



Factors Affecting Beneficiary Enrollment in the Financial Alignment Initiative

—
Medicaid and CHIP Payment and Access Commission

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Overview

- Beneficiaries began enrolling in the Financial Alignment Initiative (FAI) in 2013
- 10 states are operating 11 capitated model demonstrations
 - states and CMS contract with Medicare-Medicaid plans (MMPs) to coordinate Medicare and Medicaid benefits

Approach

- MACPAC contracted with Mathematica Policy Research (MPR) to analyze factors affecting enrollment in all the demonstrations
 - Mixed-method approach combining results of three quantitative analyses and the qualitative interview themes
 - Data from CMS, states, three-way contracts, and interviews with state officials and MMP representatives with higher levels of enrollment relative to other MMPs

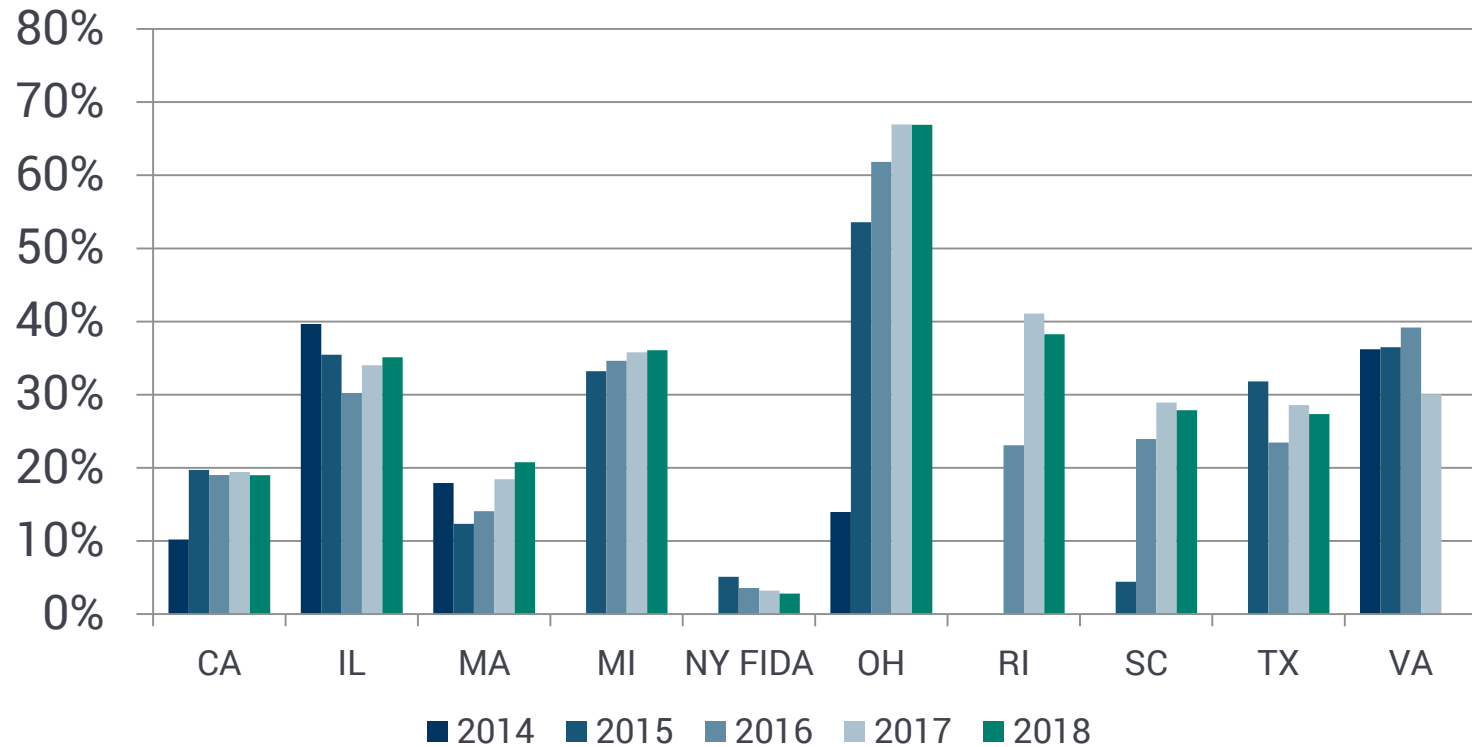
Research questions

- Our analysis sought to answer the following research questions
 - Which states and MMPs have been most effective in enrolling eligible beneficiaries to date and increasing participation rates over time?
 - Which state policies and strategies have been most (and least) effective in increasing participation rates among eligible enrollees?
 - Are certain MMP strategies or characteristics associated with higher enrollment levels and enrollment growth?

Beneficiary participation rates

- Enrollment has been lower than expected; about 29 percent of eligible individuals enrolled
- Beneficiary participation rates vary by state
 - Range from 4 percent in New York to 67 percent in Ohio
- Only full-benefit dually eligible beneficiaries are eligible to enroll
- Enrollment is voluntary for beneficiaries and they can enroll/disenroll/change plans at any time, consistent with longstanding Medicare policy

Beneficiary Participation Rates by State, Calendar Years 2014-2018



Note: Includes capitated model demonstrations only. New York’s Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) demonstration is excluded because its participation rate is not comparable to other states; the state allowed only voluntary enrollment for the target group. Figure uses state-reported FAI eligibility estimates to calculate participation rates. FIDA is Fully Integrated Duals Advantage.

Source: Mathematica Policy Research. *The complex art of making it simple: Factors affecting enrollment in integrated care demonstrations for dually eligible beneficiaries.* December 4, 2018.

Primary factors affecting enrollment

- Associated with higher participation rates
 - Passive enrollment
 - Alignment of key features of managed long-term services and supports (MLTSS) programs with FAI
 - Relationships with care coordinators including contact prior to passive enrollment and face-to-face meetings
- Associated with lower participation rates
 - Insufficient LTSS provider support and engagement with MMPs

Major Factors Affecting Enrollment

Higher enrollment	Lower enrollment
Primary factors	
Passive enrollment	Insufficient LTSS provider support and engagement with MMPs
Align FAI demonstration and MLTSS program	
Relationships with care coordinators and specific care coordination techniques	
Secondary factors	
Medicaid deeming policies	Ability to enroll, disenroll, or change MMPs at any time
Collaboration with community-based organizations	Provider influence
Strong provider networks	Systems and data issues
Emphasis on certain outreach messages	Complicated enrollment notices
Independent third-party enrollment broker ¹	Independent third-party enrollment broker ¹

Notes: Includes capitated model demonstrations only. FAI is Financial Alignment Initiative. MLTSS is managed long-term services and supports. MMP is Medicare-Medicaid plan.

¹Independent third-party enrollment broker was viewed by state officials as increasing enrollment and by MMP representatives as decreasing enrollment.

Source: Mathematica Policy Research. *The complex art of making it simple: Factors affecting enrollment in integrated care demonstrations for dually eligible beneficiaries.* December 4, 2018.

Other factors affecting enrollment

- Use of enrollment brokers
 - States and MMPs divided on effect of brokers
- Competing managed care products
 - Numerous coverage options in addition to MMPs, include the Program of All-Inclusive Care for the Elderly (PACE) and Medicare Advantage special needs plans (SNPs)
 - Plans and others assisting beneficiaries with enrollment choices could have financial incentives that steer beneficiaries away from integrated products

Policy questions for further consideration

- Should states be allowed to use default enrollment to address low participation rates?
- What changes could be made to beneficiary MMP enrollment notices to better inform beneficiaries about their options?
- Should dually eligible beneficiaries be able to change their Medicare plan at any time or should their ability to change plans be limited, consistent with policies for non-dually eligible beneficiaries, to once per year?

Policy questions for further consideration, continued

- Other questions related to the design of integrated care programs more broadly
 - To what extent can states align MLTSS and integrated care program features?
 - What would be the effect on enrollment of states adopting Medicaid eligibility deeming policies?
 - How can states ensure that provider networks are adequate in integrated care programs?
 - What is the state's role in encouraging enrollment into fully integrated plans?



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