

Success Stories

How AAAs Can Provide SHIP, SMP and MIPPA Services Even While Contracting with Health Plans

Introduction

Aging and disability community-based organizations (CBOs), such as Area Agencies on Aging (AAAs), are increasingly contracting with health care entities to provide services that help enable older adults to continue living in their homes and communities rather than in institutional settings. While contracting offers AAAs and other CBOs many benefits, such as the ability to provide services to broader populations and diversify sources of revenue, it also creates the potential for conflicts of interest.

As growing numbers of AAAs work with health care partners, they must ensure that this work does not prevent them from providing the unbiased, objective information to Medicare-eligible individuals that many AAAs provide through the State Health Insurance Assistance Program (SHIP), Medicare Improvement for Patients and Providers Act (MIPPA) Program, and/or the Senior Medicare Patrol (SMP). Given that 83 percent of AAAs offer benefits counseling, 62 percent serve as local State Health Insurance Assistance Programs (SHIPs), and 49 percent have Senior Medicare Patrol programs, preventing any potential conflicts of interest has long been a priority of AAAs and will continue to be as the number of AAAs and CBOs doing this work continues to grow.¹

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. For AAAs administering SMP, a conflict of interest could result in reluctance to address fraud or abuse by a plan that the AAA contracts with. While many AAAs have contracts with other types of plans, such as Medicaid managed care plans, conflict-of-interest concerns may arise if the insurer offers MA or Medicare Part D plans as well, even if the AAA is not contracted for those plans.

Recent changes to the MA program have broadened the types of services that can be offered as supplemental benefits, encouraging the provision of services that address the social determinants of health (SDOH) and community living needs, such as transportation, minor home modifications and meals.² AAAs have proven experience providing these services in their communities. As a result of these changes, the Aging and Disability Business Institute (Business Institute) at USAgging anticipates that growing numbers of CBOs will seek to contract with MA plans. The Business Institute's 2021 Request for Information survey on contracting between CBOs and health care entities found that 17 percent of responding CBOs were contracting with MA plans, an increase from five percent in 2017.³

1 USAgging, *National Survey of Area Agencies on Aging 2020 Report: Meeting the Needs of Today's Older Adults*, <https://www.usaging.org/2020aaasurvey>.

2 USAgging, Aging and Disability Business Institute, *Changes to Medicare Advantage Reinforce the Role of CBOs in Supplemental Benefits*, <https://www.aginganddisabilitybusinessinstitute.org/changes-to-medicare-advantage-reinforce-the-role-of-cbos-in-supplemental-benefits>.

3 Scripps Gerontology Center, *Advancing Partnerships: Contracting Between Community-based Organizations and Health Care Entities*, <https://sc.lib.miamioh.edu/handle/2374.MIA/6808>

This Success Story will present the methods that two AAAs have used to address potential conflicts of interest when contracting with health care entities. While this Success Story primarily focuses on SHIPs, the strategies described here to remedy conflict of interest can be applied to AAAs with SMP and MIPPA programs as well.

Establishing a Firewall

The primary method AAAs and other CBOs use to address conflict of interest is called a firewall. In its guidance on this issue, the U.S. Administration for Community Living's (ACL) Office of Healthcare Information and Counseling requires that AAAs institute firewalls between their work providing SHIP, MIPPA and SMP services and the services AAAs provide through contracts with health plans. ACL also requires that AAAs ensure that no team member providing SHIP, MIPPA and SMP services is ever in a position that is partially or fully supported by a plan contract, funds or activities.⁴

A firewall is a combination of strict physical, organizational and electronic procedures and security measures that separate two competing priorities housed within one organization. ACL's guidance notes that "successful firewalls include a number of formalized policies related to separation of financial, staffing, communication routing, legal, and other aspects of business." For example, a AAA providing SHIP services and contracting with an MA plan to provide case management must have systems in place to ensure that duties related to the AAA's SHIP work is performed by different staff who report to different supervisors than those performing duties related to the AAA's contracted case management work. Moreover, SHIP staff should not be supported by contracting funds. This ensures that staff do not feel pressure to steer clients toward particular plans.

Southern Alabama Regional Council on Aging (SARCOA), a AAA in Dothan, AL, maintains firewalls to ensure a separation between its health care contracting work and its SHIP services. The agency has contracts with

the Medicaid Integrated Care Network (ICN), a health plan, a hospital and a provider group. In Alabama, the ICN, which is operated by a managed care organization (MCO), provides care coordination to the state's Medicaid long-term services and supports beneficiaries. Alabama's AAAs, including SARCOA, contract with the ICN to provide care coordination services. While the contract is between the AAA and Medicaid managed care, the MCO operating the ICN also offers MA plans. To mitigate the risk of the SHIP favoring associated MA plans, the AAA ensures that the staff who work on managed care contracts do not work on SHIP operations. This separation is further enhanced by the fact that the AAA contracts with a separate organization to provide SHIP services. The point of contact for the SHIP is the agency's compliance manager, who is located in the Finance and Administration Department, which does not oversee any other programs. SARCOA's health plan contract also goes through a separate 501(c)(3) nonprofit entity, which was initially created to support contracting with Alabama's network of AAAs.

SARCOA also operates an Aging and Disability Resource Center (ADRC), which is partially supported by MIPPA funds. The ADRC is located in the Community Resources department, which is firewalled from contracting work. SARCOA's Community Resources department is not supported by contract funding and uses a separate data system to manage ADRC referrals and assistance. The supervisory structure also supports the firewall. The ADRC Coordinator reports to the Director of Community Resources, who reports directly to the AAA's Executive Director. SARCOA's other health care contracts—with the health care provider group, hospital and ICN—are operated through the Community Care and Home and Community departments. These separate teams do not share staff with the Community Resources department and are led by directors who report directly to the Executive Director.

AgeSpan (formerly Elder Services of the Merrimack Valley and North Shore), a AAA located in eastern

⁴ U.S. Administration for Community Living, *Managing Conflicts of Interest in SHIP, SMP, and MIPPA Programs*, <https://acl.gov/programs/senior-medicare-patrol/managing-conflicts-interest-ship-smp-and-mippa-programs>.

Massachusetts, has many contracts with a variety of health care entities, including MA plans. To avoid conflicts of interest, the AAA maintains a firewall separating its SHIP, which is referred to in Massachusetts as the Serving the Health Insurance Needs of Everyone (SHINE) program, and the rest of the AAA, essentially treating it as a separate entity. None of the dedicated SHINE staff work on any of the AAA's health care contract work, such as contract negotiation, program execution or provision of services. Furthermore, the SHINE team staff are kept unaware of which companies the AAA has contracts with.

In addition, AgeSpan maintains this firewall through several policies, including supervisory structure. Lisa Rose, Regional Director of the SHINE program, reports to the Director of Community Programs, who is in charge of supportive housing, the Family Caregiver Support Program, SHIP, SMP and community outreach programs. The AAA's SMP Director reports directly to the agency's Director of Community Programs. The Director of Community Programs is not involved with contracting in any way, and reports to the Chief Strategy Officer and Director of the Healthy Living Center of Excellence, Jennifer Raymond, who works on contracting with health care entities. Raymond does not have access to any of Rose's SHINE information and is not involved in any of the SHINE work.

ESMV also maintains physical and technological separation between SHINE and other AAA programs. The SHINE program team has a dedicated space in the AAA's offices, separate from the contracting staff. The agency's firewall ensures that staff in these separate departments cannot access each other's computer drives. Staff working on contracts also remain compliant with the Health Insurance Portability and Accountability Act (HIPAA) rules, which govern the security of health information, by keeping information on health care contracting in locked cabinets so that hard copies of materials are inaccessible. In this way, complying with HIPAA rules helps to maintain the firewall between the programs. When contract staff and SHINE staff are in broader AAA staff meetings, they do not discuss contracting business or SHINE business. ESVM has

built this firewall into its training for new employees to ensure that they are aware of the importance of maintaining this separation and do not casually discuss their work outside of meetings.

Challenges

While firewalls address the potential of a conflict of interest, these measures come with challenges. In small organizations, staff may wear many hats and can feel stretched thin when some staff are unable to work on certain programs due to the firewall.

For example, SARCOA recognizes the potential for staff inefficiencies when maintaining firewalls. Many case managers at SARCOA were certified as SHIP counselors but are unable to serve in this role once the AAA began its work with the ICN because they were needed to support the contract.

In addition, many AAAs find that the limited funds they receive to administer their SHIP, MIPPA and SMP programs are not enough to support the community's needs for these services.

Words of Advice

AgeSpan observes that many AAAs operating SHIPs fear that they cannot engage in contracting work because of the potential for conflict of interest. Establishing firewalls is a good way to mitigate these concerns if AAA staff remain vigilant and put processes in place to maintain the firewalls.

Raymond points out that if an agency's contracting work involves access to protected health information (PHI), it is good practice to maintain some of these types of separation anyway. "Really enforce all of those protocols that you already need to enforce around HIPAA and PHI," she says. For example, remind staff working on contracts with health plans not to leave documents at a printer that is shared by SHIP staff. It is also helpful to work with your agency's IT department to ensure the firewall extends throughout organizational files and that these files are accessible only to approved staff.

If possible, AAAs should seek to insert language into contracts with health care partners to specify that because the AAA must provide unbiased counseling, it will not be able to promote the plan. Raymond at AgeSpan notes that AAAs should be prepared to deal with pressure from health plans urging the agency to help them be more visible through sponsoring events and including their logos on materials. AgeSpan includes language in its contracts with health care plans stating that the AAA will promote the contract, but not the plan, and that it will use logos to support only those services being provided under the contract. While this may not work with every health care partner, it is worth raising because some partners may be more flexible than others on contract language.

Conclusion

AAAs and other CBOs providing SHIP, MIPPA and SMP services while also maintaining contracts with health care organizations can avoid conflicts of interest by establishing firewalls and other policies to separate these operations. Adopting the practices described here may require agencies to work creatively to ensure that staff time is covered without crossing the firewall. As these AAAs demonstrate, simultaneously working with health plans and providing SHIP, SMP and/or MIPPA services is possible with careful planning and monitoring.

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