



Locating and Engaging Members: Key Considerations for Plans Serving Members Dually Eligible for Medicare and Medicaid

Health plans serving dually eligible beneficiaries have reported difficulties locating and engaging members due to inaccurate or incomplete contact information. Difficulties contacting members can have downstream effects on the plan’s ability to conduct required health risk assessments (HRAs), provide information on health plan benefits and responsibilities, and ensure continuous enrollment. To identify best practices in addressing these issues, Resources for Integrated Care held a focus group with representatives from seven health plans in California, Massachusetts, Ohio, and Virginia that have experience locating and engaging dually eligible members. This brief provides key considerations for health plans locating and engaging this member population.

Locating Members

- **Hire staff from the community for outreach and navigation.** Individuals from the same communities as members are more likely to have existing connections with local health and social service organizations, as well as knowledge about how to find and connect with community members. Plans may require, for example, that outreach staff have lived in a community for a certain number of years or have previously worked for a community agency. They may consider not requiring that the individual be licensed or have a clinical background. Plans have also mentioned that hiring multilingual staff with diverse cultural and social perspectives is a priority for connecting with dually eligible members.
- **Provide adequate training to outreach staff.** Health plans may consider how to best educate outreach staff about the plan’s programs, benefits, and responsibilities to ensure dually eligible members have access to this information. Training may emphasize how staff can explain to members – in the member’s preferred language – the benefits covered by the plan. In addition, plans may consider training staff on how to assist with members’ health and social needs before conducting HRAs. After staff have been trained to provide general education and address members’ needs, plans can train staff to coordinate, and in some cases, assist in completing parts of the HRA with the member, which may include assessing social needs such as housing, transportation, legal issues, and other social support. Plans have also noted the benefits of training in motivational interviewing, as well as providing staff with scripts for effective communication. For more information on motivational interviewing, reference the [Foundations of Motivational Interviewing podcast](#).

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- **Adopt best practices for effective telephone outreach.** Calling members early in the month, when members using prepaid phones have more minutes available, and reaching out during the late morning or early evening hours, may increase the chances of connecting with members. Plans also noted that asking for updated contact information each time a member calls helps ensure correct contact information for future outreach. In addition, plans can ask a member for contact information of family, friends, and other people that the member has contact with on a regular basis for future outreach if the plan cannot reach the member directly.
- **Develop effective strategies for in-person outreach.** If members cannot be reached via telephone, plans may consider making in-person visits to known addresses. When plan staff make in-person visits, they may want to address pressing social needs of the members first to build trust, before conducting HRAs and suggesting treatment plans.
- **Coordinate with providers.** Plans can use historical claims data to identify members' providers, including pharmacies, medical transportation providers, home health, and hospitals, and then reach out to these providers for updated contact information. In addition, when providers request prior authorization for a member, plans can use this as an opportunity to ask for the member's updated contact information. If plans attempt to contact members using information from providers and it proves to be inaccurate, plans can also ask providers for the time and date of the next scheduled appointment, and then set up a joint visit or send a coordinator or navigator to meet the member in-person before or after their appointment.
- **Collaborate with local agencies, community-based organizations (CBOs), and informal social networks.** Local agencies and CBOs that serve dually eligible individuals may have more recent contact information or may offer advice on common gathering places for certain members. Examples of local agencies and organizations include:
 - Aging and Disability Resource Centers (ADRCs)
 - Area Agencies on Aging (AAAs)
 - Community health centers (CHCs) or Federally Qualified Health Centers (FQHCs)
 - Centers for Independent Living (CILs)
 - Social service agencies/local Departments of Social Services (DSS)
 - Public health departments
 - Community Service Boards (CSBs)
 - Advocacy networks
 - Free clinics
 - Local United Way organizations
 - Public transit providers

One plan noted that pre-populating HRAs with internal data helps staff streamline the HRA process and provides staff with a more complete picture of the member's needs to facilitate care planning.

One plan emphasized the importance of considering the member's needs before the plan's requirement to complete the HRA. The plan shared a story about a member who was not opening the front door for the navigator. Talking through the door, the navigator learned that the member needed shoes, so the navigator went out and brought shoes to the house. This led the member to open the door, which allowed the navigator to gather important information on the member's needs.

- Local housing agencies and housing member associations

In addition, informal social networks, including caregivers, family members, and neighbors, could offer contact information and tips on where to find a member, as well as become an integral part of the process for connecting with the member in the future. Other community sites that may have member information include restaurants that deliver food, such as pizza vendors, and faith-based locations, such as churches. The [Resources for Integrated Care Promising Practices Checklist for Health Plans](#) has additional information on how to identify and collaborate with community partners.

- **Contract with vendors to provide additional outreach and engagement efforts.** Several health plans reported using vendors to expand their capacity. Vendors may have more time and resources to conduct repeated outreach and may be better equipped to conduct in-person visits to the member's listed address, conduct HRAs, or collect survey data. Plans may wish to assess vendors' performance by establishing performance metrics early in the contracting process.

Plans may consider contracting with vendors such as home health providers to conduct HRAs, as the staff for these organizations may already have established relationships with members.

Engaging Members

- **Designate a point of contact for each member.** Plans have noted that it may be beneficial to assign each member a consistent point of contact responsible for both outreach and sustained engagement. Under this approach, all correspondence with the member would go directly to the assigned coordinator or navigator who would update contact information, provide assistance, and most importantly, build a relationship with the member to promote trust and encourage future engagement. This is especially important for individuals with complex physical or behavioral health needs. The coordinator or navigator may also conduct the HRA or refer members to other staff after the initial interaction.
- **Take steps to solicit feedback from members and encourage member engagement.** Plans can further their member engagement success by soliciting member feedback through member advisory councils or other venues, such as member focus groups or surveys. Resources for Integrated Care has produced numerous resources on meaningful [member engagement](#).
 - *Member advisory councils* – Most health plans are required to establish member advisory councils to gather valuable feedback from members. Plans may consider the composition, structure, and goals of the advisory committee; how to choose a convenient time and fully accessible location for members with disability or limited transportation; and how to recruit and select a diverse and active set of council members.
 - *Member meetings and focus groups* – Member meetings and focus groups are another opportunity for plans to gather feedback in smaller groups for specific, targeted topics of interest. It is important for plans to think through the specific steps for planning the meetings or focus groups

“Once we have reached our members through the Personal Care Coordinator (PCC) and explained that the PCC will serve as their main contact and navigator, members tend to stay engaged,” explained one plan. This plan selects staff to become PCCs if the staff have good communication skills and have a history of building rapport with members.

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(e.g., developing invitations and fliers, providing incentives for attendance), running the meetings or focus groups (e.g., assigning staff to various tasks, facilitating discussions), and conducting follow-up and evaluation (e.g., distributing meetings notes, meeting with health plan leadership to develop an action plan).

- *Surveys* – Surveys are another beneficial method for collecting information on members’ interests, needs, and concerns. In creating and distributing surveys, plans may wish to first ensure a sufficient understanding of their target population (e.g., preferred member languages), and then inform front-line staff about the survey so that they can inform members. Plans may have more success by gathering responses through repetition and clear messaging.

One plan owns a community center, open seven days per week, which employs bilingual staff. The center provides health screenings, educational workshops, and counseling. This not only provides an opportunity to address social needs and conduct HRAs, but also encourages member engagement and valuable community relationships.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com>. Please submit feedback to RIC@lewin.com.