Benefits Access and Enrollment During COVID-19

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Agenda

• ADvancing States COVID-19 membership survey results related to benefits access and enrollment
• NCOA’s research on COVID-19 and older adults
• Changes experienced and response from the Massachusetts SHINE program
ADvancing States COVID-19 Membership Survey
Survey Background

- Survey distributed to ADvancing States members in May of 2020 and data collection ended in June of 2020.
- ADvancing States members: responsible for a wide range of LTSS including state-funded services, OAA programs, and Medicaid LTSS.
- 55 respondents, representing 45 states.
Applying for Benefits Remotely
Remote Work

State Aging and Disability Staff Working Remotely

- Around 75% of our staff are working remotely (53%)
- 100% of our staff are working remotely (40%)
- Around 50% of our staff are working remotely (2%)
- Around 25% of our staff are working remotely (5%)

N=55
Eligibility and Enrollment Offices

Eligibility and Enrollment Office Closures

- All eligibility and enrollment offices have closed and are operating remotely: 51%
- Do not know: 19%
- More than half of eligibility and enrollment offices have closed and are operating remotely: 12%
- None of the eligibility and enrollment offices have closed: 10%
- Less than half of eligibility and enrollment offices have closed and are operating remotely: 4%
- Other restrictions have been put in place, such as eligibility and enrollment offices have closed and are NOT operating remotely: 4%

N=49
Process and Application Changes
Federal Authorities and COVID-19 Relief Legislation

• Medicare Savings Programs (MSPs)
  – Under Families First, in order to receive increased federal funding, a state must maintain Medicaid eligibility for each individual for at least the same amount, duration, and scope of the benefits as the program for which they are currently enrolled.

• Supplemental Nutrition Assistance Program (SNAP)
  – COVID-19 SNAP waivers

• Low-Income Home Energy Assistance Program (LIHEAP)
  – CARES Act appropriates an additional $900 million for LIHEAP; under existing law, LIHEAP grantees have flexibilities to address recipient needs and shift operations during COVID-19, as long as they do not exceed federal statute limitations.
Changes to Processing Eligibility and Enrollment

Changes to Processing Eligibility and Enrollment

<table>
<thead>
<tr>
<th>Benefit Program</th>
<th>Percent of Respondents (N=36)</th>
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</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>50%</td>
</tr>
<tr>
<td>No changes have been made</td>
<td>45%</td>
</tr>
<tr>
<td>MSPs</td>
<td>40%</td>
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<tr>
<td>LIS/Extra Help</td>
<td>30%</td>
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<tr>
<td>LIHEAP</td>
<td>25%</td>
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Examples of Process Changes from the States

• “SNAP program has applied for and received multiple waivers from USDA [Food and Nutrition Service] to facilitate program eligibility through remote processes, extend[ed] recertification periods, and periodic reporting.”

• Offering remote enrollment for SNAP, the MSPs, LIS/Extra Help, and LIHEAP.

• “Phone assistance is provided for all services listed. SNAP benefits website is being developed.”
Changes to Application and Supporting Document Requirements

N=50
Examples of Application and Supporting Document Changes

• Web signatures
• Self-attestation
• Modifying portal application systems
• Reducing or eliminating the need for in-person interviews
• Changes to documentation regarding over-the-counter medications
• Lengthening the certification time in which individuals must produce documentation
Connecting Beneficiaries to LIS/Extra Help

- “SHIP counselors and staff have assisted with finding the local SSA office using the on-line 'locator' tool from SSA and passing this information onto beneficiaries. Also, SHIP counselors and staff have been working with SSA representatives via email on specific cases where enrollment in LIS is not showing on state and/or federal systems. The beneficiaries experience two to four hours wait times on the national SSA phone line and were not aware that the offices were still working. The perception was that all SSA was completely shut down.”

- “The national SSA phone number was not found to be useful. Regional office phone numbers have been found to be more helpful.”
Educating Consumer Access Points about Operational and/or Process Changes

State Agencies Educating Consumer Access Points

- Yes: 58%
- No: 20%
- Do not know: 15%
- N/A: 7%

N=45
Issue Briefs

• For more information:
  – Benefits Access and Enrollment During COVID-19: Findings from State Aging and Disability Agencies
  – Process and Application Changes to Benefit Enrollment Systems During COVID-19: Findings from State Aging and Disability Agencies
• http://www.advancingstates.org/mippa
Benefits Access & Enrollment During COVID-19
What’s the Potential Financial Impact of COVID-19?

- NCOA worked with LeadingAge LTSS Center @UMass Boston to examine data from Great Recession to understand its impacts as a possible predictor of the financial fallout of COVID-19, looking at changes between 2006 and 2010 for:
  - Total household income
  - Value of primary residence
  - Value of assets

- Analyzed data by age, employment, marital status, and race

Financial Impact Among Those Aged 60+ by Race

Percentage of those aged 60+ living below the Federal Poverty Level (2006 and 2010)

- Non-Hispanic White: 2.9% (2006), 4.3% (2010)
- Hispanic: 14.6% (2006), 20.1% (2010)
Key Lessons from the Great Recession

- Older retirees (aged 75+) fared better than those who were working or younger (60-74)
- Out-of-pocket medical expenses post-Recession grew 10% for non-Hispanic whites, 11% for African Americans, and 33% for Hispanics
- Two-person older adult households saw greater losses than single person households
  - Largely due to loss of employment and decrease in value of assets
  - Single person households more likely to live in poverty and already be reliant on benefits
NCOA’s COVID-19 Survey of Aging/Disability Agencies

- Issued quarterly beginning in April 2020; second round July 2020

- ~900 community-based organizations participated from all 50 states, plus DC and Puerto Rico, including:
  - Senior centers
  - Area agencies on aging
  - Councils on aging
  - Low-income housing providers
  - Health departments
  - SHIPs
Older Adults’ Most Pressing Needs

The needs of older adults during the pandemic have shifted from food and supplies to staying socially connected.
Types of Help Requested Through BenefitsCheckUp

- Early in pandemic:
  - Access to food, SNAP, and food delivery
  - Timing of economic stimulus payments
  - Unemployment benefits

- Now:
  - Benefits reduction/cut-off (especially in states that had temporary waivers to increase SNAP benefit amounts or delay recertification)
  - Housing assistance
Challenges to Benefits Outreach & Enrollment

- As we pivot away from in-person assistance
  - Time required to work with clients over the phone/via web conferencing has increased
  - NCOA’s survey indicated less than half of respondents’ clients had reliable internet, and only 38% were comfortable online
- Dwindling volunteer numbers
- Using personal vs. organizational phone numbers/emails for those working remotely
- Handling documentation and wet signatures for benefits applications
- Administering agencies overwhelmed and delaying determinations
Promising Strategies

- Providing information about services through food delivery drivers and utility bill mailings
- Educating first responders about your services
- Reaching out to local politicians to refer to your organization/service
- Billboards, especially along rural highways
- Partnering with local libraries to do virtual programming
- Parking lot bingo education events
- Mailing prepaid envelopes to clients who need to submit wet signatures/documentation to support their benefits applications
Resources

- Successful practices for telework and outreach:
  - From NCOA, Senior Medicare Patrol and SHIP Resource Centers

- Tools for reaching out to remote audiences:
  - A review and comparison of range of technology options


- BenefitsCheckUp:
  - Disaster assistance: [https://www.benefitscheckup.org/disaster-assistance](https://www.benefitscheckup.org/disaster-assistance)
SHINE
Serving the Health Insurance Needs of Everyone

Program Changes in 2020
SHINE

- SHINE is funded by Administration for Community Living (ACL); managed by Executive Office of Elder Affairs in coordination with community organizations - statewide since 1993
- One of 54 State Health Insurance Counseling and Assistance Programs (SHIP)
- Is a trusted source to provide free & unbiased health insurance information and counseling for beneficiaries with Medicare and their caregivers
- Counseling available by telephone, e-mail, virtually and normally, in over 500 sites in Massachusetts
- Call 1-800-243-4636 or email SHINE@state.ma.us
Massachusetts SHINE by the Numbers

- 4.0 FTE at state level
- 13 regional programs, 2-3 staff, 30-60 counselors
- 1 state-wide Greater Boston Chinese Golden Age Center
- 650 +/- volunteer and paid staff counselors covering community-based organizations, multi-service and senior centers, independent living, hospitals, housing, cancer clinics
- 88 bilingual counselors
- In FY 2019 almost 81,000 client contacts; 70% of counseling sessions are face-to-face
SHINE Counselor Training

- New counselor training -January-April 100+/-, 40 hours of face-to-face training, group work and mentoring to provide personalized health benefits counseling

- Training includes Medicare, supplements, prescription drug coverage options, billing, Medicaid, medicare.gov, duals plans, cultural competency, fraud and abuse, STARS data base; Certification exam

- Recertification training April-June for all veteran counselors- review, privacy training, data collection and analysis to improve program performance and Recertification
2020 Training changes 3/9/2020

- All training paused, suddenly became virtual
- Some counselors took a leave of absence (60% of counselors > 65 years old)
- Some acquired new roles- Meals on Wheels, food banks
- Surveys returned revealed a need for immediate new counselor training with computer competency, increased broadband etc.
- Training on technology needed (Zoom, privacy, sharing screen) and posted on counselor web site
- Over 100 new counselors trained by 9/15
- Mentoring via Zoom or cell phone
Counseling session

- By phone, Skype, Zoom or e-mail with mail/ drop off component
- Counseling demand lower from some, but digital competency led to creation of short educational videos for consumers and counselors
- Process established to retrieve call or email, forward Medicare Beginner's guide or info by email or mail, then counselor make call or email
- Privacy concerns, blocked phone numbers led to use of agency emails, Google Voice, more training and work arounds
Spreading the Word about Health and Drug Insurance Flexibilities

- Federal and state government, national programs like NCOA educated partners on new rules that relieved consumers and counselors via virtual meetings, guides and mailings.

- SHINE educated counselors and partners about most significant flexibilities in Medicare and MassHealth: COVID test and treatment free under Medicare, COVID treatment not counted toward public charge.

- Can go out of network for treatment or medications, if already in MassHealth (MH) as of 3/18 covered until 2 mo. after emergency declared over – recent term. letters null and void.
If prescribed by a physician, could get 90-day supply, telehealth for most services, 3-day hospital stay waived before SNF admission, 100 days nh. extension possible, homebound definition for home health care expanded

EIP (economic impact payment) only affect Connector eligibility not MH, self-attestation temporarily accepted for applications,

MSP Program increases eff. 1/1, signing up for Medicare B on-line, SEP for missed enrollment period

New food sources, increased SNAP (food stamps) benefits
Importance of Partners in Outreach

- Important eligibility changes - Medicare Savings plan - translated flyers & brochures to Meal on Wheels for placemats, brown bag lunches, CHCs, resident advisors
- SHINE shared NCOA & national info e.g. COVID Advocates Guide in well-received statewide trainings for hundreds of providers and partners organized by UMass, MH and Connector
- Webinars - Tenant Assistance Program, Boston Public Library, 3 Adult Ed Centers, DEAF consortium, private companies
- Created videos for MCOA for to distribute and post to almost 350 senior centers and cable TV channels
SHIP is Available

- Critical to communicate that counselors are working by phone, email, Zoom and that constant training continues
- Also critical to assure that SSA, MH offices are open and working with partners on complex cases continues
- Partnerships enabled counselors to share food resource info, SNAP, new MA plan flexibilities such as no co-pays, transport, Mom’s meals
- May not be in person, but still effective and trusted source for unbiased, comprehensive health insurance information
- Open Enrollment Medicare 10-15 to 12-7
Resources

SHINE 1-800-243-4636
SHINE@state.ma.us
www.ShineMA.org
www.mass.gov