Dual Eligible Outreach and Enrollment: A View from the States

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Executive Summary

Though Medicare provides health coverage to almost all of the nation's elderly, beneficiary financial obligations can place a significant burden on low-income recipients. Since 1988, Congress has required the Medicaid program to supplement Medicare by paying certain out-of-pocket expenses for low-income beneficiaries. More recent reforms extend these protections to all Medicare-eligible individuals with limited resources and incomes ranging up to 200% of the federal poverty level. Despite the obvious financial benefits to these programs, enrollment is not as high as originally expected.

Medicaid is responsible for the administration of these programs, so state Medicaid agencies have important choices to make in the outreach and enrollment of the dual eligible population. This report furnishes detailed information on these state decisions. The paper is based on a survey conducted in November 1998. Forty-two states responded to the survey, answering questions on outreach techniques, their effectiveness, average cost, frequency, and lessons learned. Respondents replied to similar questions on outreach partnerships. States detailed their application, enrollment and eligibility process for dual eligibles, including details on type of application used, sites where applications are accepted, and income and resource methodologies. State specific responses on application, enrollment, and eligibility procedures will be found in the appendix.

The following findings materialized:

_ Most states use a combination of outreach materials to educate consumers about dual eligible benefits, but states found almost all outreach techniques to be only moderately effective. The most popular type of outreach material is the pamphlet. For more details on outreach, see Part I of this report.

_ In conducting outreach, states believe they must be sensitive to the "welfare stigma" sometimes associated with these programs. Potential eligibles

are often reluctant to ask questions about the programs and benefits in front of their peers. Additional outreach lessons are discussed in Part II.

_ States form partnerships with other agencies and organizations to enhance their outreach efforts by expanding their access to potential beneficiaries. Most partnerships involve literature development, literature distribution, or information sharing. The discussion and data related to this topic can be found in Part III.

_ Many states have modified their application and enrollment processes to make it easier and more convenient to apply for dual benefits. Examples include using a separate application for dual benefits, collaborating on the development of the application, allowing applications to be made at a variety of sites, and outstationing of eligibility assistants. For more information, see Part IV.

_ Some states have liberalized their income and resource methodologies through section 1902(r)(2) to expand eligibility for dual eligibles. Part IV provides a state-specific look at this option.

Introduction

Federal law requires that state Medicaid programs pay for Medicare costs for certain low-income people who are elderly or have disabilities. These people fall into a variety of Medicaid eligibility categories including, but not limited to, the Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs), Qualified Disabled and Working Individuals (QDWIs), and Qualifying Individuals (QIs). Collectively, they are known as dual eligibles.

Some consider the phrase "dual eligible" a misnomer because a great number of these people are not eligible for full Medicaid coverage. Rather, Medicaid simply assists most dual eligibles with a portion of their out-of-pocket expenses for hospital, physician, and other services covered by Medicare. Throughout this report the term "dual eligible benefits" will refer to the range of protections—from full Medicaid benefits to Medicaid payment of Medicare premiums, deductibles, and coinsurance to Medicaid assistance with a small portion of Medicare premiums—available to the dual eligibles.

Despite the obvious financial benefits of being a dual eligible, many elderly and disabled persons are not participating in the programs. There has been much concern on the part of the federal government, members of Congress, state administrators, and advocates about the low participation rates. People offer several explanations. Beneficiaries may lack knowledge or understanding of the programs. They may want to avoid any Medicaid benefit because they sense a "welfare stigma" attached. Perhaps they feel that the enrollment process is too complicated, or they don’t know how to navigate the system.

HCFA is committed to trying to find and enroll more dual eligibles, and our study shows that states share this commitment. This report shares the results of a survey of state Medicaid agencies and gives a picture of current activity in 42 states with this special population. The survey document inquired as to state outreach activities, application procedures, enrollment rules, and data collection as each relates to the dual eligible populations.

Part I: Outreach Materials

Of the 42 states that responded to the survey, 33 states volunteered significant information on their experience with various types of outreach materials, as well as their effectiveness, estimated cost, and the frequency with which they were used. While states use a wide variety of outreach vehicles to educate consumers about dual eligible benefits, most choose materials that are not overly expensive to produce, easy to develop and revise, and uncomplicated to disseminate.

The benefits and limitations of each type of outreach material are described below. Table I summarizes the results.

Pamphlets and Posters

Twenty-seven of the 33 states (82%) use pamphlets, flyers, fact sheets, or posters to give a brief overview of the programs available to seniors to help pay their Medicare premiums or cost-sharing. Both pamphlets and posters scored only a moderate effectiveness rating from the states but were low cost and easily made available on a regular basis at government offices and other sites where potential dual eligibles are likely to visit. Pamphlets could also be used in informational mailings about dual eligible benefits or as a handout at presentations. States stressed the value of allowing potential eligibles to learn about the program in private before directly contacting an eligibility worker, and pamphlets fill this role admirably. A small subset of the states experimented with periodically inserting flyers into utility bills that go to the elderly (without regard to income and resources)—an outreach method that combines direct mail and pamphlets. These states rated this activity very highly.

Direct Mailing to Potential Beneficiaries

Twenty-one states (64%) use direct mail to advertise the programs to those who might not otherwise be aware of them. The two most common data sources available to states for direct mailings are (1) the State Data Exchange (SDX) form data on SSI beneficiaries available through either HCFA or SSA and (2) the leads data from HCFA which identifies Medicare beneficiaries who may be potential dual eligibles. Both sets of data are available on a monthly basis.

A majority of the states, called 1634 states because of the section of the statute that applies to them, have agreements with SSA in which SSA makes the Medicaid eligibility determination for individuals eligible for SSI. Of the 14 states in our survey for which

SSA does not make the Medicaid determination, 12 receive SDX files on SSI beneficiaries, but only five are actively using them for outreach to potential dual eligibles.

Twenty of the responding states receive the leads data from HCFA, but only 12 of these use the data for outreach. Those that use the data find it fairly effective in targeting dual eligibles.

States that do not use the data for outreach to dual eligibles overwhelmingly offered two explanations. One, the data is not useful because it does not provide information on resources. A possible solution for this was noted: states could use the data to screen for potential eligibles in other programs with similar resource limits. For example, one state compares the leads data to its food stamp rolls and targets only those people who are on both lists. Two, the data that is sent to states must then be converted to a label format accepted by the post office. The conversion takes a considerable amount of programming and agency resources, making the mailing much less cost-effective. States would prefer that the data be label-ready when sent. If these issues were resolved, states would be more likely to find the data useful for outreach purposes.

Because of the limits of the data sources available, most of these states target mailings to individuals who fall within the income limits of the program, without consideration of their resources. In contrast to the rest of the outreach material categories that received consistently average scores, states' effectiveness ratings for direct mailings varied widely—from not at all effective to extremely effective. Still, the mailings are relatively inexpensive with an average price of under $10,000. The majority of states that conduct such outreach send mailings monthly, and some states include an application form in the mailings.

Notices in Newspapers or Other Publications

Eleven states (33%) publish notices in newspapers or other publications to keep beneficiaries informed of changes to the dual eligible programs. States indicated that newspapers are well read by the elderly population, so the ads or press releases are very cost-effective. States suggested timing the notices in relation to the annual federal poverty level (FPL) increases in order to attract the maximum attention from potential beneficiaries with appropriate income levels. The notices garnered a moderate effectiveness rating from the responding states.

Direct Mailing to Providers

Nine states focus on keeping providers informed of the dual eligible benefits with the hope that providers will conduct some patient education activities and increase referrals to the programs. States believe that because providers see service users, their patients are more likely to follow through and apply for benefits. Again, states viewed the effort as moderately effective and relatively inexpensive. Some states remind providers about the programs on a regular basis, while other states do a one-time mailing.

Presentations

In-person presentations attract the attention of the elderly in at least five states. These presentations are popular and afford an opportunity for dialogue around the dual eligible programs. States report that, through presentations or health fairs, eligibility workers are highly likely to find people who qualify for dual eligible programs because in such a setting they are able to give personal attention to the audience. States claim the presentations are relatively inexpensive and can be given on an intermittent basis throughout the state.

Toll-Free Phone Line

Although a number of states have toll free phone lines, only two states mentioned this as an outreach tool, but both rated it as highly effective. A toll-free number is one of the most expensive methods of outreach with a price that exceeds $25,000. Its regular availability to potential beneficiaries is an important benefit.

Other

Certain states have unique outreach approaches for dual eligibles that have not been widely acknowledged and these should be mentioned as well. Several states have great success using their state funded senior pharmacy benefit programs as a source of data on potential eligibles. The state then targets mailings to the appropriate people with applications enclosed. State web sites that focus attention on the various dual eligible benefits have also been tried, though some worry that seniors do not have easy access to the Internet. States have developed public service announcements (PSAs) for radio and spots for television, but did not find them very effective because generally PSAs are aired during low-viewing times and they had no control over when they would air.

Table I. Summary of States' Experience with Types of Outreach Materials

Outreach Material	Number of States Conducting Outreach That Use This Material	Average Cost	Average Effectiveness Rating	Sample Reasons for Rating
Pamphlets and Posters	27 (82%)	Under $10,000	3	_ Cost effective to produce and easily revised _ Generates increased number of inquiries when used in response to calls, letters, and at end of

				presentations _ Not effective when it is the only method of outreach used
Direct Mailing to Potential Beneficiaries	21 (64%)	Under $10,000	3	_ Reach larger portion of population _ Do not notice substantial increase in eligibles after mailing _ Lack of info on assets can make these misleading to beneficiaries
Notices in Newspapers or Other Publications	11 (33%)	Under $10,000	3	_ Keeps providers and potential recipients informed of all benefits _ Not always a significant impact, but worth occasional effort
Direct Mailing to Providers	9 (27%)	Under $10,000	3	_ Providers are key to consumer education _ Reaches clients who are service users
Presentations	5 (15%)	Under $10,000	3	_ Face-to-face activities popular _ State may not see results immediately
Toll-Free Phone Line	2 (6%)	Over $25,000	5	_ Available to answer customer questions

Part II: Outreach Lessons

States also shared the general lessons they have learned from their outreach efforts to dual eligibles and gave recommendations on how to improve outreach. The most common advice follows:

_ **Include clear and comprehensive information on what types of income and assets are counted in the eligibility determination, as well as the upper limits, in every outreach effort so as not to mislead applicants. Also be frank about the lower benefit levels available to certain coverage groups because some potential eligibles are uninterested or disappointed by them.**

_ **Be factual and brief. Stimulate interest with colors that appeal to seniors and fonts that are easy to read. Test market materials with an age and income-appropriate focus group.**

_ **Use several methods of outreach and make materials available many places, in order to reach the broadest possible audience; outreach should target potential eligibles, their families, and friends.**

_ Involve advocacy organizations and senior citizen groups whenever possible because their networks are already established and their elderly clients trust them. These groups often have insight into their clients' full financial circumstances and thus can avoid raising false hopes.

_ Keep providers informed of the dual eligible benefits because their patients are more likely to follow through and apply for the programs.

_ To be sensitive to the private financial situations of many potential duals, all state outreach material should include a phone number to call for more information about the programs. Similarly, during presentations, handouts should be passed out to all in attendance instead of being left on a table for people to pick up. States also suggested using mail-in applications and phone interviews.

Because there is little data available on the demographic characteristics of the dual eligible population, only a few states narrow their outreach strategies to specifically ensure that vulnerable sub-populations are aware of the programs. Those that have experience in this area were most likely to focus on outreach to the home-bound populations. They accomplish this by training home health workers to screen their clients with mental or physical disabilities for possible eligibility. States also focused on their Native American populations by making presentations on reservations, sending staff to Indian Health Service Clinics, and sending detailed information on the dual programs to the tribal Directors of Health and Human Services.

Part III: Partnership Efforts

The survey asked states to evaluate the partnerships they form to enhance outreach efforts to dual eligible populations. **Thirty-seven states that responded to the survey use such outreach partnerships.** In general, states rated their partnerships as being very beneficial to the overall administration of the dual eligible programs. Through these partnerships, most of which have minimal cost, state Medicaid agencies are able to reach a broader

slice of the potential dual eligible population, often via networks which are more familiar to the elderly and disabled. Most efforts to collaborate involve literature development and distribution, pre-screening, or training. Some of the affiliates work on a community level that may feel more appropriate to clients who are anxious about accessing benefits.

Table II provides a summary of the major organizations with which state Medicaid agencies partner. Affiliations that did not make the chart were used by fewer states. These include collaborations with the Federal Department of Veterans' Affairs, Federally Qualified Health Centers (FQHCs), the Railroad Retirement Board, and financial planners. One state offered mini grants to communities and community organizations that would distribute literature on, and screen interested applicants for dual benefit eligibility.

States specified the following:

- **Certain partnerships—such as those with the State Office on Aging or Area Agencies on Aging—were most likely to provide increased referrals to the dual eligible benefit programs.**

- **Partnerships allow the Medicaid agencies increased access to beneficiaries simply through participation in other organizations' meetings to increase knowledge of the programs.**

- **Most partnership efforts are low cost and informal, making them easy to launch and maintain. Certain types—such as information sharing and referral partnerships—might be more effective if the partners formalized the process.**

- **Confidentiality concerns in information sharing and turnover of providers/volunteers (which necessitates ongoing education efforts by the state) were the most commonly cited barriers to partnership efforts.**

Table II: Summary of States' Experience with Major Outreach Partners

Partner	Number of Partnering States That Work With This Group	Average Partnership Rating[*]	**Nature of Partnership**
State Office on Aging	33 (89%)	4	- Literature development/distribution - Training - Pre-screening and information sharing

Area Agencies on Aging	28 (76%)	4	_ Literature development/distribution _ Training _ Pre-screening and information sharing
Social Security	23 (62%)	4	_ Literature distribution _ Pre-screening, information sharing, and referral _ Eligibility problem resolution
Legal Aid/Other Advocacy Groups	16 (43%)	4	_ Literature development/distribution _ Pre-screening and information sharing _ Training
Provider Community	17 (46%)	3 to 4	_ Literature distribution _ Pre-screening and referrals _ Presentations
State Insurance Commission	15 (41%)	4	_ Literature development/distribution _ Training _ Pre-screening
Senior to Senior Volunteer Projects	13 (35%)	5	_ Literature development/distribution _ Pre-screening _ Training community volunteers _ Individual presentations at health fairs
County/City Government	11 (30%)	4 to 5	_ Literature development/distribution _ Pre-screening, referrals, and enrollment
Medicare Fiscal Intermediary	8 (22%)	4	_ Information sharing _ Referrals _ Training

Other State Programs (e.g. Rx)	8 (22%)	5	_ One on one client help through voc rehab _ Rx program gives leads on potential eligibles
Indian Health Service	5 (14%)	4	_ Literature development/distribution _ Pre-screening and information sharing
Religious Groups	5 (14%)	4	_ Literature distribution
HUD Housing Projects	4 (11%)	No rating given	_ Information sharing
LIHEAP	3 (8%)	3	_ Literature distribution _ Site for applications

Part IV: Application, Enrollment, and Eligibility

*For state specific data on application, enrollment, and eligibility, please see the appendix of this report.

Although the application and enrollment process for dual eligible benefits has been criticized as being both time consuming and confusing, our research suggests that many states have taken steps to ameliorate the process by making it easier and more convenient to apply for dual benefits.

Most states use the standard application for full Medicaid benefits when potential dual eligibles apply for benefits in order to allow the eligibility worker to screen applicants for eligibility for the wide array of state-administered assistance programs—either medical or otherwise—for which they may be eligible. **However, 12 of the responding states, have a separate application for dual eligible benefits.** In these states, AL, AZ, CA, IL, KY, NJ, NM, NY, SC, TX, WA, and WV, the dual eligible specific application is shorter—with lengths ranging from one page to four pages—and is specially designed for the elderly or disabled applicant, often with larger font and more room to respond. Pennsylvania expects to utilize a shortened application in the near future.

In order to make their application more user-friendly, 13 of the responding states worked with other organizations on the development of their application. State Medicaid agencies collaborated with groups ranging from advocates and senior groups (legal aid societies, AARP, disability law centers, Area Agencies on Aging, and Senior Action Councils) to state agencies (Departments of Aging and county social services departments) to federal agencies (Social Security Administration). One state enlisted the help of its literacy council. These efforts attempted to make the application process less

burdensome by focusing on the pool of potential applicants and tailoring the application to its needs.

States have also made a concerted effort to allow applicants to apply for dual eligible benefits without requiring the standard face-to-face interview. **In 29 of the responding states, applicants for the QMB, SLMB, and QI programs are not required to appear in person during the application process. At least 34 states accept mail applications from dual eligibles and 15 states allow phone interviews with mail follow-up. At least three states accept fax applications for dual benefits.**

The dual eligible population is not necessarily familiar with the county social service office, the usual place for Medicaid eligibility determinations, and might be resistant to visiting an office with a historical welfare stigma attached, so many states have identified alternative sites where potential dual eligibles may apply for benefits. **As noted in Table III, over 22 states outstation either certified eligibility workers who can make final eligibility determinations or volunteers or providers who assist in the completion of an application for dual eligible benefits.** The most popular site for such eligibility assistance is the hospital, although rural health clinics (RHCs) and federally qualified health centers (FQHCs) also see some applicants.

Table III: Sites (other than the Medicaid or welfare office) Where States Accept Applications from Potential Dual Eligibles

F = Certified eligibility workers who can make a final eligibility determination at this site

A = Volunteers or providers who simply assist in the completion of an application at this site

State	Hospitals	RHCs	FQHCs	CHCs	Homeless Shelters	Other Government Offices	Nursing Homes	Senior Centers	Other
AL									
AK									
AZ									A[3]
AR	F			F					F[4]

CA									
CO									
CT	F								
DE			F						
FL	F	F	F	F		F			
GA	F								
HI	F/A	A	A						
ID							F		
IN	F								
IA	F/A								
KS	F/A	F/A	F/A	F/A	F/A	F/A	F/A	F/A	
KY	F/A	A	F/A						
MD									

MA	A		A	A	A	A	A	A	
MI	A	A	A			A	A		
MN	F				F				F[5]
MS							F		F[6]
MO	F	F							
MT									
NE	A	A	A	A	A	A	A	A	
NV									
NJ	F/A		F				F	A	
NM	F							F/A	
NY								F/A	
NC	F	F	F	F		F			
ND									

OH									
PA	A	A	A	A	A	A	A	A	
SC	F/A	A	A	A	A	A	A	A	
SD									
TX	F								
UT	F	F	F	F	F	F	F		F[7]
WA									
WV	F	A	A	A		A	A	A	
WI	F/A	F/A	F/A	F/A		F/A	F		
WY					A	A	A	A	

Title XIX sets specific income and resource standards for each dual eligible category. The programs provide a range of benefits to populations of individuals with incomes up to 200% of the federal poverty level (FPL) and resources up to $4,000 per individual and $6,000 per couple. However, section 1902(r)(2) of the Medicaid statute gives states the option of using less restrictive methodologies—methodologies that allow additional individuals to be eligible for assistance and that do not cause any individuals who would otherwise be eligible to be made ineligible. Using section 1902(r)(2), states have expanded eligibility for dual eligibles by liberalizing the methodologies used to count their income and resources.

Twelve states have liberalized the income methodologies they use for dual eligibles. A full listing of these states and methodologies follows in Table IV. In general, the most common changes in income methodology related to dual eligible benefits are excluding irregular income and in-kind income from the income calculations.

Thirteen states use more liberal resource methodologies for dual eligible applicants. Only Alabama has eliminated the asset test from the eligibility calculation entirely. In some states an individual who is otherwise eligible for a dual benefit, but whose resources put him/her over the limit, may qualify if his/her resources were within the resource limit at any time during the entire month. States may also use more liberal allowances for burial plans or life insurance than are required under law. For a look at the liberalized resource methods states are using, please refer to Table V.

One other way states may choose to make the enrollment process easier on applicants is by allowing self-declaration of income and/or assets. In states that allow self-declaration, applicants for dual eligible benefits are not required to bring in proof of their income or resource levels, but simply attest to their levels. **Three states—IL,TX, and WV—allow self-declaration of income and eight states allow self-declaration of assets.** The survey did not ask whether states felt these more liberal methodologies affected their dual eligible enrollment levels.

Table IV: More Liberal Income Methods for Dual Eligibles Using Section 1902(r)(2)

State	Method
AZ	*Used for all Medicare cost-sharing populations* _ Disregard ISM (child) _ Allow deduction for dependents of applicant/recipient _ Budget – use couple standard regardless of the spouse's eligible/ineligible status
CA	_ First, Medicaid rules for income and property/assets _ Second, SSI methodology for property and income
FL	*Used for all Medicaid populations* _ Always use 4 week calculation, even in 5 week month _ Disregard ISM

	_ Exclude irregular or infrequent income _ Average income received less frequently than monthly, provided no adverse effect on client
ID	*Used for QMB population* Income disregard allowed for QMB with dependent family member.
KS	*Used for all Medicare beneficiary program populations* _ Exempt interest income exempt if less than $50/mo. _ Disregard in kind income _ Lump sum income exempt from income calculation
MA	*Used for disabled populations* Income standard is 133% FPL.
MN	_ Widow/widower disregard _ Pickle disregard _ Disabled adult children disregard _ COLA delay _ Income of individuals deemed SSI recipients under 1619 (a) or (b) _ Allowance paid to a community spouse or other eligible family member
MS	Disregard in kind income.
ND	*Used for QMB, SLMB, and QI populations* _ Allow additional disregards of income (non-recurring lump sums, certain interest and dividends, first $25 from room rental, most in kind income). _ Allow additional deductions from income (guardian fees, $30 work training allowance, child care expenses, mandatory payroll deductions or $90).
SC	*Used for QMB and SLMB populations*

	Disregard in kind support and maintenance.
WI	*Used for dual eligibles near FPL* Members of this population can refuse buy-in and pay their own Medicare premium. WI considers their income for Medicaid after this payment is deducted from their Social Security checks. This insures their income does not exceed Medicaid limits causing a loss of eligibility and allows a greater population to receive full Medicaid benefits.
WY	*Used for QMB population* Disregard in kind support and maintenance.

Table V: More Liberal Resource Methods for Dual Eligibles Using Section 1902(r)(2)

State	Method
AL	*Used for all dual eligibles* Resources not considered in eligibility determination.
AZ	*Used for all dual eligibles* _ Disregard value of oil, mineral, and timber rights _ Disregard household goods and personal effects _ Disregard term insurance, burial insurance _ Irrevocable assignment of all assets assigned to fund the expenses of a burial _ Disregard value of all life insurance where face value does not exceed $1500
CA	_ First, Medicaid rules for income and property/assets _ Second, SSI methodology for property and income
FL	*Used for QMB, SLMB, and QI populations*

	_ Exclude $1000 of assets for an individual *Used for all Medicaid populations* _ Exclude life estate _ Exclude assets for those considered "incompetent with no guardian" and who can't legally access assets _ Exclude burial fund up to $2500 _ Exclude income producing property producing equitable returns _ Exclude one car, regardless of value
ID	*Used for all Medicaid populations* Temporary eligibility conditioned on disposal of excess resources.
KS	*Used for all Medicare beneficiary programs* _ Exclude income producing property _ More liberal allowances for burial plans and life insurance _ Exclude one vehicle per household. _ Exclude personal effects and household equipment _ Look at lowest resource value for the month
MA	*Used for disabled populations* Assets not counted.
MN	_ Exclude all household goods and personal effects _ Exclude the homestead of a LTC facility resident if either (a) a sibling with an equity interest who lived with client for at least one year before or (b) adult child or grandchild who lived with client at least 2 years before LTC admission is living in the home
MS	_ More liberal allowances for burial, life insurance

	_ Exclude one home regardless of whether person lives there _ Exclude 2 cars entirely
MT	*Used for all dual eligibles* Bona fide effort to sell non-home real property.
ND	*Used for QMB, SLMB, and QI populations* _ Exclude one vehicle of any value _ Can show property as non-saleable at 75% of market value versus 2/3. _ Exclude burial fund up to $3000 _ Eligible if within asset limits at least one day of month _ Exclude non-recurring lump sums until 2nd month following month of receipt
SC	*Used for QMB and SLMB populations* _ Exclude value of 1 vehicle _ Exclude value of life estate interest in real property _ Exclude value of household goods and personal effects _ Exclude value of undivided interest in heirs property _ Exclude cash value of life insurance if the combined face value of all policies is $5000 or less _ Eligible if within asset limits at least one day of month

Conclusion

With survey responses from 42 states, one question persists: does a state's efforts to reach out to duals or make the eligibility, application, and enrollment process easier for them correlate with the state's ability to enroll a higher percentage of its potential dual eligibles? Data sets used to estimate the potential dual eligible population have important limitations, though several estimates of this population have been conducted with similar outcomes. Using these estimates, we examined the actions of both the top and bottom

twenty percent of states in relation to dual eligibles. The results of this informal comparison revealed no clear pattern.

States that had made significant efforts to eliminate barriers to dual eligibles did not necessarily attract a higher percentage of their potential dual population than states that had not taken such actions. For example, several of the states that require dual applicants to apply in person for their benefits, foregoing the flexibility (such as mail-in applications without a required face-to-face interview) considered by many advocates to be imperative to the programs' success, are states generally considered effective in attracting duals to the programs. In contrast, a number of states with low dual enrollments have insisted on this flexibility. States with high dual enrollment are just as likely to require applicants to apply at the Medicaid or cash assistance offices as those states with low dual enrollment. On average, states that have had more trouble getting dual eligibles to enroll had formed almost twice as many outreach partnerships as those states considered to have had success in dual enrollment.

This finding may indicate that states whose dual populations are more resistant to enrollment recognize this fact and are working hard to ameliorate the problem through intensive education campaigns conducted by organizations other than the Medicaid single state agency. Timing could be another explanation; states that have recently made the dual eligible process easier to navigate may not have realized the enrollment results yet. A third possibility is that flaws in the demographic data used to estimate dual eligible enrollment percentages are more significant than previously thought. Enrollment rates may be boosted in states that use more generous eligibility standards for the aged, blind, and disabled categories.

These findings clearly indicate that more research needs to be done on factors affecting dual eligible enrollment outside the states' control, such as public attitudes toward the assistance programs. According to our results, the success of techniques designed to increase dual eligible interest and enrollment in the program varies by state. Although there may be lessons to be shared and some exemplary practices, there is no "model" approach that can be used in all states to elicit positive results with the dual eligible population.

APPENDIX

Summary of State Responses on Application, Enrollment, and Eligibility*

1. States that have a separate application for dual eligible benefits:

AL, AZ, CA, IL, KY, NJ, NM, NY, SC (SLMB only), TX, WA (QI only), WV

2. States that worked with other organizations on the development of their application:

DE, ID, IN, KY, MA, NE, NY, ND, OH, PA, SC, WV, WY

3. States that are currently revising their application:

AL, AK, DE, IN, KS, MA, MI, MN, MO, NE, NC, OH, SD

4. States where a dual applicant must apply in person:

AK (being re-evaluated), CA, CO, GA, ID, KY, MD, NE, NJ (QMB only), NY, NC, OH, WI

5. States that accept mail applications from dual applicants:

AL, AK, AZ, AR, CA, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, MA, MI, MN, MS, MO, MT, NE, NV, NJ (SLMB and QI only), NM, ND, PA, SC, TX, UT, WA, WV, WY

6. States that accept phone applications with mail follow-up from dual applicants:

AL, AZ, CA, DE, ID, IL, KS, MI, MS, ND, SC, TX, UT, WV, WY

7. States that accept fax applications from dual applicants:

HI, KS, UT

8. States where a dual applicant must apply at the Medicaid or welfare office:

AL, AK (being re-evaluated), AZ, CA, CO, CT, DC, IL, IA, KY, MD, MT, NV, ND, OH, SC, SD, WA, WV, WY

9. States that allow self-declaration of income:

IL, TX, WV

10. States that allow self-declaration of assets:

AZ, CA, DE, IL, SC, TX, WA (QI only), WV

11. States that have eliminated the assets test for dual eligible benefits:

AL

12. States that use more liberal income methods for dual eligible applicants:

AZ, CA, FL, ID, KS, MA, MN, MS, ND, SC, WI, WY

13. States that use more liberal resource methods for dual eligible applicants:

AL, AZ, CA, FL, ID, KS, MA, MN, MS, MT, NY, ND, SC