

Outreach And Enrollment Materials in States Implementing a Dual Eligible Demonstration

Tool For Advocates

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Written By

Georgia Burke

Directing Attorney, Justice in Aging

Fay Gordon

Staff Attorney, Justice in Aging

Introduction

All of the states implementing a capitated, managed care dual eligible demonstration are using a passive, “opt-out” enrollment model that enrolls individuals into the demonstration and assigns them to particular demonstration plans unless those individuals affirmatively choose either to decline to participate in the demonstration or to enroll in a different demonstration plan than that to which they were assigned. Passive enrollment makes it doubly important that outreach materials offer clear information that empowers consumers to make decisions based on their specific needs.

Effectively protecting a consumer’s right to choose, a right guaranteed to all Medicare beneficiaries, is challenging in a passive enrollment model.¹ To honor the consumer’s choice in a passive enrollment system, the materials should provide clear information about the program and enrollment options, rights and services within the demonstration, and include materials to help consumers navigate problems with their new care.

Because the financial alignment demonstration is a managed care model, an equally important challenge is to ensure beneficiaries have access to robust provider networks and also experience smooth transitions when they move to a closed provider system. To achieve these goals, states must also invest in targeted provider outreach that both

Table of Contents

Introduction.....	1
Outreach Materials: Working Chart and Example Notices ...	2
Review of State Outreach Materials	2
Easy to Recognize Demonstration Logo.....	3
Attention Grabbing Headline with Specific Information.....	3
Language that Encourages Active Choice and Emphasizes Consumer Rights.....	4
Large Font and Translations.....	4
Plain Language	4
Prominent Listing of Ombudsman Information	5
Tailored Resources and Messages	5
Conclusion.....	6

¹ Evaluating the passive enrollment model merits further analysis and is outside the scope of this paper.

explains the purpose and design of the demonstration and addresses practical concerns of providers. This includes information and details on contracting and clear explanations of new billing practices.

Outreach Materials: Working Chart and Example Notices

Currently, states are in varying phases of producing both consumer and provider materials. State decisions on scope and design of materials differ significantly and there now is a useful body of examples that provide both positive and cautionary models.

To better understand what works and what does not, Justice in Aging has prepared a Working Chart of Outreach Materials (Appendix 1) to track each implementing state's beneficiary and provider materials. The guide also includes examples of ten state notices with comments on strengths and areas for improvement (Appendix 2). The Working Chart materials are grouped depending on audience and purpose:

- Beneficiaries: Enrollment Notices
- Beneficiaries: Outreach, Education, and Enrollment
- Beneficiaries: Missing Enrollment Information, Disenrollment, and Part D Inserts
- Beneficiaries: Rights and Services in the Demonstration
- Providers: Outreach and Education
- Providers: Contracting, Eligibility, and Training
- Providers: Billing

Most of the materials in the Working Chart were gathered from existing state websites, which vary significantly in the amount of information posted and the ease of navigation.² If additional information is elsewhere, it may not be included. As states update and share materials on their websites, Justice in Aging will update the chart. Please share any missing information with info@justiceinaging.org.

Review of State Outreach Materials

The main audiences for outreach and enrollment materials are the beneficiaries and providers. Writing, tone, and substance differ based on audience and message. After over a year of demonstration implementation, each audience has demonstrated distinct communication needs. This paper will focus on beneficiary needs in the demonstration, as consumers and their advocates are the audience Justice in Aging works closely with. Provider outreach is critical for a successful demonstration, and the provider materials are included in the Working Chart for reference.

During implementation, three core beneficiary communication needs emerged:

- Understandable language and format;
- Tailored description of rights and actions; and
- Direct information on where to go for help.

With these core needs in mind, we selected outreach materials from ten states and evaluated how they met the

2 Massachusetts OneCare: <http://www.mass.gov/eohhs/consumer/insurance/one-care>; California CalMediConnect: <http://www.calduals.org>; Illinois Medicare-Medicaid Alignment Initiative: <http://enrollhfs.illinois.gov/program-materials#MMAI>; Ohio MyCare: <http://medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx>; Texas Dual Eligible Integrated Care Project: <https://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible>; Michigan Health Link: www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html; New York Fully Integrated Duals Advantage (FIDA): www.health.ny.gov/health_care/medicaid/redesign/mrt_101.htm.

three needs.³ The review revealed key elements of successful demonstration communication materials. As states continue to create beneficiary communications, they should keep the following checklist in mind:

1. Easy to Recognize Demonstration Logo
2. Attention Grabbing Headline
3. Language That Encourages Active Choice and Emphasizes Consumer Rights
4. Large Font and Translations
5. Use of Plain Language
6. Prominent Listing of Ombudsman Information
7. Resources and Messages Tailored to Specific Situations

Easy to Recognize Demonstration Logo

Almost all of the demonstration states have branded their demonstration as a unique health care option, for example, the Commonwealth Coordinated Care⁴ program in Virginia or the MI Health Link in Michigan.⁵ Some states are rolling out several different health system changes at the same time. For example, in California, the duals demonstration is called the Cal MediConnect Program. It is part of a the larger Coordinated Care Initiative (CCI), but for the beneficiary, the two programs are distinct. To ease beneficiary and caregiver confusion, it is important that a reader can quickly recognize the connection between the materials and the demonstration. Prominently displaying the unique demonstration logo at the top of materials helps synchronize messaging.

For example:

CALIFORNIA



VIRGINIA



OHIO



Attention Grabbing Headline with Specific Information

Beneficiaries need to read the enrollment notices to make decisions about their care. The notices need to strike a careful balance between calling attention to the demonstration and not alarming the beneficiary. A prominent headline, “**YOU ARE BEING ENROLLED INTO A NEW HEALTH AND DRUG PLAN**”⁶ should alert the

3 See Appendix 2. The ten materials are: 1) CalMediConnect 90 Day Notice, 2) MMAI Tips to Help You Choose; 3) MyCare Ohio: What You Need to Know; 4) CalMediConnect Continuing Your Care After You Join a Health Plan; 5) Cal MediConnect Get the Facts: Balance Billing; 6) New York FIDA Disenrollment Confirmation, 7) OneCare LTSS Coordinator; 8) MyCare Ohio Nursing Facility Resident Info; 9) MI Health Link Comparison of HCBS Long-Term Care Programs; 10) MI Health Link Hospice and MI Health Link.

4 Commonwealth Coordinated Care Program: www.dmas.virginia.gov/content_pgs/alrc-enrl.aspx.

5 Michigan MI Health Link: www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html.

6 MI Health Link 60 Day Notice: www.michigan.gov/documents/mdch/60_Day_Passive_Letter_sample_Exhibit_31_482965_7.pdf.

beneficiary to read the material, or bring the material to someone who will help. Headlines like *Welcome to the (Demonstration)*⁷ or *Coming Soon: A Simpler Way to Get Your Medicare and (Medicaid) Services*⁸ do not grab attention or fairly inform the beneficiary of potential changes.

The headline should also include consistent, specific information, to help the beneficiary recall it with ease when discussing with a counselor or with an enrollment broker. For example, the Michigan enrollment letters all include a heading text with the demonstration logo (MI Health Link) and the Michigan Enrolls tagline.⁹ This attention grabbing, specific information helps the enrollment broker or options counselor recognize the notice over the phone.

Language that Encourages Active Choice and Emphasizes Consumer Rights

Communication is a critical component of consumer directed care. Demonstration communication materials should emphasize the fact that the beneficiary is the driver of her care choices, and her rights are protected in the demonstration. Using consumer rights-centered, action-oriented language is central to empowering the beneficiary to direct her care.

Our review found few examples of communications that placed the beneficiary as an active leader in her care. In one promising example, Massachusetts OneCare's materials highlighted the consumer rights in the headline: **"You have a right to a Long-Term Supports Coordinator."**¹⁰ Another example is the California fact sheet detailing the beneficiary's protections: *Get the Facts: Balance Billing*¹¹ Under the heading "What should I do if I am billed by one of my health care providers?" the California Fact Sheet gives beneficiaries specific steps to take if billed for services.

Large Font and Translations

It is common sense that communication materials should be in larger font, particularly when materials target an older population.¹² The National Institute on Aging recommends a 14 font size when using smaller fonts, like Times New Roman. Other accessible formats, including Braille and audio, must be available.

In addition to accessible fonts, states need to address translation needs. Dual eligible beneficiaries are more likely to have limited English proficiency (LEP) than other Medicare beneficiaries. In some areas, dual eligible consumers may be twice as likely not to speak English well, compared with Medicare-only beneficiaries.¹³ States are making a clear effort to produce translated materials. For example, in California, the state dual eligible website is translated into 12 different languages and the translations are easily available through tabs that appear on the top of every web page.¹⁴

7 Commonwealth Coordinated Care 60-Day Notice: http://www.dmas.virginia.gov/Content_atchs/altc/60DayLetterBeneficiaries.pdf.

8 Texas Dual Eligible Demonstration 60-Day Notice: www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/letters/M-MMP1-MMPDualsIntro90Ltr-ENG-010115_103014.pdf.

9 MI Health Link 60 Day Notice: http://www.michigan.gov/documents/mdch/60_Day_Passive_Letter_sample_Exhibit_31_482965_7.pdf

10 Massachusetts OneCare LTS Coordinator Fact Sheet, <http://1.usa.gov/1EexuR5>.

11 California CalMediConnect Balance Billing Fact Sheet: <http://bit.ly/1EE87IM>.

12 National Institute On Aging, Making Your Printed Health Materials Senior Friendly, www.nia.nih.gov/health/publication/making-your-printed-health-materials-senior-friendly.

13 The Commonwealth Fund, Language Access Barriers to Health Care Access Among Medicare Beneficiaries (2006), available at: www.commonwealthfund.org/-/media/Files/Publications/In%20the%20Literature/2007/Feb/Language%20Barriers%20to%20Health%20Care%20Access%20Among%20Medicare%20Beneficiaries/Ponce_langbarriersaccessMedicare_1007_itl%20pdf.pdf.

14 See twelve language tabs on the CalDuals website: www.calduals.org.

Plain Language

The terminology and concepts behind the dual eligible demonstration can be tremendously complex and confusing for beneficiaries. As states draft notices and outreach materials, careful attention should be placed on communicating health information through plain language. For example, Massachusetts One Care at a Glance¹⁵ uses plain language terms like “choice of doctors,” instead of “providers” and “one person to coordinate your care and work with you,” instead of “care coordinator.” In addition to easy-to-understand language, the amount of information per page is limited and easy to digest. Contrast this to other state information pages with terms like “managed care for long-term services and supports (MLTSS).”¹⁶

Prominent Listing of Ombudsman Information

Beneficiaries in all demonstration states will have access to an independent ombudsman program. The program provides free assistance in accessing care, understanding enrollment and service rights, and appealing adverse plan decisions. Because the ombudsman plays a critical role in assisting the beneficiary throughout the demonstration continuum--from notices, to enrollment, to receiving services--the ombudsman information should be prominently included in all beneficiary materials.

Remembering the importance of plain language, when sharing the ombudsman contact information, it is important to use easy-to-understand terms. For example, on California’s enrollment notices, the ombudsman contact information is listed under “Get Help” with problems and complaints.¹⁷ Terms like “get help” are easier for the beneficiary, and her caregiver, to understand than “ombudsman.” New York has given its ombudsman program an easy-to-remember name, ICAN, which stands for Independent Consumer Advocacy Network.¹⁸

Tailored Resources and Messages

A beneficiary in a dual eligible demonstration plan will likely experience her health and long-term services and supports in a new way. This requires materials that clearly explain the discrete elements of the way her care plan is changing. A beneficiary will require information on how she can find her doctor, her right to continuity of care, protection against balance billing, her covered services, and details on elements of her long-term services and supports.

Including this information in a member handbook is not enough. The state should develop easy-to-access information sheets, easily searchable by the beneficiary or her caregiver, that clearly and succinctly explain rights and services in the demonstration. States have attempted to provide this information to varying degrees. Here is a sampling of information that states have developed into brief and easy to search one-page fact sheets:

- [Continuity of Care after You Join a Health Plan](#)¹⁹
- [Finding Your Doctor](#)²⁰
- [Protecting against Balance Billing](#)²¹

15 One Care at a Glance: www.mass.gov/eohhs/docs/masshealth/onecare/one-care-at-a-glance-consumers.pdf.

16 Cal MediConnect Guide to Upcoming Health Care Changes: http://www.calduals.org/wp-content/uploads/2014/11/CCIHandoutOverview_14-11-26.pdf.

17 Cal MediConnect 90 Day Notice, <http://bit.ly/1HNqyZQ>.

18 See the ICAN website at <http://www.icannys.org/>

19 California, Continuing Your Care After You Join a Health Plan, www.calduals.org/wp-content/uploads/2014/02/ContinuityofCare_14-02-131.pdf.

20 California, Find Your Doctor, www.calduals.org/beneficiaries/find-your-doctor/#1a.

21 California, Get the Facts: Balance Billing, <http://bit.ly/1EE87IM.1>.

- [Your Right to Long-Term Services and Supports](#)²²
- [Understanding Hospice in the Demonstration](#)²³
- [Understanding Nursing Home Care in the Demonstration](#)²⁴
- [Assessment for Services](#)²⁵

Conclusion

Understandable and accessible notices and fact sheets are essential elements in a dual eligible demonstration. They are critical both to help beneficiaries decide whether to join a demonstration and also to ensure access to needed health care services for those who are enrolled. Though the dual eligible demonstrations have, because of their complexity, created challenges in crafting quality notices, they have also created opportunities to design notices that empower consumers to decide how they want to receive their care, as well as information that gives providers the information they need to deliver that care.

22 Massachusetts, You have a right to a Long-Term Supports (LTS) Coordinator, <http://1.usa.gov/1EexuR5>.

23 Michigan, Hospice and MI Health Link, <http://1.usa.gov/1MNU82r>.

24 Ohio, Information for Individuals Enrolled in a Nursing Facility, <http://1.usa.gov/1zvHvsg>.

25 Michigan, Assessment Tools Overview, <http://1.usa.gov/1O0l1AJ>.

WASHINGTON

1444 Eye Street, NW, Suite 1100
Washington, DC 20005
202-289-6976

LOS ANGELES

3660 Wilshire Boulevard, Suite 718
Los Angeles, CA 90010
213-639-0930

OAKLAND

1330 Broadway, Suite 525
Oakland, CA 94612
510-663-1055