

## Data-Driven Strategies to Analyze Opt-Outs and Engage Beneficiaries and Providers in Financial Alignment Demonstrations

On July 6, 2016, the Integrated Care Resource Center (ICRC) hosted a discussion with several states participating in the Medicare-Medicaid Financial Alignment Initiative regarding efforts to analyze “opt-out” trends in their demonstration programs. Growing enrollment in these demonstrations is a priority for these states, and they are developing increasingly sophisticated data-driven approaches to better understand disenrollment patterns and target outreach to providers and beneficiaries to prevent disenrollment.

Fuwei Guo, Integrated Care Supervisor at the Virginia Department of Medical Assistance Services, and Nathan Nau, Chief of the Managed Care Quality and Monitoring Division at California’s Department of Health Care Services, described their states’ approaches to analyzing opt-out data and developing targeted outreach approaches to providers to encourage enrollment. Representatives from seven other demonstration states also shared their insights.

### Key Takeaways

Maintaining enrollment is critical to the demonstrations’ success, and states have invested in efforts, including analyzing beneficiary opt-out data, to understand trends in or correlations with disenrollment. In addition, states have worked with health plans, enrollment brokers, and external evaluators to examine data and target outreach strategies.

#### Virginia: Predictive Modeling of Nursing Facility Resident Opt-Outs

Virginia used historical opt-out data to develop a logistical regression model that analyzes the factors that appear to lead to opt-outs by nursing facility residents in Virginia’s Commonwealth Coordinated Care (CCC) demonstration in the future. The statistical analysis found that some nursing facilities had significantly higher opt-out rates among their residents than other nursing facilities. Virginia officials used this analysis to target outreach strategies to providers and other stakeholders to change this pattern. They presented results to the state’s nursing facility industry associations and to CCC’s Advisory Council, an entity composed of representatives from provider groups. They also sent a memo to providers to educate them on CCC’s benefits to dissuade providers from encouraging beneficiary disenrollment. Lastly, they targeted outreach activities to administrators in facilities with the highest opt-out rates. After rolling out this multi-faceted outreach strategy, the number of opt-out calls from the identified nursing facilities decreased.

#### California: Linking Claims and Encounter Data to Identify Opt-Out Patterns by Provider

California used Client Identification Numbers (CINs), Medicare Part A and B fee-for-service claims data, and Medi-Cal managed care plan provider data to identify opt-out patterns in its demonstration, Cal MediConnect. The analysis indicated that large numbers of beneficiaries who opted out of the demonstration were linked to certain providers groups. The state found that 20 percent of providers were responsible for 40 percent of all beneficiary opt-outs. Some characteristics associated with providers linked to disproportionately high opt-out rates included practicing in certain ethnic communities or membership in specific provider associations.

California then developed a targeted, tiered outreach approach with increasingly intensive provider engagement activities, ranging from mailed letters to in-person visits, depending on the number of beneficiary opt-outs associated with a provider or provider group. In addition, dedicated outreach staff worked with health plans to identify providers who contracted with the plans for other Medicare and Medicaid lines of business to encourage their support of the Cal MediConnect product. California continues to monitor beneficiary disenrollments and plans to adjust outreach efforts as necessary to continue positive momentum.

## Additional State Efforts to Target Outreach

Other states participating on the discussion provided examples of their approaches to using data analytics to better understand disenrollment trends and target outreach and enrollment retention strategies. For example, states have partnered with external entities, such as academic institutions and their enrollment brokers, to support these activities, which can be valuable support for states with staff time limitations. A few states have contracted with university researchers or external vendors to survey beneficiaries who have opted out of demonstrations. One state works with its long-term care Ombudsman to analyze opt-out data and identify potential providers who might be encouraging beneficiaries to disenroll. Similarly, Virginia had worked with enrollment brokers and health plans to analyze data from call centers to understand the reasons that individuals are opting out. Virginia's survey results found that many beneficiaries misunderstood the demonstration, and one of every seven calls to beneficiaries resulted in enrollment into the demonstration.

## Conclusion

The states participating in this ICRC-led discussion agreed that developing and refining data analytic approaches to better understand patterns associated with beneficiary disenrollments and target outreach activities to beneficiaries and providers accordingly remains a priority. ICRC will continue to examine state innovations in capturing these trends and designing strategies to address them.

### ABOUT THE INTEGRATED CARE RESOURCE CENTER

The ***Integrated Care Resource Center*** is a national technical assistance initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided within the ***Integrated Care Resource Center*** are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).

The ***Integrated Care Resource Center*** provides virtual learning opportunities through a webinar series for states implementing financial alignment demonstrations or other programs that integrate care for Medicare-Medicaid enrollees. See [Medicare-Medicaid Integration Study Hall Calls](#) for more information.