Data-Driven Strategies - Analyzing Opt-Outs and Engaging Beneficiaries and Providers

July 6, 2016

1:00 – 2:00 pm ET

Agenda

- Welcome, Introductions, and Roll Call

- Virginia's Disenrollment Predictive Modeling and External Evaluations

- California's Approach to Analyzing Opt-Out Rates and Outreaching to Providers

- Discussion of State Experiences

Participants

- Ann Mary Philip and Stephanie Gibbs, Integrated Care Resource Center (ICRC)

- Jason Rachel and Fuwei Guo, Virginia Department of Medical Assistance Services

- Nathan Nau, California Department of Health Care Services

Enrollment Status (as of June 2016)

State: Managed Fee-for-Service Model	Enrollment
Colorado	24,860
Washington	20,179

* Rhode Island began enrollment in its demonstration on June 1, 2016. Enrollment data is not yet available.

Source: Centers for Medicare & Medicaid Services. Medicare-Medicaid Coordination Office. Financial Alignment Initiative." Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html.

State: Capitated Model	Enrollment
California	122,905
Illinois	48,468
Massachusetts	13,106
Michigan	40,884
New York	5,516
Ohio	62,981
Rhode Island	N/A*
South Carolina	5,614
Texas	42,924
Virginia	27,768

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Integrated Care
Resource Center

Jason Rachel: Integrated Care Manager, and
Fuwei Guo: Integrated Care Supervisor
Virginia Department of Medical Assistance Services

Virginia's Disenrollment Predictive Modeling and External Evaluations

July 6, 20164

CCC Overview

CCC is...
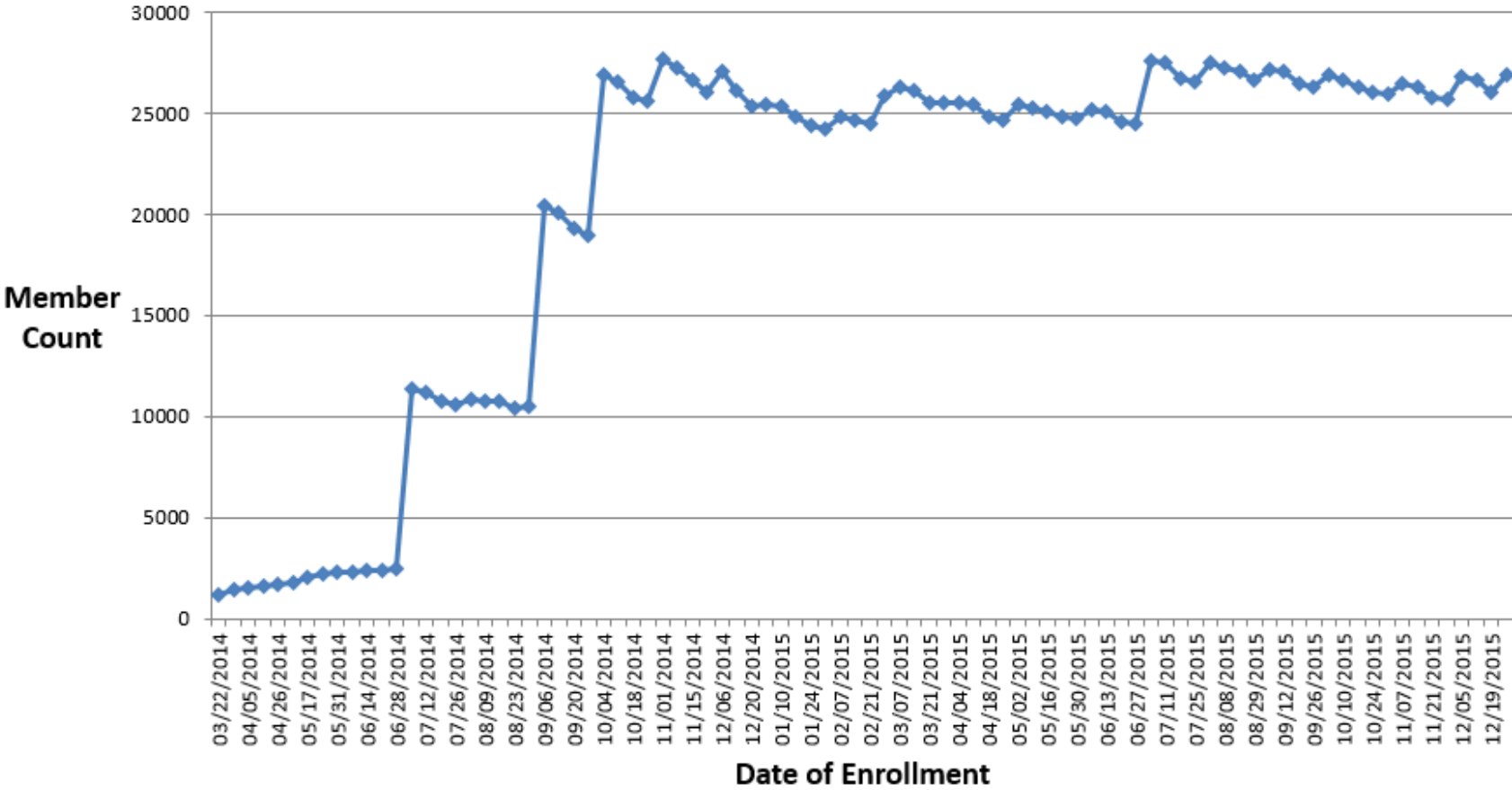- Dual Demonstration in VA, using Capitated Model
- Began on 04/01/2014

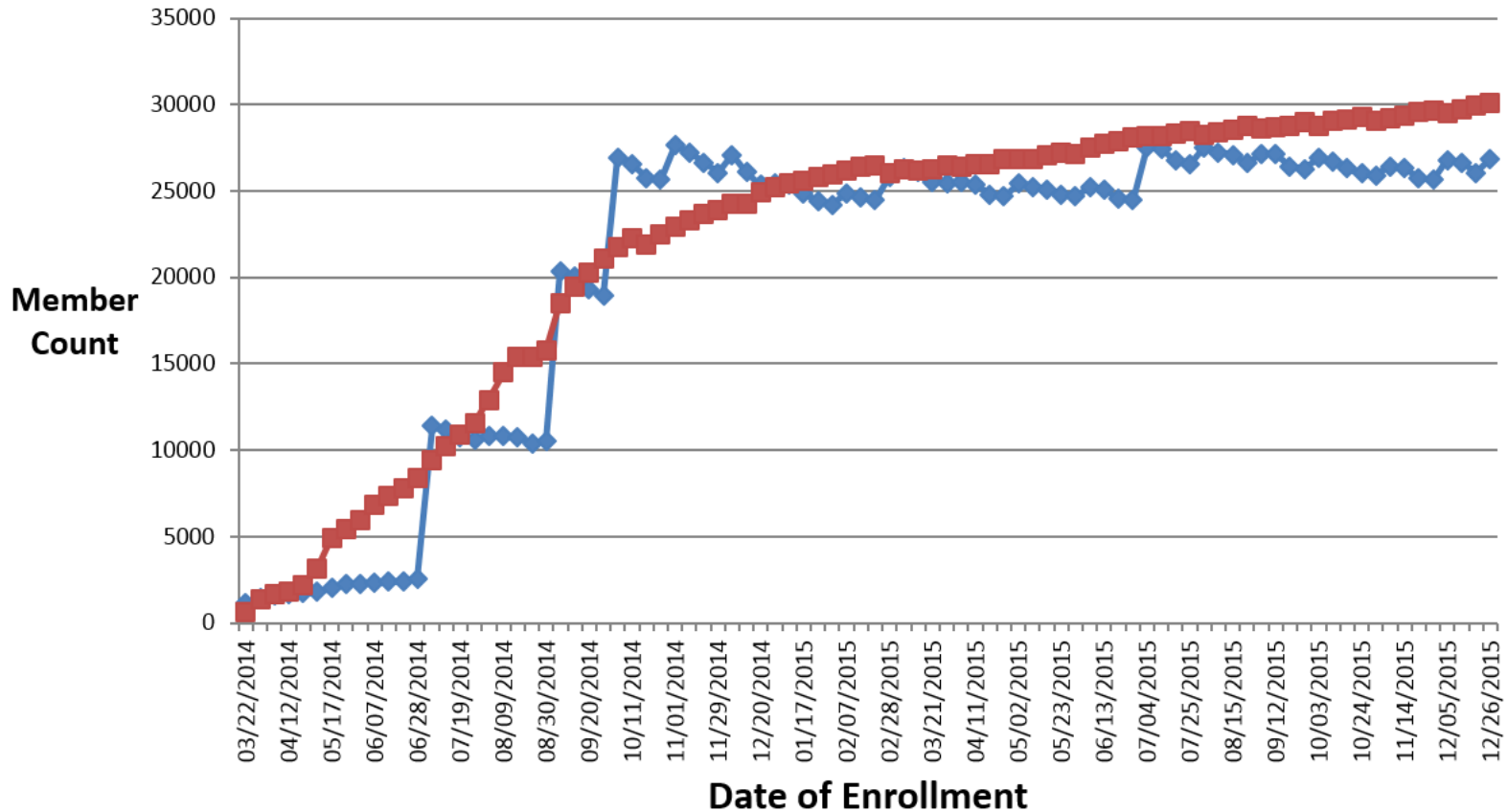**Participating Plans**
- Anthem
- Humana
- VA Premier

Eligibility
- Full Dual; 21 & older; Lives in CCC region; includes EDCD & NF
- Excludes: Hospice; Other comprehensive insurance; Other LTSS Waiver

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CCC Enrollment Trend Chart 2014 - 2015

CCC Enrollment Trend Chart 2014 - 2015

Rationale for Predictive Modeling

- Triggered by Nursing Facility opting out its members

- Used population-level enrollment data analysis to quantify the issue

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Enrollment Predictive Model

<u>The SAS System LOGISTIC Procedure Model Information</u>

Data Set	WORK.T_5
Response Variable	R_VAR
Number of Response Levels	2
Model	binary logit
Optimization Technique	Fisher's scoring

Type 3 Analysis of Effects

Effect	DF	Wald Chi-Square	Pr > ChiSq
FACILITY	261	893.1680	<.0001
FIPS	98	135.6843	0.0071

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Resolution

- Distribute Results at Advisory Committee Meeting, and Nursing Facility Association

- Targeted Outreach and Education Efforts

Additional Efforts

- Conducted Waiver Opt out Survey in Demonstration Year 1

- Gathering Disenrollment and Opt out Reasons through our Enrollment Broker Maximus

- Collecting Disenrollment Reasons through MMPs

- Ongoing Enrollment Data Analysis

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Questions

Cal MediConnect
Opt Out Data Analysis

Nathan Nau, Chief

Managed Care Quality and Monitoring Division, DHCS

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Opt Out Analysis Purpose

- Identify Medicare providers who are serving high numbers of beneficiaries who have opted out of Cal MediConnect.

- Determine if high-volume providers are contracted with the health plans other lines of business.

- Identify and analyze provider trends.

- Create targeted provider education strategies.

Data Sources

- CINs for beneficiaries that opted out of Cal MediConnect from April 2014 through March 2016.

- Medicare Part A & B Fee-For-Service claims data.

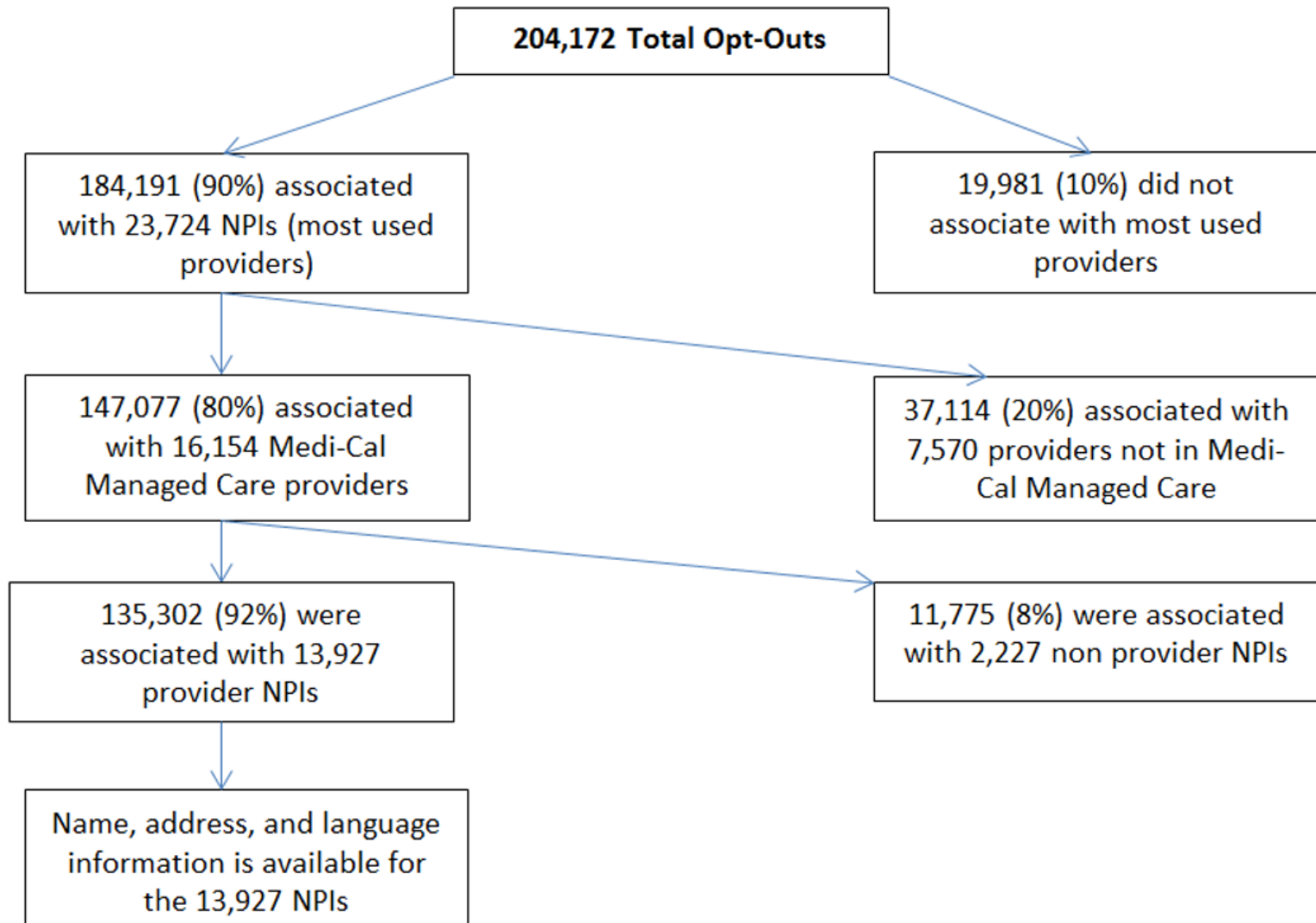- Medi-Cal managed care health plan provider network data.

Data Linkage Process

- DHCS identified CINs for beneficiaries that opted out of Cal MediConnect.

- CINs were compared to Medicare Part A & B Fee-for-Service claims data.

- NPIs were identified to unique beneficiary opt-outs.

- NPIs were compared to Medi-Cal managed care health plan monthly provider file data submissions.

- Language spoken in the provider office was added to the data files.

Provider Linkage Flow Chart

204,172 Total Opt-Outs

184,191 (90%) associated with 23,724 NPIs (most used providers)

19,981 (10%) did not associate with most used providers

147,077 (80%) associated with 16,154 Medi-Cal Managed Care providers

37,114 (20%) associated with 7,570 providers not in Medi-Cal Managed Care

135,302 (92%) were associated with 13,927 provider NPIs

11,775 (8%) were associated with 2,227 non provider NPIs

Name, address, and language information is available for the 13,927 NPIs

General Findings

- High volume providers
- Provider languages
- Geography
- Network overlap
- Associations

Cluster Analysis

- DHCS conducted a cluster analysis to group providers together based on their opt-out linkage rate. Statewide, cluster groups three through five represent 1,551 providers and those providers account for 83,899 (41%) of the total opt-outs.

Provider Clusters and Associated Opt-Outs			
Provider Clusters	Number of Providers	Range of Opt-Outs Per Provider	Total Number of Cluster Opt-Outs
1	8,532	1 - 4	15,890
2	3,844	5 - 19	35,513
3	1,027	20 -49	31,060
4	352	50 - 99	24,133
5	172	100 – above (to 543)	28,706
Total	13,927		135,302

Outreach Strategy

- Cluster
  - **Cluster 1**: In person visit from an outreach coordinator or representative that has been appropriately trained.
  - **Cluster 2:** Multiple telephone calls from an outreach coordinator or representative that has been appropriately trained
  - **Cluster 3:** One telephone call from an outreach coordinator or representative that has been appropriately trained
  - **Cluster 4:** Letter offering education and training and includes a copy of beneficiary enrollment materials and other provider-related resources.
  - **Cluster 5:** No requirement.

Questions

Discussion of State Experiences

- How does your state collect data to better understand reasons for opt-out?
  - What has worked well or was challenging?
  - Did findings impact strategies to better engage beneficiaries and/or providers? If so, how?

- What resources are needed (both external and internal) to perform these analyses?

- How have you leveraged program partners (e.g., enrollment brokers, MMPs, SHIPs, Ombudsman, or others) to collect beneficiary data and/or support outreach efforts?

About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees

- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies

- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges

- Send additional questions to: ICRC@chcs.org