

Things to Consider: SHIPs and Advocacy

What is advocacy?

Advocacy is speaking up to draw attention to an important issue or problem. Advocacy is the process of people participating in decision-making that affects their lives at the local, state and national level, and it has a role wherever change is needed. Sometimes advocacy can also mean helping policymakers find specific Administrative or legislative solutions to persistent and seemingly intractable problems.

In practice, advocacy strategies run the gamut and include case management and counseling to resolve issues at the individual level, as well as public education, communications activities, social marketing, media outreach, building local partnerships, and much more to address issues at the systems level. Many State Health Insurance Assistance Programs (SHIPs) already think of themselves as advocates because of the issue resolution work they do on a regular basis on behalf of clients.

How are SHIPs advocates for Medicare beneficiaries?

SHIPs are uniquely qualified to play a key role in helping to improve access to care and quality of care for Medicare beneficiaries. SHIPs are often among the first to identify problems or spot emerging issues that negatively affect Medicare beneficiaries. Because of their case management work, they also see first-hand the immediate effect that unresolved program operation and policy issues have on their clients. Many SHIPs already speak up about the collective needs and interests of their clients with influential audiences in a number of different ways, including through public education.

For those SHIPs just beginning to consider—or engage in—public education activities in their communities, here are a few ideas to get started:

- Represent the Medicare beneficiary perspective with community and state partners in discussions about how to better meet the health and social service needs of older adults and people with disabilities.
- Help organize an informal and diverse coalition of community partners around an issue affecting a specific group of beneficiaries, such as low-income beneficiaries. Many SHIPs leverage their existing outreach work by partnering with community-based organizations that represent ethnic and racial minorities,

community health centers, pharmacies and pharmacists, home care agencies, local ombudsman programs, local clinics and regional hospital, social workers and nurses, and others.

- Flag the persistent benefit and access issues requiring special attention for the Centers for Medicare & Medicaid Services (CMS), and Regional Office staff, and include suggestions for addressing the issue.

Case Example: Oregon's SHIBA (SHIP) program, HAP, and other partners brought to CMS's attention problems involving Medicare's written notices and appeals procedures when a National Coverage Determination (NCD) is the basis for a coverage denial. The case involved a beneficiary whose Medicare Summary Notice (MSN) and redetermination letters never explained that an NCD was behind the denial. SHIBA worked with the CMS Regional Office in Seattle to bring the underlying policy and operational issues to the attention of subject matter experts at CMS headquarters.

- Participate in the rule making process to help CMS and other regulatory agencies determine the appropriate implementation standards and policies for beneficiaries across the Medicare program. Respond to calls for comments from CMS on various guidance and Medicare consumer materials, including: draft Medicare Parts C and D marketing guidance; draft Medicare Advantage (MA) enrollment guidance; the draft Call Letter for MA and Part D plans; and the draft *Medicare and You* handbook for beneficiaries.

Case Example: SHIPs in several states submitted comments to CMS on the draft Medicare Parts C and D Marketing Guidelines to help strengthen beneficiary protections and promote informed decision making. The Final Contract Year (CY) 2011 Medicare Marketing Guidelines released by CMS incorporated feedback from SHIPs and from HAP, and included specific and long sought after language to protect beneficiaries from deceptive marketing practices by private Medicare plans.

- Share recommendations with key partners, such as State Medicaid Agencies, the Social Security Administration (SSA), and state departments of health that can help make Medicare program operations more responsive to the needs of low-income beneficiaries and those requiring specialized assistance.

- Be an information resource in your state on how policy “plays out” at the practice and implementation level.
Case Example: SHIPs in several states, working with HAP and other partners, flagged the significant access to care issues Qualified Medicare Beneficiary (QMB) program enrollees were experiencing because of inappropriate Medicare cost-sharing by health care providers. This feedback helped inform CMS’s understanding of the systemic nature of the issue—pervasive across a number of states in both Original Medicare and Medicare Advantage—and they issued fact sheets educating providers about the QMB benefit. CMS also agreed to consider working with the states to establish a billing system to facilitate reimbursement for “Medicare-only” providers.
- Help inform and educate policymakers about the needs of beneficiaries, and the opportunities for enhancing beneficiary access to care and quality of care.
Case Example: SHIP Directors in several key states and HAP jointly launched a public education campaign to move and extend the Annual Enrollment Period (AEP) in order to help beneficiaries make informed decisions about their Medicare Part D plan choices. As a result of this combined effort to inform Congress about the need for immediate action, the Patient Protection and Affordable Care Act included a provision that adjusted the Medicare Part D enrollment period effective 2012.

Each state is different, and will have established a specific process and set of restrictions for SHIPs participating in public education activities.