Crossing the Enrollment Finish Line: Increasing TPL Benefits in Massachusetts and Michigan

Session ID #: 5-02

Day: Wednesday, August 14, 2024

Room: M108/M111

MESC
Louisville, KY   Aug 12 – 15
★2024★

Welcome

- **Jen Hartman**, Moderator

- This session is *"Crossing the Enrollment Finish Line Increasing TPL Benefits in Massachusetts and Michigan"*

- Our session will discuss TPL data analytics and processes to identify underutilized health insurance and overcome member enrollment barriers to expand TPL coverage, cost avoidance, and recoveries

- Please remember to silence your cell phones

- We will manage the session by holding all questions until the last 15 minutes

- When asking questions please identify yourself and use the microphones to ensure that all attendees and the presenters can hear the question

Speakers

- **Valerie Weldon Berger** – Director of Third Party Liability and Premium Assistance Operations, MassHealth, Massachusetts Executive Office of Health and Human Services

- **Michelle Smith** – Third Party Liability Division Director, Michigan Department of Health and Human Services

- **Jen Hartman** – Deputy Director for Third Party Liability and Benefit Coordination, ForHealth Consulting at UMass Chan Medical School

- **Kristin Lightbody** – Principal Director, Eligibility and Benefit Coordination, ForHealth Consulting at UMass Chan Medical School

- **Chris Ciano** – Associate Program Director, Benefit Coordination Consulting, ForHealth Consulting at UMass Chan Medical School

Valerie Weldon Berger

- Director of Third Party Liability and Premium Assistance Operations, MassHealth, Massachusetts Executive Office of Health and Human Services
- Valerie.Berger@mass.gov

Valerie Berger has 19 years of experience in state government, working in various roles in Medicaid and the health insurance state-based marketplace. After completing her undergraduate degree, she gained experience in the field as a Medicaid eligibility worker and then in learning and development as a trainer for eligibility staff. While working to obtain her Masters in Public Administration, she joined the Massachusetts Health Connector, the country's first and longest running state-based marketplace, where she played key roles in both pre- and post- Affordable Care landscape.

Valerie currently serves as the Director of Third Party Liability and Premium Assistance Operations for MassHealth, the Massachusetts Medicaid program, where she is responsible for developing and overseeing all TPL functions, including third party health insurance identification, Health Insurance Premium Payment (HIPP), coordination of claims, claims recovery, and casualy and estate recovery.

Michelle Smith

- Third Party Liability Division Director, Michigan Department of Health and Human Services
- SmithM22@michigan.gov

Michelle Smith possesses over 18 years of experience in Michigan Medicaid, focusing extensively on Third Party Liability activities. Her career highlights include leadership roles overseeing Other Insurance Claims Processing, Health Recovery initiatives, Cost Avoidance strategies, and Medicare Buy-In activities.

In her current role, Michelle serves as the Third Party Liability Division Director for the State of Michigan. In this role she is responsible for overseeing all TPL functions, including third party health insurance identification, Medicare Buy-In activities, claims recovery, and casualty and estate recovery.

Jen Hartman

- Deputy Director for Third Party Liability and Benefit Coordination, ForHealth Consulting at UMass Chan Medical School
- Jenifer.Hartman@umassmed.edu

Jen Hartman leads ForHealth Consulting Third Party Liability (TPL) teams that provide health and human services operations, consulting, and customer service for state Medicaid programs, including identification of third-party resources, eligibility and enrollment, premium assistance, coordination of benefits, and recovery activities. She previously developed and implemented TPL initiatives to expand and coordinate benefits for Dually Eligible Medicaid-Medicare members.

Jen's expertise and experience with state and federal data, combined with member support strategies and a collaborative approach to working with state Medicaid programs, SSA, and CMS, have achieved national and state-level successes for health and human services clients. This includes work resulting in member benefit expansions and two national benefit corrections that returned hundreds of millions of dollars to states.

Kristin Lightbody

- Principal Director, Eligibility and Benefit Coordination, ForHealth Consulting at UMass Chan Medical School
- Kristin.Lightbody@umassmed.edu

With a deep understanding of Medicaid eligibility, TPL, and benefit coordination, Kristin Lightbody leads a team of Medicaid Eligibility subject matter experts in translating policy into system business requirements, implementing operational initiatives, and coordinating Medicaid eligibility and TPL processes for members.

As an expert in data analysis and program management, Kristin helps to deliver healthcare eligibility, financing, and policy solutions to advance innovation. She is currently leading design, development, and implementation of Medicaid eligibility and program integrity initiatives, helping to achieve provide more accurate Medicaid benefit eligibility determinations across multiple eligibility systems and supporting millions in cost savings to state Medicaid clients.

Chris Ciano

- Associate Program Director, Benefit Coordination Consulting, ForHealth Consulting at UMass Chan Medical School
- Christopher.Ciano@umassmed.edu

Chris Ciano manages multiple initiatives aimed at achieving Third Party Liability cost savings and revenue for one of ForHealth Consulting's major Medicaid clients. He leads operations and consulting activities focused on identification, enrollment, and coordination of federal benefits for Medicaid members, including Medicare, Medicare Savings Programs, TRICARE, and CHAMPVA, while ensuring efficiency, quality customer service, and compliance with state and federal laws.

Chris previously managed a State Health Insurance Assistance Program (SHIP) funded by the Centers for Medicare & Medicaid Services (CMS). He has more than 15 years of experience in Medicare and Medicaid administration and benefit coordination, data analysis, and state and federal program policies and regulations.

Crossing the Enrollment Finish Line:

Increasing TPL Benefits
in Massachusetts & Michigan

Massachusetts and Michigan Medicaid

Massachusetts	By the Numbers …	Michigan
+ 2 Million	**Total Medicaid Members**	+ 2.6 Million
66% • Includes MCO, ACO, PCC • Excludes Integrated Care programs (SCO, PACE, OneCare) • TPL population is excluded from Managed Care	**Managed Care Population**	71% • TPL population is enrolled in Managed Care
4% (excludes TPL population and Duals)	**Fee-for-Service Population**	29%
~ 442,000 (Medicare + commercial comprehensive)	**TPL Population**	~ 806,000 (Medicare + commercial)
8% • Population with comprehensive, dental, or vision policies	**Members with Commercial Insurance**	17% • Population with comprehensive, dental, vision, pharmacy, or LTC policies
17%	**Members with Medicare**	14%

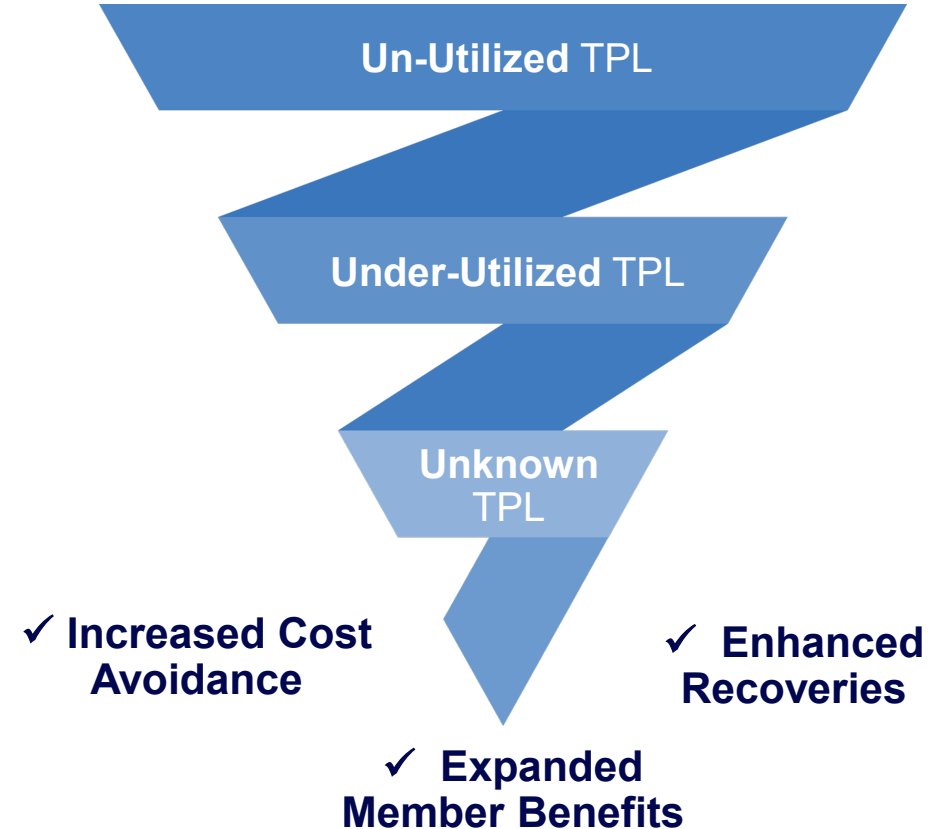# Increasing TPL Benefits in Massachusetts & Michigan

Effectively leveraging all available health insurance options for members is crucial for state Medicaid programs

Traditional health insurance identification and data matching activities only find active TPL coverage

TPL already being utilized by members

- **Limited Benefits and Savings**

What health insurance options are available to members, but are not currently active?

Un-Utilized TPL

Under-Utilized TPL

Unknown TPL

✓ **Increased Cost Avoidance**

✓ **Enhanced Recoveries**

✓ **Expanded Member Benefits**

Strategies to Increase TPL Access and Enrollment

Charting the Health Insurance Enrollment Course

- Identify Medicare, Employer Sponsored Insurance (ESI), and TRICARE/CHAMPVA coverage available to members, but not being accessed

- Utilize available data sets to isolate member enrollment opportunities

- Assist members in successfully completing enrollment processes

Data Analysis to Identify TPL Access Opportunities

Enrollment Support to Overcome Barriers

Expanded Benefits for Members and **TPL Savings for States**

Medicare Enrollment Support

Medicare Enrollment: Opportunity & Approach

Opportunity

- Largest single source of TPL savings for states
- Provides expanded benefits and coverage for Medicaid members

➤ **Why are members aged 65+ not enrolled in Medicare?**
➤ **Are we sure they *don't* or *can't* qualify?**

Data Analysis

- Query Medicaid demographic and eligibility data
  - Age
  - Citizenship status
  - Medicare Savings Programs (MSP) status
- Confirm Medicare status with federal data sets (TBQ, MMA)

Action Plan

- Ensure all Medicaid members aged 65+ who qualify for Medicare at no additional cost are successfully enrolled
- Focus on members most likely to qualify
- Engage members to explain benefits and assist with enrollment
- Provide support through the enrollment process with SSA

Medicare Enrollment: Overcoming Barriers

Challenges	Solutions
Member Concerns • I'll lose Medicaid if I have Medicare • Medicare will cost more money • I don't have enough work history to qualify for Social Security and Medicare **Challenging Enrollment Process** • Language barriers • Confusion and hurdles navigating the SSA enrollment process, including appointment scheduling • Previous Medicare denials **Difficulty Completing Enrollment** • QMB members may be turned away when trying to schedule an SSA appointment, especially outside of traditional enrollment periods • QMB members may be inaccurately denied for lack of work quarters	**Member Education Notice** • Provide information on the benefits of Medicare in addition to Medicaid and how they work together • Include FAQs to address enrollment concerns and barriers • Offer 1:1 support through customer service line **Comprehensive Member Support** • Ensure interpreter services are available • Assist with scheduling SSA appointments • Conduct follow-up calls after SSA appointment dates **Collaboration with SSA and CMS** • Meet regularly with SSA Regional Office to review activities • Discuss appointment scheduling issues and options • Review potentially inaccurate enrollment denials • Exploring online application options to streamline enrollment process for QMB members

Medicare Enrollment: Results

Massachusetts: *Over $115M in new cost avoidance savings since SFY14*

| **+ 21,000 members** identified for Medicare enrollment support | **+ 62,000 letters** mailed | **+ 51,000 phone contacts** for customer service support | **83% Medicare enrollment rate** |

Michigan: *Over $41M in new cost avoidance savings since SFY15*

| **+ 13,000 members** identified for Medicare enrollment support | **+ 34,000 letters** mailed | **+ 14,500 phone contacts** for customer service support | **97% member cooperation rate** |

Employer Sponsored Insurance Expansion and Enrollment Support
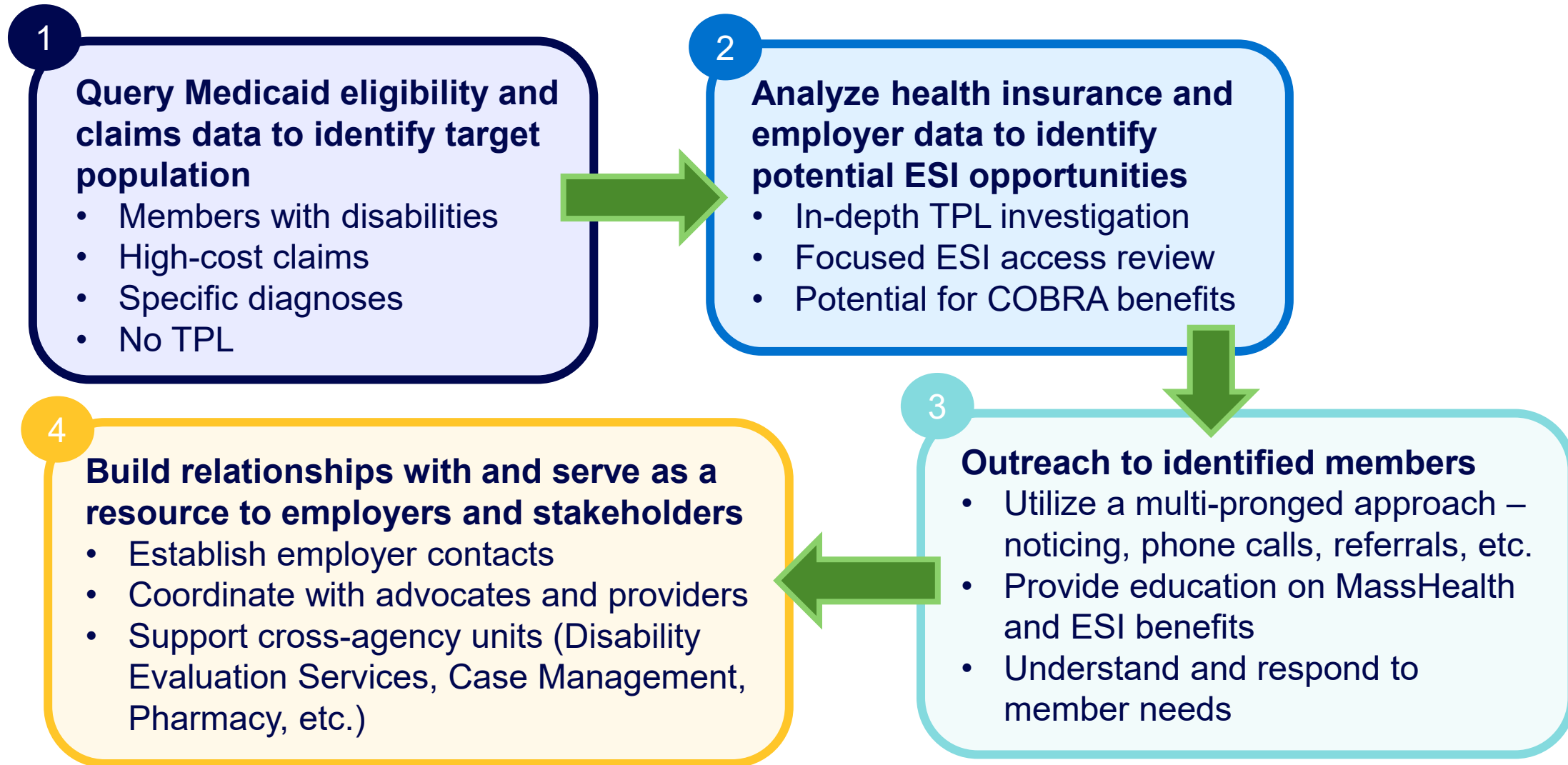
Employer Sponsored Insurance: Opportunity

- A small percentage of MassHealth members with disabilities account for a high percentage of MassHealth spending

  - In SFY22, the MassHealth Disabled population made up 14% of enrollment, but accounted for 32% of spending[*]

- Identifying ESI enrollment opportunities for these members can provide significant savings to MassHealth while expanding member benefits

  - MassHealth has a robust Health Insurance Identification and Recovery program, along with an active Premium Assistance program to help support member ESI enrollment

> ➤ *Can targeted data analysis to identify ESI opportunities and member support to facilitate enrollment with employers succeed in expanding ESI coverage and savings?*

Employer Sponsored Insurance: Approach

1

Query Medicaid eligibility and claims data to identify target population
- Members with disabilities
- High-cost claims
- Specific diagnoses
- No TPL

2

Analyze health insurance and employer data to identify potential ESI opportunities
- In-depth TPL investigation
- Focused ESI access review
- Potential for COBRA benefits

3

Outreach to identified members
- Utilize a multi-pronged approach – noticing, phone calls, referrals, etc.
- Provide education on MassHealth and ESI benefits
- Understand and respond to member needs

4

Build relationships with and serve as a resource to employers and stakeholders
- Establish employer contacts
- Coordinate with advocates and providers
- Support cross-agency units (Disability Evaluation Services, Case Management, Pharmacy, etc.)

# Employer Sponsored Insurance: Results

Massachusetts: ~$72M in annual cost avoidance savings in the past three state fiscal years

~ 1,000 new comprehensive ESI plans identified and coordinated in SFY24, which were not identified through routine TPL activities

Expanded benefits secured for members with acute or chronic illnesses, achieving **TPL coverage of high-cost services**
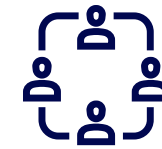
Relationship building increases coordination with and benefits for stakeholders

- Providers realize higher commercial reimbursement rates for services
- Advocate organizations expand referrals and support for members
- Cross-agency coordination leads to additional savings opportunities

TRICARE and CHAMPVA Identification and Enrollment Support

TRICARE/CHAMPVA: Opportunity & Approach

- How can we identify Medicaid members who qualify for TRICARE or CHAMPVA coverage?

  - The Department of Defense's (DOD) Defense Enrollment Eligibility Reporting System (DEERS) file has not been available to states since 2017

  > *What alternative data sources may provide TRICARE or CHAMPVA information for members?*

  - Massachusetts utilized the Public Assistance Reporting Information System (PARIS) Federal and VA Match response data to identify "leads" for members with potential TRICARE/CHAMPVA coverage or eligibility

TRICARE/CHAMPVA: Data Analysis & Initial Results

PARIS Federal and VA Match Files

Query files to identify:
- Active-duty service members
- Military retirees
- Disabled veterans
- Survivors and other dependents

➢ **+4,555 Leads Identified**

Commercial Health Insurance Clearinghouse Match

Query leads to confirm TRICARE or CHAMPVA coverage

➢ **2,217 Policies Confirmed**

Massachusetts Identification Results

MMIS Adds:
- 2,092 TRICARE members
- 125 CHAMPVA members

➢ **$9M in annual cost avoidance savings**
➢ **$1.8M in recovery opportunities**

Over 650 MassHealth members identified as potentially eligible for TRICARE or CHAMPVA enrollment

TRICARE/CHAMPVA Enrollment: Action Plan

Massachusetts: *FY25 TRICARE/CHAMPVA Enrollment Initiative*

1 | **Outreach to Members Potentially Eligible for Enrollment**

- Mail notices to inform members of the benefits of TRICARE and CHAMPVA coverage in addition to MassHealth

2 | **Provide Comprehensive Customer Support**

- Operate a customer service line to answer questions, provide education, and resolve barriers
- Screen members for potential TRICARE or CHAMPVA eligibility
- Facilitate interpretation services and benefits such as HIPP/premium assistance to assist with costs

3 | **Assist Members through Enrollment Process**

- Help navigate enrollment with:
  - Defense Enrollment Eligibility Reporting System (DEERS)
  - Real-Time Automated Personnel Identification System (RAPIDS) site locations
  - Veterans Health Administration Office of Community Care (VHA CC)
 - TRICARE Regional Contractors

Lessons Learned

Investment in data analysis saves frustration and amplifies results.

- In-depth data analysis that identifies **leads with the highest likelihood of successful enrollment** benefits all stakeholders.
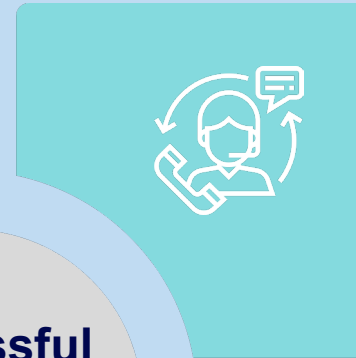
Relationship building lays the foundation for continued success.

- **Positive working relationships with stakeholders**, like SSA, employers, and advocates, supports current and future opportunities to **achieve our common goals for member benefits**.
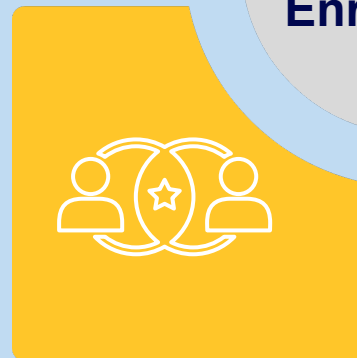
Successful TPL Enrollment

Member contact is key.

- When we speak directly with members to provide one-on-one support, **nearly all members agree to move forward** with enrollment.

Education can make all the difference.

- **Increasing understanding** among members and stakeholders of how Medicaid works with other insurance, the benefits, and the process to obtain coverage is the **most effective strategy for overcoming enrollment barriers**.

QUESTIONS...

THANK YOU!

A recording of this session will be available on the MESC Attendee Hub (accessible with your registration)

Presentations will be posted to the conference website – www.mesconference.org - within the next few weeks