State Solutions
An Initiative to Improve Enrollment in Medicare Savings Programs

Maximizing MSP enrollment with Part D: Co-location of SHIP Volunteers within Social Security Administration Offices

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May 2006

Introduction

With the inception of the Medicare prescription drug benefit this year, the Social Security Administration (SSA) faces the enormous task of helping millions of low-income Americans with Medicare apply for Extra Help with Part D premiums and copayments under the low income subsidy (LIS). Though daunting, this challenge represents an opportunity to reach out to low-income Medicare beneficiaries about the Medicare Savings Programs (MSPs), which helps pay for Part B premiums and cost-sharing.

Historically, the MSPs have been underenrolled. These low enrollment rates may be partly attributable to limited awareness of the MSPs and the complicated enrollment procedures and stigma associated with seeking assistance at Medicaid offices. The recent implementation of Medicare Part D, with its vast array of prescription drug plan choices, has also dramatically increased the need for Medicare counseling.

As a traditionally trusted source of assistance for seniors and given their role in LIS enrollment, SSA is well positioned to help meet this need. SSA, however, is neither obligated nor, given their current burden, likely able to provide such outreach or counseling. One promising model may be to dispatch or "co-locate," State Health Insurance Assistance Program (SHIP) volunteers in SSA offices to help alleviate the increased burden on SSA and to provide additional counseling, enrollment assistance, and information on other benefits available to low-income Medicare beneficiaries.

This brief surveys existing co-location models and assesses the benefits and obstacles encountered by CMS, SSA, and the SHIPs in establishing and maintaining such programs.

A national program of
The Robert Wood Johnson Foundation® and The Commonwealth Fund.

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Existing Co-location Pilot Programs

Multiple agencies have established or attempted to establish co-location programs in Social Security offices to help people understand their Medicare options and boost enrollment in MSPs. Identifying lessons learned and best practices from these projects can help successfully structure future co-location programs.

Medicare Part B Buy-in Demonstration

In response to low participation rates in the Medicare Part B Buy-in Programs,[1] Congress directed SSA to conduct a research demonstration to determine the best way to increase enrollment. In 1999 and 2000, SSA created six demonstration models including a Screening Model, an Application Model, a Widow(er)s Model, a Peer Assistance Model, a Decision Making Model, and a Co-Location Model. Each model was initiated using targeted mailings and a combination of other outreach devices.

Two of the more successful models, the co-location model and the screening model, provided the type of on-site assistance in SSA offices that a co-located SHIP counselor might provide. Of the six models tested, the co-location model had the second highest positive impact upon MSP enrollment. For every 1,000 letters mailed, the co-location model resulted in 20 additional enrollments.[2,3] For the screening model, an additional 18 enrollments resulted. Those added enrollments translate roughly to an increase in the percentage of eligible individuals enrolled in MSPs from 60 to 64 percent. The demonstration evaluator found that on-site assistance with MSP applications in SSA offices helped increase MSP enrollment.[4] Further, the evaluator determined that minimizing steps involved in securing government assistance was an effective way to spur greater participation in them.[5] Combining all models, the demonstration increased enrollment by approximately 7 percent[6].

The co-location model stationed Medicaid employees at four SSA offices nationwide in an attempt to address the stigma associated with going to the Medicaid office. SSA staff screened individuals who called into a central toll-free telephone number and made appointments for those that appeared eligible with the Medicaid employee stationed at the local SSA office. The co-location model was implemented at four sites nationwide.

In states that do not require MSP applicants to have an in-person interview at the local Medicaid office, a SHIP counselor could perform the same functions as the Medicaid employee used in this prong of the demonstration. In states that maintain the in-person interview requirement, the closest parallel to co-locating a SHIP counselor in an SSA office is the screening model. Under that model, an SSA worker screened individuals for MSP eligibility and attempted to schedule an appointment for the individual to submit the application to the state Medicaid office.

The most successful of the six models was the application model, which generated an additional 26 enrollments per 1,000 letters. Under this model, which was implemented in four states, SSA employees

themselves completed the MSP applications and forwarded them to state Medicaid offices for eligibility determination or follow-up (if needed). The success of this model points to the benefits of application processing at the SSA office, a potential feature of collocation projects.[7]

Two other models used in the demonstration, the peer assistance model and the decision making model, had less promising results, generating an addition seven and 18 enrollments per 1,000 letters, respectively. The peer assistance model involved screening for MSP eligibility over the phone by an AARP volunteer, but consisted of no change to application procedures. Under the decision making model, SSA employees conducted application intake, but ultimate adjudication was left to state agencies[8].

Butte County, California

A Health Insurance Counseling and Advocacy Program (HICAP) located in rural Butte County, California, established a co-location site at the local SSA office. Under this State Health Insurance Program (SHIP) funded arrangement, appointments for in-person Medicare counseling are made for people who call the HICAP helpline. Occasionally, SSA employees also refer clients to the on-site HICAP volunteer. SSA designates office space and a telephone line to the HICAP volunteer who visits the SSA office twice a month for a three-hour counseling session. During each session, the HICAP volunteer sees at least four clients. Since the inception of this co-location program over seven years ago, the HICAP counselors have assisted approximately 500 people each year at the SSA office. The HICAP counselors are supervised by the HICAP Volunteer Coordinator who conducts site checks and reviews volunteer reports. Clients are referred to SSA caseworkers for any issues regarding Medicare eligibility and enrollment.

The co-location arrangement is ongoing. Demand is high and expected to increase with the implementation of Part D. However, the program is currently restricted by a number of factors. For example, HICAP representatives indicate that access to more space in the SSA offices as well as an increase in the overall number of counseling sessions may be crucial factors in meeting demand. Additionally, access to the internet would help streamline counseling sessions and allow more appointments to be scheduled per session.[9]

Arizona

In January 2001, CMS awarded the Arizona SHIP a one-year, $40,000 grant to place SHIP volunteers in local SSA offices to provide MSP information and application assistance. Clients were to be referred to SHIP volunteers by the SSA staff.[10] However, some SSA workers never acquired the habit of referring clients to the SHIP volunteers for MSP application assistance. SHIP representatives attribute this to the irregularity of volunteer schedules and seemingly low volume of people requiring MSP assistance at the selected sites.[11]

Based on the preliminary results from the project, the SHIP director was skeptical about the benefit of placing SHIP counselors at Social Security offices to provide MSP information and application assistance. The SHIP director observed that the project worked best when SHIP counselors were placed in

SSA offices that had already established ties with SHIP staff in order to streamline and facilitate agreements and logistics.[12] Regular volunteer hours and additional program support, both from SHIP and SSA, likely would have improved the program's outcome.

Observations and Recommendations

While the Part B Buy-In Demonstration shows the benefit of using SSA offices as an entry point for MSP enrollment, the Arizona and Butte County, California experiments have not conclusively demonstrated the impact that co-location of SHIP counselors can have on MSP enrollment. Nevertheless, these two projects do show that SSA offices can serve to facilitate access to SHIP counselors, who are already playing an important role in counseling Medicare beneficiaries on the new Part D benefit, including advising on eligibility for LIS and MSP. The lessons learned in these two locations also indicate a number of operational issues that can be considered in the design of future programs, including:

- *Coordination between State and Federal agencies:* Programs are more likely to succeed when jointly established by the SHIP and SSA. As seen in the Medicare Part B Buy-In Demonstration Co-location Model and the Butte County HICAP Program, such cooperation increases the likelihood that key factors such as a formal referral strategy will be developed and adopted by all players. In contrast, the absence of a consistent referral strategy hampered the effort in Arizona.
- *Limited space and access to supplies, internet, and telephones:* The experience of volunteers in the Butte County site points to the need to ensure adequate space for counseling. Internet access has also proved critical in counseling beneficiaries on their Part D plan options. Access to telephones and internet can help streamline counseling sessions as well as provide quality control.
- *Irregular volunteer hours:* Programs involving volunteers, such as SHIP counselors, rather than agency employees can help promote a cost-effective approach especially under conditions of limited resources. However, such programs present additional challenges to scheduling regular and frequent hours to ensure that counselors are integrated into the referral patterns of Social Security case workers. Again, adopting a formalized structure can help increase the lifetime of a program.

Looking Forward

Despite these challenges, interest remains in finding the right fit and formula for a SHIP- SSA co-location program. In late 2000, for example, the Community Services Council of New Hampshire—the state SHIP—in collaboration with the New Hampshire Medicare Savings Program Coalition proposed the co-location of SHIP volunteers in SSA offices. The Boston Regional SSA Director verbally agreed to the proposal. However, after September 11, 2001, the Boston Regional SSA Office refused to support the plan due to security concerns[13].

In New York City, CMS out-stationed an employee in an SSA office to provide general Medicare counseling. In contrast to the Part B Buy-In demonstration, which involved extensive outreach to individuals potentially eligible for MSP, the New York program was not well-publicized and the CMS worker did not conduct screenings for the MSP. The CMS employee also did not have computer access.

After a month, CMS concluded that the permanent co-location of a CMS employee at the SSA office was not cost-effective. A CMS official indicated that if SHIP volunteers were used instead and the program was more widely publicized it could be an effective and cost-effective mode of providing information and outreach.[14]

Section 924 of the Medicare Modernization Act—A New Opportunity

Section 924 of the Medicare Modernization Act of 2003 requires the Secretary of Health and Human Services (HHS) to conduct a three-year demonstration program in which Medicare specialists employed by HHS would be placed in at least six SSA district offices, with at least two in rural areas, to provide assistance to Medicare beneficiaries. The demonstration program will be conducted over a three year period and the evaluation of the program will be based on the utilization and satisfaction of those individuals who receive assistance, as well as the cost-effectiveness of providing beneficiary assistance at SSA locations. At the end of the demonstration period, a report will be submitted to Congress on the feasibility of permanently out-stationing Medicare specialists at local SSA offices.

The program's creation demonstrates Congress' interest in enhancing beneficiaries' access to counseling about Medicare and associated health programs in SSA offices. Placing SHIP volunteers in SSA offices could further this goal, both as an interim measure pending the start of the Section 924 demonstration project, and as a supplement to CMS efforts once the demonstration project begins.

Co-location programs may be an effective option for alleviating SSA caseloads while helping older and disabled persons understand their Medicare options and benefits. At a minimum, given the anticipated higher traffic at SSA offices resulting from persons seeking 'extra help' for Part D, it is a model worthy of additional study.

Endnotes

[1] Medicare Part B Buy-in Programs are also known as the Medicare Savings Programs.
[2] The application model, which tested MSP applications completed by SSA staff rather than Medicaid employees, resulted in 26 additional enrollments per 1,000 letters mailed.
[3] Lisa Marie Alexcih, et al., "Results from the SSA Buy-in Demonstration," The Lewin Group, October 4, 2001.
[4] *Ibid.*
[5] *Ibid.*
[6] *Ibid.*
[7] *Ibid*
[8] *Ibid*
[9] Based on conversation with Tatiana Fassiex, program manager, California HICAP on June 27, 2005.
[10] Information on Arizona co-location project previously reported in Kim Glaun, "Medicaid Programs to Assist Low-Income Medicare Beneficiaries: working paper on Medicare Savings Programs in Arizona," The Kaiser Commission on Medicaid and the Uninsured, December 2002.
[11] *Ibid.*
[12] Based on the information provided by Ada M. Leach, Program & Project Specialist, Aging & Adult Administration on August 1, 2005.
[13] Based on conversations with Dalia Vidunas, Executive Director, Community Services Council of New Hampshire, on June 27, 2005 and August 11, 2005 and an email from Robert Carter, Director of Senior Services, Community Services Council of New Hampshire received February 3, 2006.
[14] Based on a conversation with Nancy Ng, CMS Region II Office on August 11, 2005.

State Solutions

The Medicare Savings Programs are publicly financed programs that help people pay for costs associated with Medicare, such as premiums, co-payments and deductibles. It is estimated that 5 million people are eligible to receive financial help through the Medicare Savings Programs, but only half are enrolled. Eligibility is generally granted to Medicare enrollees with low incomes, including people with disabilities and seniors.

State Solutions is a national program working to increase enrollment in and access to the Medicare Savings Programs. Funding for State Solutions is provided by The Robert Wood Johnson Foundation and The Commonwealth Fund.