

Success Stories

Testing the Business Case: Can AAAs Provide Benefits Enrollment and Assistance in Partnership with Health Care Entities?

Introduction

Many Medicare beneficiaries with limited incomes and resources are eligible for, but not yet enrolled in, critical benefits such as the Medicare Savings Programs (MSPs) and the Part D Extra Help/Low-Income Subsidy (LIS), which help beneficiaries pay for their Medicare coverage; Medicaid; the Supplemental Nutrition Assistance Program (SNAP); and the Low-Income Home Energy Assistance Program (LIHEAP). As a result, these Medicare beneficiaries miss out on savings that could affect their ability to afford health care and to pay for necessities such as food and housing, which help them to age independently in their homes and communities rather than in institutional settings.

Area Agencies on Aging (AAAs) and other community-based organizations (CBOs) provide benefits counseling and enrollment assistance to help ensure that older adults in their communities are aware of these cost-saving opportunities and receive application assistance, if eligible. Many AAAs also administer their local State Health Insurance Assistance Program (SHIP), which provides insurance counseling for older adults, and most receive funding through the Medicare Improvements for Patients and Providers Act (MIPPA) to support benefits enrollment efforts. These benefits help maintain individuals' health by connecting them with needed services and medications. In turn, when a health plan's members enroll in these benefits, the plan could benefit from improved health outcomes, improved consumer satisfaction, member retention, lower health care utilization rates, lower costs and higher risk-adjusted payments.

In 2018, with funding from the Center for Benefits Access at the National Council on Aging, the Aging

and Disability Business Institute (Business Institute) at USAging contracted with two AAAs to test the business case for providing benefits enrollment in partnership with health plans. These pilots explored whether a partnership of AAAs and health care entities to provide benefits counseling and enrollment assistance services would be valuable enough to the health plans that they would be willing to pay AAAs to provide this service after the pilot ended. If so, the result would provide another avenue for contracting between CBOs and health care entities.

Through a competitive process, the Business Institute selected two AAAs to participate in the pilot: Senior Services of Southeastern Virginia (Senior Services) in Norfolk, VA, and Lower Rio Grande Valley Development Council (LRGVDC) in Weslaco, TX.

Through this pilot, the AAAs and their local health care partners developed a process for the plan to refer appropriate members to the AAA for benefits enrollment services. In addition to testing the business case of providing benefits enrollment assistance, these pilots provide insight into the process of building relationships with health care entities. As AAAs seek to increase the number of contracts they have with health care entities, it is also important to ensure that their contracting work does not impede their ability to continue to provide the *unbiased information and assistance* that is required for many of the counseling programs and services AAAs provide. Because these services support Medicare-eligible clients, AAAs that have contracts with Medicare Advantage (MA) plans must prevent any conflicts of interest that could lead to

AAAs steering (or appearing to steer) clients to certain plans and insurers. In this pilot, USAging funded the AAAs to do their work, ensuring that the AAA staff involved did not receive funding from the plans.

This project was completed prior to the release of the Administration for Community Living's (ACL) guidance on Conflict of Interest Identification, Remedy and Removal.¹ AAAs and CBOs administering SHIP and MIPPA that are interested in doing similar work with health plans should contact ACL to discuss remedies to possible conflicts of interest before pursuing any relationship with health care plans or sponsors. Questions and technical assistance requests can be sent to OHIC@ACL.hhs.gov.

Getting Started

Lower Rio Grande Valley

Lower Rio Grande Valley Development Council (LRGVDC) is a AAA located in south Texas, with its main office in Weslaco and a satellite location in Harlingen. Led by Executive Director Jose Gonzalez, the AAA serves a large three-county area consisting of Cameron, Hidalgo and Willacy counties, which include both urban and rural areas.

The first step was hiring a benefits counselor for the pilot. May Bryan, the Benefits Counselor hired for this project, was located in the agency's Direct Consumer Services Department with the rest of the Benefit Counselors and reported to the AAA's Assistant Director. Bryan was involved with additional benefits counseling and SHIP work (called Health Information, Counseling, and Advocacy Program, or HICAP, in Texas), which gave her a better understanding of the programs.

LRGVDC initially approached several local health plans when seeking a partner with which it could provide its benefits enrollment services but found that plans were already providing this service to their members. Not easily frustrated, the team at LRGVDC capitalized on the relationships that it had developed with many local health care entities through its care

transitions program, including several Accountable Care Organizations (ACOs). The AAA decided to propose a partnership with one of the ACOs, Buena Vida y Salud, to provide benefits enrollment assistance to its members. Buena Vida y Salud is jointly owned by community physicians and the South Texas Physician Alliance.²

Buena Vida y Salud valued the fact that LRGVDC, like all other AAAs, was a one-stop shop that connected its clients to resources they might need in addition to benefits enrollment assistance. May Bryan, LRGVDC's Benefits Counselor, said of the initial discussions with the ACO, "One thing they asked specifically was if I was able to identify other problems." Bryan responded by sharing an example in which she learned that a client of hers was depressed because his wife had passed away, so she connected him with a behavioral health organization to assist with his depression—all during a benefits enrollment visit. Stories like these impressed the ACO staff and added additional support for partnering with LRGVDC. For the ACO, the additional needs that the AAA could identify and address added even more value to its benefits enrollment services.

Senior Services

Senior Services is the AAA for South Hampton Roads and Western Tidewater regions of Virginia, with a coverage area that includes the cities of Norfolk, Chesapeake, Franklin, Portsmouth, Suffolk and Virginia Beach as well as Isle of Wight and Southampton counties. Senior Services is a 501(c)(3) nonprofit led by Chief Executive Officer Steve Zollos. Like LRGVDC, Senior Services began by hiring a benefits counselor for this work and ensured they were entirely supported by project grant funds and located in the Long-Term Care Program, which includes benefits counseling and Virginia Insurance Counseling and Assistance Program (VICAP), which is Virginia's name for the SHIP program. She reported to the Community Services Manager, who oversees Options Counseling and the VICAP program, supporting benefits enrollment and VICAP while waiting for referrals to begin.

1 <https://acl.gov/programs/senior-medicare-patrol/managing-conflicts-interest-ship-smp-and-mippa-programs>

2 <http://www.buenaVIDAYsalud.com/>

Senior Services has had a relationship with the Sentara Health System for many years, collaborating on projects related to care transitions and home-delivered meals, among other AAA services. Senior Services had also worked previously with Optima Health, Sentara's full-spectrum insurance division, in a bid to provide services to individuals in its Medicare Advantage plan. Senior Services had support from Optima Health's Director of Marketing Kathy McVey, who was a member of Senior Services' board and is currently the board president. McVey introduced the Senior Services staff to the team that handled Optima Health's Medicare Advantage product. Though this bid did not ultimately lead to a contract, the relationship that developed in the process proved to be helpful when Senior Services was looking for support for what would become the current pilot. Optima Health saw the partnership as an opportunity to assist its members by helping them obtain additional coverage and other benefits that could help address their social needs, possibly leading to increased member satisfaction, better member retention and improved health outcomes.

Contracting Challenges

Lower Rio Grande Valley

Once a partnership had been established, LRGVDC sought a Business Associate Agreement (BAA) with the ACO. Under Health Insurance Portability and Accountability Act (HIPAA) rules, a business associate is "a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information (PHI) on behalf of, or provides services to, a covered entity."³ The BAA is an agreement between a business associate and a HIPAA-covered entity (an ACO in this case) that outlines the responsibilities of the business associate related to data privacy. Though the work largely didn't require access to PHI, the CrossTX referral platform, a technology platform that the ACO uses to manage referrals, does include such information, which necessitated the BAA.

Senior Services

Like LRGVDC, Senior Services sought a BAA with Optima Health thinking this would be needed even

though only a small set of information was being shared. The Optima Health legal team requested that Senior Services significantly increase its cybersecurity insurance policy as a requirement for the BAA. As this would have been prohibitively expensive for Senior Services, the negotiations over the agreement lasted for several months.

During the negotiations, it was shared that Senior Services had already been providing the care transitions intervention in several Sentara hospitals for some time as an independent contractor. Since the project also did not require access to PHI other than a minimum amount of data on the client, such as contact information, Sentara's legal team recognized that Senior Services was already a trusted entity and decided that a BAA was not needed. Senior Services was able to sign an independent contractor agreement to move the project forward, requiring only a \$1 million cybersecurity policy rather than the \$5 million policy previously requested.

Developing the Process

Lower Rio Grande Valley

It is critical that AAAs understand the referral platforms used by their health care partners. Buena Vida Y Salud agreed to provide Bryan with training and access to its CrossTX referral platform. ACO wellness coordinators performed basic screenings to identify whether a client needed benefits. When they had referrals for Bryan, she received an email alert from the system that included brief descriptions of why clients were being referred to her for additional services. Bryan would then arrange a meeting to assist clients with applying for benefits and assess whether they had any other needs that LRGVDC could address. The system enables Bryan to communicate with the ACO, describing the actions that she took to enroll a client in benefits, which benefits applications she assisted them with, when the client was enrolled and any other services that she referred them to. The ACO has since adopted a new system and Bryan has received training on this platform as well.

3 Aging and Disability Business Institute, A Lexicon of Contracting Terms, <https://www.aginganddisabilitybusinessinstitute.org/new-additions-to-the-aging-and-disability-business-institutes-contracting-toolkit/>

Senior Services

Once Senior Services hired a benefits counselor for the project in December 2018, the team met with Optima Health's Medicare team the same month to discuss the project and to start developing the processes to make referrals and track results through the partnership.

A critical step occurred when Senior Services sought buy-in from Optima Health care managers who would be the staff actually making the referrals to Senior Services. Health plans are typically large organizations with many levels and departments, and the higher-level, executive staff involved with developing partnerships and contracts may be disconnected from the staff on the ground who are interacting with members and making potential referrals to the AAAs. As a result, it was important for Senior Services to ensure that the care managers were aware and supportive of the project and understood which members to refer. After this meeting Senior Services received its first referral in May 2019. All told, it took about six months to get from the starting point to the initial referral.

Even though the contract had been signed and the referrals had started, the challenges that the team faced were not over. At first, the care managers at the health plan referred several members who were not eligible for or who were already receiving benefits. Senior Services followed up with the care managers and again clarified which members would be appropriate for referral. Referrals continued to be somewhat sporadic, and the benefits counselor continued to reach out to the care manager team to identify clients and ways to generate additional referrals. This issue was exacerbated by challenges that AAAs and other CBOs frequently encounter in the course of performing benefits enrollment work. For example, after receiving a referral it was often difficult to connect with the member again, and some members were not aware of which benefits they were receiving or did not have the information that was required to complete an application when Senior Services did manage to reach them. To address these challenges, Senior Services continued to reach out to the care management team to reiterate the services that they offer and the eligibility factors to consider for members that are referred.

Looking to the Future

Both AAAs believe that their work on the pilot has strengthened their relationships with their health care partners. LRGVDC hopes to continue its partnership with Buena Vida Y Salud and is working with another local health plan on benefits outreach and assistance services. Senior Services continues to build relationships with Optima Health and other plans in its area. As a member of the Virginia-wide network of AAAs known as VAAACares, Senior Services is in discussions with plans on providing additional services to members, such as care transitions or a hybrid model that would help the plan achieve its goals of obtaining and retaining members, increasing member satisfaction and increasing its Star Ratings and Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Lessons Learned

LRGVDC and Senior Services had a few key takeaways from their experiences in the pilot that can assist other CBOs as they develop partnerships with health care entities to provide benefits enrollment and counseling services.

It takes time. Senior Services advises agencies that may be interested in starting similar partnerships to expect that the process of securing an agreement and starting referrals will be lengthy. "Take the amount of time you think you will need to get a project off the ground and double it," says Brad Lazernick, Director of the Center for Aging at Senior Services.

Relationship-building is critical. The strength of the relationship that you have developed with the health care entity will affect your ability to move forward. "If the partnership will require any form of PHI, you have to have a solid foundation that your partner is going to trust you to even get the names of their members," says Lazernick. For LRGVDC, having a prior relationship helped the AAA to pivot quickly to work with the ACO.

Start local. Relationships work best if they are at the local level. Senior Services initially reached out to another major health plan it had worked with in the past, but the company did not have a strong local presence. The contacts it had were generally in the capitol region of Virginia or out of state entirely, and the

agency believes this is a reason that the conversations with this health plan did not go as far. “It’s the local person who is going to try to take it forward,” Lazernick says. Having relationships with Optima Health staff proved to be critical in securing the agreement and getting them into meetings. As Lazernick points out, you may have to give the same presentation numerous times to plan staff at multiple levels but building a relationship with the plan often starts with someone you know.

Focus on what the partner needs. The Senior Services team emphasizes that CBOs should consider what they can do for a plan’s members and for the plan itself that either is not already done or may be difficult due to the plan’s structure. Senior Services also recommends taking into account that plan staff are very busy, so you need to be respectful of their time. While plans enjoy hearing the member stories, agencies must be able to back up stories with data in order to be considered for such partnerships.

Play to your strengths. Bryan emphasizes the importance of conducting outreach and getting to know the community that you are working in. For her, this included reaching out to as many community stakeholders as possible, particularly senior centers,

to have a home base from which to do counseling in different areas of the vast South Texas area the AAA serves. “If you don’t build a relationship with the community, it won’t go anywhere,” Bryan says. Given the diversity of the communities, it was also important for Bryan to establish relationships and trust with older adults and community leaders. These relationships and deep community knowledge are some of the most important things that AAAs bring to the table in partnerships. These factors were important to the ACO when Bryan initially approached them, demonstrating that a AAA’s core strengths can be used to support a value proposition.

The Bottom Line

Health care entities see value in benefits enrollment services, especially when they realize that AAAs have the deep community knowledge necessary to reach plan members and connect them with other services they may need. The experiences of Senior Services and LRGVDC show that providing benefits enrollment and counseling services can open the door to further partnerships with health care entities by growing a relationship and demonstrating just one of the many assets AAAs are able to bring to the table as a partner with health care entities.

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