

# TOP FIVE THINGS HEALTH PLANS CAN DO TO SUPPORT DUALLY ELIGIBLE INDIVIDUALS' PARTICIPATION IN INTEGRATED CARE



**1. Improve the welcome call process, particularly for individuals who are passively enrolled. Health plans should convey to members:**

- a. The ability to continue seeing their provider
- b. Continuity of care protections, including timeframe and what this means for their care during and after the continuity of care timeline has ended
- c. Any additional benefits they are eligible to receive at no cost to them
- d. The purpose and process of the care coordination function (e.g. health risk assessment; expectations for care coordinator)

**2. Collaborate with community-based organizations that work with dually eligible individuals to:**

- a. Host community meetings in English and in the primary languages spoken in the regions the plan covers
- b. Develop and test member materials in English and in other commonly spoken languages
- c. Identify, recruit and train members to serve on advisory boards/ councils

**3. Conduct ongoing outreach and education to providers in order to recruit providers into the integrated care network and serve as a trusted source of information for dually eligible individuals. Health plans can do this by:**

- a. Hosting regular provider "town hall" style meetings
- b. Partnering with medical and other provider societies/organizations
- c. Conducting individual outreach to providers that members are seeing but are not in network
- d. Collecting feedback from providers who decline to join or drop out of the plan's network to understand the rationale for their decision

*"[The enrollment process] involves better engagement with the community, formal and informal community sources that guide enrollment beyond the health plans and the enrollment brokers. It's simplifying materials. So one of the things that's great is you don't have to flip around to five ID cards, you've got one. It sounds simple and silly, but it is important. So anything that can simplify for the provider and the beneficiary is helpful."*

– health plan representative



**4. Ensure all member have access to communications that use plain language and are conducted/written in the primary languages used by members, which includes:**

- a. Hiring staff that speak the most common languages of members
- b. Ensuring access to interpreter services in a timely manner (and ensuring consumers awareness of availability of interpreter services)
- c. Hosting member meetings and other forms of communications, such as surveys, in multiple languages
- d. Training staff to conduct welcome calls and other meetings such as care plan meetings in the manner most comfortable to the member

**5. Conduct staff training in the following areas:**

- a. Member basics (e.g. provider network info, connecting with community groups, appeals/grievance system)
- b. Cultural competency, language access, independent living and recovery principles
- c. Equity, diversity and inclusion

*“So our [plan] approach has really been based on education, getting out to the community and educating everybody, including the provider offices, so they can share that information with the beneficiaries. Because that’s really key. These individuals go to their doctors for everything. Some of them to the pharmacist. Whatever they say is what they’re going to go by.”*

– health plan representative