The Dual Eligible Terms and Experience Study

Findings from User Testing and Formative Research in Minnesota and Arizona
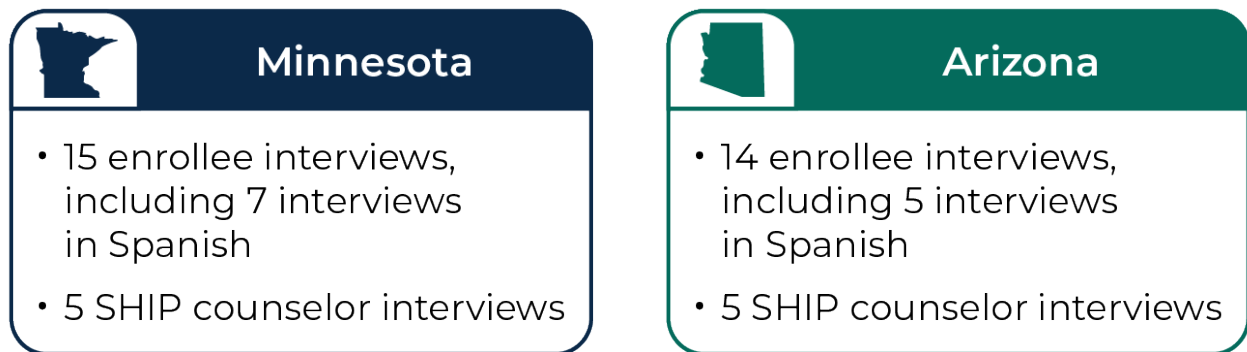
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Overview

This report summarizes the research and findings from the Dual Eligible Terms and Experience Study that Mathematica led from October 2022 to April 2024 on behalf of the Medicare-Medicaid Coordination Office of the Centers for Medicare & Medicaid Services (CMS). The goals of the research study were to: 1) identify terms that resonate with dual eligible special needs plan (D-SNP) enrollees[1] to improve communication and enrollee materials; and 2) understand D-SNP enrollees' experiences with care coordination and plan selection. To address these goals, Mathematica conducted user testing and formative research interviews with D-SNP enrollees and State Health Insurance Assistance Program (SHIP) counselors from Minnesota and Arizona. To bolster inclusiveness and promote health equity, we prioritized including a diverse range of voices in the study.

Exhibit 1. Summary of data collection

Minnesota

- 15 enrollee interviews, including 7 interviews in Spanish
- 5 SHIP counselor interviews

Arizona

- 14 enrollee interviews, including 5 interviews in Spanish
- 5 SHIP counselor interviews

Methods

To achieve the study goals, we took a six-step approach:

Step 1: The Mathematica team conducted a literature review to learn about findings from prior studies that focused on how dually eligible individuals perceived and experienced care coordination and integrated care. To identify the key terms to use in the user testing section of the protocol, we conducted a resource review of state websites, CMS websites, federal regulations, health plan materials, advocacy and non-profit websites, and other resources that pertain to dually eligible individuals. Based on the findings from these reviews, we selected the following terms for user testing: "dual eligible special needs plan" or "D-SNP," "integrated care," "care coordination," and "care coordinator."[2]

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[1] We refer to D-SNP enrollees who participated in the study as "enrollees" throughout this summary.

[2] When we asked enrollees and SHIP counselors about care coordination and care coordinators, we used the terms that each state uses: Minnesota uses the terms "care coordinator" and "care coordination" with MSHO and SNBC enrollees; Arizona uses the terms "case management" and "case manager" with ALTCS enrollees. For simplicity, we used the same terms with AHCCCS enrollees in user testing. In this summary, we use "care coordination" and "care coordinator" throughout for consistency.

Step 2: We developed recruitment materials, including a letter describing the study that requested participation and the terms and descriptions document. We also drafted an interview protocol for user testing and formative research questions and translated these documents into Spanish.

Step 3: We established data use agreements (DUAs) and obtained finder files from each state with D-SNP enrollee information. In both states, we requested that half of the sample come from fully integrated dual eligible special needs plans (FIDE SNP) enrollees, and half come from highly integrated dual eligible special needs plans (HIDE SNP) enrollees. In Arizona, we requested a finder file comprised of enrollees in D-SNPs and Medicaid managed care plans from the same parent company (aligned) and those enrolled under different parent companies (unaligned) enrollees. In Minnesota, all D-SNP enrollees are in exclusively aligned plans.[3]

Step 4: We pulled random samples of enrollees who represented the diverse demographic characteristics of the population who are dually eligible for Medicare and Medicaid in Minnesota and Arizona. We oversampled for enrollees whose primary language is Spanish and whose race/ethnicity is Black or African American and/or Hispanic/Latin(o/a/e). In Arizona, we stratified the sample so that the percent of the sample who were from unaligned HIDE and FIDE SNPs reflected the actual unaligned population in Arizona.

Step 5: We sent mailings and made phone calls to sampled enrollees to request their participation. Mailings included the recruitment letter and the terms and descriptions document. We ultimately completed 29 user testing and formative research interviews, including 12 in Spanish. We also interviewed five SHIP counselors per state. Most interviews took about one hour to complete. In Exhibit 2 below, we share the characteristics of enrollees.

Step 6: We conducted the analysis on a rolling basis to systematically identify trends as well as words and phrases that resonated or did not resonate with enrollees. During weekly meetings, the study team discussed the findings and emerging themes.

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[3] Minnesota requires exclusively aligned enrollment for their D-SNPs, meaning that the state requires dually eligible individuals to be enrolled with the same parent company for their D-SNP and Medicaid managed care plan to facilitate care coordination.

Exhibit 2. Summary of enrollee characteristics[a]

Characteristics	Minnesota		Arizona	
	Count (N)	Percentage of sample	Count (N)	Percentage of sample
Number of interviews	15	100%	14	100%
Race				
Non-Hispanic White	12	80%	6	43%
Black or African American	2	13%	1	7%
Other[b]	1	7%	7	50%
Ethnicity				
Hispanic/Latin(o/a/e)	6	32%	6	43%
Non-Hispanic/Latin(o/a/e)	9	68%	8	57%
Gender				
Female	11	73%	10	71%
Male	4	27%	4	29%
Age				
18–39	3	20%	1	7%
40–64	4	27%	3	21%
65+	8	53%	10	71%
Interview language				
English[c]	8	53%	9	64%
Spanish	7	47%	5	36%
Health plan				
FIDE SNP enrollees	8	53%	4	29%
HIDE SNP enrollees	7	47%	10	71%
Aligned enrollees	15	100%	10	71%
Unaligned enrollees	0	0%	4	29%

[a] Totals may not equal 100 percent due to rounding.

[b] Enrollee is counted as "Other" if they did not identify as non-Hispanic White or Black or African American when asked to self-identify race.

[c] We interviewed two people who speak English as a second language, but their level of English comprehension was not high enough to complete the interview and their data is not included here.

Key Findings

Below we highlight the key findings from the formative research and user testing and components of the study. The terms and descriptions we tested can be found in Exhibit 4.

Experiences with integrated care and plan selection

- **Most aligned[4] enrollees had positive experiences with having one company manage their health care and found it easier to navigate.** Enrollees appreciated the simplicity of working with one parent company, and used words such as "much easier," "simpler," "one card," and "one plan" to describe the reasons they liked their aligned plan(s).

- **Most enrollees said they selected a plan based on information they received from family and friends, case managers/social workers, or from plan outreach.** Additionally, a slightly higher proportion of enrollees across both states who speak Spanish (five out of 12) relied on friends and family than enrollees who speak English (five out of 17) to select a plan. SHIP counselors generally reinforced what we heard from enrollees in terms of how they made their plan choices, but seemed to believe that advertising and brand names had a bigger influence over enrollee choices than what we heard from enrollees. SHIP counselors tend to promote aligned plans as a good option for dually eligible individuals.

- **Enrollees did not pick plans based on the availability of additional benefits[5] because most were unaware of those benefits before selecting a plan.** Once enrolled in the plan, enrollees valued the additional benefits. However, enrollees were mixed about whether additional benefits would have played a role in their plan choice. Among the additional benefits, enrollees reported using dental, vision, and transportation benefits most frequently.

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"As long as everything is in one package, it's all good."

– Arizona Health Cost Containment System (AHCCCS) enrollee who speaks English

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"When I was first in the system, I received three different cards, and I didn't know which was which. Having one card makes all the difference dealing with your health insurance."

– Arizona AHCCCS enrollee who speaks English

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"The benefits are huge factors in a dually eligible individual's decision to enroll in a D-SNP. Gym memberships, health store discounts, and dental benefits are the three main benefits dually eligible individuals consider when signing up for a plan."

– Minnesota SHIP counselor

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[4] Aligned enrollees includes the full Minnesota sample and 10 out of 14 enrollees in our Arizona sample who are enrolled in a D-SNP and Medicaid managed care plan owned by the same parent company.

[5] Additional benefits includes both Medicare Advantage supplemental benefits and/or other benefits offered through the Medicaid managed care plans.

- **Many SHIP counselors said that the additional benefits were important to dually eligible individuals when picking a plan.** This finding differs from what we heard from enrollees, who said that they did not know about the additional benefits their plans provided before enrollment. SHIP counselors from both states emphasized dental and over-the-counter medication benefits as the most important to enrollees.

- **SHIP counselors said that when dually eligible individuals reach out about selecting a plan, they are often confused and lack information about their options.** Most SHIP counselors mentioned that dually eligible individuals struggle to understand their plan options and tend to not know about integrated care and D-SNPs. SHIP counselors also said that enrollees' main concerns or confusion around selecting plans were about changing providers, cost, and losing certain Medicaid benefits.

User Testing: D-SNP and integrated care

- **Enrollees were generally unfamiliar with the terms "D-SNP" and "integrated care."** Despite the lack of familiarity with the specific terms, just under half of all enrollees said that the descriptions of D-SNP that we tested were easy to understand, and almost all said the descriptions of integrated care that we tested were easy to understand. In both states, SHIP counselors cautioned that enrollees would not be familiar with the terms "D-SNP" or "integrated care."

- **Enrollees liked language that described integration in the descriptions of D-SNP and integrated care.** Enrollees told us that they liked words or phrases that described when health services are "combined/ coordinated" or "all together" in "one single plan," including "one ID card" and "one set of materials." Enrollees liked descriptions that listed the benefits offered, mentioned a care coordinator and that the plans were "at no cost to you," and would like to see references to their provider networks, including continuity of providers.

- **Enrollees tended to find technical jargon and vague terms confusing.** Specifically, enrollees were generally confused over the terms and relationship between Medicare, Medicaid, the name of their state Medicaid managed care program, and the name of their health plan company. However, enrollees and SHIP counselors had differing opinions on what words or terms worked best.

"I know I'm on a special needs plan, but I don't know a lot about it. I need special help to get me through the day and I get that with my case manager and my doctor and stuff like that. I just assume it refers to my special needs."

– Minnesota Special Needs BasicCare (SNBC) enrollee who speaks English

"Most people don't know they have Medicare and Medicaid… …So this might be correct but if you don't know what you've got and don't understand the wording, you're lost so this wouldn't make any sense to anybody."

– Minnesota Senior Health Options (MSHO) enrollee who speaks English

Experiences with care coordination and care coordinators

- **Enrollees had varied awareness of having a care coordinator through their D-SNP**. Among the 29 enrollees, 16 reported having a care coordinator, seven said that they did not have a care coordinator, and six were unsure if they had a care coordinator, or whether their care coordinator was through the D-SNP or another program. Enrollees in both states described initial uncertainty about whether they had a care coordinator. However, after reading the descriptions, many enrollees recognized the role. Some of this confusion may be because enrollees might not be able to distinguish their D-SNP care coordinator from another person performing a similar role, or care coordinators might introduce themselves to enrollees by their first name or by someone from their health plan, rather than as care coordinators.

- **Enrollees described various types of support they receive from their care coordinators.** Despite having varied awareness of care coordinators, enrollees in both states could list activities that their care coordinator provides, such as assistance with respite and home health care, getting food support, clarifying medical bills, and help with requesting medical equipment.

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"I have a team of people who are concerned about my health and want my health to improve. 'Care team' stands out to me because that's exactly why my life is a lot easier than it was five years ago."

– Minnesota SNBC enrollee who speaks English

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"They've helped me with a claim. They listen to my complaints, the problem that I have, and they explain if there is going to be a change and why, and they keep me informed. They also help me get healthy food and frozen food."

– Arizona AHCCCS enrollee who speaks Spanish

- **Enrollees' needs determined the frequency of care coordinator contact.** The reported frequency ranged from contact a few times per month to infrequently – about once every six months.

User testing: care coordination and care coordinators

- **Understanding of the terms varied by state.** In Minnesota, fewer enrollees were familiar with the term "care coordinator," though they recognized the role after it was described to them. In Arizona, almost all enrollees reported some familiarity with the terms "case management" and "case manager."

- **Most enrollees appreciated person-centered language.** Enrollees preferred words such as "helps you" or "someone you can call," "help at home," and "on the same page/team." Enrollees appreciated seeing specific examples of the types of services that care coordinators can provide.

- **The care coordinator/case manager term and descriptions felt unclear or misleading to some enrollees**. As we noted earlier, most enrollees in

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"[The care coordinator] does not find in-network doctors or specialists. They do not schedule medical appointments and they do not arrange for transportation. They do help get care and access to care and benefits. Yes, that last part of the statement is true. But the rest is all up to me."

– Arizona Long Term Care System (ALTCS) enrollee who speaks English

Minnesota expressed confusion about whether they have access to a care coordinator and who could be considered a care coordinator. In Arizona, a few aligned enrollees reported that the case manager descriptions were misleading because the enrollees do not receive the full extent of the services included in the descriptions.

- **SHIP counselors flagged words that had to do with employment.** The counselors flagged statements such as "employed by the plan" and "professional" as helpful to include in the descriptions for care coordinator.

Other findings from user testing

- **In general, enrollees who speak Spanish tended to be less familiar with the terms that we tested than English speakers.** While many enrollees were unfamiliar with these terms overall, proportionally enrollees who speak English were more likely to be familiar with the terms. For example, of the nine enrollees who speak Spanish whom we asked about the term "D-SNP," one enrollee was familiar with the term, compared to five out of 14 enrollees who speak English. Two of nine enrollees who speak Spanish were familiar with the term "integrated care" compared to three of 14 enrollees who speak English. Three out of 11 enrollees who speak Spanish were familiar with the term "care coordinator," compared with half of the enrollees who speak English. For Spanish language interviews, we translated all terms into Spanish, except for the acronym "D-SNP." We list the translated terms below in Exhibit 3, as well as terms and phrases that enrollees who speak Spanish preferred.

  "It's too much. It's not difficult for people to understand, but it's too much...It's just too wordy."

  — Arizona SHIP counselor who works with enrollees who speak Spanish

- **Formatting makes a difference in how enrollees perceive information.** Overall, enrollees preferred detailed descriptions with examples, but did not like long dense paragraphs. SHIP counselors and enrollees said they preferred descriptions that included bullet points. SHIP counselors agreed that bullet points were useful for comprehension, but did not agree regarding description length, tending to prefer shorter descriptions. SHIP counselors said that many of the descriptions were too long and included details that enrollees would not need or would find difficult to understand.

  "The bulleted list was helpful because it laid everything out."

  — Minnesota SNBC enrollee who speaks English

Exhibit 3. Spanish translations and preferred Spanish words and phrases

| English term	Spanish term	Preferred words and phrases	English translations
Integrated care	Cuidado integrado	• Cuidado completo • Unir/Combina • Cuidado • Combina todos los beneficios de Medicare y [Medicaid] en un solo plan • Cubrirá todos sus beneficios de Medicare, Medicaid y medicamentos recetados bajo el mismo plan sin costo para usted • No hay ningún costo adicional • Combina todos sus beneficios de Medicare y Medicaid	• Complete care • Combine • Care • Combines all of the benefits of Medicare and [Medicaid] into one plan • Will cover all your Medicaid and Medicare benefits and prescribed medicine under the same plan without additional cost to you • No additional cost • Combines all your Medicare and Medicaid benefits
Dual eligible special needs plan (D-SNP)	Plan de necesidades especiales de doble elegibilidad, o D-SNP para abreviar	• Un solo plan • Ayudar • Un solo paquete • Una sola tarjeta • Usted puede acceder a sus beneficios de Medicare y Medicaid en un solo plan • Un conjunto de materiales para todos sus beneficios	• In one plan • Help • In one package • One card • You can access your Medicare and Medicaid benefits in one plan • A set of materials for all your benefits
Care coordinator	Administrador de casos	• Ayudar • Obtener lo que necesita • Equipo • Doctores	• Help • Get what you need • Team • Doctors
Care coordination	Administración de casos	• Sus médicos, especialistas, farmacéuticos, cuidadores y otros proveedores forman un equipo de cuidado • Para cuidar su salud • Desarrollar un plan de cuidado personalizado • En la misma página	• Your doctors, specialists, pharmacists, caregivers, and other providers form a care team • To take care of your health • Create a personalized care plan • On the same page

Recommendations

Based on our findings, we recommend the following strategies to create user-friendly descriptions of terms related to integrated care for enrollee facing materials.

Consider developing customizable template materials that individual states can tailor. The definitions of terms related to D-SNPs and integrated care vary based on the state context, such as level of D-SNP integration, names of state Medicaid managed care programs, or how states, plans, and enrollees refer to care coordinators. Therefore, we recommend using a template that states can tailor, rather than developing a single, description of each term. See the Template of Term Descriptions (page 12) for sample customizable templates.

Minimize the use of health policy jargon and acronyms. We suggest avoiding the use of terms such as "D-SNP" and "integrated care" when possible, because enrollees were generally unfamiliar with these terms (although they were familiar with the concepts). We recognize that it may be difficult to avoid using these terms, particularly the term "D-SNP." However, we believe that the concept behind integrated care can be embedded into the description of a D-SNP in states where integrated care applies.
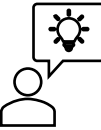
Use language that enrollees prefer when describing the concepts behind the terms. We recommend using simple, concrete terms or phrases such as "one card," "one plan," "one set of materials," and "no extra cost to you." We also recommend using words like "help," "help at home," "personalized care plan," "on the same page/team," and "working together" when describing care coordination or care coordinator. We recommend listing examples of benefits that enrollees can access in their plans, making it clear that their benefits will depend on their specific needs.

Provide state-tailored training for SHIP counselors so they can clearly and accurately convey the concepts of integrated care and D-SNPs to enrollees. SHIP counselors must keep track of a lot of information as they work with enrollees across multiple plans and eligibility levels. Therefore, it is important for SHIP counselors to have ready access to straightforward information to communicate consistently and clearly with enrollees. Consider customizing the templates we describe in the first recommendation to ensure that the state, health plans, and SHIP counselors use locally consistent and accurate language to describe the plans, benefits, and services.

Consider presentation, format, as well as outreach and translation using local languages and dialects. Enrollees preferred the use of bullet points to break up the text in the descriptions and disliked longer paragraphs and multi-syllabic words. We also recommend involving local translators to ensure that the materials communicate the meaning correctly in locally spoken dialects. To ensure understanding of plan options and care choices, states and plans can focus additional outreach and educational efforts on enrollees who speak Spanish, and potentially to speakers of other languages.

Study Limitations

We have outlined several limitations below to consider when interpreting study findings.

- **We limited the sample to dually eligible individuals already enrolled in D-SNPs.** Words and phrases that resonated with the enrollees from our sample may not resonate with people who were not eligible to participate in this study. All enrollees who participated are enrolled in a D-SNP, and in Minnesota and Arizona, all D-SNP enrollees are full-benefit dually eligible individuals. People who are not enrolled in a D-SNP, are partial-benefit dually eligible individuals, or individuals who live in residential settings may have different responses to the terms that we used.

- **Small sample size**. This study included a total of 29 enrollees from Minnesota and Arizona and the findings may not be generalizable to a larger population of D-SNP enrollees, or all dually eligible individuals nationwide.

- **Limited languages**. We conducted interviews in English or Spanish only. We did not conduct interviews with anyone who did not speak English or Spanish fluently enough to complete the interview, and did not conduct interviews in any other languages.

- **Opting-out.** People who opted to participate in the study may be different than people who opted out, as the terms and descriptions required a relatively high level of comprehension in English and Spanish.

- **Interview fatigue**. The interviews typically lasted 60 minutes and we noticed that as we finished the user testing, enrollees tended to tire. As a result, interview fatigue may have contributed to enrollees giving short answers or hoping to hurry the interview along. Some enrollees were frustrated by the repetitive framing[6] of the questions in the user testing, which may have led to less-than-complete responses.

- **Social desirability bias**. We heard responses that could be understood as social desirability bias, such as when an enrollee hopes to give the "right" answer. We suspected this issue arising with some enrollees when we asked about ease or difficulty of a particular term. For example, if an enrollee said a particular description was easy to understand, but subsequently did not respond with answers that indicated they fully understood the term, we understood that these responses might be the result of this type of bias.

- **Skipped questions**. Due to time constraints or situations when an enrollee was clear that they did not understand a particular term, we did not ask all questions to all enrollees. We removed non-responses from the denominators to reflect that we have fewer overall responses to certain questions.

- **SHIP counselor perspectives.** SHIP counselors typically talk to enrollees before they are enrolled in a health plan (and before the enrollees get to speak with a care coordinator). As a result, SHIP counselors may perceive enrollees as being more confused about their options than the total population of people who are dually eligible. Further, SHIP counselors might not be able to speak to the experiences that enrollees have with care coordination services.

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[6] We asked the same questions about three descriptions of a single term. We tested between three and four terms per enrollee, depending on their plan enrollment type.

Exhibit 4. Terms and descriptions tested with enrollees during interviews

Option	Description
Dual eligible special needs plan (D-SNP)	
Option 1	Dual eligible special needs plans (or D-SNPs) are designed to improve the quality of health care for people who receive both Medicare and may need additional assistance coordinating their benefits. D-SNPs: • Cover all of your Medicare Part A, B, and Part D benefits • Offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more. • Provide case management or care coordination to assist you in coordinating and accessing your Medicare and Medicaid benefits. • Assign you a case manager or care coordinator to help you navigate your care. In some states, D-SNPs may cover Medicaid benefits, too, meaning you can access your Medicare and Medicaid benefits from a single plan, and receive just one health insurance ID card and one set of materials for all of your Medicare and Medicaid benefits.
Option 2	A D-SNP is a Medicare Advantage health insurance plan that coordinates all of your Medicare and Medicaid benefits, including any medical care that you may need, prescription drugs, behavioral health, and long-term care. In some states, D-SNPs may cover Medicaid benefits, too, meaning you can access your Medicare and Medicaid benefits from a single plan, and receive just one health insurance ID card and one set of materials for all of your Medicare and Medicaid benefits.
Option 3	A D-SNP is a type of health insurance plan for people who have both Medicaid and Medicare. D-SNPs: • Are a type of Medicare plan that works together with your Medicaid benefits to coordinate all of your providers and services • Include a case manager or care coordinator to help you manage your doctors, specialists and care services, and an individualized care plan • May provide extra benefits that Original Medicare does not provide at no extra costs • Are offered by private insurance companies In some states, D-SNPs may cover Medicaid benefits, too, meaning you can access your Medicare and Medicaid benefits from a single plan, and receive just one health insurance ID card and one set of materials for all of your Medicare and Medicaid benefits.
Integrated care	
Option 1	An integrated care plan will cover all your Medicare, Medicaid, and prescription drug benefits, all under the same plan, at no cost to you. The plan will help you manage all of your care through a care team and a case manager or a care coordinator. You have one plan and one health insurance ID card. The integrated care plan might make it easier for you to manage your care by simply bringing your Medicaid and Medicare benefits together.
Option 2	With an integrated care plan, you will have one plan for all of your Medicare and Medicaid benefits. You will get: • One set of member materials • One comprehensive provider network of doctors who accept both Medicare and Medicaid • Timely coordination and management of care • Reduced confusion and better health outcomes
Option 3	An integrated care plan combines all of your Medicare and Medicaid benefits into one plan, managed by one private health insurance company, making it easier for you to get all the services you need. There is no extra cost, and you keep all of the same medical, behavioral health, long term care, prescription drugs and other benefits, plus you get additional benefits and a case manager or care coordinator to help you manage your care.

Option	Description
Care Coordinator	
Option 1	Care coordinators are professionals employed by the plan to make sure members get the right care and information. They can help you find in-network doctors and specialists, schedule medical appointments, arrange for transportation and help get care and access to care and benefits.
Option 2	A care coordinator is one main person for you to contact at your health insurance plan. This person helps manage all your providers and services and makes sure you get what you need.
Option 3	You don't have to figure out your health care on your own. A care coordinator is a main point of contact/person at your health insurance plan to help you manage all of the care services you need. Your care coordinator can help: • Create a personalized care plan with you to make sure you are getting the care the best that meets your needs • Find and schedule appointments with doctors, specialists, or pharmacists, arrange transportation, and find you other community services • Review your Medicare and Medicaid benefits to help you get the most out of your plan • Communicate with your care team and anyone else at home that helps with your care
Care coordination	
Option 1	With care coordination, your doctors, specialists, pharmacists, caregivers, and other providers form a care team, led by a care coordinator. They all work together with you to take care of your health.
Option 2	Health care can be confusing, especially if you have complex medical needs. That's where care coordination can help. Care coordination can make it easier to manage your doctors, specialists, and care services.
Option 3	Care coordination helps you manage your benefits and services. With care coordination you will have a care coordinator to help you manage your care and services and develop a personalized care plan, a care team that may include doctors, specialists, counselors, and any other care services you need. This means all of your providers and services are "on the same page" so that all of your needs are met.

Template of Term Descriptions

Based on our findings from user testing and formative research with D-SNP enrollees, we drafted customizable descriptions that can be tailored to individual state contexts, using language that that enrollees told us that they prefer. We have included brackets where states can tailor the description.

Recommended Term Descriptions

D-SNP: A D-SNP is a health plan that [combines and/or coordinates] [all of your health care]/[[your Medicare and [state Medicaid/Medicaid managed care program]] benefits [together through one [plan/company]] at no extra cost to you.

With this type of plan, you [will/may] get:

- [A person/people] from your health plan who can help you [manage/coordinate/get] the care and services you need

- Access to doctors and hospitals in your area

- The same benefits you have now, such as [behavioral health, help at home, nursing care], depending on your needs, and access to more services if you need them

- [*For D-SNPs with exclusively aligned enrollment:* One ID card and one set of materials for all your benefits]

- Extra benefits such as [dental, vision, transportation, etc.]

Integrated care: Integrated care combines and coordinates health care. For example, your [health care]/[Medicare and [state Medicaid/Medicaid managed care program]] benefits are [all together in one plan/managed by one company] at no extra cost to you. You [will/may] get:

- [A person/people] from your health plan who can help you [manage/coordinate/get] the care and services you need

- One ID card and one set of materials for all your benefits

- Access to doctors and hospitals in your area

- The same benefits you have now, such as [behavioral health, help at home, nursing care], depending on your needs, and access to more services if you need them

- Extra benefits such as [dental, vision, transportation, etc.]

Care coordination: When your care team works together to [manage/coordinate/get] you the care and services you need. With care coordination, you will have [a person/people] from your health plan that you can call for help. They will work with you to make sure all of your doctors and other services are on the same page. Care coordination can help you:

- Manage your health care

- Arrange [help at home, behavioral health, nursing care], depending on your needs

- Get you extra services, like [food services, dental, transportation, vision, etc.]

- Help you with paperwork

Care coordinator[s]: [A person/people] from your health plan who can help you [manage/coordinate/get] the care and services that you need. Your care coordinator[s] is someone you can call for help. They will work with you and your care team to make sure all of your doctors and other services are on the same page. Your care coordinator[s] can help you:

- Manage your health care

- Arrange [help at home, behavioral health, nursing care], depending on your needs

- Get you extra services, like [food services, dental, transportation, vision, etc.]

- Help you with paperwork

We recommended avoiding certain words that enrollees told us were confusing. In Exhibit 5 below, we suggest some alternatives.

Exhibit 5. Confusing words/phrases and suggested alternatives

Confusing word or phrase	Suggested Alternative
Comprehensive	All of your health care
Provider networks	Doctors, hospitals, and other care health care workers that you can see for your care.
Long-term care	"Long-term care helps when someone cannot manage their health or personal care, on their own, for a long period of time. Long-term care can include a skilled nursing home, assisted living home, and hospice." (California Health Care Foundation, 2024).

We include a few caveats for this template:

1. Although we recommend limiting the use of the terms "D-SNP" or "integrated care" when possible, we included potential language in this document for situations when using these terms is necessary. Similarly, we recognize that some states may prefer to use the terms "Medicare," "Medicaid," and/or their state Medicaid managed care program name, even though they are confusing to some enrollees. As an alternative we suggest the phrase "all of your health care."

2. States use different terms to describe care coordination services. States should use the terms most frequently in use in their state that Medicaid managed care enrollees are likely to be familiar with. In this template, we have used "care coordinator/coordination."

3. In our user testing, we found that some enrollees were confused when the care coordination description included services that they did not receive. We recommend that states customize the list of services based on what is commonly used among their D-SNP enrollees to avoid confusion.

4. These findings may not be generalizable to dually eligible individuals not enrolled in a D-SNP or others who were ineligible to participate in the study, such as partial benefit dually eligible individuals and those living in a residential setting.

5. We did not test these descriptions or the alternative phrases in Exhibit 5 with enrollees. Therefore, we recommend further testing with current and prospective D-SNP enrollees.

6. Some states may have multiple types of D-SNPs available and will need to adjust the templates further to reflect the variety of D-SNPs. Additionally, some states have enrollment limitations on certain D-SNP types (for example, some states require separate plan benefit packages for full benefit dually eligible individuals). Therefore, states may need to further customize the templates to reflect who is eligible for which type of D-SNP.

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