

Medicaid Agency Partnerships with State Health Insurance Programs: Opportunities to Improve Care for Medicare-Medicaid Enrollees

By Stephanie Gibbs, Center for Health Care Strategies

IN BRIEF: States seeking to improve care coordination for Medicare-Medicaid enrollees are using different program options to achieve this goal, including Medicare Advantage Dual Eligible Special Needs Plans and Financial Alignment Initiative demonstrations. All states have a State Health Insurance Assistance Program (SHIP) that provides counseling and assistance for people with Medicare and their families. Several states have found their SHIPs to be important partners in educating Medicare-Medicaid enrollees and their families on integrated care programs. This brief describes opportunities for Medicaid agencies to partner with SHIPs and highlights approaches used by three states – **Arizona, Massachusetts, and Texas** – in which SHIPs and Medicaid agencies have worked together to educate Medicare-Medicaid enrollees on new care delivery options.

States are increasingly focused on creating more integrated systems of care for dually eligible beneficiaries – also known as Medicare-Medicaid enrollees – that improve care delivery, encourage better coordination, and offer flexibilities necessary to address misalignments between the two programs. Some of these integrated care options include the Medicare-Medicaid Financial Alignment Initiative demonstrations, PACE (Programs of All-Inclusive Care for the Elderly), and Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) that are aligned with Medicaid managed long-term services and supports (MLTSS) programs.

Several integrated care options may be available in a state, and Medicare-Medicaid enrollees and their families may need assistance in determining the best option for them. Since their creation by legislative mandate in 1990, State Health Insurance Assistance Programs (SHIPs) have been operating nationwide to provide impartial, local, and personalized counseling and assistance for people with Medicare and their families. The SHIP network is comprised of over 15,000 trained counselors. Beneficiaries, health plans, and aging and disability communities recognize SHIPs as a valued resource to provide information on Medicare programs.

As Medicare and Medicaid program options become increasingly aligned, SHIPs can also be an important partner in educating Medicare-Medicaid enrollees and families about integrated or aligned care. This brief describes opportunities for Medicaid agencies to partner with SHIPs and highlights approaches used by three states where SHIPs and Medicaid agencies worked together to educate Medicare-Medicaid enrollees on care delivery options.

Opportunities for SHIP and Medicaid Agency Partnerships

While some SHIPs and state Medicaid agencies currently partner with each other, more state Medicaid agencies could engage SHIPs to assist Medicare-Medicaid enrollees in understanding their integrated care options and Medicaid program benefits. State Medicaid officials can include SHIPs in enrollment counseling for integrated care programs, and the Medicare expertise housed within SHIP programs can inform Medicaid agency efforts as these programs are developed. When considering the value of SHIPs, a Medicaid agency may factor the credibility, training, Medicare expertise, and current role of SHIP counselors into the development of a comprehensive outreach, counseling, and enrollment effort.

Opportunities for partnership with SHIPs include:

- **SHIPs can share Medicare program knowledge to inform integrated programs.** SHIPs can provide subject matter expertise on Medicare programs to the Medicaid agency as new integrated care programs are

developed. Through open dialogue, the Medicaid agency can make changes early in program development based on feedback from SHIPs.

- **SHIPs can support Medicaid agencies in developing program materials.** Based on their experience in working with Medicare beneficiaries, SHIPs can provide feedback to state Medicaid agencies on beneficiary materials, including written materials, educational presentations, and call scripts including offering feedback on the effectiveness of materials before and after use.
- **SHIPs can help to engage and educate stakeholders about integrated care programs.** SHIPs can attend educational presentations and stakeholder meetings organized by the Medicaid agency to offer Medicare-Medicaid enrollee perspectives on issues and provide Medicare expertise.
- **Medicaid agencies can share information to strengthen SHIP knowledge of Medicaid and integrated care programs.** State Medicaid agencies can work with SHIPs to develop reference documents and tip sheets for SHIPs to use during counseling sessions and enable SHIPs to refer Medicare-Medicaid enrollees to the right places for resolution of issues as they navigate new programs. Medicare-Medicaid enrollees will ask questions about new programs, and SHIPs will need current and relevant information to support enrollment opportunities into new programs. By providing training to SHIPs on new programs that will impact Medicare choices for Medicare-Medicaid enrollees, Medicaid agencies can help position SHIPs to become valuable information resources regarding integrated care program benefits.
- **SHIPs can educate Medicare-Medicaid enrollees on integrated care options.** SHIPs may be able to educate and counsel Medicare-Medicaid enrollees on Medicaid or integrated program enrollment options and benefits, including: (1) D-SNPs and other integrated care options; and (2) the benefits of care coordination provided in both integrated care and MLTSS programs. This education from SHIPs may help states increase Medicare-Medicaid enrollees' understanding of new care delivery models and may support increased enrollment in integrated care programs and potentially reduced opt-out or other challenges with retention in new programs.
- **Medicaid agencies can foster ongoing communication with SHIPs.** To ensure SHIPs have the most up-to-date information, state Medicaid agencies can provide periodic Medicaid program updates to SHIPs to ensure information about integrated care and MLTSS program changes are communicated to Medicare-Medicaid enrollees contacting SHIPs. SHIPs might be engaged both before and after program implementation, as the SHIPs can assess early road blocks at the community level and track the community's response to the new program.
- **Medicaid agencies and SHIPs can clarify roles and responsibilities.** Over time, Medicaid agencies and SHIPs may need to better define the roles and responsibilities of the SHIP, health plans, enrollment brokers and other stakeholders, such as ombudsman, to ensure collaborative and seamless support for beneficiaries and families. Medicaid agencies and SHIPs may also consider technical capabilities to better support beneficiaries and families, such as streamlining data systems and increasing access to eligibility systems to determine a beneficiary's current status with more ease.

State Examples of Medicaid and SHIP Coordination

Three states provide examples of distinct and flexible approaches to Medicaid and SHIP coordination.

1. Massachusetts Expanded SHIP Responsibilities to Include a New Integrated Care Demonstration

The SHIP was supporting Medicare-Medicaid enrollees in Massachusetts' Senior Care Options¹ (SCO) program prior to implementation of the One Care² demonstration under the Medicare-Medicaid Financial Alignment Initiative. One Care serves individuals ages 21 to 64 at the time of enrollment, whereas SCO serves individuals age 65 and over. SHIPs considered counseling for One Care-eligible individuals to be an extension of existing responsibilities and were well positioned to counsel beneficiaries on both managed care options before One Care implementation. Throughout implementation of One Care, MassHealth, Massachusetts' Medicaid agency, worked

closely with SHIPs to ensure counselors were informed and educated about the demonstration program. Prior to implementation, the Medicaid agency provided educational presentations to SHIPs on the enrollment process and Medicare-Medicaid alignment opportunities; outlined the roles and responsibilities between SHIPs, health plans, and the enrollment broker; and developed a tip sheet to support the SHIPs. The SHIP offered expertise on Medicare-related information by reviewing draft beneficiary enrollment materials before the One Care launch.

The SHIP worked closely with MassHealth, advocates, the disability community, and a marketing vendor to help refine One Care information guides. MassHealth partnered with the SHIP to conduct a robust training of approximately 600 counselors. During One Care program enrollment, the beneficiaries eligible for One Care received a letter that listed the SHIP program as a resource. As a result of the training provided early on, SHIP counselors gained familiarity with One Care details, and therefore, were able to counsel beneficiaries on resources noted on the MassHealth One Care website, available provider networks, and One Care benefits during enrollment counseling sessions.

The SHIP took part in stakeholder meetings that included both consumers and providers. From the dialogue at these meetings, the counselors were able to better understand the perspectives of all stakeholders, raise awareness of the counselor's role, and facilitate communication, training and problem solving. Additionally, the SHIP worked closely with the One Care Ombudsman and MassHealth to cross train and support each other in referral and outreach events.

As the One Care program developed, MassHealth continually engaged with SHIPs to keep them apprised of program updates that could impact members who engaged for enrollment advice.

2. Texas Developed a Sophisticated Training Program for SHIPs

The Texas Health and Human Services Commission (HHSC) worked closely with the Health Insurance Assistance and Counseling Program (HICAP), Texas' SHIP program, and Aging and Disability Resource Center (ADRC) staff and volunteers to prepare for the implementation of the Texas Dual Eligible Integrated Care Demonstration Project.³ This effort included development of a comprehensive Enrollment and Benefit Counselor Resource List that could assist SHIPs in providing frequently-requested information about Texas' new integrated care program to eligible beneficiaries. The SHIP provided guidance on the key areas to cover on the resource list. The HHSC-developed list included information on: (1) enrollment broker and health plan contacts for enrollment, disenrollment, and plan changes; (2) links to provider and pharmacy directories to help beneficiaries identify in-network providers; (3) charts to compare health plan benefits; (4) beneficiary advocacy organization contacts; (5) continuity of care information; (6) grievance and appeals pathways; and (7) state contacts to address health plan marketing concerns that may arise.

The state also worked closely with its Medicaid independent enrollment broker, the HICAP program, and the Integrated Care Resource Center to delineate enrollment counseling roles and responsibilities clearly and develop enrollment scenarios to educate HICAP and ADRC staff and counselors on some of the more complicated questions that the SHIP expected Medicare-Medicaid enrollees to have as they compared their Medicare and Medicaid enrollment options.

3. Arizona Partnered with SHIPs to Help Medicare-Medicaid Enrollees Navigate Both Programs

Arizona has a single state Medicaid agency, the Arizona Health Care Cost Containment System (AHCCCS), which oversees, among other programs, Arizona's MLTSS program called Arizona Long Term Care Services (ALTCS).⁴ Additionally, several D-SNPs operate in the state, providing Medicare-Medicaid enrollees the opportunity to enroll in plans that are managed by the same managed care organization for both Medicare and Medicaid services. During programmatic changes, the SHIP supported beneficiary enrollment activities in several ways, including:

- Prior to program changes, the Medicaid agency contacted the SHIP and the agencies worked together on trainings and education;

- Cross-training occurred between AHCCCS and the SHIP and, as program updates were shared with Medicare-Medicaid enrollees from the Medicaid office, the SHIP also received a copy of the updates to ensure the most accurate information was communicated to Medicare-Medicaid enrollees if they accessed the SHIP;
- If the Medicare-Medicaid enrollee presented a technical issue pertaining to Medicaid, the SHIP transferred the Medicare-Medicaid enrollee to the Medicaid agency for support. During monthly meetings, the Medicaid and SHIP staff connected regarding specific beneficiary issues to ensure a coordinated solution;
- The SHIP contact information was provided as a resource when the Medicaid agency sent educational notices to Medicare-Medicaid enrollees that have the option of enrolling in the same managed care organization for both Medicare and Medicaid benefits; and
- The SHIP educated the Medicare-Medicaid enrollee about the potential benefits of enrolling in the D-SNP that aligns with the Medicaid managed care organization currently managing Medicaid benefits for the individual.

Key Themes and Considerations for Working with SHIPs

SHIP and Medicaid agency partnerships provide opportunities for increased Medicare-Medicaid enrollee and family support as well as more seamless enrollment assistance for Medicare-Medicaid integrated programs. State experiences working with SHIPs reveal two key tips to make these linkages work: (1) maintain open dialogue and information sharing between state Medicaid agencies and SHIP partners; and (2) recognize SHIPs as a valuable existing resource for Medicaid agencies developing new integrated programs. With both the SHIPs and Medicaid agencies fulfilling their distinct and important roles, Medicare-Medicaid enrollees stand to benefit from ongoing partnerships that can support them as they navigate new programs.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The **Integrated Care Resource Center** is a national technical assistance initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the **Integrated Care Resource Center** are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

ENDNOTES

¹ Senior Care Options (SCO) is Medicare Advantage Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) that covers all of the services normally paid for through Medicare and MassHealth. The plan provides services to enrollees through contracted health insurance companies and networks of providers and combines health services with social support services. There are no copays for individuals enrolled in SCO. More information is available at: <http://www.mass.gov/eohhs/consumer/insurance/senior-care-options/>.

² One Care was implemented in October 2013 and offers people with disabilities under age 65 the full set of services provided by both MassHealth and Medicare. More information is available at: <http://www.mass.gov/eohhs/consumer/insurance/one-care/>.

³ The Texas Dual Eligible Integrated Care Model was implemented in April 2015 in six counties and provides Medicare-Medicaid enrollees Medicaid and Medicare services, integrating acute care and long-term services and supports. More information is available at: <https://hhs.texas.gov/services/health/medicaid-chip/programs/childrens-health-insurance-program-chip/chip-comparison-charts/texas-dual-eligible-integrated-care-project>.

⁴ AHCCCS contracts with several managed program contractors to provide long term care services. The program contractors work with doctors, nursing facilities, assisted living facilities, hospitals, pharmacies, specialists, etc. to coordinate care. Each enrollee is assigned a case manager for care and service coordination. More information is available at: <https://www.azahcccs.gov/AHCCCS/AboutUs/programdescription.html>.