forHealth™ CONSULTING at UMass Chan Medical School

Level Up Coverage and Savings

How Integrating Eligibility, Data, and TPL Can Expand Member Benefits while Improving the Medicaid Bottom Line

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Today's Objectives

- ✓ Learn about integrating eligibility and TPL processes to improve member experience and Medicaid performance
- ✓ Discuss challenges, opportunities, and solutions for three different strategies
- ✓ See the results of integrating these efforts
- ✓ Provide insight into your state specific experience and find common ground
- ✓ Hear from state and industry leaders

Who We Are

forHealth™ CONSULTING at UMass Chan Medical School

At ForHealth Consulting, we partner with purposeful organizations like yours to *improve the healthcare experience, making it more equitable, effective, and accessible*. As part of UMass Chan Medical School, we leverage world-class expertise and deep experience to create transformational solutions across the health and human services system.

We **dive deep** into your organization to **understand your goals** and how we can get you there.

We develop **innovative, actionable strategies** that help you do what you do better.

We put **ideas into practice** to **create value** in the real world.

We are **committed to diversity and inclusion** in every aspect of what we do, and in how we measure outcomes and define success.

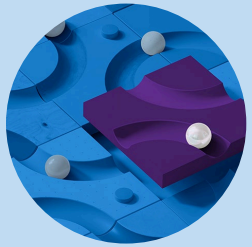
Better Healthcare Solutions

forHealth™ CONSULTING at UMass Chan Medical School

We merge our expertise with your know-how to create novel solutions to healthcare's most pressing challenges. Our analytical tools help you enhance care with better access, knowledge, and performance.

Better Access Solutions

Solutions that put high-quality care within reach of those who need it.



Better Knowledge Solutions

Tools that empower you with information that supports better outcomes.

Better Performance Solutions

Products that make you more efficient, so you can deliver care that works.

ForHealth Consulting TPL Solutions

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+20 years of experience and TPL operations provided for MassHealth, the Massachusetts Medicaid program	Out-of-State experience	National results
• Medicare Identification and Enrollment Services • Medicare Savings Programs (Medicare Buy-In) Administration • Commercial and Medicare Coordination of Benefits • Premium Assistance • Estate and Casualty Recovery	Provided specialized initiatives and consulting services for 6 states • Medicare Eligibility Enhancement services • TPL consulting services	• Findings confirmed by four SSA Regional Offices across the country • Based on our findings, SSA and CMS have implemented two nationwide corrections to Medicare premium eligibility and billing systems that returned over $425M to all states

Achievements

Better *access* with expanded member benefits

Better *knowledge* through enhanced data insights

Better *performance* to improve the member health care experience

Our TPL Approach

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Customize activities to support individual Medicaid program needs, interests, and goals

1

Unique

2

Realistic and Actionable

Understand system rules/limitations and create actionable data points from all available data sources

Ensure Medicaid beneficiaries receive all benefits to which they are entitled while supporting Medicaid as the Payer of Last Resort

3

Member-Centric

4

Proactive and Persistent

Optimize the coordination of benefits to Medicaid members at the time of eligibility determination and through regular case maintenance

Third Party Liability and Eligibility

TPL and Eligibility:

Working Toward a Common Goal

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Eligibility

Delivering the right benefits

Our shared goal is to provide the ***best experience for Medicaid members*** – by coordinating these processes

TPL

Identifying, expanding, and coordinating third-party benefits

TPL Integration Roadmap

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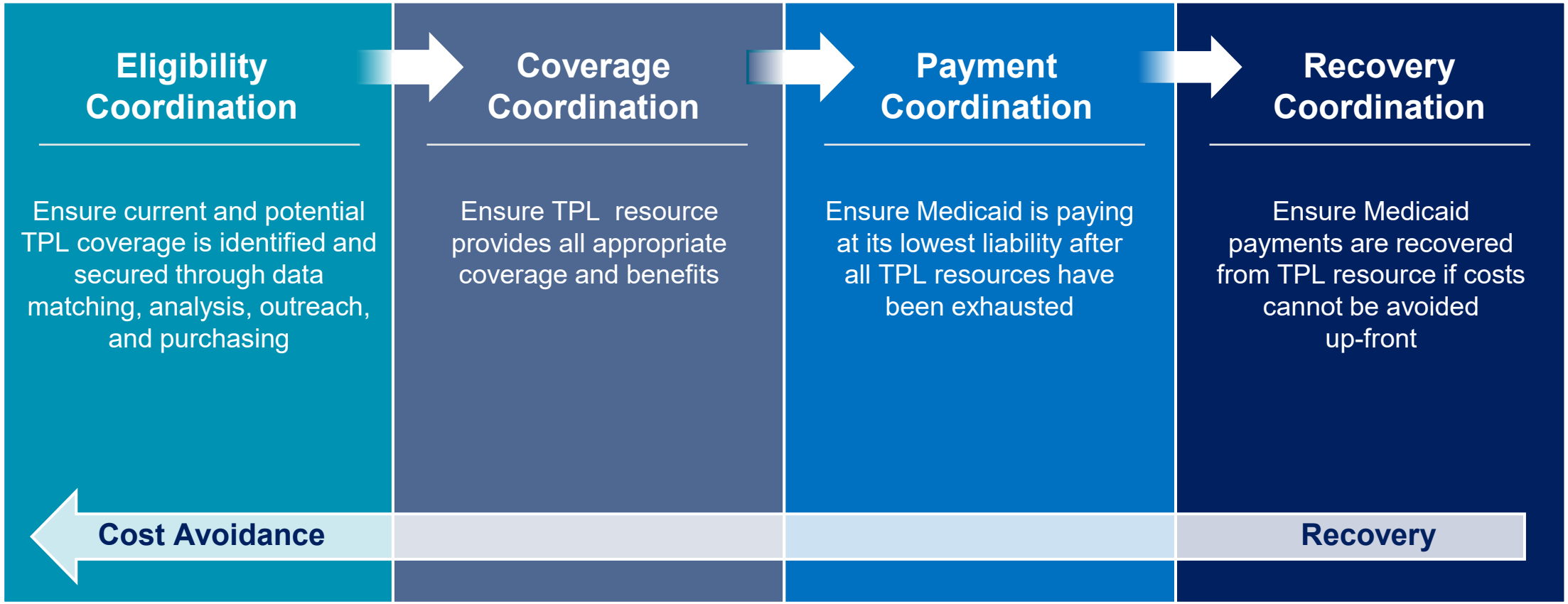
Integrating TPL at the earliest point in the process – Eligibility Coordination – is a key **strategy to maximize member benefits** and **reduce** Medicaid **program costs**.



TPL and Eligibility:
Often on Separate Paths

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Challenge

- Traditionally, TPL may be siloed from eligibility processes, data, and teams
  - Aligned with claims processing and finance
  - Coordinated after Medicaid benefits are provided and paid
- Conventional relationship limits opportunities for both Medicaid programs and Medicaid members

Opportunity

Incorporating TPL into the Medicaid eligibility workflow and determination process brings TPL to the forefront of a member's Medicaid eligibility experience

- Ensures access to other benefits is appropriately considered in the eligibility determination process
- Coordinates other insurance benefits with Medicaid as soon as possible for cost avoidance, rather than recovery
- Supports more accurate eligibility determinations and increased Medicaid savings

Solution

Level up TPL coverage and savings through integration with Eligibility processes, data, and teams

Today we will walk you through three strategies

Leveling Up: Three Strategies

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1

Integrating TPL with Medicaid Eligibility Operations and Systems Development Teams

2

Maximizing Medicare for Members and States

3

Expanding Commercial Insurance Coverage for Members and Savings for States

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Level Up Strategy #1

Integrating TPL with Medicaid Eligibility Operations and Systems Development Teams

Medicaid Systems are Complex

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Challenge: Medicaid often has several systems with varying degrees and mechanisms of integration, impacting TPL program effectiveness

- Pre-ACA and ACA (MAGI) eligibility systems (sometimes integrated with state-based Marketplace) send enrollment transactions to MMIS
- Multiple eligibility systems (MAGI and non-MAGI) create a potential for the same member to have records in both systems
- Complex system integration also creates a potential for failed eligibility system transactions to MMIS
- ***These complexities, stemming from the eligibility systems, have a significant impact on downstream TPL activities***

TPL and Medicaid Eligibility Integration

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Opportunity: Mitigate downstream impacts by having the right people at the table further upstream

- Integrate TPL experts with eligibility operations and systems development teams
  - Cultivate partnerships and identify opportunities, changes, and solutions supporting and enhancing both Eligibility and TPL
  - Incorporate and health insurance coverage and premium assistance as part of the eligibility process
  - Ensure that TPL is not adversely impacted by or inadvertently left out of eligibility system changes
- For Health Consulting's Eligibility and Benefit Coordination Team established partnership with MassHealth beginning in 2012
  - Expertise in data and eligibility systems functionality to support TPL, eligibility, and program integrity
  - Supported implementation of HIX eligibility system and MMIS, and noticing integration
  - Managed the transition of 1M members out of MA21 legacy eligibility system
  - Led the decommissioning of PACES legacy eligibility system

TPL and Medicaid Eligibility Integration

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Solutions: *Eligibility and Benefit Coordination Consulting for MassHealth*

1. Eligibility System Development and Operations Support
2. COVID-19 Maintenance of Effort (MOE) and Unwinding Support
3. Post Federal Public Heath Emergency (PHE) Eligibility and Program Integrity Initiative

TPL and Medicaid Eligibility Integration

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Solution 1: Eligibility System Development and Operations Support

- Lead and support functionality implementation for the HIX Online Application and Eligibility System
  - SME areas: program determination rules, eligibility systems and MMIS integration, Premium Assistance, premium billing and noticing
- Provide subject matter expertise for Integrated Eligibility and Enrollment Project
  - Interconnect state health and human services agencies and coordinate state public benefit programs including common application

Solution 2: COVID-19 MOE and Unwinding Support

- Even though Medicaid eligibility was protected, needed to maintain TPL processes (e.g., premium assistance)
- Helped ensure compliance with federal regulations for Medicaid eligibility protections, enhanced federal revenue opportunities, and quickly developed and implemented eligibility systems changes based on evolving guidance and requirements

TPL and Medicaid Eligibility Integration

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Solution 3: Post-PHE Eligibility and Program Integrity Initiative

Now that the PHE has ended, leading in effort underway to ensure eligibility records are accurate – improving the TPL process, member experience, program savings, and federal and state compliance

- Identify outdated and discrepant eligibility in the legacy system and manage the process to update, correct, or end coverage
- Identify members in need of eligibility reviews
- Develop recommendations to prevent and eliminate problems going forward
- Once problem is addressed, transition monitoring (when needed) back to MassHealth

TPL and Medicaid Eligibility Integration

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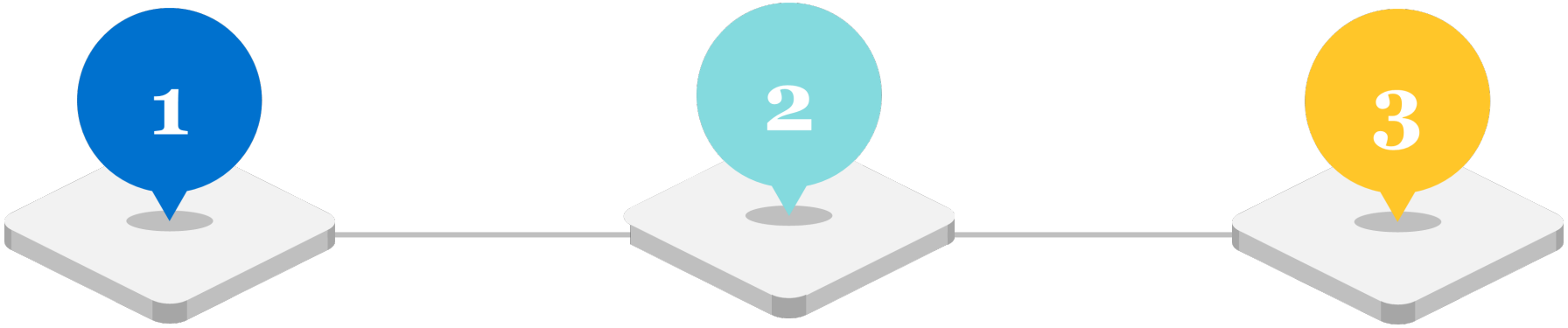
Solution 3: Post-PHE Eligibility and Program Integrity Initiative

Example: Created a new Reconciliation and Renewal process that ensures members are in the right eligibility system (MAGI vs. Non-MAGI).



MA21 (non-MAGI system) eligibility = HIX eligibility (MAGI system) → ok to terminate MA21 coverage

MA21 (non-MAGI system) eligibility < HIX eligibility and sent an eligibility determination notice from HIX (MAGI) within 90 days → ok terminate MA21 coverage

Select legacy MA21 members that can't be closed in Steps 1 or 2, select for renewal → Upon renewal completion in HIX, members will be closed from MA21

Eligibility and Program Integrity Initiative

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Results to date

- Reconciled and updated eligibility across MMIS and eligibility systems for 93K members to close older eligibility records (Step One)
  - Clean-up provides improved eligibility program integrity by eliminating outdated and redundant coverage
  - Reduced administrative burden on member and eligibility staff
- Redesigned household composition rules in legacy eligibility system to ensure households receive the correct renewal forms and all populations are appropriately selected for renewals

Projections

150K members to be reviewed, anticipating appropriate closure of 50K older eligibility records

Eligibility update activities are projected to achieve $107M in cost savings in FY24

Voices of our partners

"The ForHealth Eligibility and Benefit Coordination Team works as part of the MassHeath operations team. I have been working with them for over 10 years. They serve as subject matter experts for eligibility, TPL, Premium Assistance, operations, notices and systems implementations. They are able to run projects independently or as part of our bigger team. They have created solutions to ensure program integrity of our data and they were integral on providing requirements for the Public Health Emergency and the unwind process. Our team doesn't think of them as a vendor, they are members of the team to help support our MassHealth members."

Jessica Perez-Rossello
Assistant Chief Information Officer
MassHealth

Level Up Strategy #2

Maximizing Medicare for Members and States

Medicare Eligibility Enhancement Services

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Challenge: Medicare may be underutilized as a source of cost savings, revenue, and expanded member benefits due to data, system, and resource limitations

- States receive Medicare data from multiple federal agencies increasing the potential for data inaccuracies and data disconnects between Medicaid programs and their federal partners
- Resource and system constraints in Medicaid agencies may limit opportunities to resolve issues with Medicare enrollment and coverage resulting in qualified members not being recognized as Dual Eligibles and missing available benefits
- Medicaid members must take action to enroll in Medicare and may face barriers in understanding and completing the enrollment process

Medicare Eligibility Enhancement Services

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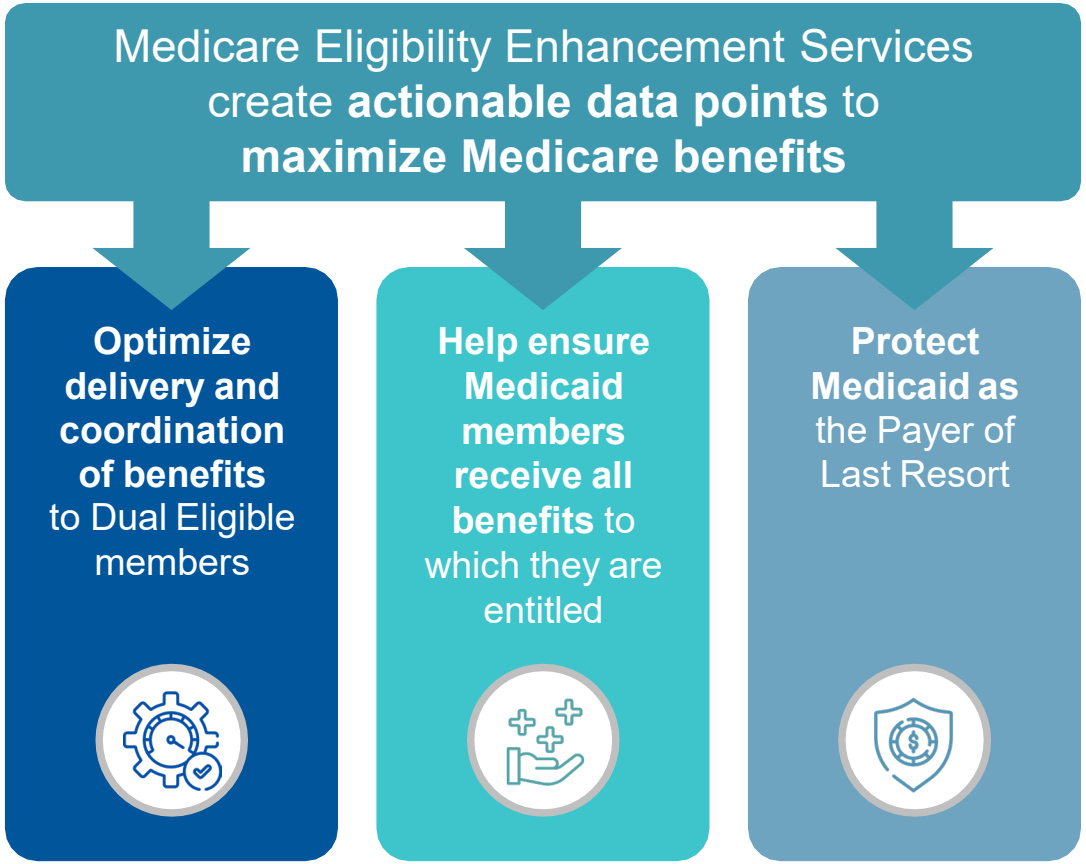
Opportunity

Integrate Medicaid and Medicare data with eligibility and enrollment processes to:

- Overcome barriers
- Expand benefits and coverage for Medicaid members
- Realize savings through the largest single source of TPL savings for states



Medicare Eligibility Enhancement Services

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Solutions

1. Medicare Data Assurance Review
2. Medicare Enrollment Support

Medicare Eligibility Enhancement Services

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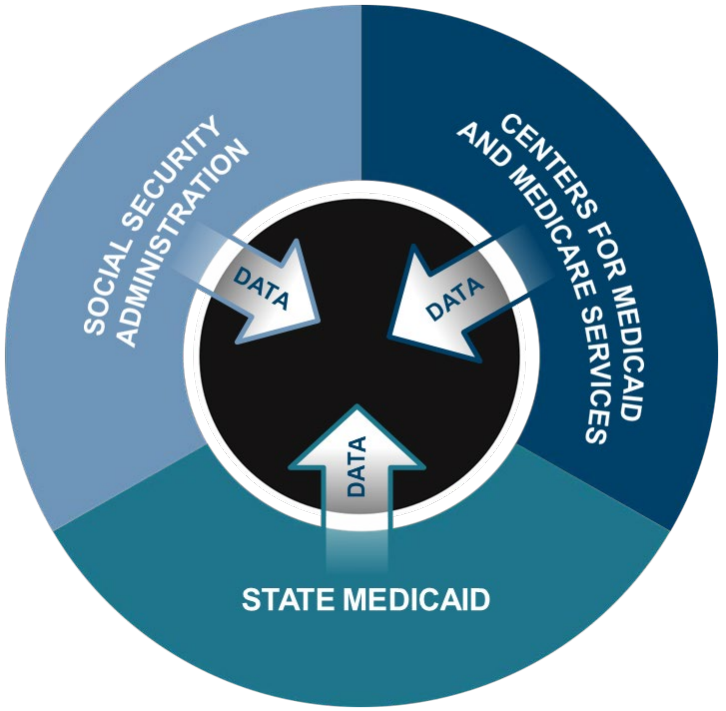
Solution 1: Medicare Data Assurance Review

- Integrates Medicaid and Medicare eligibility and enrollment data across Medicaid eligibility and TPL systems to identify disconnects and discrepancies
- Resolves automated data matching and/or manual data entry issues which result in Medicare information that may be incomplete, outdated, or invalid, impacting:
  - Medicaid eligibility determinations
  - Medicare cost avoidance and recovery activities
  - Medicaid's ability to pay Medicare premiums through Medicare Savings Programs (MSP)
- Utilizes proprietary data integration techniques to identify and validate new Medicare coverage information



Medicare Eligibility Enhancement Services

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Solution 1: Medicare Data Assurance Review

Achievements

+$82 million

in cost savings for Massachusetts

since FY15 by identifying previously missed Medicare coverage among Medicaid recipients

+2,000

identified Medicare records

in only two years of project operations in a different state, resulting in over **$13M** in estimated cost savings

Medicare Eligibility Enhancement Services

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Solution 1: Medicare Data Assurance Review

Achievements

+15,000

missed Medicare records identified

since FY10 in another state, as third “come-behind” to existing state and vendor Medicare identification processes

+1,800

Medicare resources posted to a state’s MMIS

due to new logic and system enhancements developed by our team*

100

new Medicare beneficiary matches each business day

resulting from our work through dataset enhancements, reported by another state (on average)

**System enhancements enable the state to identify more Medicare resources independently and eliminate manual intervention and delays in posting Medicare coverage*

Medicare Eligibility Enhancement Services

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Solution 2: Medicare Enrollment Support

- Many Medicaid members aged 65 and older don't have Medicare coverage even though they may meet all Medicare eligibility guidelines
- Medicare Enrollment Support helps ensure all Medicaid beneficiaries aged 65+ who qualify for Medicare coverage at no additional cost are successfully enrolled in Medicare
  - Integrates Medicaid and Medicare eligibility data to identify and provide enrollment supports to unreached populations

Medicare Enrollment Support

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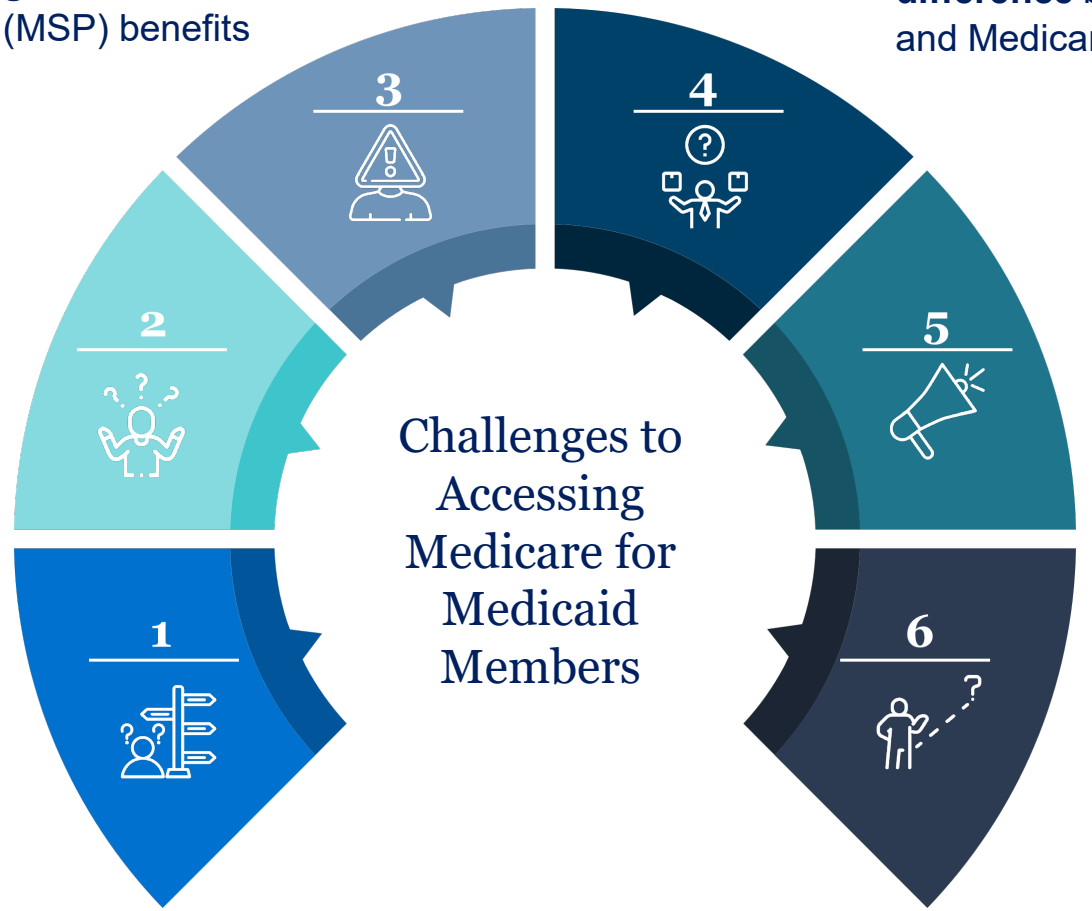
Concerns about Medicare **costs** and **lack of knowledge** of Medicare Savings Programs (MSP) benefits

Members **don't understand** the **difference** between Medicaid and Medicare

Confusion and/or trepidation with the Medicare enrollment **process** with SSA



Lack of awareness around Medicare eligibility – especially if not receiving Social Security benefits

Satisfaction with **Medicaid** and feeling that Medicare is not needed

Misconception that Medicaid members cannot have Medicaid and Medicare at the same time

Medicare Eligibility Enhancement Services

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Solution 2: Medicare Enrollment Support

Process

Specialized Data Analysis

- Analyze specific Medicaid and Medicare eligibility and enrollment data to identify members who would likely qualify for Medicare benefits

Direct Beneficiary Contact

- Identify priority populations (e.g., newly aged 65, in need of care coordination)
- Mail letters explaining benefits of Medicare and availability of customer assistance for easier navigation of Medicare enrollment
- Provide toll-free customer service line for support with Medicare enrollment process

Comprehensive Enrollment Support

- Answer member questions and provide information on Medicare coordination with Medicaid
- Assist in scheduling SSA appointments
- Support members in responding to SSA requests for additional information and documentation
- Submit Medicare applications to SSA on behalf of non-responding qualifying recipients

Medicare Eligibility Enhancement Services

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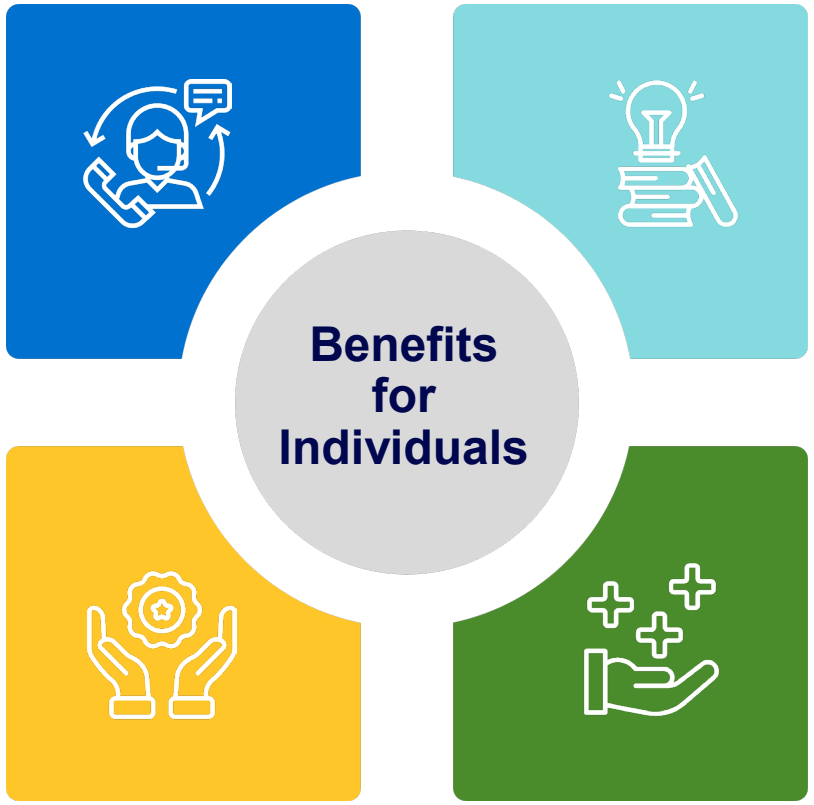
Solution 2: Medicare Enrollment Support

One-on-one assistance and support in navigating the Medicare application and enrollment process

- SSA appointment scheduling and follow-up
- Translation services

In many cases, Medicare benefits are available at no additional cost as members qualify for Medicare Savings Program (MSP) benefits



Education on benefits available in addition to Medicaid and how benefits work together to enhance services and care

- Medicare, MSP, SSDI, SSI

In some cases, members may learn they are eligible for new or increased Social Security cash benefits in addition to Medicare

Medicare Eligibility Enhancement Services

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Solution 2: Medicare Enrollment Support

Benefits for States

1. Ongoing Medicaid cost avoidance savings, as Medicare becomes primary payer for newly entitled Medicaid members
2. Recovery of historical Medicaid expenditures when recipients are granted retroactive Medicare entitlement
3. Increase in the Dual Eligible population, which may qualify recipients for enhanced service delivery and integrated care initiatives to improve coordination of services and funding
4. More accurate determinations for MSP eligibility and increased ability to monitor MSP process and timing
5. Collaboration opportunities with SSA

Medicare Eligibility Enhancement Services

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Solution 2: Medicare Enrollment Support

Achievements

+$102 million

in new cost savings for Massachusetts

realized from new Medicare enrollments since FY14

+8,500 members

newly enrolled into Medicare

in Massachusetts as a result of Enrollment Support activities

Medicare Eligibility Enhancement Services

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Solution 2: Medicare Enrollment Support

Achievements

+9.5 million

in estimated cost savings

over four years in another state by successfully enrolling more than 950 Medicaid beneficiaries between ages of 65 and 66

+96%

Medicare enrollment rate achieved

for Massachusetts beneficiary cases processed by SSA

>98%

of members

agree to apply for Medicare when engaged by phone

Voices of our partners

"Michigan has worked with UMass Chan Medical School on a number of projects. I am particularly impressed with their Medicare Enrollment Support team and overall project management. This group of professionals consistently exceeds my expectations and routinely provides exceptional customer service. They take the time to understand our specific outreach goals and more importantly the needs of the Medicaid members we serve. The Medicare Enrollment Support project has greatly increased the number of Michigan members enrolled in Medicare and their overall Medicare enrollment experience. I am thrilled with the results and our continued partnership!"

Michelle Smith
Health Insurance Liability Section Manager
Michigan Department of Health and Human Services, Third Party Liability Division

Level Up Strategy #3

Expanding Commercial Insurance Coverage for Members and Savings for States

Enhanced Coordination of Benefits

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Challenge: Medicaid members may not be accessing available commercial health insurance coverage, resulting in missed benefits for members and valuable TPL savings for states

- Members are not aware that commercial health insurance coverage can work with Medicaid to provide expanded benefits
- Members may be satisfied with Medicaid benefit packages and unaware of additional benefits available through commercial coverage
- Commercial coverage may be unaffordable, and members may be unaware of the availability of premium assistance (HIPP) benefits to support commercial premiums and cost sharing
- States may struggle with inaccurate and incomplete data on available sources of commercial coverage, such as employer-sponsored insurance

Enhanced Coordination of Benefits

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Opportunity

- Integrate targeted eligibility and claims data analysis with member outreach to identify members with potential access to commercial coverage

- Provide individualized outreach and management to secure and coordinate Medicaid and commercial insurance benefits

Enhanced Coordination of Benefits

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Solution

Assists Medicaid members, often in health crisis, to access available commercial coverage and successfully engage with the healthcare system through:

- Specialized data analysis utilizing eligibility and claims data to identify available insurance sources for high-cost member groups
- Individualized case management and support to ensure members receive the care they need while minimizing out of pocket costs
- Leveraging relationships for better member outcomes
  - Medicaid Enrollment Centers and Disability Evaluation Units
  - Clinical Pharmacy Services and Drug Utilization Review Teams
  - Community Case Management
  - Providers and Employers
  - Premium Assistance (HIPP) programs

Enhanced Coordination of Benefits

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Benefits

- **Improved member experience and access to benefits**

  Dedicated Health Benefit Coordinator (HBC) assists members and families with insurance coverage and benefit issues at any point in the process, providing a broader range of services and providers and peace of mind so they can better focus on treatment and care

Enhanced Coordination of Benefits

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Benefits

Significant savings to state Medicaid programs

- Ensure commercial insurance pays primary
- Identify inconsistent billing practices and work with providers to correct
- Increase member satisfaction and reduce escalations

Using Data to Identify Savings

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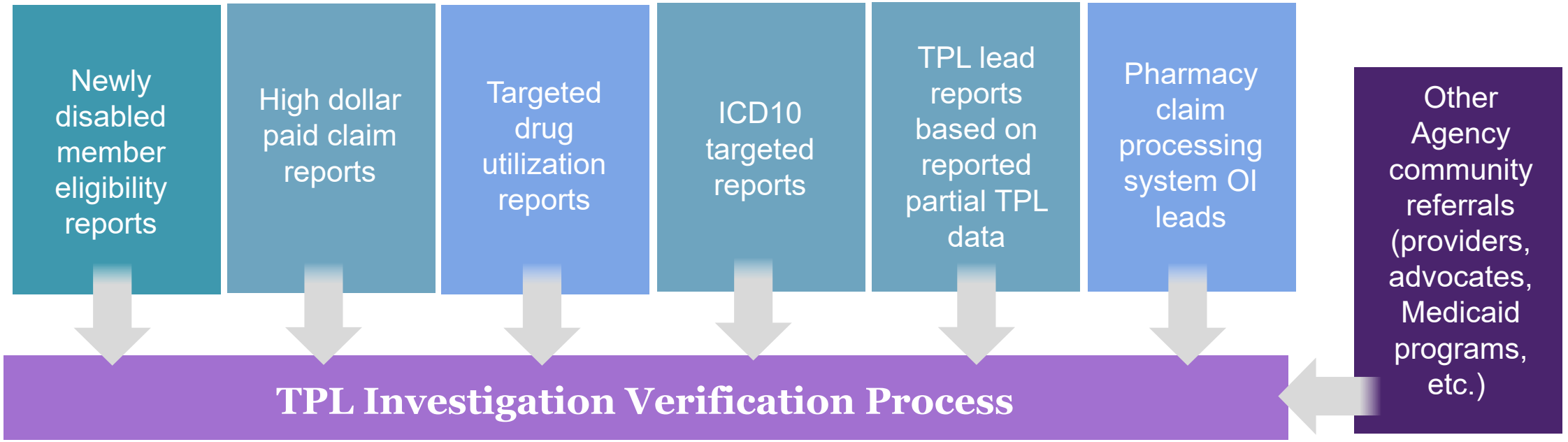
Eligibility and Claims reports to ID target members for investigation



Case Coordination

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Facilitate HIPP enrollment

Advocate on member's behalf with providers, employers, carriers, to resolve claims issues

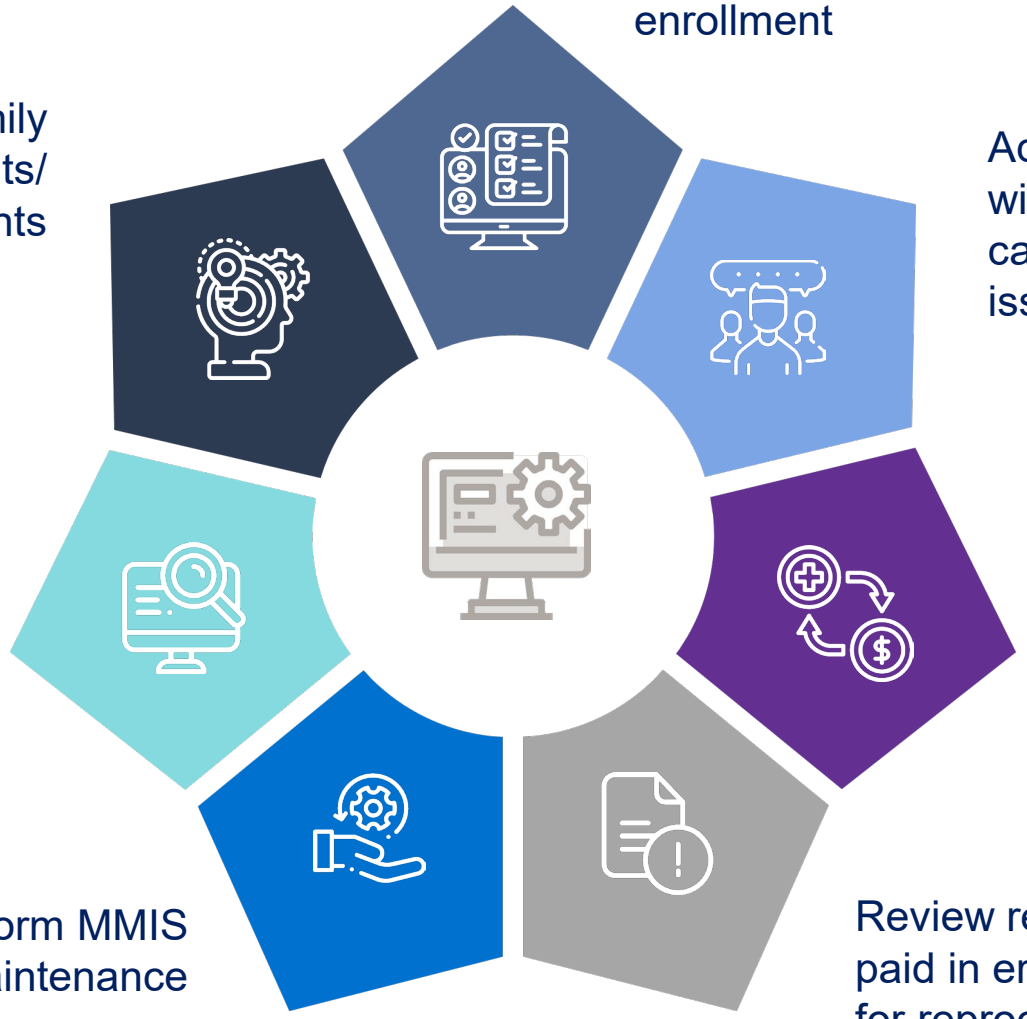
Monitor paid claims to ensure correct claim coordination

Review recent claims paid in error for reprocessing

Perform MMIS TPL maintenance

Monitor TPL and Medicaid eligibility to prevent gaps in coverage

Educate member/ family on TPL benefits/ requirements



Meet Flora

Case Example 1

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- Flora was identified on both a high claim and a targeted diagnosis report.
- She had no TPL on file, and none had been identified through routine premium assistance investigations.
- Flora's drug costs were about $30K a month, and she had several inpatient admissions in the prior year.

- An **ECOB review of customized data sources** found **access to insurance** through the employer of a member of her household. The family did not think electing coverage was affordable.
- The HBC explained the **Premium Assistance** program and reviewed their employer plans for premium assistance eligibility. **The HBC facilitated plan election** with the employer and assisted in processing premium assistance payments to the member.

- A year later, the policy holder stopped working and briefly lost coverage. Flora reached out to her HBC, and they helped **transition her to a COBRA** plan.
- This **primary payer was maintained** during a period of high utilization.
- **ECOB also worked with providers to reverse and rebill claims that had been paid by Medicaid during the COBRA transition.**

Meet Scott

Case Example 2

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- Scott was identified on a Medicaid eligibility report which included members in new Medicaid categories based on disability and no TPL on file.

- **ECOB data matching** identified **current, active** employer-sponsored **insurance** that had not been identified through routine TPL identification. **ECOB updated Medicaid systems** to ensure claims would edit correctly.
- A monthly claims review **identified substantial pharmacy claims** being denied by the primary payer due to lack of prior authorization.
- The **HBC worked** with the pharmacy and carrier to **obtain retroactive prior authorizations** from the primary payer and coordinated the reversal and rebilling of these services.

As a result, Medicaid was able to cost avoid moving forward, as well as recover the claims that had been paid incorrectly.

Enhanced Coordination of Benefits

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Achievements

+12,000 members

have received individualized case management

while ECOB has **cost avoide**d over **$1B** for MassHealth—since FY2000

~$77 million

in cost savings achieved

in the last fiscal year by providing enhanced, one-on-one coordination for **over 230 Medicaid members**

Relationships cultivated with hospitals and providers, advocacy groups, and other public assistance programs have been invaluable in helping to quickly resolve member issues and ensure coordinated access and coverage

Voices of our partners

"The ECOB program provides a personalized experience to some of the most vulnerable and high-cost Medicaid members by engaging directly with members, their advocates, and community partners. The personalized touch not only creates an excellent member experience, but also maximizes cost savings for Massachusetts."

Valerie Berger
Director of TPL and Premium Assistance Operations
MassHealth

Wrap Up

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Leveling Up TPL Coverage and Savings

Integrating TPL with Eligibility processes, data, and teams brings TPL to the forefront and allows Medicaid programs to achieve:

Better *access* for members with expanded benefits

Better *knowledge* through enhanced data insights and actionable data points

Better *performance* to improve the member health care experience

Contact Information

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Thank You