DIY: The Good, The Bad & The Ugly

Building Self -Service Resources for Medicare Beneficiaries

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SHIP
State Health Insurance Assistance Program

SMP
Senior Medicare Patrol

A Rigorous Review of a Capacity Strategy



The Good:
Creating Capacity

How guiding beneficiaries to help themselves can reach new audiences, make space for in-person assistance & prevent errors.



The Bad:
The ROI Paradox

The structural friction and ambiguity in tracking the true return on investment for self-service tools.

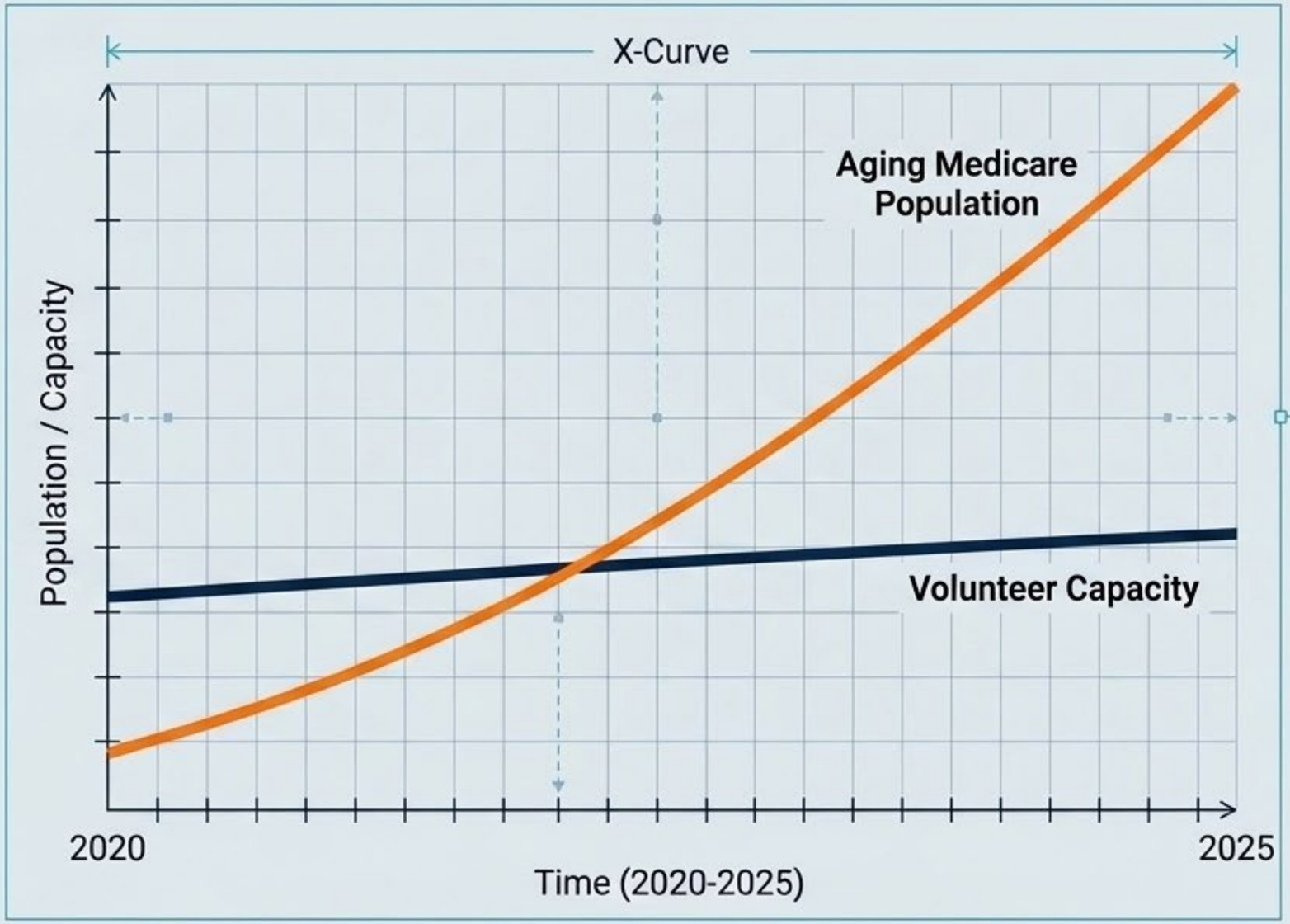


The Ugly:
Field of Dreams Fallacy

Why ongoing marketing and partnership development require a significant operational change

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Limits to Capacity & Volunteer Networks



407

Volunteer counselors in 2025
(grew by 81 from 2020-2025)

64,393

Client contacts in 2025

10%

Maximum beneficiary population reached
(up only 1% since 2020)

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Supporting the Savvy Self-Navigator

The Changing Demographic



Hypothesis:
A significant percentage of beneficiaries can navigate enrollment independently given the right tools.

Shift: Seniors demonstrate increasing level of comfort with smartphones, computers, and online self-service options.

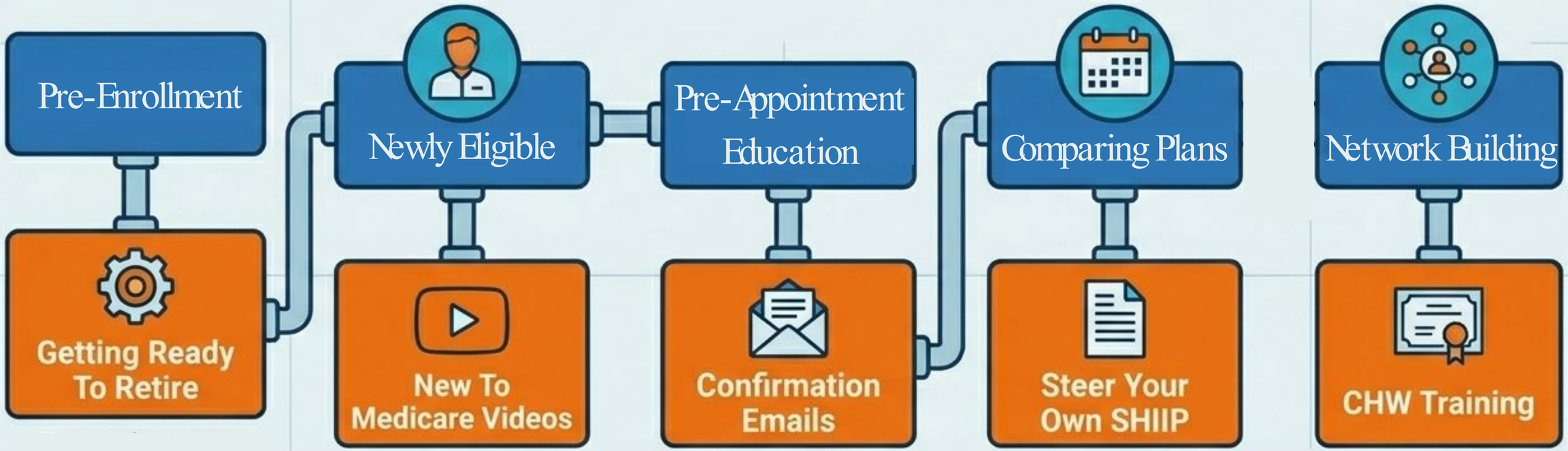
1. Expand Impact:
Deflect simple inquiries and reduce the rate of growing demand.

2. Increase Efficiency:
Current clients arrive at appointments informed, saving critical volunteer hours.

3. Prevent Casework:
Eliminate costly early enrollment mistakes before they happen.

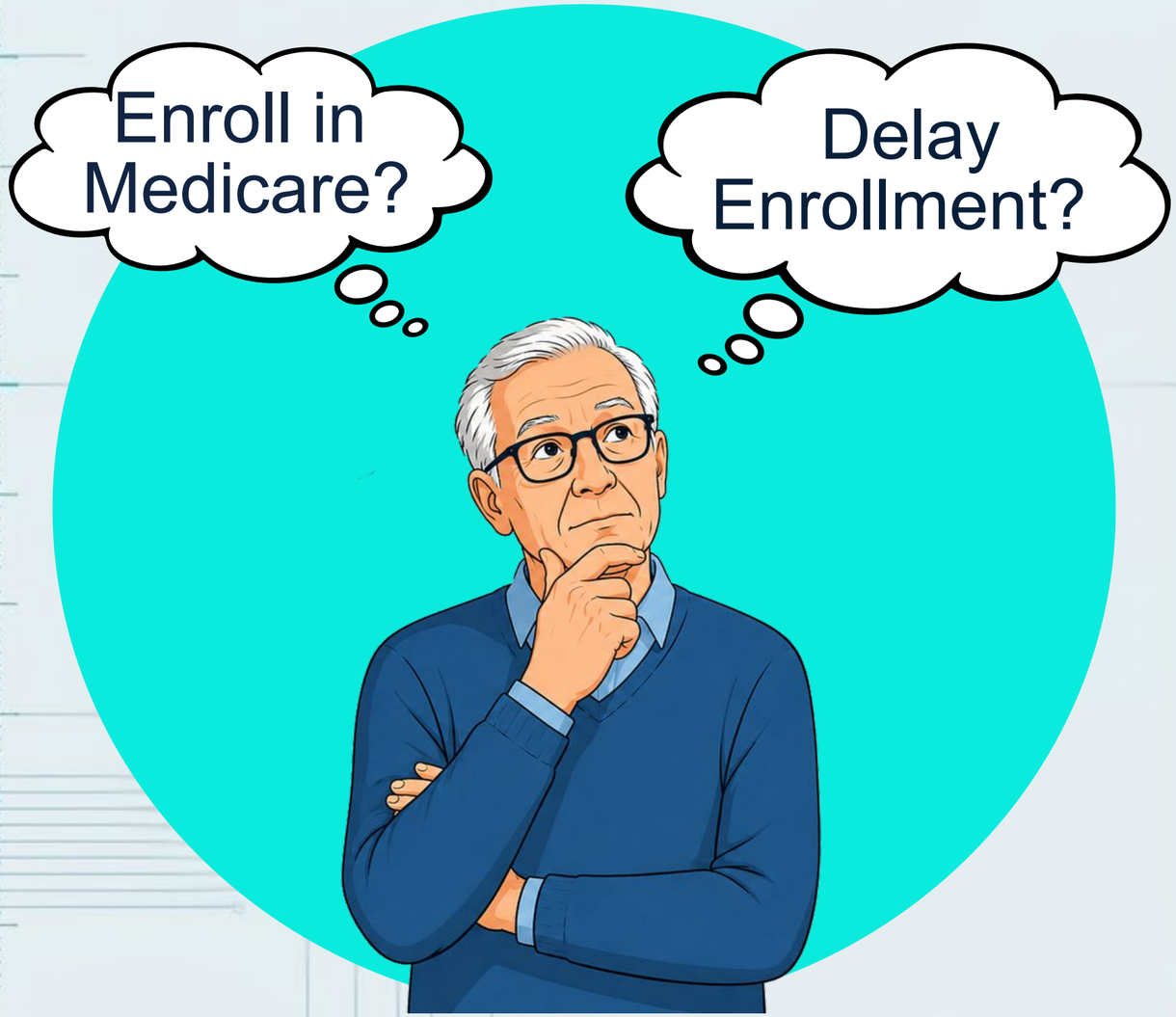
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The Good: Building Capacity with DIY Tools



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Early Intervention: Getting Ready to Retire



The Problem

There is significant confusion around whether individuals turning 65 *can* delay Medicare enrollment, and whether or not they *should*

The Intervention

Getting Ready to Retire videos and printed resource.

The Mechanism

Resources are distributed through SHRM networks to active employees preparing to turn 65 and/or retire.

The Goal

Beneficiaries are more aware of their options as they become Medicare eligible and are prepared to make informed choices.

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Early Intervention: New To Medicare



The Problem

A large percentage of new Medicare enrollees make common errors when they first enroll – resulting in costly penalties & lack of coverage.

The Intervention

Welcome to Medicare online videos

The Mechanism

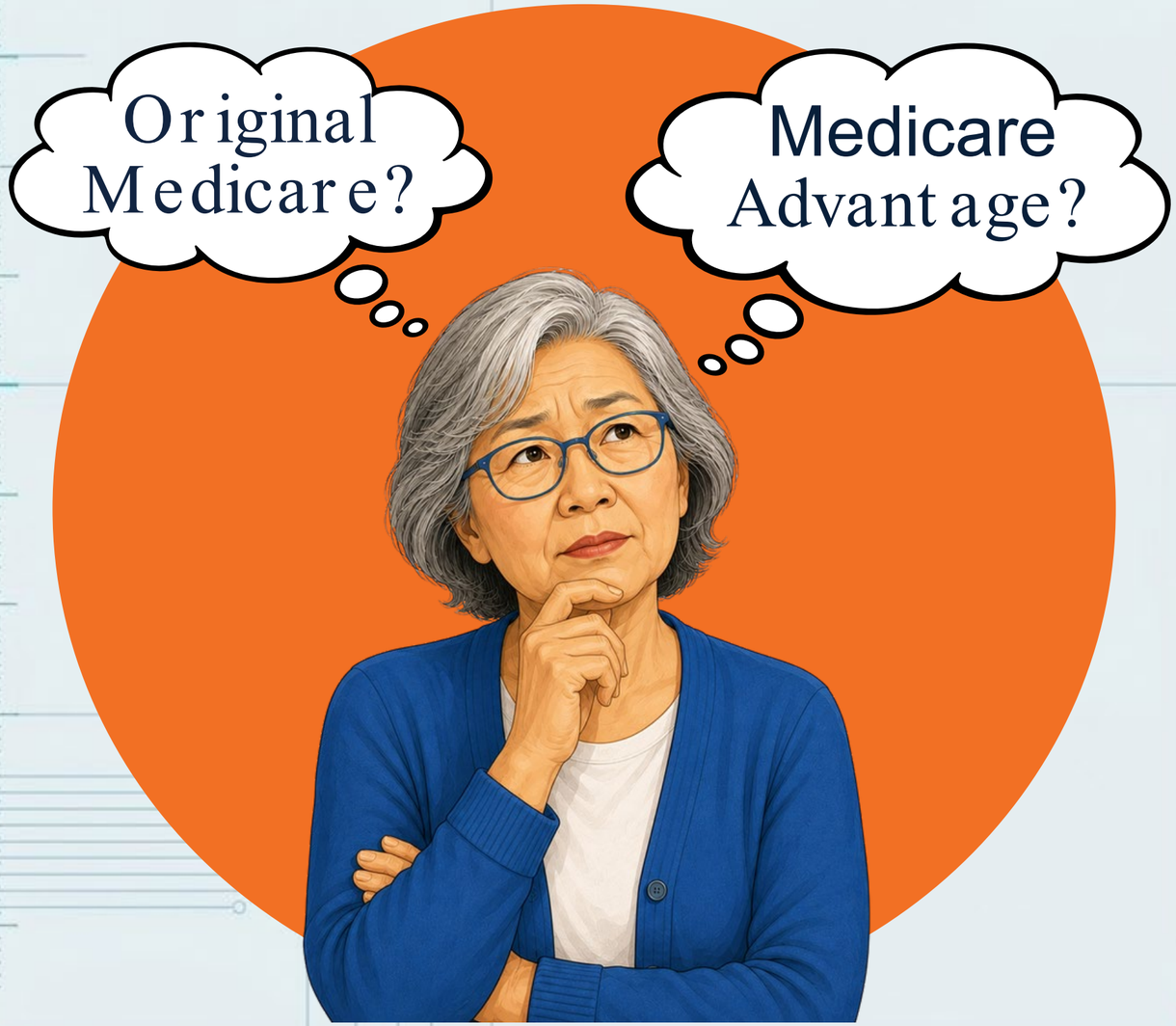
On-demand Welcome to Medicare videos available on the SHIIP/SMP website.

The Goal

Beneficiaries are more aware of important timelines, requirements and options so they can avoid common errors.

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Tactical Intervention: Pre-Appointment Prep



The Problem

Volunteer counselors reported appointments were running significantly longer because of an increase in complex questions about MA plans.

The Intervention

“Understanding Medicare Advantage Plans” online video.

The Mechanism

A link to the “Understanding Medicare Advantage Plans” video & other resources, in confirmation emails.

The Goal

Beneficiaries arrive at appointments familiar with the differences between Original Medicare and Medicare Advantage plans, saving critical volunteer time.

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OEP Comparisons: Steer Your Own SHIIP



The Problem

An estimated 70% of Medicare beneficiaries do not compare plans during OEP. (Source KFF, 2024)

The Intervention

2-page guide to using Medicare.gov Plan Finder

The Mechanism

Guide posted on the SHIIP/SMP website under a new OEP Resources tab.

The Goal

Beneficiaries feel more comfortable using Medicare.gov as a tool and compare plan options during OEP without requiring an appointment with SHIIP/SMP.

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Network Growth: Training Community Health Workers



The Problem

Beneficiaries are seeking guidance from other community resources that are not informed about Medicare and may not be aware of SHIIP/SMP as a resource.

The Intervention

Training on Medicare basics for Community Health Workers

The Mechanism

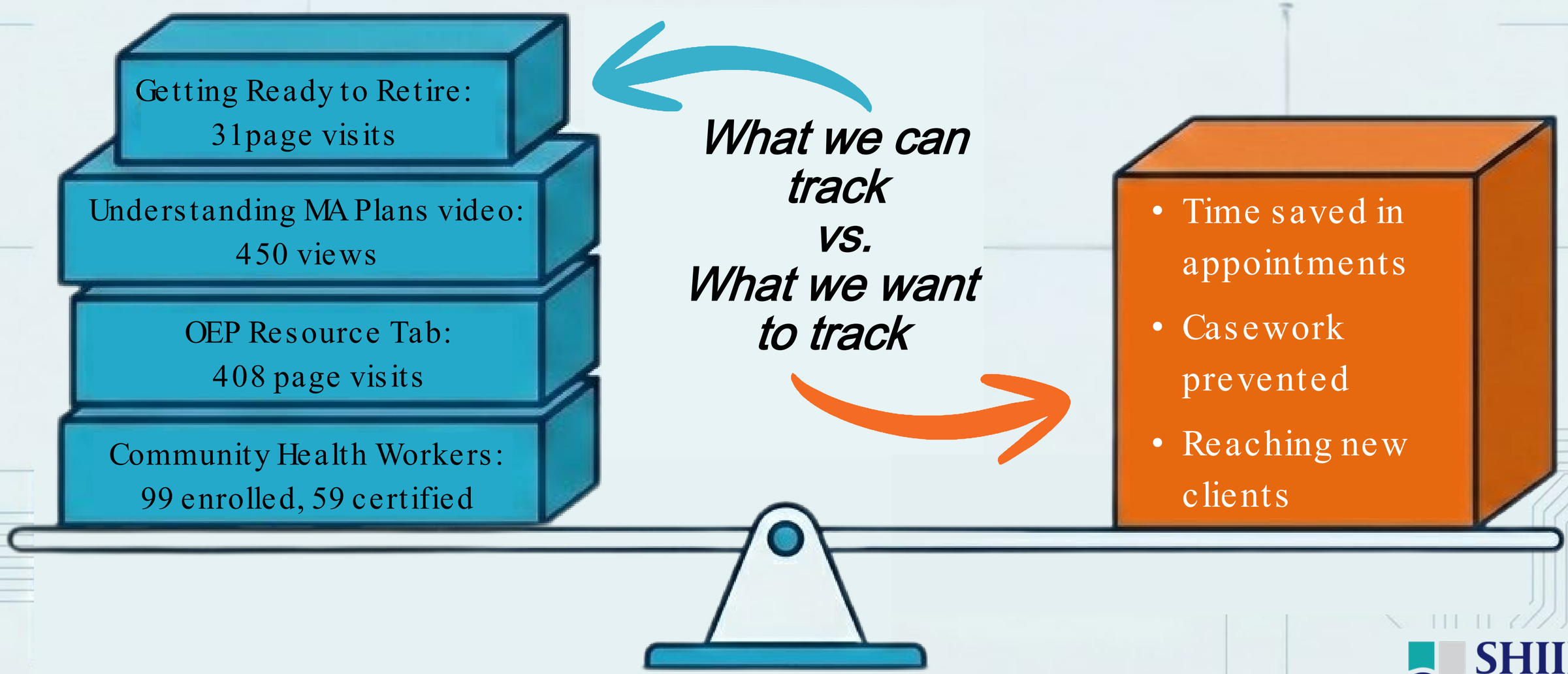
An optional certification is provided to CHWs along with their required training and is available to others broadly.

The Goal

CHWs working with vulnerable populations will have answers to basic questions about Medicare and know to refer their clients to SHIIP/SMP for more in-depth support.

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THE BAD: The ROI Tracking Paradox



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The Analytics Reality Check

Despite the rollout of new DIY resources, key performance indicators remained largely unchanged.





Average Appointment Length

Remained flat at 42 minutes (2024 vs 2025).



Contacts Per Volunteer

Remained steady at 158.



Total Volume

Contacts increased by 1,200.

The Blind Spot: Too many macro factors obscure the impact of digital tools. We have no way of tracking or understanding a direct connection between new DIY resources and impact.

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THE UGLY: The ‘Field of Dreams’ Fallacy

Above Water (20% Effort):

Resource Creation. Designing the PDF, recording the video, building the decision tree.



Below Water (80% Effort):
Ongoing Marketing & Distribution.

The Reality Check:

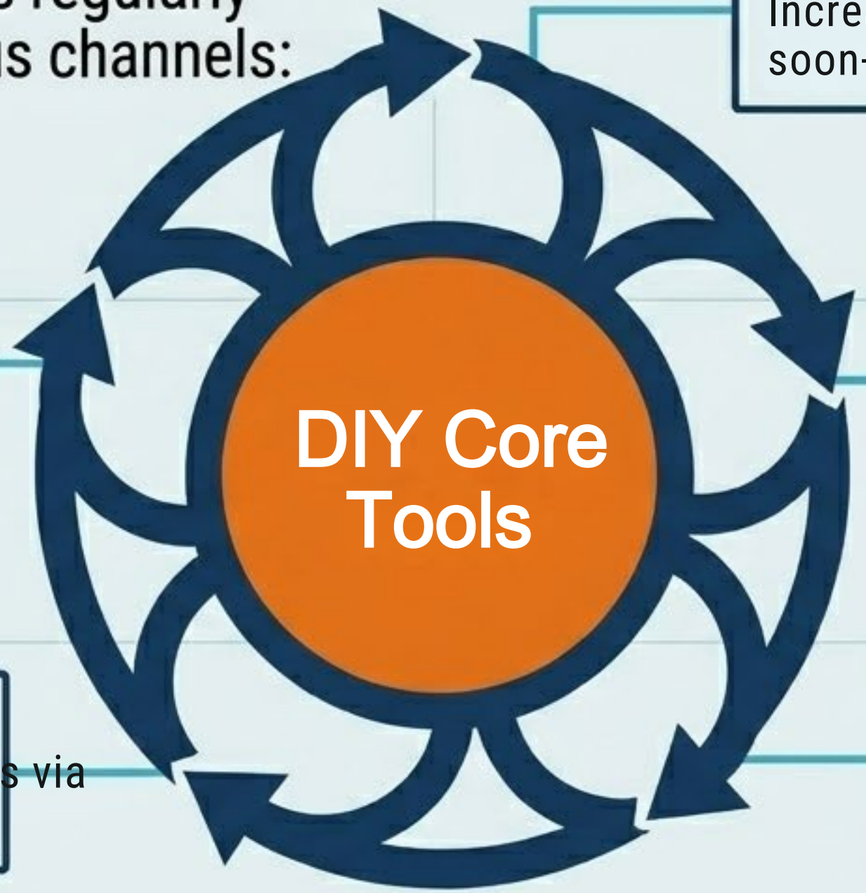
Having low clicks doesn’t mean the theory was wrong, the product was bad, or the need didn’t exist. It means we missed the boat on the sheer volume of promotion required.

Currently, our distribution is passive: posted on websites, hidden in emails, or sent once a year.

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Transitioning to Active Distribution

To make a dent, resources must be placed in front of audiences regularly through multiple, continuous channels:



Corporate HR (SHRM):
Increase in dedicated outreach for soon-to-be retirees.

Community Health Workers (CHWs) Continue to build relationships with existing and newly certified CHWs, and actively promote resources.

Sponsor Networks: Active encouragement for sites to share Facebook posts, newsletter, & online resources.

Targeted Coalitions:
Promoting translated Spanish assets via the Latino Services Coalition.

Direct Mail Integration: Add QR codes to the "Turning 65" mailing that direct to the online Welcome to Medicare video.

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Commit to the Long Term Investment

Creation

Building accurate, unbiased DIY resources.
(Where we are comfortable.)

Distribution

Building marketing campaigns & partnerships to push DIY resources.
(Where we must grow.)

Maintenance

Investing in updated DIY resources as Medicare and other regulations, systems or opportunities change.
(Where we need to be.)

The Synthesis: DIY resources are not a 'set it and forget it' capacity saver. They are a dedicated product line. If you invest in making something, you must invest equally in the long game of getting it seen.

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Next Steps & Available Resources

The Action Plan

- Identify & review your existing resources. What is gathering dust? What is missing?
- Update/adapt existing resources, or create new resources as necessary
- Build a multi-channel plan for promotion that you can sustain.

Iowa SHIIP/SMP Resources

Available through SHIP TACenter

- Steer Your Own SHIIP (PDF)
- Appointment Confirmation Email Template (PDF)
- "Understanding Medicare Advantage Plans" Video
- Welcome to Medicare Videos (English & Spanish)
- Getting Ready to Retire Decision Tree
- CHW Training Module Link

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