficiaries. There is federal authority and policy momentum towards authorizing and funding a resource hub, but building a well-designed resource hub will require braiding existing resources and expertise together with new improvements, a nuanced process that will require detailed feedback from the stakeholders who will utilize this resource most. Pursuing a resource hub would actualize much of the policy momentum towards better supporting dually eligible individuals' enrollment decision-making.

In particular, there are a few recommendations that should be prioritized as next steps. These recommendations represent the core policy levers for moving forward with a resource hub.

CMS should lead the development of a resource hub. The CMS Duals Office should move forward with the establishment of a resource hub without a federal mandate.

Existing resources will need an increase in capacity. In order to support the rollout of a resource hub, existing enrollment assistance resources will need to be bolstered. There is an immediate demand for enrollment supports that will be exacerbated by the end of the federal public health emergency.

Community-based organizations should receive funding to reach more duals with enrollment assistance. Expanding funding to other beneficiary organizations should be a priority action to address the capacity challenges of existing state-funded enrollment assistance.

Make provider networks and medication coverage information readily available to beneficiaries. There is an urgent need for greater availability of this information for dually eligible individuals making enrollment decisions.

Appendices

Appendix A: Key Informant Interview Protocols

Solutions for Person-Centered Enrollment of Medicare-Medicaid Eligible Individuals Stakeholder Interview Guide

Template Introduction for Interview:

Hi {name}:
Thank you for taking the time to speak with me today. *[Introduce yourself, your role and some background on the Center/CC if this person is new to us or to you]*

I would like to share some background about the project with you and then go into some of the questions that I have for you today. Does that sound okay? *[Wait for any response, clarifying questions]*

Individuals eligible for both Medicare and Medicaid face overwhelming, difficult-to-navigate enrollment decisions that significantly affect their health outcomes. This project build on previous research on understanding dually eligible individuals' perspectives on enrolling or not enrolling in integrated care programs uncovered critical findings about the immense confusion that dually eligible individuals experience in the enrollment process and the lack of support to assist them in understanding their options. As the next phase of this work, we will conduct an in-depth analysis of the integrated care enrollment and education ecosystem and utilize that research to educate key stakeholders with implementing a robust communications strategy. The goal is to create the conditions for progress on two main policy objectives: (1) the federal government establishes and allocates sufficient funding for a permanent resource hub, and (2) the federal government establishes a new, fully resourced program focused on training and investing in community and/or direct service organization to serve dually eligible individuals.

Our research approach includes three components: a federal policy analysis; a state-level policy analysis which will examine five states (SC, ID, NY, NJ, and PA) to better understand the outreach, education and enrollment landscape; and listening sessions with enrollment and education assisters to inform our research and play a critical role in our education efforts with key stakeholders, particularly federal officials.

The final product from this project will be two reports. The short report, which will be a targeted dissemination, will capture initial findings and will inform listening sessions with enrollment assisters and meetings with key stakeholders. The final report will identify a path forward for a resource hub and in-person assistance for state and federal policymakers. We anticipate the project will be completed by April 2023.

Do you have any questions about the project?

This interview should last no more than one hour. Nothing you say during the interview

will be attributable to you in the final report. We may use quotes from interviews, but will not attribute comments to specific individuals unless we seek permission. You will have a chance to see the final report before itis released. I would also like to record this interview for notetaking purposes. We would like to record and then transcribe our discussion so that we can appropriately analyze it in the context of other interviews. This recording would be also confidential and non-attributable. Do I have your permission to record this interview? Do you have any questions for me before we begin?

Federal/National Interviews:

- What is your role within the organization? How long have you been working in this field?
- From your perspective, can you share with us your thoughts on integrated care and enrollment?
- From your perspective, what does the information landscape look like for a dual making an enrollment decision?
- What works well and what's missing?
- *[Explain the policy solutions we're pursuing]* What are your thoughts on these solutions? Is there a lever that stands out to you as the best option to pursue?
    - What are the barriers?
    - What are the opportunities?
    - What do you think is missing?
    - What policy levers are realistic?
- Out of the levers we proposed, which seems most realistic to you?
- As we think about our outreach and communications strategy, what are your recommendations?
- Are there documents/literature that we should be reviewing?
- Are there other stakeholders we should be speaking to?
- If you had the power to make one policy change regarding duals enrollment, what would you prioritize?
- What is not being talked about and should be talked about?
- Who is not being included in the conversation?
- During your time in your role, what have you learned about the experiences of dual eligibles? Are there lessons learned you would point to?

State Interviews:

- What is your role within the organization?
- What specific aspects of your work connect to enrollment information and assistance?
- From your perspective, what is the beneficiary's experience with enrollment into an integrated care program? Can you describe the process?
    - Where are the challenges and barriers?
- What has been your state's experience with integrated care? Can you describe the implementation process and how it went?

- What is the integrated care enrollment, education and outreach landscape in your state?
    - For enrollment assisters?
    - For CBOs?
    - For providers?
    - For beneficiaries/consumer advocates?
- From your perspective, what does the information landscape look like for a dually eligible individual making an enrollment decision?
    - What works well and what's missing?
- From your perspective, what is the experience of enrollment stakeholders and dually eligible individuals in accessing information on integrated care programs?
    - What are the challenges and barriers?
- What supports do you need to improve the enrollment process for duals?
    - Federal
    - State
- As we think about our outreach and communications strategy, what are your recommendations?
- During your time in your role, what have you learned about the experiences of dual eligibles? Are there lessons learned you would point to?

Appendix B: Enrollment Assister Listening Session Protocol

Solutions for Person-Centered Enrollment of Medicare-Medicaid Eligible Individuals: NCOA Fall 2022 Enrollment Assister Listening Sessions Protocol

Template Introduction for Listening Session:

[Introduce yourself, your role and some background on NCOA and the Center/CC]

Thank you for taking the time to participate in today's listening session. To get us started, I want to give some context and a bit of a roadmap as to how today's session will go. As you know, the session is going to be about 90 minutes. We'll follow the typical focus group rules, which means I'm going to try to give everybody an opportunity to talk. Please feel free to jump in as you please or use the "raise hand" function and I'll ensure we get to you.

Nothing you say during the session will be attributable to you in the final report. We may use quotes from the session, but will not attribute comments to specific individuals. You will have a chance to see the final report before it is released. I would also like to record this session for notetaking purposes. We want to record and then transcribe our discussion so that we can appropriately analyze it in the context of other listening sessions. This recording would be also confidential and non-attributable. After the recording is transcribed, we will destroy the original audio recording.

Do I have your permission to record this listening session? *[go one by one for verbal yes]*

I would like to share some background about the project with you and then go into some of the questions that I have for you today. Does that sound okay? *[Wait for any response, clarifying questions]*

The purpose of this session is to get your input on two policy objectives around integrated care resources and navigation. Individuals eligible for both Medicare and Medicaid face overwhelming, difficult-to-navigate enrollment decisions that significantly affect their health outcomes. This project builds on previous research to understand dually eligible individuals' perspectives on enrolling or not enrolling in integrated care programs. Our prior research uncovered critical findings about the immense confusion that dually eligible individuals experience in the enrollment process and the lack of support to assist them in understanding their options. As the next phase of this work, we will conduct an in-depth analysis of the integrated care enrollment and education ecosystem and utilize that research to educate key stakeholders with implementing a robust communications strategy. The goal is to create the conditions for progress on two main policy objectives: (1) the federal government establishes and allocates sufficient funding for a permanent resource hub, and (2) the federal government establishes a new, fully resourced program focused on training and investing in community and/or direct service organization to serve dually eligible individuals.

Our research approach includes three components: a federal policy analysis; a state-

level policy analysis which will examine five states (SC, ID, NY, NJ, and PA) to better understand the outreach, education and enrollment landscape; and listening sessions with enrollment and education assisters to inform our research and play a critical role in our education efforts with key stakeholders, particularly federal officials.

The final product from this project will be two reports. We've drafted a short report of initial findings that has been used to inform our conversation today. The final report will identify a path forward for a resource hub and in-person assistance for state and federal policymakers. We anticipate the project will be completed by April 2023.

Does anyone have any questions about anything I've just said?

We'll start by having everyone introduce themselves.

Questions:

- What is your role as an enrollment assister? Are you a volunteer? How long have you been providing assistance?
- What experiences have you had assisting people who are eligible for both Medicare and Medicaid?
- From your perspective, what is it like to be a dually eligible person making an enrollment decision?
- What kind of resources and educational materials do people have access to? Are those resources helpful for assisting duals making an enrollment decision?
- From your experience, what is the typical first stop for duals looking for help with enrollment?
- What parts of the process work well?
- What part of the process does not work well?
- From your perspective, what has been your state's experience with integrated care?
- Can you describe your role in the implementation process as an enrollment assister?
- How much information, resources, and training are available to you regarding integrated care?
- If you were provided information, resources, and training, what was your impression of them? Were they helpful to you?
- If you had access to information, resources, and training, are there barriers to you accessing and utilizing them?
- What supports do you need to better support a dually eligible person making an enrollment decision?
- What improvements to outreach and communications would improve your ability to help dually eligible people navigate enrollment?
- During your time in this role, what have you learned about the experiences of dual eligible people?

Closing Statement

We're getting close to the end of our session, and I want to respect everyone's time by ending promptly. Thank you for a great discussion. If you have any remaining thoughts, concerns, or questions, feel free to email me at [facilitator email] and I'll pass them on to the team. We will of course be sharing our findings with you all when they are completed – this will be in a few months, so please be patient with us! Thanks again for your participation and your commitment to supporting enrollment decisions.

Appendix C: Beneficiary Listening Session Protocol

Solutions for Person-Centered Enrollment of Medicare-Medicaid Eligible Individuals: NCOA Fall 2022 Consumer Listening Sessions Protocol

Introduction for Listening Session:

Hello, thank you all for being here today! My name is Siena and I'm going to be moderating today's conversation. My colleagues Susan and Brandy are also here to help and will be taking notes, and my colleague, Mike, will be handling any tech issues that arise. I work at Community Catalyst, working with [host organization], to speak with individuals with both Medicare and Medicaid in your state to better understand the information and resources available to you about your health plan enrollment options. The information we learn today will help us design health plan enrollment to be more easily understood. This focus group will take no longer than an hour and a half.

To get us started, I want to give some context and a bit of a roadmap as to how today's session will go. As you know, the session is going to be about 90 minutes. We'll follow the typical focus group rules, which means I'm going to try to give everybody an opportunity to talk. Please feel free to jump in as you please or use the "raise hand" function and I'll ensure we get to you.

Your participation in this focus group is completely voluntary. You can end your participation in the focus group at any time, and you are free to decline to answer any question you do not feel comfortable answering. To respect the privacy of your fellow participants, please do not repeat what is said in the focus group to others. Additionally, your participation in this research is confidential. This means that any information we collect as part of this project will not be published or shared in a way that means anyone could identify you. We are recording this focus group so we have an accurate record of what will be discussed, but it will not be shared with anyone outside of our project team.

Do I have your permission to record this listening session? *[go one by one for verbal yes]*

Following the focus group, you will each receive at $125 gift card, to compensate you for taking the time to speak with us today. Whatever you share with us today will in no way impact your health care services. We do not anticipate any risks to you for participating in this project, nor any direct benefits to you other than the gift card. Does anyone have any questions about anything I've just said?

We'll start by having everyone introduce themselves – name, state, and something that made you smile this week.

Questions:

- What is it like to make an enrollment decision as a Medicare-Medicaid enrollee? Can you walk me through that process?
- What parts of the process works well?

- What part of the process does not work well?
- What kind of resources and educational materials do you have access to regarding your enrollment options? (Examples: Online tools, flyers, notice letters)
- If you used these resources, were they helpful to you?
- If you have not used these types of resources, would it be helpful to have them? What kind of information would be useful to have?
- When you are looking for help with understanding your enrollment options, who do you go to first? (Examples: Health care provider, community center, friends, family)
- When you asked for help, was this person able to answer your questions?
- If they could not answer your questions, did they know where to send you to get them answered?
- What supports do you need to make an informed enrollment decision?
- Do you have access to those supports now?
- Who communicates with you about your Medicaid-Medicare plan enrollment?
- How do they typically communicate with you? (Examples: notices in the mail, phone calls, emails, in-person meetings)
- When you are communicated with, do you feel that you get the information you need to know about your care?
- Do you know who to contact if you have follow-up questions?
- Have you seen information about options for Medicare-Medicaid enrollees in your community? (Examples: advertisements, presentations at a senior center or community center, booth at a community event)
- What should people who make decisions about health care know about what it's like to be someone enrolled in Medicare and Medicaid?

Closing Statement

We're getting close to the end of our session, and I want to respect everyone's time by ending promptly. Thank you for a great discussion. If you have any remaining thoughts, concerns, or questions, feel free to email me at [email] and I'll pass them on to the team. Thanks again for your participation