

January 13, 2000

Dear State Medicaid Director:

As you know, older Americans who are eligible for both Medicare and Medicaid are among the most vulnerable persons we all serve. The Health Care Financing Administration (HCFA) is concerned that more be done to find and enroll more persons who both need and are entitled to benefits under both programs. To that end, we invite you and your staff to participate in a conference call to discuss the Fiscal Year 2000 enrollment target that has been set and the methodology that has been established for increasing the enrollment of dual eligible beneficiaries. In addition, we will be soliciting input on the outreach and enrollment plan for the Government Performance and Results Act (GPRA) measure to "Improve Access to Care for Elderly and Disabled Medicare Beneficiaries Who Do Not Have Public or Private Supplemental Insurance."

We have scheduled this HCFA/State national conference call for January 20, 2000, from 3:30 p.m. to 5:30 p.m. Eastern time. My staff has already invited the person you have previously identified to us as your designee on this issue. However, I wanted to ensure that you or others you may designate have the opportunity to participate as well. To use video conferencing, please contact your HCFA regional office representative. To participate by phone, please call the audio conference line on (410) 786-7370. If you have problems getting connected, please call (410) 786-7008 and someone will help you.

Below we have provided summary information on the Fiscal Year 2000 enrollment target and provided a highlight of some of the more significant activities conducted to increase enrollment in the dual eligible programs. Through partnership with States, other Federal agencies, beneficiary representatives, and others, significant strides have been made to increase the number of dual eligible beneficiaries. We look forward to continuing our partnership in 2000.

GPRA Target for FY 2000

Baseline - To set an accurate, reliable baseline, the GPRA team explored several sources of HCFA and State-reported data. In our June 7, 1999, letter to you, we said that we were planning to use State-reported enrollment numbers as the data source for setting the baseline figure. In subsequent discussions with States, we determined that it would take additional time and extensive effort for some States to modify their data systems to report in a recurring manner the enrollment data needed. Therefore, we have decided that the Medicare Third Party Premium Billing File (commonly referred to as the Buy-in

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File) will be used to establish the baseline for the Fiscal Year 2000 national target. The baseline enrollment figure as of September 1998 is 5,167,000.

Target - The GPRA measure called for HCFA to work with States to establish national and/or individual State enrollment target(s) by which performance in Fiscal Year 2000 and beyond could be assessed. On June 7, 1999, we sent you a letter outlining the proposed method for setting the enrollment target which had been developed using feedback from the March 8 meeting with State

representatives that was held as part of the Reach-Out conference. On June 17, 1999, we held a conference call with State representatives to discuss the proposed methodology in further detail. In July 1999, we agreed that the target would be an enrollment percentage increase over an established baseline, set at a national level. Using historical data and trending, we have now established a 4 percent, national enrollment target for Fiscal Year 2000, which is double the natural growth of 2 percent. The target for FY 2000 is 5,481,000 enrollees, which is an increase of 314,000 enrollees over the baseline.

State Efforts - Although we have established a national enrollment target, we will monitor the contribution of each State in the achievement of this target. HCFA regional office representatives will meet quarterly with the appointed State designees to discuss States' progress toward the target, and to receive updates on outreach activities and data systems capability. If a State's enrollment is not comparable to the national target, a State-specific goal may be set for Fiscal Year 2001. However, before we take action to set a State goal, we will consider a number of State-specific factors including the State's enrollment trend for the last three years, percentage of enrollment compared to potential enrollment figures, outreach activities being conducted, and Qualifying Individual program expenditures.

Outreach and Enrollment Activities

With assistance from States, Tribes, and beneficiary groups, HCFA has created a Resource Guide, "Resources for Reaching Out," and an Outreach Kit, "Savings for Medicare Beneficiaries" that are now available online at www.medicare.gov/nmep or www.nmep.org under "Our Library." The Resource Guide is an "encyclopedic" CD-ROM containing sample material, reports, demographic information, social marketing information, contacts, and other useful information specific to the dual eligible population. The Outreach Kit contains outreach and enrollment materials, such as a poster, brochure, and model application. These kit materials are designed to be easily customized at a minimum expense to meet your State specific needs. Under separate cover we are mailing you two copies of these products. We are also widely distributing copies to other Federal agencies, Tribal representatives, community groups, and others who conduct outreach and provide enrollment assistance to potential dual eligible beneficiaries. Please be aware that as organizations begin to use these products, your enrollment offices may see an increase in calls. Further, the material in the Outreach Kit references "Savings for Medicare Beneficiaries." Intake workers and individuals answering the phone within your State should be advised that potential beneficiaries may use this terminology when they call. You can receive a comprehensive print summary of the Resource Guide, and additional copies of the Outreach Kit and Resource Guide by contacting Gwendolyn Talvert on (410) 786-5928. You may also E-mail your request to Gtalvert@hcfa.gov.

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We have enclosed additional details on the 1999 activities and data elements, and the central office and regional office GPRA work plan for 2000. We ask that you continue to work in partnership with us as we undertake this ambitious 2000 work plan. For Fiscal Year 2000, we will be "Linking People with Programs through Partnership." Together we stand the greatest chance of improving access to care for potential dual eligible individuals. If you have any questions or would like

additional information, please contact Gina Clemons of my staff on (410) 786-9644 or E-mail her at Gclemons@hcfa.gov.

Sincerely,

/s/

Timothy M.
Westmoreland
Director

Enclosures:

- 1 [Summary of 1999 Activities](#)
- 2 [Target Methodology](#)
- 3 [2000 GPRA Work Plan for Central Office](#)
- 4 [Regional Office Work Plan](#)

cc: All HCFA Regional Administrators All HCFA Associate Regional Administrators for Medicaid and State Operations Lee Partridge - Director, Health Policy Unit, American Public Human Services Association Joy Wilson - Director, Health Committee, National Conferences of State Legislatures Matt Salo - Director, Health Legislation, National Governors' Association

Summary of Activities

December 14, 1999

SIGNIFICANT EVENTS

Enrollment Target - The GPRA measure called for the Health Care Financing Administration (HCFA) to work with States to establish national and/or individual State baseline(s) and enrollment target(s) upon which performance in Fiscal Year 2000 and beyond can be judged. On June 7, State Medicaid

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Directors were sent a letter outlining the proposed method for setting the enrollment targets which had been developed utilizing feedback from a March 8 meeting with State representatives. On June 17, HCFA staff held a conference call with State representatives to give them the opportunity to discuss the proposed methodology in detail. In general, States appeared to be in agreement with the

methodology. In July 1999, the methodology was finalized and it was agreed that the target would be set at a national level. Utilizing historical data and trending, a four percent enrollment target has been established for Fiscal Year 2000 which represents double the natural growth of two percent. The total dual eligible enrollment target for the end of Fiscal Year 2000 is 5,481,000, which is an overall increase over the 5,167,000 September 1998 baseline of 314,000. A State Medicaid Directors' letter announcing the final methodology and four percent enrollment target is in the clearance process.

Baseline - In an effort to set an accurate, reliable baseline, the GPRA team explored several sources of HCFA and State reported data. Existing data sources were evaluated and an options paper was prepared. At the conclusion of the analysis, it was determined that at this point, the Medicare Third Party Premium Billing File (commonly referred to as the Buy-in File) is the most accurate source for national data and that it would be the source for deriving baseline data. September 1998 will serve as the baseline period. Although the Buy-in File will be used for the 2000 GPRA target, eventually the GPRA data team would like to use data from the Medicaid Statistical Information System (MSIS) or State reported data. The GPRA data team provided dual eligible data element specifications for the MSIS reporting requirements that were published in May 1998. States are required to report according to these data elements beginning January 1999; however, we anticipate that there will be a conversion period where data will be available but not completely accurate. HCFA regional office representatives are working with States on State reporting of dual eligible data through MSIS, and other State systems.

State Monitoring - Although we have established a national enrollment target, we will monitor the contribution of each State in the achievement of this goal through an examination of State specific data. If a State's enrollment is not comparable to the national target, a State specific goal may be set for Fiscal Year 2001. However, before we take action to set a State goal, we will consider a number of State specific factors including the State's enrollment trend for the last three years, outreach activities being conducted, percentage of enrollment compared to potential enrollment figures, and the percentage of the allotment of Qualifying Individuals enrolled.

Outreach Kit "Savings for Medicare Beneficiaries" - HCFA developed a Dual Eligible Outreach Kit through a contract with the Seniors Research Group. The Outreach Kit is now available online at <http://www.nmep.org> or <http://www.medicare.gov/nmep>. Beginning in mid-December, 6,500 copies will be distributed to State agencies, national and community-based organizations, advocacy groups, health care providers, and other individuals who work with the dual eligible population. The kit contains outreach and enrollment material that can be quickly customized by stakeholders at minimum expense. The kit includes:

- educational presentation (overheads, handouts)
- speaker notes
- screening tools (beneficiary and intermediary)
- newsletter article
- template (glossary)
- planning and implementation guide for use of Outreach Kit
- poster
- pamphlet

Resource Guide "Resources for Reaching Out"

-In addition to the Outreach Kit, HCFA created an interactive Dual Eligible Resource Guide and State Children's Health Insurance Program (SCHIP) Resource Guide for States, Tribes, providers, local community groups, and beneficiary groups to use in designing outreach and enrollment campaigns for the dual eligible and SCHIP populations. The Resource Guides are "encyclopedic," containing sample material, reports, demographic information, social marketing information, contacts, and other useful information specific to the population. The Resource Guides were developed through a series of information collection activities (detailed below) such as inventories of existing material, a State survey, discussion interviews with field workers, completion of a demographic profile of the dual eligible population, and a stakeholder conference. The information collected was then compiled and evaluated for effectiveness through a series of focus groups, beneficiary interviews, and technical expert panels (TEPs). Draft guides were produced in August 1999 for beneficiary and stakeholder comment. The final Resource Guides are now complete. The Dual Eligible Resource Guide is now available online at [http:// www.nmep.org](http://www.nmep.org) or <http://www.medicare.gov/nmep>. It will also be distributed as part of the Outreach Kit and as part of a two CD-ROM package containing the Dual Eligible and SCHIP Resource Guide. It will be distributed upon request in hard copy as well.

Demographic Report - HCFA contracted with the Barents Group, LLC to conduct a demographic analysis of the dual eligible population including the insurance status, and socioeconomic, demographic, and health characteristics of the enrolled and non-enrolled dual eligible population. The final report, entitled "Profile of QMB-Eligible and SLMB-Eligible Medicare Beneficiaries," was released during the first week of April and is available to the public through the new HCFA dual eligible website at [http:// www.hcfa.gov/medicaid/dehmpg.htm](http://www.hcfa.gov/medicaid/dehmpg.htm).

State Survey - HCFA contracted with the American Public Human Services Association (APHSA) to conduct a State survey. The survey contained outreach, enrollment, and data elements. Forty-three States responded to the survey. The results were released in a final report in early March, and presented during the "Reach-Out" conference on March 9 and 10. The report is available on HCFA's dual eligible website.

Focus Groups - Development - On March 2, a report was released that contained preliminary findings from the interviews that Barents Group, LLC conducted under contract with HCFA with national and community-based organizations, health care providers, and other Federal agencies with direct experience working with the target population. The report is available on HCFA's dual eligible website.

Reach Out Conference - On March 9 and 10, HCFA hosted a two day, national conference entitled, "Reach Out -- A Cooperative Effort By Stakeholders to Enroll Dual Eligibles." The conference was convened to obtain information about enrolling dual eligible beneficiaries directly

from Federal, State, Tribal, local, provider, and beneficiary representatives. Discussions were held on the identification of common obstacles and exemplary practices for reaching and enrolling the dual eligible population. One-hundred and ninety individuals participated in the conference, including representatives from thirty-three States. The information gained from the conference was used to develop the dual eligible outreach, enrollment, and eligibility simplification strategy that was called for under the Fiscal Year 1999 GPRA measure, as well as in the creation of the Resource Guide and Outreach Kit.

Technical Expert Panels (TEPs) - As a further step in developing the Resource Guide, in early April, HCFA's contractor convened a series of six technical expert panels (TEPs) to evaluate and rate outreach and education approaches. Three focused on the dually eligible population and three focused on the SCHIP population. The TEPs were comprised of six to eight individuals with complementary expertise. The TEPs took place in Washington, D.C., Albuquerque/New Mexico, and Tampa/Florida.

Focus Groups - Testing - Representatives from national advocacy groups and individuals with field experience enrolling beneficiaries were sent draft copies of the Resource Guide for comment. Comments were incorporated and the guide was finalized.

Regional Training Sessions - HCFA, the Social Security Administration (SSA), and the Health Resources and Services Administration (HRSA) are jointly sponsoring five regional training sessions on dual eligible partnership opportunities and social marketing techniques that can be employed in outreach and enrollment campaigns for the dual eligible population. Representatives from the States, APHSA, State Health Insurance Assistance Programs (SHIPs), National Association of Community Health Centers, State Primary Care Associations, National Association of Area Agencies on Aging (N4A), Robert Wood Johnson Foundation (RWJ), and AARP were on the planning committee for the training sessions. Representatives from the respective organizations, as well as providers, industry representatives, Tribal representatives, local beneficiary groups, and religious affiliations have been among the 450 plus participants that attended either the Chicago, Denver, Atlanta, or Boston training session. Participants rated the training sessions very highly, with actual partnerships being formed during the break-out sessions. As further testimony to the success of the training sessions, colleagues of those in attendance are registering to attend the last training session that will be held on January 11 and 12 in San Francisco. HCFA regional offices will follow up with participants to expand on the partnerships that are formed during the training sessions.

Print Projects - In July 1999, HCFA made \$500,000 of Fiscal Year 1999 money available to States, working in partnership with local beneficiary groups, for printing and mailing of material for the dual eligible programs. Each State was offered funding in accordance with the number of potential enrollees that resided in the State. The funds were used for either of two options (or a combination of these components): (1) conduct a targeted mailing of mail-in, shortened applications or (2) print and supply sufficient amounts of materials needed for outreach to potential dual eligibles to local community groups. The projects were implemented beginning in September.

Medicaid Eligibility Quality Control (MEQC) - Under the MEQC Pilot Program, HCFA has allowed states to divert their MEQC staff to address problems with enrollment of dual eligibles. Under a pilot project, States can measure the impact of reducing enrollment obstacles, identify potential eligibles for enrollment, or otherwise evaluate means to promote the dual eligible programs. Since this type of MEQC pilot activity does not address error causes or focus on error reduction or prevention, HCFA is allowing this highly flexible outreach activity on a one-time only basis not to exceed one year in duration.

Website - HCFA's new Dual Eligible web page at <http://www.hcfa.gov/medicaid/dehmpg.htm> became active on April 8. The website includes brochures, the list and definition of dual eligibles, a screening tool for beneficiaries, and various reports relating to the dual eligible population. In Fiscal Year 2000, the website will be refined to serve as a resource for beneficiaries and as a clearinghouse of information to assist individuals working with the dual eligible population.

SSA Demonstration - HCFA worked with SSA on the design of four models of their Medicare Part B buy-in demonstration. The project was implemented in seven States, beginning in March 1999. The demonstration tests various levels of additional SSA participation in the enrollment process for dual eligibles. A fifth model began in September which tests the impact on enrollment that AARP volunteers' have when they screen for potential eligibles using leads from SSA's records. The demonstration is expected to run through December 1999. A preliminary report from the evaluating contractor is due in January 2000.

Direct Outreach - On January 15, potentially eligible Medicare beneficiaries in New York, Michigan, and Texas received a "Good News" letter and a brochure from HCFA. HCFA worked closely with these three States to pilot test new print materials and hired a contractor to evaluate the effectiveness of the project. Despite the effort to outreach to beneficiaries, according to the data the States submitted, the response ratio (number of mailings distributed/number of inquiries received) was less than 15 percent in each State. Findings from the evaluation were made available on June 4. As part of the Fiscal Year 2000 GPRA measure, HCFA will be refining the Leads Data that is currently used to identify potential beneficiaries and will work with SSA and the Internal Revenue Service (IRS) on the possible use of IRS data to identify potential beneficiaries.

Work Group Meetings - Since August 1998, HCFA has conducted weekly teleconferences with a national workgroup composed of HCFA Medicare and Medicaid central and regional office staff, three State Medicaid Agencies, and representatives from SSA, HRSA, and the APHSA to collaborate on activities aimed at educating, identifying, and enrolling the dual eligible population.

Coordinating Group - HCFA has held two meetings of the Dual Eligible Outreach and Enrollment Coordinating Group that was called for under the President's July 6, 1998 outreach initiative for dual eligibles. The meetings took place on January 20, 1999 and March 10, 1999. Attendees included representatives from a variety of public and private agencies, e.g., SSA, HRSA, the Assistant Secretary

(formerly Association for Retarded Citizens of the United States), N4A, APHSA, and Administration on Developmental Disabilities (ADD). During the first meeting, HCFA representatives provided background information on the purpose of the Group, the GPRA measure, and other steps that HCFA is taking to enroll additional dual eligible beneficiaries. During the second meeting, the findings of the "Reach Out" conference were discussed, as well as activities that HRSA plans to undertake in upcoming months. The Group plans to convene the next meeting to discuss potential partnership opportunities and HCFA's Resource Guide and Outreach Kit.

UPCOMING EVENTS

Evaluation - HCFA is conducting a three-year project designed to evaluate quantitatively and qualitatively the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) Programs in the following areas: (1) the motivations and perceptions of enrollees and non-enrollees, (2) reasons for State variation in enrollment patterns, (3) the impact of enrollment on Medicare and Medicaid costs and service use, and (4) the impact of enrollment on out-of-pocket costs of eligible individuals. Primary data collection activities will include: a survey of a national sample of QMB and SLMB enrollees and of eligible non-enrollees, focus groups of enrollees and non-enrollees, a survey of State agencies, and case study interviews with officials from agencies and advocacy groups. Secondary data sources include: the Medicare Current Beneficiary Survey, the Medicare National Claims History file, the Medicaid Statistical Information System, Medicare Third Party Premium Billing File, and the Medicare Enrollment Database. Descriptive and multi-variate analyses will be conducted with the primary and secondary data.

State Health Insurance Assistance Programs (SHIPs) - HCFA is currently pursuing three projects designed to enhance SHIP outreach to the dual eligible population that are detailed below.

Exemplary SHIP Practices - This project will identify exemplary practices in the area of outreach and enrollment assistance, assess and select exemplary practices, and promote those exemplary practices among SHIPs. The Dual Eligible Resource Guide will be used as a starting point, and will be refined at the end of the project based on the new information obtained. The project will be completed by Fall 2000.

SHIP Grants - In September 1999, four SHIPs (District of Columbia, Maryland, Minnesota, and North Carolina) were awarded grants to develop and test outreach strategies that can be used by SHIPs to increase Medicare beneficiary awareness of the dual eligible programs and to help potential enrollees better understand how to apply for these benefits. These strategies include the development of methods for assisting with the application and enrollment process. This information will also become part of the revised Resource Guide. The project will be completed by Fall 2000.

Training Module - A training module is being developed to assure that SHIPs have the most current information on the State dual eligible programs and proper training on counseling techniques for these

programs. This comprehensive training module will expand on the information contained in the Outreach Kit to be SHIP specific. The project will be completed in early Spring 2000.

Ombudsman Program - HCFA entered into an intra-agency agreement with the Administration on Developmental Disabilities and awarded a contract to the National Association of Protection and Advocacy Services to fund four one-year pilot projects with the States of Washington, Michigan, Georgia, and New York. The Association will focus on one-on-one consumer assistance, including outreach, pre-screening, and enrollment navigational assistance for potential dual eligibles. The kick-off meeting was held on October 13, 1999. Training for each of the States took place on October 29, 1999.

Program Changes - A work group comprised of HCFA and State representatives will investigate recommendations for changes in the operation and structure of the dual eligible programs made by States and other partners. Areas being evaluated include retroactivity prohibitions for the QMB program, estate recovery, enrollment and redetermination requirements, and options for increased Federal operation of the program.

Outreach Kit for Ethnic Groups - HCFA is working with two contractors to develop versions of the Dual Eligible Outreach Kit for specific segments of the population such as the Asian American/Pacific Islander, Hispanic, African American, and American Indian/Alaskan Native. The Agency will work with national and local beneficiary groups of the respective ethnic groups to produce the material.

Information Centers - HCFA will develop a dual eligible focus in information centers at historical black colleges and Hispanic-serving institutions. Contracts have been awarded to the Helix Group for centers to target African Americans and to Cutting Edge to target Hispanics.

Direct Beneficiary Outreach - In 2000, HCFA will conduct a direct mail campaign targeting potentially eligible Medicare beneficiaries age 75 and older. The mailing will include a "Good News" letter (in large print) and a brochure. The letter will provide general information on savings and encourage potential enrollees to contact the Medicare toll-free number to receive more information. A brochure with more detailed information will also be included in the mailing. HCFA will conduct an evaluation of the project to determine how many people sought additional information and how many were enrolled in a program as a result of the mailing.

State/Tribe and Beneficiary Representative Grants - Pending Fiscal Year 2000 funding, HCFA will be awarding \$1 million in competitive grants to States that agree to work with local and community groups to test innovative outreach and enrollment projects.

Public Service Announcement (PSAs) and Videos - HCFA will be working with contractors to produce PSAs that can be used by States and other beneficiary representatives. In addition, HCFA will be producing 12-15 minute educational videos on the dual eligible population that can be played in provider offices, community centers, at health fairs, etc. A PSA and video will be produced for specific segments of the population such as the African American, Hispanic, Asian

and Native Indian/Alaskan Native. Production of the PSAs and videos is pending Fiscal Year 2000 funding.

Federal Partnership - HCFA will be working with HRSA and the Department of Veterans Affairs (VA) on the development of joint outreach projects and on dual eligible outreach and enrollment training for Community Health Centers and VA field workers.

National Advocacy and Foundation Partnership - HCFA will be pursuing cooperative, dual eligible outreach projects with national advocacy groups and health foundations such as AARP and RWJ.

TARGET METHODOLOGY

YEAR ONE TARGET (Federal Fiscal Year 2000, October 1999 - September 2000)

National Target

The year one target is a national target of 5,481,000 enrolled beneficiaries by September 30, 2000. This absolute numerical target began with a baseline of 5,167,000 determined by the number of dually enrolled individuals on the September 1998 Medicare Third Party Premium Billing File (commonly referred to as the Buy-in File). This figure was then trended forward by the natural expected growth rate (roughly 2 %) for fiscal years 1999 and 2000. For Fiscal Year 2000 (the first year of the GPRA goal) an additional improvement factor was added (doubling the natural growth rate for that year) to arrive at the above stated FY 2000 target.

Monitoring

Progress toward this target will be monitored at the State level. States will be given goals comparable to the national targets, but on a State level (e.g. 4% increase of State baseline). On a quarterly basis, States will discuss with their HCFA regional offices, State dual eligible enrollment figures for the following subcategories: 1) QMBs and QMB pluses, 2) SLMBs and SLMB pluses, 3) QI1s and QI2s, and 4) all other duals (all individuals entitled to Medicare and eligible for some other subcategory of Medicaid not previously listed). The purpose of monitoring State performance is to help ensure that the national target is met.

YEAR TWO TARGET (Federal Fiscal Year 2001, October 2000 - September 2001)

National Target

In the second year, HCFA will also set a national target using the same methodology as in the first year. Also, some of the States that did not meet their year one State goals will have State-specific enrollment

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targets set in accordance with the following methodology.

Methodology for Determining State Enrollment Targets

Each quarter, using State reported data, or HCFA data where not submitted by the State, HCFA will compare the number of enrolled dual eligibles in the State to the State enrollment goal established using the national target methodology. If the State increase in enrollment for the year is greater than the State monitoring goal, the State will not be considered for State specific enrollment targets in the next year. If a State's enrollment increase is less than the State's goal, HCFA will review the State against a number of other factors (filters) to determine if a State specific enrollment target should be set for the State. These filters include:

1 Average Three Year Enrollment Rate - If a State has an enrollment growth rate for duals that is lower than the State's goal, HCFA will examine the State's three year average State enrollment growth rate for duals. If a State's three-year enrollment growth rate for duals is significantly greater than the national target of 4 percent, the State will not receive a State specific target.

2 The Dual Eligible Penetration Rate - The percentage of potential beneficiaries who are participating in a dual eligible program. This percentage will be derived by comparing the State reported enrollment numbers against the total number of potential eligibles, as calculated using the methodology developed by the Actuarial Research Corporation (ARC). Once a State specific percentage is determined, the State rate will be compared to the national estimate of potential dual eligibles enrolled. If the State rate is above the national rate, the State will not receive a State specific target

3 Allotment for the Qualifying Individual Program- If a State has utilized 90 percent of the allotment that is available for the Qualifying Individual Program, the State will not receive a State specific target. As rationale, it is assumed that the State would have undertaken significant outreach and enrollment efforts in order to enroll this population, and as a result would have identified individuals eligible for the other programs as well.

4 Outreach Activities If a State is below the national average for potential eligibles and three year trend rate, and has not met the 90 percent requirement for the QI program, HCFA will examine the State's activities directly related to enrollment of the dual eligible population. To be considered, these activities must be reported to the HCFA regional offices in the quarter following the quarter in which they occurred. A State that has made a good faith effort to conduct a number of activities directly related to enrollment of the dual eligible population will not receive a State specific target.

State Specific Enrollment Targets

For a State that did not meet its commensurate portion of the national target in year one AND that had less than the average enrollment of potential dual eligibles AND had an average or less than average three-year enrollment rate for dual eligibles AND failed to make a good faith effort to

conduct activities directly related to the enrollment of the dual eligible population, HCFA and the State will work together to set a State-specific target.

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Monitoring -Progress toward the national target will be monitored at the State level in the same manner as year one. Additionally, State targets, where set, will also be monitored.

REPORTING REQUIREMENTS - STATE SPECIFIC

HCFA Regional Office representatives will work with States to get the data elements that are necessary for this GPRA measure.

State Quarterly Enrollment Figures

On a quarterly basis, States will discuss with their HCFA regional offices the dual eligible enrollment figures for the following subcategories: 1) QMBs and QMB pluses, 2) SLMBs and SLMB pluses, 3) QI1s and QI2s, and 4) all other duals (all individuals entitled to Medicare and eligible for some other subcategory of Medicaid not previously listed).

Outreach Activities

These activities will be discussed during State and HCFA regional office calls on a quarterly basis, and tracked by the regional offices.

Linking People to Programs through Partnership GPRA 2000 PERFORMANCE GOAL #1 - - WORK PLAN (Components Designated with an Asterisk (*) Are Pending Fiscal Year 2000 Funding) December 14, 1999

PERFORMANCE GOAL:

Improve access to care for elderly and disabled Medicare beneficiaries who do not have public or private supplemental insurance.

FISCAL YEAR 2000 TARGETS:

- I. Fully implement the outreach, enrollment, and eligibility simplification strategy that was developed in Fiscal Year 1999.
- II. Achieve four percent increase enrollment target for Fiscal Year 2000.
- III. Work with States on State reporting of data by eligibility category.
- IV. Set enrollment target(s) for Fiscal Year 2001.

SPECIFIC TASKS FOR COMPLETION OF FISCAL YEAR 2000 TARGETS:

I. Fully implement the outreach, enrollment, and eligibility simplification strategy that was developed in Fiscal Year 1999.

A. Pursue, Facilitate, and Support Partnerships at the National and Local Levels to Include:

1. Partnership With Other Federal Agencies

- a. HRSA - Pursue joint outreach opportunities.
- b. SSA - Pursue joint outreach opportunities and provide training through the HCFA regional offices to SSA field staff.
- c. VA - Pursue joint outreach opportunities and provide training to VA outreach workers and case managers.

2. State/Tribal/Community Partnership

- a. Provide training and technical assistance to support partners.
- b.* Fund State/Tribe and beneficiary representative grants on innovative outreach and enrollment pilots.
 - c. Establish Regional Task Forces comprised of key partners to coordinate activities at the regional level.
 - d. Encourage States to form local outreach and enrollment partnerships with Tribes and beneficiary groups.
 - e. Pilot Ombudsman programs to provide direct beneficiary assistance.
 - f. Hold regular meetings to receive input and update States and beneficiary groups on the progress that is being made under the GPRA measure.

3. State Health Insurance Assistance Programs

- a. Identify exemplary practices in the area of outreach and enrollment assistance, assess and select exemplary practices, and promote those exemplary practices among SHIPs.
- b. Award grants to develop and test outreach strategies that can be used by SHIPs to increase Medicare beneficiaries' awareness.
- c. Develop a SHIP specific training module.

4. National Advocacy Groups and Private Foundations

- a. AARP - Pursue joint outreach opportunities including dual eligible training of AARP tax assistance volunteers.
- b. The Robert Wood Johnson Foundation - Pursue joint outreach opportunities through the Medicare/Medicaid Integration Program.

5. Provider Community/Industry

a. Community Health Centers - Provide training on enrollment requirements.

b. Medicare MCOs & Enrollment Brokers - Establish a policy on permissible activities and provide training and material necessary to maximize outreach opportunities. c.* Pharmacy Managers - Distribute material to be displayed and pursue outreach opportunities. d.* Eye Glass Carriers - Distribute material to be displayed and pursue outreach opportunities.

6. Pursue Other Opportunities as they Arise

B. Investigate the Possibility of Program Changes in the Following Areas, and Propose Legislative Changes Where Appropriate:

- 1 Estate Recovery
- 2 Simplified Eligibility Determination
- 3 Redetermination
- 4 Retroactivity Prohibitions for Qualified Medicare Beneficiaries
- 5 Increased Federal Program Operations

C. Conduct Direct Beneficiary Outreach Activities.

- 1 * Conduct targeted mailings to segments of the dual eligible population.
- 2 * Develop Public Service Announcements (PSAs) for the general population, and segments of the population.
- 3 * Develop a 10 -12 minute educational video for the general dual eligible population, and segments of the population.
- 4 Revise the Outreach Kit for specific segments of the population such as the Hispanic, Native Indian/Alaskan Native, Asian American/Pacific Islander.

D. Refine the Dual Eligible Website to Serve as a Clearinghouse of Readily Useable Information for Beneficiaries and Individuals Assisting Beneficiaries.

E. Identification of Potential Beneficiaries

- 1 Refine the Leads Data to be a better source for identification of potential beneficiaries.
- 2 Pursue an inter-agency agreement with SSA and the Internal Revenue Service (IRS) for use of IRS data in the identification of potential dual eligible (and State Child Health Insurance Program) beneficiaries.

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F. Implement the Evaluation of Outreach Activities

II. Achieve enrollment target(s) that was established in Fiscal Year 1999.

A. Through the HCFA Regional Offices, Obtain Quarterly Information on State Enrollment Figures.

B. Through the HCFA Regional Offices, Obtain Quarterly Information on State Outreach

and Enrollment Efforts.

C. Track Quarterly the Progress Made on Reaching National Enrollment Target.

III. Work with States on State reporting by category.

A. Develop Standard Data Elements that Allow for the Distinction of Dual Eligibles by Category.

B. Monitor MSIS Dual Eligible Reporting Compliance.

C. Through the HCFA Regional Offices, Work with States on Reporting Standard Data Elements.

IV. Set enrollment target(s) for Fiscal Year 2001.

A. Determine Data Source (State or Third Party Buy-in) for Fiscal Year 2001 Target.

B. Complete Trend Analysis on Fiscal Year 2000 Performance.

C. Set Target.

Enclosure 4 GPRA Goal #1 Regional Office Work Plan Component

Function

A. Team Participants

DMSO/DBS A-1. Participate in weekly calls with national GPRA Dual Eligible work team.

DMSO/DBS A-2. Lead quarterly State calls on rotating basis.

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DMSO/DBS A-3. Assist in the preparation of materials created by the work team.

DMSO/DBS A-4. Assist in compilation of distribution list for Outreach Kit.

B. Technical Advisor to State Medicaid Agency

DMSO/DBS B-1. Serve as resource on outreach methods as States develop outreach plans.

DMSO/DBS B-2. Hold combined quarterly calls with States in each region to gather data on enrollment statistics and outreach activities.

DMSO/DBS B-3. Partner with HRSA and SSA to conduct training conferences.

DMSO/DBS B-4. Encourage States to develop outreach plans.

DMSO B-5. Encourage States to develop data systems capable of

producing reliable, timely data on enrollment in the dual eligible groups.

C. Liaison between States and Central Office

DMSO C-1. Distribute information to State designees. DMSO C-2. Prepare quarterly reports for Central Office. DMSO C-3. Serve as coordinators for grants to States for enrollment efforts. (Pending approval)

D. Further Outreach and Enrollment at the Regional Level

DMSO/DBS D-1. Collaborate with other regional Federal and beneficiary assistance agencies to encourage the inclusion dual eligible information in their outreach efforts.

DMSO/DBS D-2. Assist in the compilation of a comprehensive list of barriers to enrollment and effective methods to reduce or overcome these barriers.

DMSO/DBS D-3. Serve as regional contacts for the Ombudsman Project. <% 'Sitewide navigation info / do NOT edit %>