Navigating Dual Eligibility

A survey of dually enrolled Medicare and Medicaid beneficiaries

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Washington State has been working to improve care and services for those individuals enrolled in both Medicare and Medicaid for several years. While aspects of the program have been strengthened, leaders in both the Health Care Authority and Aging and Long-Term Support Administration remained concerned that more could be done to improve the experience for beneficiaries and their advocates. A survey of dual-eligible beneficiaries in Washington was conducted to learn how beneficiaries make decisions about enrollment options, identify areas for improving training for those who assist beneficiaries in making decisions, and determine whether there are differences in their experiences once enrolled. This survey focused on interviewing individuals or their authorized representatives across three types of Medicare enrollment: Original Medicare, Medicare Advantage, and Dual-Eligible Special Needs Plans.

Overall, this survey found that while the state is focusing on the right areas of concern, integrated care models alone do not improve access, outcomes, or beneficiary experience. Consistent clear communication to beneficiaries, network alignment, care coordination, and training of community partners are critical for improving the beneficiary experience.

Key Findings

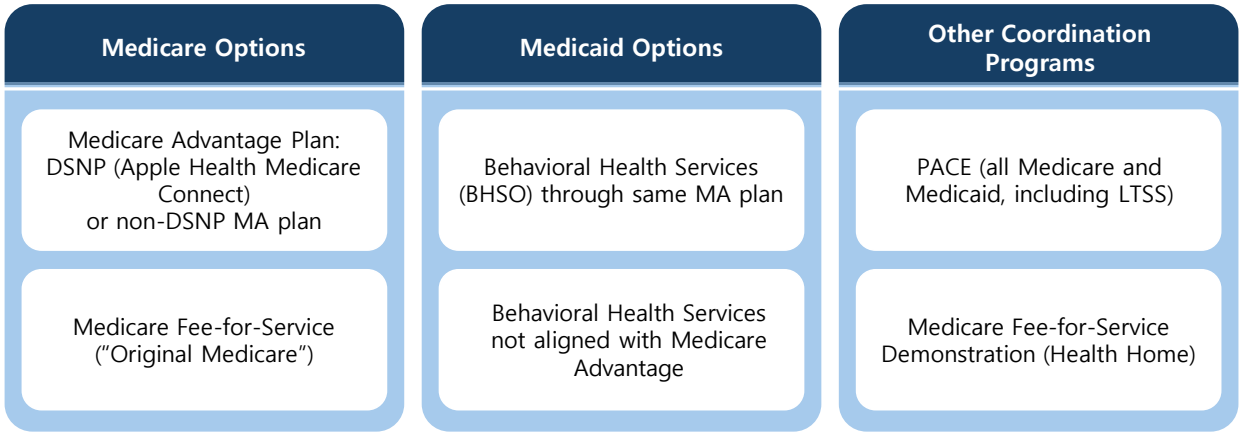
1. **Dual-eligible beneficiaries have a high level of confusion about their coverage.** Confusion about whether services were covered, and if so, by which insurance, was a common theme throughout the survey.
2. **Enrollment decisions are made with input from a variety of sources.** However, very few beneficiaries relied on key state resources, such as Health Care Authority Staff and the Statewide Health Insurance Benefits Advisors, for help with enrollment.
3. **Access to care problems persist for dual-eligible beneficiaries.** These problems are pervasive across the health care system, particularly in the aftermath of the COVID-19 pandemic.
4. **Care coordination is not widely recognized as a service that is available to dual-eligible beneficiaries.** Less than half of the eligible survey respondents with multiple providers reported receiving care coordination services.

Background

When individuals become eligible for both Medicare and Medicaid in Washington, they face a dizzying array of choices. On the Medicare side, dual-eligible beneficiaries are enrolled in traditional fee-for-service Medicare, also called Original Medicare (OM), when they become eligible. However, individuals also receive multiple solicitations from managed care organizations (MCOs) to enroll in either a commercial Medicare Advantage (MA) plan or a specific MA plan designed for dual-eligible beneficiaries known as a Medicare Advantage Dual Eligible Special Needs Plan (DSNP). At the same time, dual-eligible beneficiaries can choose how to receive their Medicaid services. Dual eligibles typically receive behavioral health services (such as outpatient mental health and substance use treatment) from Behavioral Health Services Only (BHSO) organizations through Apple Health[1] (Washington's Medicaid program). Medicaid also covers long-term supports and services (LTSS) and some limited medical and pharmacy services for dual eligibles. Eligibility for LTSS is determined through yet another system, with services and case management provided through the Aging and Long-term Support Administration or regional Area Agencies on Aging and not through a Medicaid MCO. (In Figure 1 below, note that the Program of All-inclusive Care for the Elderly or PACE is the only option for fully integrated services.[2])

FIGURE 1.

Enrollment Options for Dual-eligible Individuals' Medical/BH Services



Washington State developed and implemented several programs over the past 30 years to address the fragmentation of coverage dual-eligible beneficiaries experience. These cross-agency efforts have a common goal: to increase the availability of robust care coordination for beneficiaries at risk of poor health outcomes. To support the development of complex care management programs, the state relied on sophisticated data management through an integrated beneficiary database and the development of the Predictive Risk Intelligence System (PRISM).[3] More recently, the data infrastructure allowed the development of the nationally recognized Managed Fee-For-Service (MFFS) Health Homes duals demonstration,[4] which has improved beneficiary outcomes, created savings for Medicare and returned millions of dollars in shared Medicare savings to the state. In 2021, with new guidance and regulation from Centers for Medicare and Medicaid Services (CMS), the state made significant improvements to its DSNP contracts, leveraging the Highly Integrated Dual Eligible (HIDE) SNP model

[1] For more information about Apple Health, visit: https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-you and BHSO services are described at https://www.hca.wa.gov/assets/program/bhso-fact-sheet.pdf
[2] More information about PACE can be found at https://www.dshs.wa.gov/altsa/program-all-inclusive-care-elderly-pace
[3] An explanatory video about PRISM can be found at https://fortress.wa.gov/dshs/adsaapps/videos/PRISM/story.html
[4] For more information about Health Homes, see https://www.dshs.wa.gov/altsa/washington-health-home-program

to require weekly reporting and enhanced care coordination. The program is now called Apple Health Medicare Connect.[5]

Despite the availability of more aligned enrollment options, there are still many individuals who are enrolled in different plans for medical/pharmacy services and behavioral health services. For example, there are approximately 217,000 dual-eligible beneficiaries in Washington State (137,500 full-benefit dual-eligible beneficiaries and 80,000 partial duals) as of May 2024[6]. Of those, 54 percent are enrolled in DSNP plans, 32 percent in fee-for-service OM, and 14 percent in other MA plans. The growth of enrollment in MA plans among Washington State dual eligibles has been rapid, increasing from 39,000 MA enrollees in 2021 to 100,000 in the first quarter of 2023. Close to 70 percent of full duals enrolled in MA are in DSNP plans. As of January 2024, among DSNP enrollees enrolled in a Medicaid BHSO managed care plan, only 32 percent had both Medicaid and Medicare benefits from the same plan. A 2019 report to the Medicaid Payment and CHIP Access Commission highlighted the need for research on the impacts of the various models of benefit integration.[7] With the goal of increasing care coordination, understanding how individuals select their plans is critical for improving beneficiary education about the availability and selection of integrated programs in Washington and improving training for those who assist beneficiaries in making decisions about their options.

Study Design

Prior research on outcomes for beneficiaries enrolled in Medicare has typically focused on enrollees in one type of coverage (see Rivera-Hernandez et al. 2021 and Jacobson et al. 2015 for examples). This survey was designed to be applicable across coverage types, with a focus on providing insight into how beneficiaries make decisions among the enrollment options and their experiences within their selected coverage type.

Survey Sample. The survey sample was designed to be representative of full-benefit dual-eligible beneficiaries in Washington State. Beneficiaries were eligible for inclusion in the survey if they were age 18 and older, had non-institutional living arrangements and were current participants in OM, MA, or DSNP health insurance plans within the prior six months, as of January 31, 2023. A random sample of 2,061 beneficiaries was selected using enrollment and demographic information from the state Medicaid Management Information System. The random sample was stratified by enrollment type, so that approximately equal numbers of OM, MA, and DSNP beneficiaries were represented. In addition, the sample was also stratified by race, oversampling beneficiaries who identify as American Indian or Alaska Native, Black or African American, or Native Hawaiian/Pacific Islander.

Survey Implementation. Letters were sent to the selected beneficiaries in March 2023, with telephone contact beginning later that month. Surveying ended in November 2023. Among the 929 completed Interviews, 249 were conducted with proxy respondents (caregivers and authorized representatives). The survey achieved a response rate of 54 percent. Additional information about survey implementation and response rate calculations, including potential response rate impacts, is included in the Technical Notes section.

Respondent Demographics. Table 1 contains a demographic profile of the survey respondents. While the response rate was not as high as anticipated, the demographics of the survey respondents reflect the intended stratification and oversampling goals.

[5] For more information about Apple Health Medicare Connect, see https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/apple-health-medicare-connect

[6] For a description of the nuanced differences between full and partial dual eligibility, see https://www.hca.wa.gov/assets/program/imc-bh-billing-for-dual-eligible-clients.pdf

[7] A copy of the report can be found at: https://www.macpac.gov/publication/care-coordination-in-integrated-care-programs-serving-dually-eligible-beneficiaries-health-plan-standards-challenges-and-evolving-approaches/

TABLE 1.

Demographic Profile of Survey Respondents

	Number and Percent of Survey Respondent Beneficiaries	
Characteristic	NUMBER	PERCENT
Plan Type		
Original Medicare (OM)	303	32.6%
Dual Eligible Special Needs Plan (DSNP)	315	33.9%
Medicare Advantage (MA)	311	33.5%
Race/Ethnicity*		
African American	85	9.1%
American Indian or Alaskan Native	83	8.9%
Asian American	87	9.4%
Hispanic/Latino(a)	77	8.3%
Native Hawaiian or Pacific Islander	72	7.8%
White, Non-Hispanic	484	52.1%
Unknown Race	50	5.4%
Gender		
Female	580	62.4%
Male	349	37.6%
Age		
Less than 65 years old	363	39.1%
65–74 years old	330	35.5%
75–84 years old	168	18.1%
85 years old and older	68	7.3%
Urbanicity		
Urban	787	84.7%
Rural	142	15.3%

*Except for White non-Hispanic and Race Unknown, beneficiaries could be in more than one racial group.

Survey Analysis Approach

As described in the Sampling Process section, there are approximately equal numbers of responses from the three different Medicare groups, and beneficiaries who identify as American Indian/Alaskan Natives, African Americans, and Native Hawaiian/Pacific Islanders were oversampled to ensure their representation in the survey. Analyses were weighted to reflect the sampling design to provide unbiased inferences regarding the experience of each coverage group and the overall dual-eligible population. Note that for "select all that apply" type questions, the percentages for each choice in that question will not add up to 100 percent as individuals may have responded "yes" to multiple options. In addition to calculating the total percentages for each choice, we also calculated the within-coverage type percentages separately for the three coverage groups.

T-tests were used to identify whether the weighted percentages were significantly different between coverage groups. Pairwise T-tests were run between the three coverage groups: MA vs. OM, DSNP vs. OM, and DSNP vs. MA. A p-value from the t-test of less than 0.05 was used to indicate a significant difference between the groups. In the tables reported in the select findings below and in the Appendix, different symbols were used to indicate that there are significant differences between

different groups: ^ for MA vs. OM, + for DS vs. OM, and * for DS vs. MA. Symbols are shown in both cells of the comparison. Significant differences are also indicated in **bold**.

Open-ended survey responses were analyzed to identify key themes within and across question responses. Open-ended responses were first reviewed using values coding to identify key terms and/or phrases used by survey respondents and for overall affect (positive or negative) of the responses (Saldaña 2013). Pattern coding was then used to categorize initial codes into themes (Saldaña 2013). These themes were then used to supplement the quantitative analyses and to provide context to key findings as detailed in the next section. The Appendix includes additional comments from beneficiaries.

Findings

The survey questions focused on four key areas: making health insurance plan enrollment decisions, access to and quality of care, care coordination and experience with the care team, and general comments about experience with dual coverage. Findings from each key area are highlighted below. More complete, unweighted results, can be found in the Appendix.

Making Health Insurance Plan Enrollment Decisions

We wanted to know how beneficiaries decide whether to enroll in OM, an MA plan, or a DSNP. We asked several questions on this topic, and the responses revealed that many beneficiaries don't know or remember how they ended up where they are enrolled. In addition, many beneficiaries were surprised to find that they were enrolled in a health plan or did not agree with the enrollment information on file. Given this confusion, the comments made in response to these questions are an important complement to the quantitative results; additional comments on this topic can be found in the Appendix.

Survey respondents were asked to identify which of a list of characteristics was most important to them in their health insurance plan (see Table 2).

TABLE 2.

Insurance Plan Characteristics Important to Beneficiaries

What is most important to you in your health insurance plan? (Select ONE)					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Choice of doctors and pharmacies	**33.9% +**	**35.9% ^**	**50.5% + ^**	41.1%
2	Choice of specialists	5.9%	4.5%	7.8%	6.6%
3	Availability of doctors and specialists	25.9%	23.7%	24.0%	24.9%
4	Affordable payments	**4.9% ***	**11.5% ***	7.4%	6.6%
5	Customer service	3.5%	3.1%	1.9%	2.8%
6	Easy to get information about my care	3.5%	4.0%	2.3%	3.1%
7	Established company that is familiar to me	2.3%	**5.4% ^**	**1.7% ^**	2.4%
8	OTHER (specify)	**20.0% * +**	**11.9% * ^**	**4.3% + ^**	12.5%
TOTAL		**100.0%**	**100.0%**	**100.0%**	**100.0%**

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

Choice of doctors and pharmacies was the most commonly selected characteristic across plans. However, a significantly greater proportion of OM beneficiaries (50.5 percent) chose "choice of doctors and pharmacies" compared to MA and DSNP enrollees (35.9 and 33.9 percent, respectively). The next most commonly selected characteristic was availability of doctors and specialists; the proportion of

beneficiaries selecting this (about 25 percent) was not different between groups. Compared to DSNP enrollees, a significantly greater proportion of MA enrollees noted affordable payments as most important (11.5 percent compared.to 4.9 percent).

Respondents who chose "other" were asked to provide additional information about what was most important to them. Among the many respondents who chose "other" were a large number who were frustrated by the forced choice of one factor that was most important. Coverage was also a prominent theme that emerged; many also cited provider-related factors. Some comments were specific, e.g., coverage for over-the-counter medications, ancillary services, supplies, drugs, and transportation, but some were general. DSNP and MA enrollees often noted that they like the extra benefits, such as money for food/incidentals, that were provided by their plans.

"My insurance does not cover everything that I need, and I feel that I may have to change my coverage so that I don't have to go different places and then told that the insurance does not cover it."

– DSNP Survey Respondent

"I've had issues finding a mental health specialist that takes my coverage. They're hard to find and then get an appointment with, plus I need someone who speaks Spanish. They've suggested I go to Oregon, even though I live in Washington and that would be much too far to travel for me for an appointment."

– Original Medicare Survey Respondent

Beneficiaries in all three coverage types mentioned confusion or dissatisfaction regarding cost or payment for services. Since the survey was limited to full-benefit dual eligibles, it is concerning that this problem was so prevalent: full-benefit duals should not be charged for services that are covered by either Medicaid or Medicare. The HCA contract with DSNPs includes requirements to educate providers about such coverage and coordination of benefits and to offer help to beneficiaries when they struggle with these problems. This pervasive concern may implicate a broader problem around communication with both providers and beneficiaries about what is covered and by whom.

"I don't like that I now have a co-pay for prescriptions, I'm on a limited income, and they used to be fully covered."

– DSNP Survey Respondent

"The hospital said [MA plan] wasn't specific about whether they were going to pay for my hospital stay."

– Medicare Advantage Survey Respondent

Dual-eligible beneficiaries typically receive a barrage of information about enrollment decisions. These include television ads, billboards, direct mailings, health plan presence at community events, and phone solicitation. MA enrollees were much less likely to find written material helpful than either DSNP or OM beneficiaries, while both MA and DSNP beneficiaries found health plan brokers to be helpful. Overall, written materials and Community Services Offices were each found helpful by about one-quarter of beneficiaries (see Table 3 on next page).

Almost 10 percent of the beneficiaries commented that they did not remember who helped them enroll – note that many of these decisions could have taken place years in the past. Of those who provided another answer, the most common responses included continued coverage (e.g., they had been enrolled in a plan while they were still working and continued using it when they joined Medicare). Doctors or other health care providers were frequently cited, as were family and friends, state or federal agency staff, and advertisement or health insurance brokers.

TABLE 3.

Help with Enrollment

I'll read a list of resources that help people enroll in Medicare or Apple Health. Please tell me if any of them helped you enroll in Medicare or Apple Health.					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Written materials (like the "Medicare and You" handbook, health plan flyers, or websites)	**25.6% ***	**9.7% * ^**	**27.3% ^**	24.7%
2	Calling the federal Medicare program	11.4%	6.0%	9.8%	10.1%
3	Calling the Health Care Authority (Medicaid/Apple Health)	11.8%	**5.5% ^**	**12.8% ^**	11.6%
4	State Community Services Office	**23.0% +**	26.2%	**32.0% +**	27.1%
5	Area Agency on Aging or other community organization	8.6%	5.6%	9.5%	8.7%
6	Statewide Health Insurance Benefits Advisors	3.1%	1.4%	4.6%	3.6%
7	Enrollment fair sponsored by an insurance company	2.7%	1.1%	0.8%	1.7%
8	Independent health insurance broker who may have come to your home	**14.1% +**	**13.7% ^**	**0.7% + ^**	8.4%

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

Most beneficiaries in every category trust their health care providers to answer questions about health coverage, but DSNP and OM beneficiaries had significantly higher trust in providers than MA beneficiaries. About half of all beneficiaries also trust family members. Roughly one-quarter of both DSNP and MA beneficiaries chose "other". OM beneficiaries were significantly more likely to identify Statewide Health Insurance Benefits Advisors as a trusted source of information, compared to DSNP or MA enrollees (see Table 4).

TABLE 4.

Trusted Source of Information

Please tell me who you trust to answer your questions about health coverage. [Select all that apply]					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Family members	45.5%	53.1%	52.7%	49.3%
2	Friends	20.5%	17.7%	19.6%	19.8%
3	Health care providers	**69.3% ***	**58.6% * ^**	**69.9% ^**	68.4%
4	Statewide Health Insurance Benefits Advisors	**4.7% +**	**5.9% ^**	**12.6% + ^**	8.2%
5	An Information and Assistance line, like the 211 information hotline, or local Area Agency on Aging ("Triple A") hotline.	9.0%	10.7%	11.6%	10.2%
6	Other (if offered)	**24.9% +**	**26.2% ^**	**14.3% + ^**	20.5%

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

Under "Other", many respondents indicated that they trusted a health insurance company or broker to answer questions about health coverage. Other trusted sources include the respondent's own experiences, caregivers or case managers.

Most beneficiaries remember receiving some materials about their coverage in the mail. Significantly more MA enrollees remember receiving these materials than either OM or DSNP enrollees. There were no significant differences across enrollment groups in terms of the helpfulness of mailed material, with about two-thirds of beneficiaries indicating the mailed material was helpful. (See Tables 5 and 6 below.)

TABLE 5.

Mailed Materials

Thinking about Medicare, have you received materials in the mail from the health plan you're with or directly from Medicare, like the "Medicare and You" handbook, flyers, or letters about your coverage?					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Yes	**74.6% ***	**83.9% * ^**	**73.9% ^**	75.2%
2	No	**19.7% ***	**9.8% * ^**	**17.5% ^**	17.7%
3	Don't know	5.7%	6.3%	8.6%	7.0%
TOTAL		**100.0%**	**100.0%**	**100.0%**	**100.0%**

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

TABLE 6.

Helpfulness of Materials

Are the materials you receive in the mail helpful?					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Yes	64.9%	69.0%	64.9%	65.4%
2	No	24.4%	16.2%	23.6%	23.2%
3	Don't know	10.7%	14.9%	11.5%	11.5%

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

Access to Care and Quality of Care

In every section of the survey, beneficiaries reported problems with access to services and quality of care. Specific questions solicited input to distinguish between network access versus other problems accessing care and services. When asked whether they had problems finding specific types of medical service providers (primary care, specialty care, and behavioral health care), significantly fewer MA beneficiaries (9.5 percent) reported a problem finding a primary care provider, compared to DSNP (17.2 percent) or OM (17.9 percent) enrollees (see Table 7 on next page).

Of those who reported an issue and provided additional comments about their concerns, provider availability and staff turnover were common themes across coverage types.

"I haven't been able to find a therapist or psychologist. It has been over a year since I've seen one. They don't take the insurance or they were backed up for months or didn't take new patients."
– DSNP Survey Respondent

"I was assigned a primary [care provider] but have had trouble getting an appointment."
– Medicare Advantage Survey Respondent

"I have a rare condition, it's hard to find a doctor who isn't looking it up in a book or on their phones."
– Original Medicare Survey Respondent

TABLE 7.

Problems with Access to Providers

I'm going to read some problems some people have finding medical services. For each one, please tell me if that's been a problem for you. [Select all that apply]					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Finding a primary care provider	**17.2% ***	**9.5% * ^**	**17.9% ^**	16.7%
2	Finding a medical specialist	13.0%	10.8%	14.6%	13.5%
3	Finding a counselor for mental health, or for drug or alcohol treatment	10.5%	6.8%	11.3%	10.4%

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

In addition, survey beneficiaries across coverage types reported some issues getting medical services or equipment. Interestingly, while all groups reported some difficulties with access to services, the only significant differences between groups involved written information being hard to understand and billing issues. More DSNP enrollees reported issues with written information (30.5 percent) compared to the other groups (19.4 percent for MA and 20.8 percent for OM), and significantly more DSNP beneficiaries reported problems with getting billed for services they thought were covered (32.3 percent) compared to OM (19.9 percent). Around 13 to 15 percent of beneficiaries reported difficulty with getting medical services or equipment, though there were no differences between coverage groups. Of those who reported problems in these categories, getting new equipment, repairs to existing equipment, and transportation to appointments were frequently mentioned. (See Table 8.)

TABLE 8.

Problems with Access to Services and Equipment

I'm going to read some problems some people have getting medical services or equipment. For each one, please tell me if that's been a problem for you. [Select all that apply]					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Getting transportation to a medical appointment	17.1%	14.9%	13.1%	15.2%
2	Getting durable medical equipment [like hospital beds, oxygen equipment, mobility aids]	13.9%	14.5%	12.8%	13.5%
3	Written information was hard to understand	**30.5% * +**	**19.4% ***	**20.8% +**	25.3%
4	Not knowing who would pay for a service	16.4%	14.6%	20.0%	17.7%
5	Not knowing if a service would be covered	24.6%	19.1%	26.2%	24.7%
6	Getting billed for services you thought were covered	**32.3% +**	25.9%	**19.9% +**	26.4%

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

One critical aspect of quality of care for dually enrolled clients is communication between medical providers. Slightly fewer than one-quarter of all beneficiaries had some problem with communication between medical providers. Interviewees were offered the opportunity to describe any other problems with communication between medical providers. Most respondents reported no problems with communication between providers and many offered examples of positive experiences with communication between medical providers. However, some respondents did describe negative experiences that may be indicative of quality of care issues.

"[I had a] Problem with getting cancer and blood pressure medication prescribed by different doctors straightened out."

– DSNP Survey Respondent

"Sometimes it seems like the right hand doesn't know what the left hand is doing; it does get resolved pretty quickly."

– DSNP Survey Respondent

"I've had MRI's and I've gone to different places but when the report comes in it says no other images to compare to and I know that isn't right because I've had many done within the last 6 years with my back and knee."

– Medicare Advantage Survey Respondent

"We don't know why they set up a cataract surgery on the other eye when it did not need it. Lack of communication between the surgeon and ophthalmologist. [Client] didn't require surgery on other eye and we did not know why he needed an appointment. Since he did not need surgery, they cancelled it."

– Original Medicare Survey Respondent

Care Coordination and Care Team

Many of the DSNP and MA beneficiary comments above regarding communication between providers described issues that the involvement of a care coordinator could have helped. Under Medicare rules, DSNP and MA health plans are required to offer care coordination to beneficiaries with complex care needs. In addition, the state has a strong interest in fostering robust care coordination to improve health outcomes. To gather more information about their current use of care coordination services, additional questions were asked of the survey respondents who have multiple care providers; this group comprised more than half of the survey respondents.

A striking finding is the absence of statistically significant differences in the availability of help to coordinate services among the different coverage groups (see Table 9). Since OM beneficiaries are not able to access health plan care coordination, and MA and DSNP plans are required to provide it, greater use and knowledge of care coordination was expected in MA and DSNP coverage groups.

TABLE 9.

Access to Care Coordination

Have you had someone help coordinate these services? For example, someone might have helped you make appointments, given you referrals to services or providers in your community, or helped with transportation. They might also help you make a care plan.

Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Yes	40.2%	42.7%	37.4%	39.3%
2	No	55.9%	55.9%	56.0%	56.0%
3	Don't know	3.9%	1.4%	5.8%	4.4%
4	Refused	0.0%	0.0%	0.8%	0.3%
TOTAL		**100.0%**	**100.0%**	**100.0%**	**100.0%**

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

It is also potentially concerning that over half of the DSNP and MA beneficiaries with multiple providers did not have someone to help coordinate their services. Respondents were not asked if they were offered and turned down care coordination, and certainly beneficiaries may be able to navigate systems of care successfully without assistance. However, given the level of confusion that exists about coverage, and the number of anecdotes about problems with communication and payment for care, even a light touch from a care coordinator could improve the experiences of many beneficiaries.

The vast majority (over 90 percent) of beneficiaries who received care coordination reported that it was helpful. However, there is a significant difference between OM and DSNP enrollees and between MA and OM enrollees on whether they found care coordination helpful (see Table 10).

TABLE 10.

Helpfulness of Care Coordination

Did it help to have someone coordinate your services?					
Responses:		Percentage of Beneficiaries			Total Population
		DSNP	MA	OM	
1	Yes	90.6%	94.5%	98.2%	93.9%
2	No	**9.4% +**	**4.9% ^**	**0.0% + ^**	5.4%
3	Don't know	0.0%	0.6%	1.8%	0.7%
4	Refused	-	-	-	-
TOTAL		**100.0%**	**100.0%**	**100.0%**	**100.0%**

Symbols: ^ indicates there is a difference between MA and OM ($p<0.05$ for MA vs OM); + indicates there is a difference between DSNP and OM ($p<0.05$ for DSNP vs OM); * indicates there is a difference between DSNP and MA ($p<0.05$ for DSNP vs MA).

Beneficiaries were also asked specific questions about their care team. More than 85 percent in all three groups said their care team is comfortable around all types of people. This was significantly higher for DSNP beneficiaries (91 percent). More than 85 percent in all three groups said their care team listens to concerns and acknowledges questions and suggestions. However, between 5 to 8 percent of beneficiaries felt that they had been treated unfairly by the care team because of race, ethnicity, age, sexual orientation, gender identity, disabilities, or any other reason. There were not statistically significant differences for unfair treatment across coverage groups. When asked to share what they perceived as the reason for unfair treatment, almost half of the respondents described a disability related issue. Among those who described a non-disability reason, there was one potentially troubling remark: *"We were not happy with the coverage with [DSNP plan]. There was a doctor office in [city] that asked what color we were when making the appointment."* (DSNP Survey Respondent).

General Experience with Medicare and Apple Health

At the end of the survey, we asked the survey respondents if there was anything else they would like to share about their experience with Medicare and Apple Health. Several of the comments highlight beneficiaries' confusion or need for education about their health plan choices and the need for improvements in communication.

"I do not know where Apple [Health] plays in it… Just because I have it, does not mean I know how to use it. I guess that is what a laminated reference card would be helpful with phone numbers for what type of problem, account numbers and case numbers. This should be provided by the state."

– DSNP Survey Respondent

"I think there could be better organization and communication. I not only have physical disabilities and comprehension problems and it would help if I had someone to decipher and tell me what my options are and I'm not sure if my doctor's office is giving me good advice."

– Medicare Advantage Survey Respondent

"I think that when you're starting out on Medicare, it'd be nice if there was an orientation to go to. Like if you have this, do that, if you experience this or qualify for that, do that. It'd be helpful to have a face-to-face meeting where someone could explain some things to you. Medicare has so much to it and when you're first getting onto it, it's overwhelming and hard to navigate. Plus, a lot of the calls you get sound and seem very predatory when it comes to Medicare. It's hard to know who is legitimate and who isn't."

– Original Medicare Survey Respondent

It should be noted, however, that throughout the survey many beneficiaries indicated satisfaction with the care and services they receive. While this report highlights many areas for improvement, many survey respondents have had overall positive experiences with their coverage.

"I really appreciate how much [DSNP plan] constantly calls me and checks in with me to make sure all my needs are being met. They also let me know what programs are available."
– DSNP Survey Respondent

"I'm grateful for the help we have received from the State of Washington over the years."
– Medicare Advantage Survey Respondent

"I really have positive experiences. I've had the same doctors and counselors for two years now. They're accepting and not judgmental and they're responsible for me becoming the person that I am."
– Original Medicare Survey Respondent

Discussion

This survey was conducted to better understand beneficiary choices and to determine whether HCA and ALTSA's concerted efforts to strengthen the Highly Integrated Dual Eligible (HIDE) SNP model through Apple Health Medicare Connect is making an impact on access and beneficiary experience. Many of these findings indicate that DSNP enrollment alone does not improve access, outcomes, or beneficiary experience. Although a model of aligned enrollment with a single payer of Medicare and Medicaid services is the State's best policy lever to coordinate the systems, HCA and ALTSA must continue to work closely with the DSNP payers to address those areas that are the most challenging and that have impacts on the quality of care. Consistent communication, clarity, and accountability are critical for the model to be successful. Focused integration efforts and increased scrutiny of DSNPs' communication and accountability are early in their implementation; state agency staff have also focused on network alignment, care coordination, and training of community partners. This survey provides a roadmap for continuing work to improve experience, outcomes, and access and demonstrates how including beneficiary voice is critical to understand if policy efforts are paying off and achieving their intended goals.

Dual eligible beneficiaries have a high level of confusion about their coverage. Confusion about whether services were covered, and if so, by which insurance, was echoed throughout the survey.

"I don't know who to talk to about what is covered. It's hard sometimes."
– Medicare Advantage Survey Respondent

Specific areas of confusion existed for ancillary services such as transportation, but also for key treatments that could have significant health consequences, such as prescription medications. Although "Coverage" was not a specific option for the question regarding plan choice "What is most important to you in your health insurance plan?", it was among the most frequently mentioned by beneficiaries regardless of enrollment type. Many beneficiaries do not know who to ask when they run into these problems. It is somewhat concerning that most beneficiaries put the most trust in their health care providers or insurance brokers for coverage questions. Providers may be just as confused about how Medicare and Medicaid coverage work together as the beneficiaries themselves. Training of providers, especially front office staff, might be a good avenue for the DSHS and HCA staff to consider. In addition, the DSNP and MA plans need to work with their brokers to ensure that beneficiaries understand plan choices and changes.

Enrollment decisions are made with input from a variety of sources. Many respondents did not remember how they made the decision to enroll in a plan, and several also reported that they were enrolled without knowing that action was taking place. Since beneficiaries tend to stick to a plan once enrolled, it was interesting to learn about this lack of empowerment in plan choice. Very few beneficiaries relied on some key state resources for help with enrollment — HCA staff and Statewide

Health Insurance Benefits Advisors volunteers, for example — while higher proportions (about 27 percent) of OM enrollees were helped by state community services offices. This suggests a helpful pathway for planning future training for those staff and volunteers.

Written material was not always helpful to beneficiaries. MA enrollees were the most likely to remember receiving written material from Medicare. Most beneficiaries in all enrollment types found such material helpful. On the other hand, when beneficiaries ran into problems, the written information was frequently cited as hard to understand – this issue was significantly higher for DSNP members. Since much of the MA and DSNP plans' written material is prescribed by CMS, feedback on this issue should be shared with federal partners as well as DSNP and MA plans. The state can enhance its beneficiary-facing resources and direct education to beneficiaries as well since many rely on state staff for input on decisions. The state agencies have increased regular communication with beneficiaries and advocates; in response to input from beneficiaries and advocates, the state strengthened its oversight in this area. New standards and requirements for state review and approval of distributed information were included, effective calendar year 2023 for the October Open Enrollment.

Access to care problems exist for dual-eligible beneficiaries. The state agencies have seen impacts on beneficiaries' access to care in all populations since the onset of the COVID pandemic. It is not surprising that many beneficiaries reported the persistence of these access problems in this survey, but it is helpful to pinpoint some of the areas where MA and DSNP plans could offer assistance to beneficiaries and HCA's DSNP contract monitoring could be focused:

- Finding a primary care provider;
- Finding a behavioral health provider, including those that allow in-person visits;
- Finding specialists;
- Providing information on and assistance with dental care and other ancillary services; and
- Help with resolving issues with payment for covered services. It is important to note that since providers appear to be confused about billing, the education about "who pays for what" should be provided for both beneficiaries and providers.

The state was aware of concerns about provider access, and as a result has strengthened the HCA's DSNP contract requirement for network alignment. Continued monitoring and beneficiary feedback will be essential to detect improvement.

Care Coordination is not widely recognized as a service that is available to beneficiaries. One benefit of enrolling in an MA or DSNP plan is the availability of care coordination when beneficiaries need help arranging care or navigating the system for complex conditions. Our survey found that less than half of beneficiaries with multiple providers had received help with care coordination. Many beneficiaries described problems with access to or quality of care that could have been alleviated by care coordination or care management. This survey points to another opportunity for education, especially for those beneficiaries with multiple providers and complex or high-risk conditions. Consistent with HCA's role to monitor and enforce contract requirements with DSNP plans, the state could provide additional oversight of the DSNP Model of Care implementation, as the Model of Care section details the DSNP plans' responsibility for care coordination[8].

Finally, the plans have an opportunity to offer education to both beneficiaries and providers about the availability of care coordination for people with complex needs and conditions. It is troubling that the prevalent comment about unfair provider treatment reflected negative attitudes about behavioral

[8] For more information about the CMS requirements for DSNP Model of Care, see https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/model-care. HCA's requirements for DSNP Model of Care in Washington can be found in the contract at https://www.hca.wa.gov/assets/billers-and-providers/model-state-medicaid-agency-contract.pdf

health or physical conditions or disabilities. Perhaps an empathetic care coordinator could have alleviated some of the stress in these situations for beneficiaries having such negative encounters with the health care system.

Study Limitations and Other Considerations

Despite extensive efforts, we were unable to make contact with 40 percent of the sample by the close of interviewing. This is likely due to a combination of factors, including the higher numbers of dual eligible beneficiaries who live in settings with caregivers or other authorized representatives, who may be less able to provide answers to certain questions. In addition, increased attention to protecting elders from fraudulent phishers may mean individuals are less likely to trust survey contacts.

This survey was developed with input from key stakeholders, including actual beneficiaries who have experience with Medicaid and Medicare as well as those who assist beneficiaries to make decisions about enrollment. These groups noted several cautions that were confirmed in the survey process: 1) Medicare beneficiaries are bombarded with information and solicitations to enroll in or change plans, both by mail and phone; 2) older people especially have been warned to not give personal information over the phone, and to be suspicious of unknown callers; 3) dual-eligible beneficiaries have a high level of confusion around which insurance covers their services and where to turn for information.

Directions for Future Research

Besides the many areas for education and training pointed out above, there are opportunities for future studies in this area. It may be informative to conduct a narrower survey of people who have started or changed enrollment within a short time window, when they might be more likely to remember the decision-making process. Focus on other subgroups may also be warranted including those with higher health risk scores, known to the state through the PRISM risk score algorithm, or those with other indications of need for care coordination. As aligned DSNP and BHSO enrollment continues to grow, a future survey could compare those beneficiaries in aligned plans vs. those enrolled in separate plans. This survey was not designed to detect differences among specific DSNP plans, which would help advocates with enrollment advice. Thanks to the grant from Arnold Ventures, DSNP quality measure data comparisons will be available soon for potential use by beneficiaries and their advocates.

Select Quotes from Survey Respondents

POSITIVE COMMENTS

DSNP beneficiaries told us…

- "Everyone I've dealt with at [the Plan] has been great."
- "It saves me money on taxable items that aren't covered under food assistance. They give me an allotment of $125 to use towards those items or my power bill."

Medicare Advantage beneficiaries told us…

- "My doctors can all talk to each other, and everything is in one place."
- "I have had other providers and I'll tell you [the MA plan] is the best I've had."

Original Medicare beneficiaries told us…

- "I have five providers and they all communicate with each other."
- "Haven't had any concerns at all. They have been really good with us."

CONFUSION ABOUT ENROLLMENT

DSNP beneficiaries told us…

- "I would like to have someone with an 'in' that could help me get the services I need."
- "It was weird how I got [enrolled in the Plan] as it just happened."

Medicare Advantage beneficiaries told us…

- "I am confused as to whether Medicare Advantage or Original Medicare is better."
- "I can't think of anything. Except that my social worker won't help me and I just can't fill out these forms and I get lost about what I'm supposed to do."

Original Medicare beneficiaries told us…

- "This was assigned and we had no choice."
- "I had no choice. I am on Medicaid, and they chose that plan."

ACCESS TO PROVIDERS AND SERVICES

DSNP beneficiaries told us…

- "My providers at [named health care system] are good, but making appointments is another issue. I have to call in and I am put on hold for a long time. When I asked about going to other providers, I am told that I am locked in their system. I don't know whose rule that is."
- "I go to [the Plan] and I can't find a doctor, rather than a clinic. I can't get in to see my doctor any time like for a month, so I get any doctor that is available at [the Plan]. By the time I see a doctor my sickness is gone. I would like help finding one."

Medicare Advantage beneficiaries told us…

- "Finding any kind of mental health provider has been a nightmare for the last 3 1/2 years. There aren't very many providers. Unless I'm having an uptick in my issues, they don't want to see me that often. Not anyone who knows about my gender issues."
- "Choice of Doctors and Specialists. We had ____ [the Plan] and she had a fall which resulted in a back injury. We left [the Plan] as there was a poor choice of specialists."

Original Medicare beneficiaries told us…

- "I am not happy with the care I receive at [provider]. I wish I could go somewhere else."

- "I haven't been able to get my infusions now because they don't call back to schedule it. Because they are saying that they are going to call when they are sure I am covered, and I know I am covered so I don't know what is going on."

ISSUES WITH PAYMENT AND COVERAGE

DSNP beneficiaries told us…

- "I wish Apple Health and Medicare worked better on who pays for what."
- "Sometimes the clerks have a hard time understanding that they need to bill both Apple Health and [the Plan]."

Medicare Advantage beneficiaries told us…

- "Two times my caregiver couldn't take me, and I called transportation and line is busy. So, I had to go through the doctor and made appointments at the same time as my mother. As a bilingual I have trouble."

Original Medicare beneficiaries told us…

- "I have a really hard time with them telling what is covered and what not, they tell me you have to speak with your PCP [primary care provider] then to Medicare then to Apple Health… I cannot have my allergen test made because I don't know if it's covered or not. It will be great that once and for all the prices are set in stone."
- "I had a CAT scan in February, and they billed me and when I called the gal said, 'Well you have to pay it or it will go to collection.' Apparently, they used a new drug in the scan that wasn't covered, but I was not informed that I would be responsible."

COMMUNICATION AND COORDINATION

DSNP beneficiaries told us…

- "The written materials that I receive are in English and I do not understand them. There is no Punjabi interpreter to assist with this."
- "They discounted the pain I was experiencing with a procedure; they totally dismissed me."
- "I asked to go to a dermatologist because I kept breaking out w/ stupid sores, but I am diabetic. They made my appointment and had a 6 week wait. The night before I called them, and they said I was covered but the doctor has a problem with my chart notes and I could not see him. I gave up on going to the dermatologist."

Medicare Advantage beneficiaries told us…

- "Took 6 weeks to solve the x-ray problem. They forgot to do a piece of the test and I had to wait 6 weeks to get in again."
- "They don't do what they promise me. They say free here and free there, but I get bills. My son brings me to the man, and he says you won't have to worry but it's not true."
- "My father was prescribed a medication that had a bad effect on him. I wasn't sure whether it was too high of a dose, or the medication itself, and when I tried to talk to someone about it, I couldn't find out who prescribed it."

Original Medicare beneficiaries told us…

- "I've had so many medical problems sometimes I don't think I'm taken seriously."
- "His PCP [primary care provider] said he is anemic and gave me contact information for the place where he is supposed to get therapy. The place says they do not have referral order for him. It has been faxed over to them multiple times. It goes back to last July! I have not gotten a phone call. I have probably left 35 messages. I am not overly concerned as this is not like diabetes, but it is still disconcerting since I am responsible for him."

All results in this supplement are presented as **unweighted** data.

Key to symbols used in tables:

^ Indicates there is a difference between MA and OM (p<0.05 for MA vs OM);
+ Indicates there is a difference between DSNP and OM (p<0.05 for DSNP vs OM);
* Indicates there is a difference between DSNP and MA (p<0.05 for DSNP vs MA).

1. What is most important to you in your health insurance plan? I will read a list of options and then you can pick one. (Select ONE)

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Choice of doctors and pharmacies	112	109	152	**373**	35.7%+	35.4%^	50.3%+^	**40.4%**
2	Choice of specialists	16	12	23	**51**	5.1%	3.9%^	7.6%^	**5.5%**
3	Availability of doctors and specialists	78	75	71	**224**	24.8%	24.4%	23.5%	**24.2%**
4	Affordable payments	14	35	23	**72**	4.5%*	11.4%*	7.6%	**7.8%**
5	Customer service	12	9	9	**30**	3.8%	2.9%	3.0%	**3.2%**
6	Easy to get information about my care	11	14	7	**32**	3.5%	4.5%	2.3%	**3.5%**
7	Established company that is familiar to me	7	15	5	**27**	2.2%	4.9%^	1.7%^	**2.9%**
8	OTHER (specify)	64	39	12	**115**	20.4%*+	12.7%*^	4.0%+^	**12.4%**
TOTAL		**314**	**308**	**302**	**924**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

2. Our records show that you have insurance through _____. Is that correct?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	CONFIRM: Original Medicare (OM)	1	14	259	**274**	0.3%*+	4.5%*^	85.5%+^	**29.5%**
2	CONFIRM: Medicare Advantage or DSNP (MA or DS)	310	295	43	**648**	98.4%*+	94.9%*^	14.2%+^	**69.8%**
3	R DENIES COVERAGE [END INTERVIEW]	4	2	1	**7**	1.3%	0.6%	0.3%	**0.8%**
TOTAL		**315**	**311**	**303**	**929**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

7. I'll read a list of resources that help people enroll in Medicare or Apple Health. Please tell me if any of them helped you enroll in Medicare or Apple Health. (Select all that apply)

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Written materials (like the "Medicare and You" handbook, health plan flyers, or websites)	78	31	81	**190**	25.1%*	10.0%* ^	26.8%^	**20.6%**
2	Calling the federal Medicare program	35	18	31	**84**	11.3%*	5.8%* ^	10.3%^	**9.1%**
3	Calling the Health Care Authority (Medicaid/Apple Health)	40	17	40	**97**	12.9%*	5.5%* ^	13.2%^	**10.5%**
4	State Community Services Office	77	82	97	**256**	24.8%+	26.5%	32.1%+	**27.8%**
5	Area Agency on Aging or other community organization	27	16	28	**71**	8.7%	5.2%	9.3%	**7.7%**
6	Statewide Health Insurance Benefits Advisors (SHIBA)	9	4	14	**27**	2.9%	1.3%^	4.6%^	**2.9%**
7	Enrollment fair sponsored by an insurance company	8	3	2	**13**	2.6%	1.0%	0.7%	**1.4%**
8	Independent health insurance broker who may have come to your home	49	42	3	**94**	15.8%+	13.6%^	1.0%+^	**10.2%**
TOTAL		**200**	**167**	**196**	**563**				

8. Please tell me who you trust to answer your questions about health coverage. [SELECT ALL THAT APPLY]

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Family members	144	166	158	**468**	46.3%	53.7%	52.3%	**50.8%**
2	Friends	67	57	55	**179**	21.5%	18.4%	18.2%	**19.4%**
3	Health care providers	220	181	209	**610**	70.7%*	58.6%*^	69.2%^	**66.2%**
4	SHIBA	14	19	38	**71**	4.5%+	6.1%^	12.6%+^	**7.7%**
5	An Information and Assistance line, like the 211 information hotline, or local Area Agency on Aging ("Triple A") hotline.	27	32	33	**92**	8.7%	10.4%	10.9%	**10.0%**
6	OTHER (if offered) – DON'T READ	77	83	46	**206**	24.8%+	26.9%^	15.2%+^	**22.3%**
TOTAL		**300**	**298**	**288**	**886**				

11. Thinking about Medicare, have you received materials in the mail from the health plan you're with or directly from Medicare, like the "Medicare and You" handbook, flyers, or letters about your coverage?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Yes	232	257	221	**710**	75.8%*	84.5%*^	73.4%^	**77.9%**
2	No [SKIP TO 13 BELOW]	58	29	52	**139**	19.0%*	9.5%*^	17.3%^	**15.3%**
3	DON'T KNOW [SKIP TO 13 BELOW]	16	18	28	**62**	5.2%	5.9%	9.3%	**6.8%**
TOTAL		**306**	**304**	**301**	**911**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

12. [If Yes] Are the materials you receive in the mail helpful?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Yes	156	180	144	**480**	67.2%	70.0%	65.2%	**67.6%**
2	No	51	40	51	**142**	22.0%	15.6%^	23.1%^	**20.0%**
3	DON'T KNOW	25	37	26	**88**	10.8%	14.4%	11.8%	**12.4%**
TOTAL		**232**	**257**	**221**	**710**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

13. I'm going to read some problems some people have finding medical services. For each one, please tell me if that's been a problem for you. [SELECT ALL THAT APPLY]

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Finding a primary care provider	52	32	51	**135**	16.7%*	10.4%*^	16.9%^	**14.6%**
2	Finding a medical specialist	43	35	43	**121**	13.8%	11.3%	14.2%	**13.1%**
3	Finding a counselor for mental health, or for drug or alcohol treatment	32	21	33	**86**	10.3%	6.8%	10.9%	**9.3%**
TOTAL		**91**	**67**	**86**	**244**				

14. I'm going to read some problems some people have getting medical services or equipment. For each one, please tell me if that's been a problem for you. [SELECT ALL THAT APPLY]

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Getting transportation to a medical appointment	54	50	38	**142**	17.4%	16.2%	12.6%	**28.5%**
2	Getting durable medical equipment [like hospital beds, oxygen equipment, mobility aids]	46	48	40	**134**	14.8%	15.5%	13.2%	**26.9%**
3	Written information was hard to understand	94	62	66	**222**	30.2%*+	20.1%*	21.9%+	**44.5%**
4	Not knowing who would pay for a service	53	47	58	**158**	17.0%	15.2%	19.2%	**31.7%**
5	Not knowing if a service would be covered	77	59	75	**211**	24.8%	19.1%	24.8%	**42.3%**
6	Getting billed for services you thought were covered	103	81	58	**242**	33.1%+	26.2%^	19.2%+^	**48.5%**
TOTAL		**195**	**155**	**149**	**499**				

15. I'm going to read a list of problems some people have with communication between medical providers. For each one, please tell me if that's been a problem for you. [SELECT ALL THAT APPLY].

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Providers or doctors didn't communicate with each other.	52	42	41	**135**	16.7%	13.6%	13.6%	**14.6%**
2	Having to repeat labs or x-rays	31	20	24	**75**	10.0%	6.5%	7.9%	**8.1%**
3	Not knowing who to call for help	29	24	37	**90**	9.3%	7.8%	12.3%	**9.8%**
4	Caregiver or authorized representative was not included in the care plan	15	9	15	**39**	4.8%	2.9%	5.0%	**4.2%**
TOTAL		**80**	**65**	**78**	**223**				

16. As of today, do you receive care from more than one provider?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	MA	OM		DSNP	MA	OM	
1	Yes	177	167	153	**497**	58.2%	55.3%	51.0%	**54.9%**
2	No [SKIP TO 23]	123	132	141	**396**	40.5%	43.7%	47.0%	**43.7%**
3	DON'T KNOW [SKIP TO 23]	3	2	2	**7**	1.0%	0.7%	0.7%	**0.8%**
4	REFUSED [SKIP TO 23]	1	1	4	**6**	0.3%	0.3%	1.3%	**0.7%**
TOTAL		**304**	**302**	**300**	**906**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

17. Do those providers know that you are receiving services from other care providers?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Yes	163	159	138	**460**	92.6%	94.6%	89.6%	**92.4%**
2	No	4	4	6	**14**	2.3%	2.4%	3.9%	**2.8%**
3	DON'T KNOW	9	5	10	**24**	5.1%	3.0%	6.5%	**4.8%**
TOTAL		**176**	**168**	**154**	**498**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

18. Have you had someone help coordinate these services? For example, someone might have helped you make appointments, given you referrals to services or providers in your community, or helped with transportation. They might also help you make a care plan.

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Yes	70	74	57	**201**	39.5%	44.0%	37.3%	**40.4%**
2	No [SKIP TO 20]	101	92	85	**278**	57.1%	54.8%	55.6%	**55.8%**
3	DON'T KNOW [SKIP TO 20]	6	2	10	**18**	3.4%	1.2%^	6.5%^	**3.6%**
4	REFUSED [SKIP TO 20]	0	0	1	**1**	0.0%	0.0%	0.7%	**0.2%**
TOTAL		**177**	**168**	**153**	**498**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

19. Did it help to have someone coordinate your services?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Yes	66	70	56	**192**	91.7%	94.6%	96.6%	**94.1%**
2	No	6	3	0	**9**	8.3%+	4.1%	0.0%+	**4.4%**
3	DON'T KNOW	0	1	2	**3**	0.0%	1.4%	3.4%	**1.5%**
TOTAL		**72**	**74**	**58**	**204**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

20. Did you know that help with coordination is an option through Medicare?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Yes	40	31	33	**104**	37.0%	33.3%	34.4%	**35.0%**
2	No	60	55	45	**160**	55.6%	59.1%	46.9%	**53.9%**
3	DON'T KNOW	8	7	16	**31**	7.4%+	7.5%	16.7%+	**10.4%**
TOTAL (2 refused, OM)		**108**	**93**	**96**	**297**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

21. Do you think health care coordination would help you now or in the future?

Responses:		Total Responses				Total Percentage			
		Number of Responses				Percentage of Responses			
		DSNP	**MA**	**OM**		**DSNP**	**MA**	**OM**	
1	Yes	70	54	53	**177**	65.4%	58.1%	55.2%	**59.8%**
2	No	19	16	19	**54**	17.8%	17.2%	19.8%	**18.2%**
3	DON'T KNOW	18	23	22	**63**	16.8%	24.7%	22.9%	**21.3%**
TOTAL (2 refused, OM)		**107**	**93**	**96**	**296**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

22. If you were choosing a new health plan, would access to a care coordinator make a difference in your decision?

Responses:		Total Responses: Number of Responses DSNP	MA	OM		Total Percentage: Percentage of Responses DSNP	MA	OM	
1	Yes	76	68	64	**208**	43.4%	40.7%	41.8%	**42.0%**
2	No	51	56	50	**157**	29.1%	33.5%	32.7%	**31.7%**
3	DON'T KNOW	47	43	38	**128**	26.9%	25.7%	24.8%	**25.9%**
TOTAL (2 refused, DSNP and OM)		**175**	**167**	**153**	**495**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

23. I'm going to ask you some questions about your experiences with your care team. [If needed: By care team, we mean all the people involved in your care, including providers, staff, and care coordinators.]

Specific question re: care team (FAVORABLE PERCENTAGE SHOWN)	Total Responses: Number of Responses DSNP	MA	OM		Total Percentage: Percentage of Responses DSNP	MA	OM	
Do you feel your care team is comfortable around all types of people? **Percent YES**	276	256	256	**788**	91.1% * +	85.6% *	85.3% +	**87.4%**
Do you have a hard time accessing services because of where you live? **Percent NO**	243	244	242	**729**	80.2%	81.1%	80.9%	**80.7%**
Does your care team listen to your concerns and acknowledge your questions and suggestions? **Percent YES**	269	259	259	**787**	88.8%	86.3%	86.3%	**87.2%**
Do you ever feel you are treated unfairly by your care team because of your race, ethnicity, age, sexual orientation, gender identity, disabilities, or any other reason? **Percent NO (See breakdown below of YES respondents)**	282	270	273	**825**	92.8%	89.4%	91.0%	**91.1%**

Responses:		Total Responses: Number of Responses DSNP	MA	OM	
1	Race or ethnicity?	3	4	3	**10**
2	Age	2	2	4	**8**
3	Sexual orientation?	0	1	1	**2**
4	Gender identity?	2	1	2	**5**
5	Disabilities?	8	10	9	**27**
6	Other reason? (please specify)	8	15	7	**30**
TOTAL		**18**	**25**	**18**	**61**

SURVEY SAMPLE

Population and eligibility. The survey was designed to represent all dual-eligible beneficiaries in Washington. The population of 124,082 eligible beneficiaries was developed from Washington's Provider One Medicare database, which identifies all dual-eligible beneficiaries in the state. Of these, beneficiaries were eligible if they were age 18 and older, had non-institutional living arrangements, and were current participants in Original Medicare (OM), Medicare Advantage (MA), or Medicare Advantage Dual Eligible Special Needs Plan (DSNP) health insurance plans within the prior six months, as of January 31, 2023.

Sample. From this population we drew a random sample of 2,061 beneficiaries, stratified by plan type, so that approximately equal numbers of OM, MA, and DS beneficiaries were represented. The goal of the sample was to enable completion of at least 400 interviews in each stratum (1,200 total), with a response rate of 70 percent. The sample was also stratified by race, oversampling beneficiaries who identify as American Indian, African American, or Native Hawaiian/Pacific Islanders to complete a minimum of 100 interviews in each of these groups. Preliminary analysis indicated that no additional oversampling was needed to meet this criterion for Hispanic or Asian beneficiaries. Sample development and testing began on October 1, 2022, and the final sample was drawn on February 27, 2023.

TABLE 1A.
Sampling strata (planned)

	Medicare Advantage	DSNP	Original Medicare	TOTAL
American Indian/Alaska Native	58	58	58	**174**
Black	58	58	58	**174**
Pacific Islander	58	58	58	**174**
All Other	513	513	513	**1,539**
TOTAL	**687**	**687**	**687**	**2,061**

Of the 2,061 selected cases, 25 were found to be deceased in preliminary screening and were removed from the sample, leaving 2,036 beneficiaries before the start of interviewing. Because the sample was stratified on two factors (plan type and race/ethnicity), totals within the second layer (race/ethnicity) are not an exact match to the sampling plan. Data collection was completed sequentially for each plan type, starting with OM beneficiaries. Letters were sent to beneficiaries starting March 23, 2023, and telephone contact began on March 30, 2023. Interviewing ended on November 21, 2023.

Respondents were coded as ineligible during interviewing (n = 111) if they were deceased before or during the interview period, they were physically or cognitively unable to complete the interview and no authorized representatives were available or their living arrangement corresponded to the study exclusion criteria (e.g., homeless without housing, adult family home, hospice care). While some respondents could theoretically have been interviewed before their date of death (or representatives after the date of death), we treated these cases as ineligible because official vital records were not available, informants could not always tell us the date of death, some were likely too ill to be interviewed even before the date of death, and we wished to respect the privacy of grieving relatives.

Interviews were completed with 249 proxy respondents (caregivers and authorized representatives). All but six interviews were completed in English. These beneficiaries were interviewed with the assistance of an interpreter service; languages included Spanish (2), Vietnamese (2), Punjabi (1), and Russian (1). There were 23 partially completed responses with usable data; these were treated as complete (n = 929) in response rate calculations and their data were included in the analysis file.

Response rate calculations. Response and cooperation rates were calculated as **54 percent** and **84 percent** respectively, using the American Opinion for Public Research "Response Rate 4" and "Cooperation Rate 4" definitions, which allocate cases of unknown eligibility and include partial interviews as respondents[9].

Although the cooperation rate was high (84 percent) and the refusal rate was low (16 percent), the response rate did not meet the goal of at least 70 percent. Despite extensive research efforts, we were unable to make contact with 40 percent of the sample at the close of interviewing. The OM group proved to be the most difficult to interview, accounting for 48 percent of the 174 refusals and requiring 22 weeks of contact attempts to reach our revised target of 300 interviews per group. Anecdotally, interviewers reported that a substantial number of OM beneficiaries expressed reluctance due to the volume of solicitations they received from MA brokers and insurers.

The DSNP group accounted for 30 percent of refusals and required 11 weeks of interviewing, and the MA group accounted for only 22 percent of refusals and required only 7 weeks of interviewing. Because we started interviewing OM beneficiaries first and had only completed 273 interviews from this group after 20 weeks of interviewing, we revised our goals to 300 completed interviews from each group to obtain approximately equal numbers during the study period. We succeeded in meeting the revised goal with an additional 2 weeks of OM interviewing after the MA and DS groups were complete. The extended time required to complete the OM interviews left less time to work on the other two groups. Had we allocated equal time for each group the overall response rate would have been higher, but the number of completed interviews in the OM group would have been unacceptably low.

Weighting Procedure. The members of sample strata did not have equal selection probabilities. Using data from the Medicaid Management Information System, equal numbers of interviews were selected across the plan types, and beneficiaries who identified as American Indian/Alaska Native, Black, or Native Hawaiian/Pacific Islander were oversampled to ensure enough responses within different racial/ethnic groups to provide reasonable representation. For example, beneficiaries in the MA group represented 10.2 percent of the sampling frame but 33.5 percent of the interviewed sample. Beneficiaries who identified as American Indian or Alaska Native were 3.8 percent of the sampling frame but 8.9 percent of the interviewed sample. For analysis of all groups together, weights are needed to provide optimal population estimates.

Two equivalent weights have been computed for analysis. The *relative weight* sums to the size of the interviewed sample (929). The *expansion weight* (or population weight) sums to the size of the sampling frame (124,082). Both weights should yield identical proportions, means, or statistical comparisons. The weight calculations are shown below. The expansion weight is defined as N/n, or the population total for each cell divided by the sample total for the same cell. The relative weight is defined as the population percent divided by the sample percent for each cell.

TABLE 2A.
Weight calculations

Strata	Population	Population Percent	Sample	Sample Percent	Expansion Weight	Relative Weight
AIAN DSNP	1,199	0.0097	27	0.0291	44.4074	0.3325
AIAN MA	332	0.0027	27	0.0291	12.2963	0.0921
AIAN OM	1,663	0.0134	29	0.0312	57.3448	0.4293
BLACK DSNP	4,676	0.0377	24	0.0258	194.8333	1.4587
BLACK MA	806	0.0065	28	0.0301	28.7857	0.2155
BLACK OM	3,047	0.0246	31	0.0334	98.2903	0.7359
ELSE DSNP	51,075	0.4116	233	0.2508	219.2060	1.6412
ELSE MA	11,192	0.0902	235	0.2530	47.6255	0.3566
ELSE OM	46,163	0.3720	224	0.2411	206.0848	1.5430
NHOPI OM	1568	0.0126	19	0.0205	82.5263	0.6179
NOPHI DSNP	1993	0.0161	31	0.0334	64.2903	0.4813
NOPHI MA	368	0.0030	21	0.0226	17.5238	0.1312
TOTAL	**124,082**	**100%**	**929**	**100%**	**124,082**	**929**

[9] The American Association for Public Opinion Research (2023), *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 10th edition. AAPOR.

Testing for Design Effects. As expected based on testing at the beginning of the survey, design effects were low and had a negligible effect on responses. To assess the impact of weights on calculated variances, design effects were estimated for nine randomly selected questions asked of all respondents, based on variances of proportions for each response option, using the SAS PROC SURVEYFREQ routine. The highest design effect for any response option across the nine items was 1.5. Based on these results, we conclude that there is no need to adjust statistical significance tests for analyses of weighted data.

The design effect (aka DEFF) is the ratio of variance of a statistic derived from a complex sample to that which would have been obtained from a simple random sample without replacement. A high number indicates an elevated risk of type 1 error, if an adjustment is not applied to account for the difference in variances. In other words, your effective sample size is smaller than the actual sample size. Numbers close to 1 are desirable. Numbers higher than 2–3 or lower than 0.3–0.5 (depending on your risk tolerance) indicate that using variance adjustments for statistical significance testing or estimates of confidence intervals should be considered.

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