



6 Must-Have Capabilities to Consider When Choosing Your Dual Advocacy Partner

Dual enrollment gives qualifying members much-needed financial assistance and access to additional benefits. For health plans, dual enrollment helps ensure that your plan is receiving appropriate capitation payments, provides a better understanding of member risk, and creates a stickier member. CMS has implemented the Excellent Health Outcomes for All (EHO4all), which incentivizes plans to focus on improving health equity among enrollees with social risk factors (SRFs), including those enrolled in Medicare Savings Programs (MSPs), Medicaid, and the Low-Income Subsidy (LIS). The EHO4all makes it more important than ever to identify and provide assistance to those members who are potentially eligible but not yet enrolled in these programs.

If your team is looking to change vendors or considering this service for the first time, here are some important things to consider when choosing the vendor who is right for you.



Nationwide Medicaid Expertise

Each state's Medicaid program operates with unique intricacies and can have different eligibility criteria. A vendor should be equipped with deep Medicaid expertise and not only recognize these differences but also understand the nuances that shape eligibility.

BeneLynk's Government Relations team works directly with state Medicaid agencies and CMS to maintain an optimized dual enrollment process. Regular duties of our Government Relations team include maintaining an active partnership with state agencies, monthly monitoring of your MCMD and MMR reports, and state approval notifications to ensure accurate and timely processing of applications, appeals of inappropriate Medicaid/MSP denials, and maintenance of the latest information regarding regulation and policy changes at the state and federal levels.



Flexibility

Healthcare is continuously changing. A proficient dual advocacy vendor should excel at adapting to the constant changes taking place at the state and federal levels. This flexibility should extend beyond the ability to adapt to regulatory changes and should encompass a vendor's capacity to tailor solutions to meet the specific needs of each health plan. This should include outreach and result reporting, customizable training programs, tailored scripting, and other robust capabilities that align with your plan's objectives.

The vendor's flexibility should also extend to the seamless integration of new tools or technologies. The ability to swiftly integrate these changes ensures that the vendor remains responsive to emerging trends and can optimize its services to cater to that specific plan's beneficiaries.



Transparent Processes

A dual advocacy vendor should be a partner you can trust. That trust begins with transparency, especially around outreach activities and the assistance being provided. Your vendor should offer clear visibility into who they're contacting, how they're engaging members, and what support is being offered throughout the enrollment journey.

This includes clearly defined criteria for what constitutes successful assistance and regular updates that allow your team to track progress in real time. Transparent processes create accountability, foster collaboration, and ensure alignment with your health plan's goals.



Customized and Dynamic Communication

Communication customization is essential for an effective dual advocacy program. This includes considerations such as a member's language preferences and adherence to the plan's brand guidelines. Information should be delivered in a manner that resonates with each member and plays a vital role in building member trust. By acknowledging and respecting individual preferences and characteristics, a dual eligibility advocate can foster a sense of connection and understanding. For example, acknowledging a member's Veteran status and thanking them for their service during a call or in a letter goes a long way in building member trust and making a meaningful connection.

Moreover, customizing outreach efforts to align with the language used by state Medicaid agencies adds an extra layer of relevance and makes it more likely that a member would respond to outreach efforts.



Empathy and Cultural Competency

It is crucial to remember that healthcare is fundamentally about people caring for people and that very few virtues are as central to this endeavor as compassion. This rings true especially when working with low-income, older adults. Human-to-human outreach remains the most important part of dual advocacy. It is through human-to-human interactions that advocates establish genuine connections with members, ensuring their unique needs are understood and providing the personalized support essential for navigating the intricacies of Medicaid effectively.

An advocate should excel at expressing empathy through both words and actions. Clear, kind, patient communication is invaluable for building trust and ensuring older adults feel heard and valued. This should include strategically hiring advocates who are bilingual and can provide member support in a multitude of languages.



Predictive Modeling

Predictive modeling should be used to identify potentially dual-eligible members. Factors such as zip code, gender, marital status, and age can help provide a holistic view of a member and determine the likelihood that they qualify for Medicaid, a Medicare Savings Program, or the Low Income Subsidy. Notably, about 50% of those eligible for dual enrollment are not currently enrolled, which means that many historical outreach programs are not working as effectively as they should. This is why a vendor should supplement their targeting with non-traditional factors to cast a wider net for members who have not received dual advocacy in the past but may still qualify for Medicaid or one of the other aforementioned programs.

In addition, a vendor's technology should incorporate a living model that assesses the likelihood that an individual will respond to outreach efforts and the most effective mode of communication, tailoring outreach strategies to each member's preferences. This advanced approach ensures targeted and personalized engagement, optimizing the chances of enrollment and enhancing the overall effectiveness of your dual eligibility outreach.

Dual advocacy offers numerous benefits for both members and health plans alike. By carefully considering the factors outlined in this checklist, you can identify a dual advocacy partner that aligns seamlessly with your plan's objectives and priorities. To discover more about BeneLynk's Dual Lynk solution and how it can elevate your dual advocacy efforts, visit our website or reach out to us at sales@benelynk.com.