Collaboration Between State Medicaid Agencies and State Health Insurance Assistance Programs

national council on aging®

Overview:

Assisting individuals who are dually eligible for both Medicare and Medicaid requires coordination across two complex and distinct systems. State Medicaid agencies are responsible for eligibility determination, enrollment, benefits administration, and provider relations, while State Health Insurance Assistance Programs (SHIPs), funded by the U.S. Administration for Community Living (ACL), provide local, in-depth, and objective counseling to Medicare-eligible individuals, their families, and caregivers.

Approximately twelve million low-income Medicare beneficiaries also receive Medicaid, most commonly through Medicare Savings Programs (MSPs) that assist with Medicare premiums and cost-sharing. Dually eligible individuals often face significant challenges navigating fragmented systems, unclear information, and changing coverage options. Professionals who support them, including Medicaid eligibility staff and SHIP counselors, may not always have full visibility into both programs or a beneficiary's real-time enrollment status.

To better understand how collaboration between Medicaid agencies and SHIPs supports dually eligible populations, ADvancing States, in partnership with the National Council on Aging (NCOA), surveyed its members, while the SHIP Technical Assistance (TA) Center, also in partnership with NCOA, surveyed SHIP programs. Together, these surveys provide a complementary, bi-directional view of partnerships, outcomes, and ongoing challenges.

Survey Methodology:

SHIP Program Survey: Conducted in May 2025 by the SHIP TA Center. Representatives from 50 of 54 SHIPs nationwide responded, including SHIP directors, administrators, and statewide staff.

ADvancing States Survey: Conducted in May 2025 by ADvancing States using a web-based tool. Thirty-seven respondents participated, from state Aging/Older Americans Act (OAA) agencies, Medicaid long-term services and supports (LTSS) agencies, among others.
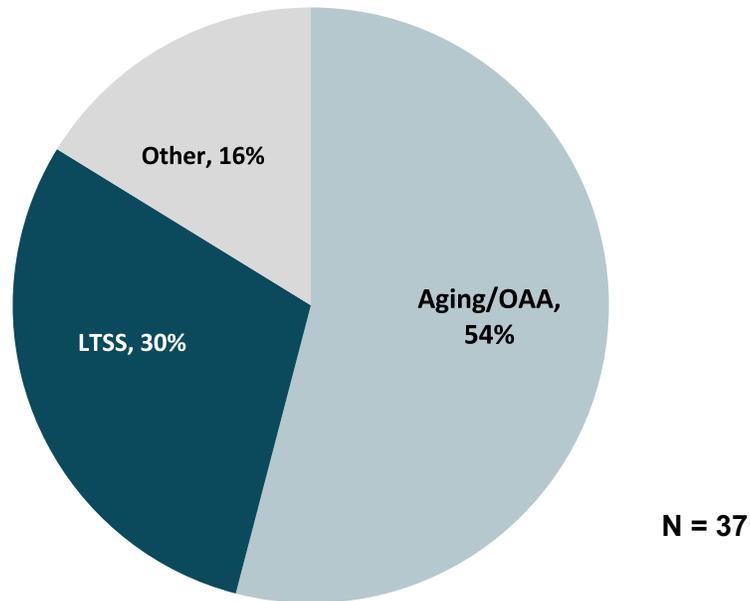
Agency Type by Respondent

Figure 1: A pie chart of survey respondents by agency type responded to Advancing States

***While the findings offer valuable insight, results are not nationally representative and should be interpreted as descriptive**

Nature and History of Relationships:

Across both surveys, the majority of respondents reported an existing relationship between SHIPs and state Medicaid agencies.

- **ADvancing States Findings:**
  81% of respondents said their Medicaid agency has a relationship with the state SHIP.

- **SHIP TA Findings:**
  Representatives from 76% SHIPs reported having some type of relationship with their state or territory Medicaid agency, while four reported no relationship

Most relationships are informal, with relatively few formal agreements. Among ADvancing States respondents, 74% reported no formal MOU[1], 11% reported having a formal agreement (Figure 2). Similarly, 59% of SHIPs described informal relationships, and 19% reported having an MOU or other formal agreement.
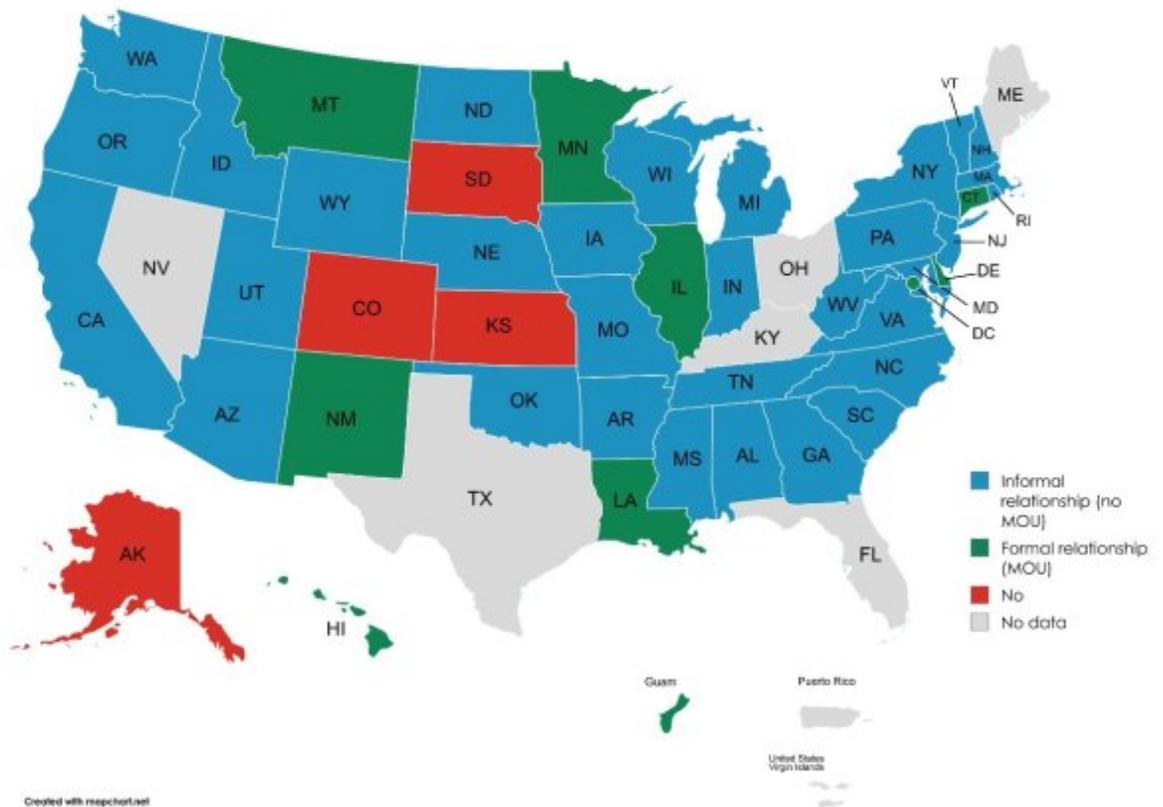

Figure 2: Type of relationship between SHIP program and Medicaid agency

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[1] Copies of the MOU between SHIPs and the State Medicaid agencies can be found on the SHIP TA secure website.

The history of collaboration varies widely. Some partnerships date back many years, while others emerged in response to key policy or operational inflection points, such as:

- **Implementation of Medicare Part D**
- **MSP and Low-Income Subsidy (LIS) outreach needs**
- **Medicaid managed Long Term Services and Supports (LTSS) transitions**

In several states, collaboration matured through regular meetings, cross-agency workgroups, or integration into broader initiatives such as Multisector Plans for Aging. In others, partnerships remain driven by informal networks or individual champions, making them vulnerable to staff turnover or leadership changes.

Communication, Coordination, and Data Sharing:

Regular communication is common but inconsistent. Among ADvancing States respondents:

- **33% reported communicating with SHIP several times per year**
- **30% communicated several times per month**
- **19% reported communication was not regular and occurred only as needed**

Both Advancing States and the SHIP TA Center survey highlighted data sharing as a critical enabler of effective collaboration.
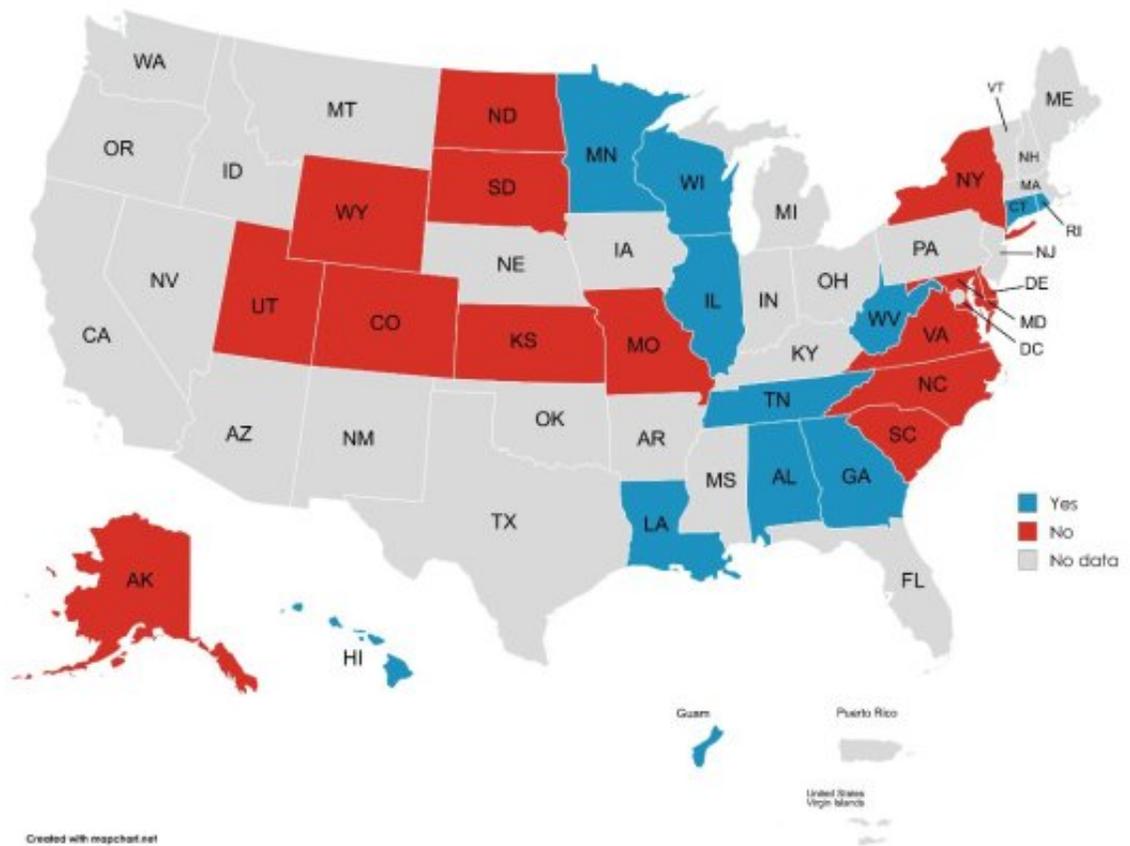
Figure 3: Medicaid agency data shared with SHIP program

While some agencies reported access to Medicaid eligibility databases many did not report access(Figure 3). Regardless of access status, respondents overwhelmingly emphasized the importance of Medicaid enrollment data to:

- **Verify eligibility and enrollment**
- **Track MSP and LIS applications**
- **Resolve Medicare buy-in and benefits issues more efficiently**

SHIPs without data access described delays and inefficiencies caused by having to rely on Medicaid staff for case-level information.

Types of Collaboration:

Common forms of collaboration reported across both surveys include:

- **Trainings and presentations (most common):**
  Joint or cross-training sessions on Medicaid eligibility, dual eligibility, MSPs, LIS, Dual Eligible Special Needs Plans (D-SNPs), waivers, and integrated care models.
- **Regular meetings:**
  Used to share updates, discuss policy changes, identify service gaps, and coordinate outreach.
- **Case coordination and referrals:**
  Particularly for complex dual-eligible cases involving eligibility errors or enrollment challenges.
- **Database or system access (less common):**
  When available, significantly improves efficiency and beneficiary experience.

Programmatic Outcomes and Benefits:

Respondents from both ADvancing States surveyed agencies and SHIPs reported substantial benefits from collaboration, particularly for dually eligible populations. Reported outcomes include:

- **Improved enrollment and issue resolution for MSPs and LIS**
- **Faster resolution of Medicare buy-in and benefits problems**
- **Increased referrals and beneficiary contacts**
- **Greater staff knowledge of both Medicare and Medicaid**
- **More efficient use of staff time across agencies**

Surveyed agencies noted that partnerships with SHIP expanded outreach capacity and reduced call volume related to Medicare-specific questions. SHIPs reported being better equipped to assist beneficiaries with Medicaid-related concerns and handle overflow during periods of high demand.

Challenges and Support Needs:

Despite clear benefits, respondents identified persistent challenges:

- **Limited or inconsistent access to Medicaid data**
- **Staffing shortages and high caseloads**
- **Administrative barriers and unclear points of contact**
- **Leadership and organizational changes**
- **Funding constraints for outreach and training**

Agencies in both surveys expressed interest in:

- **Expanded joint training opportunities**
- **Improved or standardized data-sharing mechanisms**
- **Dedicated liaisons within each agency**
- **Examples of effective partnership models, including MOUs and case studies from other states**

Several SHIPs specifically requested federal support from Administration for Community Living (ACL) or Centers for Medicare and Medicaid Services (CMS) to facilitate connections, elevate SHIP visibility within Medicaid agencies, and explore solutions similar to the CMS Unique ID model for secure information access.

Local-Level Partnerships:

While some respondents described strong collaboration between state-level agencies and local Medicaid office, SHIP partnerships were far less consistent. Many respondents were unaware of local collaboration, highlighting a gap between state policy coordination and frontline service delivery.

Conclusion:

Findings from both surveys demonstrate that collaboration between State Medicaid Agencies and SHIPs is widespread, valued, and beneficial, yet uneven in structure and sustainability. Informal relationships often succeed due to committed individuals but remain vulnerable without formal agreements, consistent communication, or shared infrastructure.

Expanding formalized partnerships, improving data sharing, supporting regular communication, and disseminating effective models could help more states move from episodic coordination to durable, system-level collaboration. With leadership engagement and targeted investment, Medicaid agencies and SHIPs can strengthen integrated support for dually eligible individuals and improve access, enrollment, and outcomes across both programs.