Expanding Benefits Enrollment: Lessons Learned from the Fourth Generation of Benefits Enrollment Centers (BECs)

A report from the Center for Benefits Access at the National Council on Aging

March 2017
Expanding Benefits Enrollment: Lessons Learned from the Fourth Generation of Benefits Enrollment Centers (BECs)

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Introduction
The Center for Benefits Access (the Center) at the National Council on Aging (NCOA) selected 11 organizations in March 2015 to join our network of Benefits Enrollment Centers (BECs). BECs use person-centered strategies in a coordinated, community-wide approach to find, enroll, and retain Medicare beneficiaries—both seniors aged 65+ years and adults living with disabilities aged 21-64, who have limited income and resources—into available benefits.

The first generation of BECs were established in 10 areas of the country in 2009 with funding awarded to the Center from the U.S. Administration on Aging (AoA), now part of the Administration for Community Living (ACL). As of December 2016, NCOA supports 59 BECs serving individuals in 31 states. A current list of all BECs can be found at ncoa.org/becs.

The Center for Benefits Access is responsible for:

- Funding and establishing BECs across the United States
- Serving as the Resource Center for Medicare Improvements for Patients and Providers Act (MIPPA) state grantees
- Providing training and technical assistance to BECs & MIPPA grantees
- Maintaining an online clearinghouse of promising practices and training materials regarding benefits outreach and enrollment
- Providing BenefitsCheckUp® as a comprehensive, free online tool that connects older adults with benefits they may qualify for

The primary focus for these BECs is on increasing enrollment for the following under-enrolled core benefit programs:
In addition to the above core benefits, BECs can also choose to provide enrollment assistance for other benefits such as State Pharmacy Assistance Programs (SPAP), property tax relief, and/or other local or state benefits.

For more information about previous cohorts of BECs, review the reports: Person-Centered Benefits Access: Lessons Learned from the BECs’ First Year, Increasing Benefits Access for People with Medicare: Lessons Learned from the Second Generation of BECs and Increasing Benefits Access: Lessons Learned from the Third Generation of Benefits Enrollment Centers (BECs).

Achieving Seamless Enrollment
Today, approximately 48% of people with Medicare (more than 22 million) are economically insecure, lacking the resources they need to meet their basic food, housing, and medical needs. At the same time, millions of seniors and adults living with disabilities who have limited incomes and resources qualify for, but are not yet enrolled in, programs that help pay for prescription drugs, medical care, food, or heating/cooling their homes.

The ultimate goal of the Center’s BEC grants program is making the public benefits enrollment process for Medicare beneficiaries as “person-centered” and streamlined as possible. A “person-centered” approach is one in which a client can be screened for and assisted with applying for multiple benefits at one time based on their personal, family, and community circumstances. BECs are also expected to have systems in place so that they can sustain contact and continue assisting the same individual over a period of time, including with retaining/recertifying for benefits.

Benefits Enrollment Centers (BECs) Funded
The fourth generation of BECs were selected by NCOA from 97 applications received. From this applicant pool, 11 organizations were awarded grants in March 2015 and completed their work over a 15-month period. Nine of these organizations successfully launched and have sustained their BECs while two organizations are no longer actively implementing the BEC model.
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The BECs committed to assisting a minimum of 1,100 individuals file applications or recertification for the need-based core benefits listed above, and committed to using NCOA's BenefitsCheckUp for benefits eligibility screening and enrollment in LIS.

Ultimately, the fourth generation BECs screened a total of 39,343 individuals for benefits eligibility. Of those screened, 51% or 19,918 individuals were found to be eligible for at least one benefit. In total, the BECs helped 12,894 individuals with applications (Figure 1). Collectively, the 11 BECs submitted a total of 24,816 applications with a total value of benefits estimated at $49,350,417.

Figure 1: Outcomes of the BECs' Outreach and Enrollment Efforts

Source: NCOA, BEC Reporting System

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1 NCOA’s BenefitsCheckUp® is the nation’s most comprehensive free, online service to screen seniors with limited income for benefits programs. It includes more than 2,500 public and private benefits programs from all 50 states and the District of Columbia.
# Outcomes: Application Submissions by BEC

1. **Adult Well-Being Services (No Longer Active)**  
   - Total Individuals Screened: 1,006  
   - Total Eligible for at least One Benefit: 509  
   - Total Individuals Assisted: 603  
   - **Total Applications Submitted: 1,764**  
   - Total Value of Benefits: $5,923,948

2. **Chinese Information and Service Center**  
   - Total Individuals Screened: 9,858  
   - Total Eligible for at least One Benefit: 4,784  
   - Total Individuals Assisted: 3,428  
   - **Total Applications Submitted: 4,034**  
   - Total Value of Benefits: $9,181,714

3. **Community Health Center for Southeast Kansas**  
   - Total Individuals Screened: 1,536  
   - Total Eligible for at least One Benefit: 711  
   - Total Individuals Assisted: 626  
   - **Total Applications Submitted: 1,023**  
   - Total Value of Benefits: $2,677,636

4. **Duke University**  
   - Total Individuals Screened: 1,034  
   - Total Eligible for at least One Benefit: 577  
   - Total Individuals Assisted: 586  
   - **Total Applications Submitted: 2,588**  
   - Total Value of Benefits: $1,928,046

5. **HOPES Community Action Partnership**  
   - Total Individuals Screened: 1,391  
   - Total Eligible for at least One Benefit: 1,248  
   - Total Individuals Assisted: 1,929  
   - **Total Applications Submitted: 2,823**  
   - Total Value of Benefits: $6,986,900

6. **Jewish Family Service of Atlantic County**  
   - Total Individuals Screened: 663  
   - Total Eligible for at least One Benefit: 631  
   - Total Individuals Assisted: 833  
   - **Total Applications Submitted: 1,234**  
   - Total Value of Benefits: $1,984,446

7. **Korean Community Service Center of Greater Washington**  
   - Total Individuals Screened: 2,532  
   - Total Eligible for at least One Benefit: 1,658  
   - Total Individuals Assisted: 1,140  
   - **Total Applications Submitted: 2,239**  
   - Total Value of Benefits: $5,131,123

8. **Legal Aid of North Carolina (No Longer Active)**  
   - Total Individuals Screened: 1,039  
   - Total Eligible for at least One Benefit: 847  
   - Total Individuals Assisted: 247  
   - **Total Applications Submitted: 494**  
   - Total Value of Benefits: $961,668

9. **LiveOn New York**  
   - Total Individuals Screened: 3,486  
   - Total Eligible for at least One Benefit: 1,801  
   - Total Individuals Assisted: 1,278  
   - **Total Applications Submitted: 1,638**  
   - Total Value of Benefits: $2,822,407

10. **Missouri Alliance of Area Agencies on Aging**  
    - Total Individuals Screened: 9,593  
    - Total Eligible for at least One Benefit: 3,505  
    - Total Individuals Assisted: 1,569  
    - **Total Applications Submitted: 6,096**  
    - Total Value of Benefits: $12,746,232

11. **North Central Texas Area Agency on Aging**  
    - Total Individuals Screened: 7,205  
    - Total Eligible for at least One Benefit: 3,647  
    - Total Individuals Assisted: 655  
    - **Total Applications Submitted: 883**  
    - Total Value of Benefits: $1,810,080
As Figure 2 illustrates, the core benefit with the largest share of applications was the Supplemental Nutrition Assistance Program (SNAP). This is unsurprising given that older adults are the population group most under-enrolled in SNAP, with only 2 in 5 of those eligible actually receiving the benefit. Of the non-core benefits, tax assistance represented the largest share of other program applications.

Figure 2: Distribution of Benefit Applications Submitted by BEC

Source: NCOA, BEC Reporting System
As noted in Figure 3, numerous factors affected the success of implementing the BEC approach in each community. These included:

- **Partnerships**: An increase in enrollment was noted by the BECs when they partnered with public libraries, food pantries, local senior centers, medical students, supermarkets, local Area Agencies on Aging (AAAs), HUD housing developments, Naturally Occurring Retirement Communities (NORCs), religious organizations, and local Meals on Wheels providers.

In order for the enrollment process to be successful, a BEC needs to engage in **community mapping**, which means determining the right partners who need to be engaged, defining the appropriate roles and commitment levels of these partners, and collaborating to implement the most effective outreach and enrollment activities for the community being served.

- **Language accessibility**: Many BECs found that translating outreach materials had a significant impact on the number of enrollments achieved:
  
  “We found having outreach materials in languages other than English is extremely important to reach out to a more diverse and vulnerable population.” (CISC)

  “Newspaper ads in Spanish did help with enrollment.” (Jewish Family Service of Atlantic County)

  “We reached minority communities by using a culturally and linguistically diverse workforce.” (LiveOn NY)
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Chinese Information and Service Center (CISC) Client Story

A Chinese elder who moved to Seattle from the Southeast was isolated due to language and cultural barriers. He kept missing his doctor’s appointments because he had no health insurance. The client called CISC for assistance when he noticed the BEC flyer posted in the public library. The BEC team found that he was eligible for Medicare 10 years ago, but he didn’t know. After providing consultation, and assisting him to navigate the system through in-person assistance, the client was connected to the health care he needs and benefits to which he is entitled.

- Public events: The Missouri Alliance of Area Agencies on Aging BEC in Jefferson City, MO, advertised their services not only with press releases and brochures but also held more than 360 in-person information events in the community.

- Staff turnover: A common challenge was having and maintaining a robust team throughout the project period. A lack of strong and consistent leadership and staffing can undermine the BEC’s success. A creative way to address this challenge is to identify community partners that have strong staffing that the BEC can lean on for outreach and enrollment assistance. For example, LiveOn New York partnered with City Harvest’s Mobile Markets program, which allowed them to distribute outreach materials and offer direct services to an average of 200-300 people at each visit. This partnership opened up the opportunity to serve all eight of City Harvest’s bi-monthly mobile markets throughout New York City’s five boroughs, with the potential to reach 5,400 high-need individuals monthly.

- Gaining client trust: At a time when scams and elder abuse are rampant, many potential clients expressed distrust and uncertainty when approached by the BEC. To help address mistrust, The Community Health Center for Southeast Kansas trained their existing “Patient Navigators” (staff already dedicated to providing service to existing patients) on the basics of the BEC model and asked that they screen patients with whom they already had a trusting relationship. The same technique was used by the HOPES Community Action Partnership in NJ, where they used their community partners who had existing relationships with clients in order to gain trust.

- Weather: Another challenge cited by BECs was the impact of weather on the ability to complete successful outreach, enrollment, and follow-up in their communities:

  “Last month, bad weather led to cancellations.”

  “Mild winter helped improve outreach and applications submitted.”

- Need for user-friendly data and tracking system: As part of the grant program, BECs are also expected to have systems in place so that they can sustain contact and continue assisting the same individual over a period of time. This requires the BEC to have a process for completing timely and successful follow-up with its clients. Some BECs noted their struggle to keep accurate client information and perform follow-up because of their need to have a strong data tracking system.
One BEC noted, “Our biggest concern was how to establish a data tracking system that would capture all of our data in a consistent manner. We came to the conclusion that each of the four partner organizations need to use their own database to store information and manage their own data collection system. Then we will have monthly meetings to allow all four organizations to share and update enrollment numbers.”

The HOPES Community Action Partnership was able to use their existing Client Social Service Tracker (CSST) system and Excel spreadsheets to effectively keep track of individuals served.

### Missouri Alliance of Area Agencies on Aging (ma4) Client Story

The first of October, Ms. Patty called ma4 to apply for LIHEAP. She was so happy. She already had received the BEC’s help in getting approved for MSP and LIS. While completing the LIHEAP application, she asked “When will I see you next?” and her counselor told her that Missouri property tax credits will be in February. Patty said, “YOU DO THAT, TOO?! I’ve been paying $40 to have it done.” The counselor told her to give the BEC a call in January to schedule an appointment.
Best Practices

Several promising strategies (Figure 4) emerged from this group of BECs as means to effectively increase outreach and enrollment of low-income Medicare beneficiaries into benefits.

Figure 4. Promising Practices in Benefits Outreach

“Drop-off box” system
The Duke University BEC in Durham, North Carolina, created a “drop-off box” system and implemented it in low-income communities. Locked boxes were placed at pharmacies, libraries, and other high traffic locations for seniors and individuals with disabilities so that potential clients could fill in a very short form to request more information from the BEC. This resulted in a strong response, leading to increased enrollment. More details can be found here: www.ncoa.org/dropbox

Peer-to-peer volunteers
The LiveOn NY BEC in New York City was able to efficiently decrease stigma and increase trust among benefits clients by ensuring that a carefully vetted and well trained retired professional volunteer, contracted through ReServe, Inc., welcomed each client upon their arrival. These ReServists helped the BEC achieve its enrollment goals by providing peer-to-peer relationship support. More details can be found here: https://www.ncoa.org/peertopeer

Radio advertising
CISC in Seattle, in partnership with Korean Women’s Association (KWA), was able to reach nearly 10,000 people using advertisements on a Korean radio station. This same BEC was able to achieve their full enrollment goal just six months into their grant period. More details can be found here: www.ncoa.org/koreanradio

On the road
The HOPES Community Action Partnership in Hoboken, NJ, found success in equipping their staff with portable laptops, Wi-Fi, and printers so that they could not only attend community health fairs for screening but also visit and screen potential clients who are homebound. Read more at: www.ncoa.org/ontheroad

Read more about successful strategies in the Promising Practices section of our website: www.ncoa.org/centerforbenefits/promising-practices
Conclusions: Moving Forward

In recent years, new initiatives have emerged to address the needs of seniors and adults living with disabilities and the relative underutilization of key benefits programs. The goal of NCOA’s BEC program is to promote lasting, innovative, substantial transformations to the ways in which seniors and adults living with disabilities are assisted with enrolling in and retaining the benefits for which they are eligible. The program also seeks to develop and sustain strong community partnerships.

From the start of their work in 2009, the BECs have assisted over 400,000 older adults and people with disabilities with over 600,000 applications for benefits estimated to be worth over $1 billion. To date, NCOA’s BenefitsCheckUp® online tool has helped over 5.5 million people find over $18 billion worth of benefits. To learn more about the successful strategies BECs use, or to see whether your organization is ready to apply the BEC approach, visit the Benefits Enrollment Center Toolkit online here.