



**National Center for Benefits  
Outreach and Enrollment**

Helping Seniors and Adults with Disabilities Access Benefits

**Using Data-Driven Strategies  
to Enhance Benefits  
Outreach, Enrollment, and  
Retention Activities**

November 2009



[www.CenterforBenefits.org](http://www.CenterforBenefits.org)

## About this Issue Brief

*With upfront investment and planning, along with sensitivity to preserving privacy and program integrity, data-driven strategies and information sharing have great potential to help government agencies and nonprofit organizations identify likely-eligible program participants, to ease the enrollment process, and to promote administrative efficiency for benefit programs for people with limited incomes. This Issue Brief discusses the advantages of using data-driven activities and offers examples of current strategies to improve outreach, enrollment, and retention using data from a variety of sources. We also explore how these types of activities can be expanded and enhanced.*

**ABOUT THE AUTHOR:** Laura Summer, M.P.H. is a senior research scholar at Georgetown University's Health Policy Institute.

## Introduction

People who qualify for one type of low-income benefit often are eligible for others, but do not necessarily receive all of the available benefits for which they may qualify. Some of the reasons for this include:

- they may not be aware that benefits are available;
- they may not realize that they are eligible;
- they may not know how to apply; or
- they may have difficulty with the application process.

Every year hundreds of government agencies and non-profit organizations at the national, state and local level actively work to identify, screen and enroll these individuals in benefits for which they are eligible. Data-driven strategies have helped many of them move closer to a person-centered approach to benefits enrollment. Providing links between data sources is important to ensuring a seamless and efficient benefits enrollment process. Data sharing can take on many different forms, such as computer matching across specific benefit programs or the development of master client lists so that different programs have access to information that a client has submitted once. Shared data sources may include application or enrollment data from benefit programs, data sources such as tax records, health plan membership rolls, or lists of consumers who have called information hotlines with particular questions can also be used in a number of ways to identify potential program participants and help them get or keep the benefits for which they qualify. For example,

- Information about the financial circumstances of applicants or participants for a particular means-tested program can be used to identify people who are likely eligible for other programs. The information can be the basis for

informing people about their potential eligibility, encouraging them to apply for benefits, providing program information or applications, or offering assistance with the application process.

- To streamline the application process, information from one program may be used, with the consent of applicants or participants, as the basis for making eligibility determinations for another program.
- Program data can also be used to promote retention. Data on enrollment status can be the basis for generating reminders to program participants that they must complete a recertification process to remain enrolled or continued enrollment in one program may be based on successful enrollment or recertification for another program.

This Issue Brief discusses the advantages of using data-driven activities and offers examples of current strategies to improve outreach, enrollment, and retention using data from a variety of sources. We also explore how these types of activities can be expanded and enhanced.

## Advantages of using data-driven strategies

Using data to drive outreach, enrollment, and retention efforts promotes the efficient use of limited resources. While, in some cases, an initial investment may be required, resources that might otherwise have been used to broadly publicize the availability of benefits, for example through the media, can then be used to reach and assist people who already appear to be eligible. If eligibility determinations for one program can be made internally based on information available from another program, the time and resources associated with processing applications can be used for other purposes. This is particularly helpful when states are strapped financially and administrative resources are scarce.

When counseling or other assistance is required to achieve higher program enrollment, data-sharing arrangements can take advantage of the strengths of different types of organizations. For example, organizations that have useful data, such as state or local agencies that administer programs, may not have the capacity to use the information to conduct outreach and/or counsel consumers found as a result of using the data. If they make application or enrollment data available to community-based groups that are trusted sources of information and assistance, however, the groups can be proactive in contacting and assisting potential beneficiaries who will likely qualify for help.

## Using program inquiry and application information to improve outreach, enrollment, and retention

With the consent of applicants, the information they supply when they inquire about or apply for one program may be useful in connecting them with other benefits they need.

- On a weekly basis, the Medicare Rights Center (MRC), the state health insurance assistance program (SHIP) in New York, receives a list of people who have contacted the New York City Human Resources Administration with questions or problems related to renewing the benefits they receive from the Medicare Savings Programs (MSP).<sup>1</sup> MRC then helps them reapply for benefits and tracks their applications; the organization provides ongoing assistance if necessary.

- A provision in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) requires that effective January 1, 2010, the Social Security Administration (SSA), with the consent of applicants, transmit data from applications for the Medicare Part D Low-Income Subsidy (LIS) to states. States must then initiate the MSP application process based on the information provided by SSA. The legislation also requires that assistance with MSP applications be available at local SSA offices to all who inquire about LIS. States are making plans now to implement this legislative provision. To be most effective states could plan not only to initiate the application process, but also to help potential MSP applicants get assistance if needed. For example, a 2006 study panel report on improving the Medicare Savings Programs noted that counselors from designated organizations such as SHIPs, Area Agencies on Aging (AAAs), or other community-based organizations, or staff from the Social Security Administration or other government programs could contact individuals who appear to be eligible for MSPs and offer assistance with enrollment.<sup>2</sup> MIPPA also authorized additional funding for SHIPs, AAAs, and Aging and Disability Resource Centers (ADRCs) to assist Medicare beneficiaries with completing and submitting LIS and/or MSP applications. Thus, a natural partnership opportunity exists which could help consumers get the assistance they need with applying for MSP, thereby fulfilling the intent of the MIPPA legislation.

<sup>1</sup> *The Medicare Savings Programs include the Qualified Medicare Beneficiary (QMB) with, the Specified Low-income Medicare Beneficiary (SLMB) and the Qualifying Individual (QI) programs. The federal income eligibility limits are 100 percent of the federal poverty level for the QMB program, 120 percent of the poverty level for the SLMB program, and 135 percent for the QI program. The three Medicare Savings Programs pay Part B premiums and QMB covers other Medicare cost-sharing.*

<sup>2</sup> *Ebler, J., Van de Water, P. and Demchak, C., Improving the Medicare Savings Programs, National Academy of Social Insurance, June 2006.*

- The National Council on Aging’s (NCOA) BenefitsCheckUp technology “shadow screens” individuals who apply for a single benefit (Medicare Part D LIS) and provides information on other benefits for which they may qualify based on the limited information they already have supplied. In 2007, for example, some 12,065 individuals used a BenefitsCheckUp tool to apply for the LIS. Based on information that potential applicants provided for the LIS online application, they were subsequently informed of their potential eligibility for other programs. More than half of those who applied for the LIS also appeared to be eligible for the MSPs, and substantial proportions also qualified for other programs.<sup>3</sup>

## Using program enrollment information to promote enrollment in other programs

Consumers who currently receive benefits have already enrolled successfully in a program, and the information they submitted when they applied has been verified in a manner that conforms to program rules. With enrollees’ consent, other benefits programs can facilitate enrollment by taking advantage of the fact that this process has already occurred.

- The Pennsylvania Department of Aging, which administers the state’s pharmacy assistance program, known commonly as PACE, has agreements with several other state agencies to conduct enrollment outreach. Thus the PACE program is able to obtain lists of

low-income consumers receiving benefits such as the Low Income Home Energy Assistance Program (LIHEAP), the Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), long-term care services and supports through the state-sponsored Options program, and the state’s Property Tax and Rent Rebate. PACE contracts with Benefits Data Trust (BDT), a non-profit organization that uses the lists as a starting point for outreach and enrollment activities.<sup>4</sup> Direct mail is used to initiate contact and consumers are given the opportunity to call benefits outreach specialists who are available to answer questions and to assist in filing applications. The outreach specialists can use information they collect from the client by phone to file online applications on their behalf. In a two-year period, BDT helped file almost 55,000 PACE applications. Of those, about 43,000 applicants successfully enrolled in PACE. One feature of the activity that contributes to the high enrollment rate is that BDT has the capacity to cross-check the lists from other programs with PACE enrollment records. Thus, they can target outreach efforts only to consumers who are not yet enrolled. Another is that while BDT manages the process, the letters that consumers receive come from “trusted sources”—programs in which they already participate, such as PACE. Benefits Data Trust also works with the state to ensure that PACE enrollees who qualify are receiving LIS benefits and that PACE enrollees are aware of the availability of other benefits.

<sup>3</sup> Summer, L. *Increasing Participation in Benefit Programs for Low-Income Seniors. The Commonwealth Fund, May 2009.*

<sup>4</sup> *Benefits Data Trust is funded by the National Center for Benefits Outreach and Enrollment to serve as a Benefits Enrollment Center for the Philadelphia, PA area.*

- In New York, the state pharmacy assistance program, EPIC, is also working with Benefits Data Trust and the Medicare Rights Center to ensure that as many of their enrollees as possible obtain LIS benefits. EPIC already helps their enrollees apply for the LIS. They then provide BDT with a list of EPIC enrollees who applied but did not qualify for the LIS. Benefits Data Trust, contacts those EPIC enrollees with an offer to help them apply for the Medicare Savings Programs. Since New York does not have an asset test for MSP, a substantial number of people who did not qualify for the LIS because their assets were in excess of the LIS limit will qualify for the MSP. Subsequently, they will be automatically deemed eligible for LIS benefits based on their Medicare Savings Program participation. In 2009, some 13,000 EPIC enrollees received letters in the first five months of the project. Almost one-third of them applied for the MSP. Particularly difficult cases are referred to the Medicare Rights Center for assistance. Through its involvement with this project MRC is able to identify recurring difficulties and make suggestions to state and local authorities for process improvements to facilitate enrollment.
- The Minnesota Department of Human Services developed an internal process to help boost MSP enrollment. In reviewing data reports, officials noted that more than 1,000 individuals who were dually eligible for Medicare and Medicaid benefits were not enrolled in the MSP even though they were eligible. The state agency instructed county workers to enroll eligible beneficiaries and inform them of their enrollment. The agency then began running monthly reports to ensure that eligible individuals already dually enrolled in Medicare and Medicaid would receive MSP benefits as well.<sup>5</sup>
- In New York City, the Human Resources Administration identified Medicaid beneficiaries who appeared to be eligible for SNAP as well. The beneficiaries received letters explaining that they might qualify for SNAP along with a description of the program and the application process. The city concluded that they enrolled 51,000 new SNAP participants as a result of the activity.<sup>6</sup>
- The Economic Stimulus Act of 2008 included a provision for payments to seniors and people with disabilities. These groups, which include many people who normally do not have to file tax returns, were required to file a return to receive a stimulus payment. The Internal Revenue Service (IRS) quickly entered into business partner agreements that enabled the Social Security Administration and the Veterans Administration (VA) to share data with the IRS. The IRS matched the data from SSA and VA, which showed the pension income received by their beneficiaries, against tax filing data from the 2007 tax return season and identified 20 million elders and younger veterans with disabilities who were likely no longer obliged to file tax returns in 2007 and who appeared to be eligible for the 2008 stimulus payment. Based on this information, the IRS, with national nonprofit

<sup>5</sup> Summer, L., *Accomplishments and Lessons from the State Solutions Initiative to Increase enrollment in the Medicare Savings Programs*, Rutgers Center for State Health Policy, May 2006.

<sup>6</sup> Rosenbaum, D., *Upcoming Medicare Change is an Opportunity to Enroll Eligible Low-Income Seniors in Food Stamps*, Center on Budget and Policy Priorities, September 2009.

and local community-based organizations, was able to conduct a targeted outreach campaign. Over 80 percent (16 million people) of a very hard-to-reach population received their stimulus payments—most within a very short period of time.<sup>7</sup>

## Using program enrollment data to help consumers retain benefits

Ensuring that eligible consumers retain their benefits is critical to achieving high program participation rates. It helps keep administrative costs low because it avoids the costs associated with dis-enrolling and re-enrolling eligible consumers who have a gap in program participation because they did not complete the recertification process on time.

- A partnership between the SHIP in New Mexico, known as the Health Insurance and Benefits Assistance Corps (HIBAC), and the Department of Human Services promotes retention in the Medicare Savings Programs. The Medicaid agency provides HIBAC with the names of MSP beneficiaries who will be due for recertification within 30 days. The HIBAC staff coordinator also has the capacity to log into the Medicaid data system if questions about current enrollment status arise. HIBAC counselors, many of whom are fluent in Spanish and a number of Native American languages spoken by state residents, then contact these beneficiaries and assist them with the recertification process. In the past two years, HIBAC has helped between 800 and 1,200 MSP beneficiaries maintain their benefits each month.

- The administrative renewal process that Louisiana uses for the MSPs relies on an internal system that identifies individuals whose renewal date is approaching, then sends a letter to advise them that their coverage will continue unless they report a change in circumstances. The Medicaid agency in Louisiana also has the capacity to obtain information about enrollees' financial circumstances from other assistance programs administered by the state.
- The Pennsylvania PACE program receives lists from Centers for Medicare & Medicaid Services (CMS) of Medicare beneficiaries who have lost their eligibility for Medicaid or for the MSPs and therefore will no longer be deemed eligible for the LIS. PACE then contracts with Benefits Data Trust to help these beneficiaries apply separately for the LIS and PACE benefits.

## Using provider or health plan enrollment data to promote enrollment and retention

Health care providers and plans have concluded that it is advantageous to help their members obtain and retain public benefits. They recognize that better health status may be associated with having more resources and continuous coverage. Health plans also are aware of the administrative advantages of having premiums paid routinely for their members and of the potential for administrative savings if they can decrease the number of dis-enrollments and re-enrollments that occur.<sup>8</sup>

<sup>7</sup> National Center for Benefits Outreach and Enrollment. *The Secret of Their Success: Getting the 2008 Economic Stimulus Payments to Low-Income Social Security Beneficiaries and Veterans with Disabilities*, June 2009.

<sup>8</sup> Summer, L. and C. Mann, *Instability of Public Health Insurance Coverage for Children and their Families: Causes, Consequences, and Remedies*, June 2006.

- In Alabama, the Mobile County Health Department Primary Care Clinic, a federally qualified health center, agreed to work with the South Alabama Regional Planning Commission to help boost enrollment in a range of benefit programs for low-income older adults such as SNAP, LIHEAP, MSP or LIS. The department sent post cards to 2,000 patients age 55 or older to advise them of the availability of certain benefits. About three-quarters of those who received the cards responded. This is in sharp contrast to the response rate of less than one percent from a notice to the general public that was distributed by the gas company with monthly gas bills. The key is that the mailing from the health center was targeted to people who were much more likely to be interested and eligible. Another feature of note related to this activity is that although data about patients were used in cooperation with another organization, the goal of reaching and informing potential beneficiaries was achieved without sharing the actual patient information. When patients responded to the post card they provided additional information and received benefit counseling and follow-up.
- In partnership with the National Council on Aging, the Kaiser Permanente health plan developed the capacity to identify members potentially eligible for the LIS. The 84,000 targeted members received information about the Part D LIS and about the call center that the health plan established to help members complete and submit LIS applications. Almost one-quarter of those contacted responded and 13 percent applied for the subsidy. Ultimately, 2,700 members received the LIS benefit. Most members who received help with LIS applications were also screened, using data collected during the LIS application process, to determine whether they might qualify for other benefits. Of approximately 10,200 beneficiaries who were screened for the LIS, 22 percent were found to be eligible for but not receiving Medicaid, 17 percent for SSI, and 7 percent for the MSPs.<sup>9</sup>
- Social Service Coordinators (SSC), a private organization, works on behalf of Medicare Advantage (MA) health plans, to ensure that their members receive the Medicaid, MSP, and LIS benefits for which they qualify. Working from lists the MA plans provide, SSC can identify, contact, and offer to assist members who may be eligible for benefits but are not receiving them. The plans also have information about members whose recertification dates are imminent. SCC contacts the members, reminds them of the date, and offers assistance. With regard to LIS benefits, the plans provide lists of members who will lose their deemed status for LIS at the end of the year so that SCC can contact consumers and offer help with the separate LIS application as well as with new applications for Medicaid or MSP, if appropriate. Plans are also informed each year when Medicare beneficiaries fail the SSA redetermination process and therefore are due to lose their LIS status for the following year. Plans pass on those names so that SCC can assist beneficiaries who qualify regain their LIS status.

---

<sup>9</sup> Kaiser Permanente Institute for Health Policy, *The Power of Partnerships: Lessons from Outreach for the Part D Low-Income Subsidy Program*, September 2007.



## Expanding and enhancing data-driven efforts

The examples described in this Issue Brief demonstrate how data can be used to promote outreach, enrollment, and retention. Collectively, the examples also raise some important points that should be considered in making plans for the effective use of data.

- *An initial investment may be required* in some instances to purchase equipment, develop systems, and train staff.
- *Activities can be designed so that they are not one-time efforts, but a routine part of program administration.* These ongoing activities need not be elaborate or costly.
- *With the use of data comes the potential to design more effective, less costly activities* than those currently in use to reach, enroll, and retain beneficiaries. In particular, targeted proactive approaches have a good chance of success.
- *Privacy must be respected, but privacy issues need not pose an impenetrable barrier to activities* that rely on the use of existing data. Methods to obtain consent or to use data collaboratively without actually sharing private information are already in use.
- *Program integrity must be preserved;* this can be accomplished by conducting internal verifications. Data that have been collected and verified by one program administered by the state can be used to verify eligibility for another program that the state administers.
- *Partnerships can be quite effective,* particularly partnerships between organizations that have data on program participants or potential participants and trusted organizations that have the capacity to provide counseling and assistance.
- *Much broader use of data-driven activities could occur.* The MIPPA mandate that the Social Security Administration share LIS application information with state Medicaid programs is one example of an extensive data sharing arrangement. Beneficiaries who lose their deemed status for LIS and therefore must take action to retain it could be identified by state Medicaid and SSI programs or by the CMS. Those individuals could then be informed directly of their situation and their options. Their names could also be shared with organizations that could contact them and offer assistance. On the state level, routine communication among programs that provide benefits for low-income consumers could also be very effective in identifying potential beneficiaries, streamlining the enrollment process, and promoting retention among eligible beneficiaries.

## Conclusion

With an initial investment, planning that takes advantage of current experiences across the country, and sensitivity to preserving privacy and program integrity, information sharing has great

potential to help identify potential program participants, to ease the enrollment process, and to promote administrative efficiency for benefit programs for people with limited incomes.



## The National Center for Benefits Outreach and Enrollment

The National Center for Benefits Outreach and Enrollment ([www.CenterforBenefits.org](http://www.CenterforBenefits.org)) helps organizations enroll seniors and younger adults with disabilities with limited means into the benefits programs for which they are eligible so that they can remain healthy and improve the quality of their lives.

### The Center accomplishes its mission by:

- providing **tools, resources and technology** (such as [www.BenefitsCheckUp.org](http://www.BenefitsCheckUp.org)) that help local, state and regional organizations to find, counsel and assist seniors and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible;
- generating and disseminating new knowledge about **best practices and cost effective strategies** for benefits outreach and enrollment; and
- **funding and establishing** Benefits Enrollment Centers in 10 areas of the country. Using web-based tools and person-centered approaches, these Centers help seniors in need and people with disabilities find and enroll in all the benefit programs for which they are eligible.

The Center is funded through a cooperative agreement with the U.S. Department of Health and Human Services' Administration on Aging.

National Center for Benefits Outreach and Enrollment  
Issue Brief #4 • November 2009

