Massachusetts Dual Eligible Data Analytics

Presenter: Jenifer Hartman
Medicare Eligibility Enhancement Programs

FOCUS ON DUAL ELIGIBLES –
A Key Medicaid Population

Dual Eligible recipients represent a critical population for State Medicaid programs

✔ CMS reports that Dual Eligibles accounted for only 15% of Medicaid enrollments, but 33% of Medicaid spending, in 2012[1]

Medicare: a valuable resource for both States and Medicaid members

✔ Largest single source of Third Party Liability savings for states

✔ Source of expanded benefits and coverage for Medicaid members

THE MASSACHUSETTS APPROACH

MassHealth, the Massachusetts Medicaid Program and the University of Massachusetts Medical School partnered to design and deploy Dual Eligible data analytics projects

Goals:

✔ Create actionable data points to improve access to Medicare

✔ Optimize delivery and coordination of benefits to Dual Eligible members

✔ Help ensure Medicaid members receive all benefits to which they are entitled

✔ Protect Medicaid as the Payer of Last Resort

Activities:

✔ Identify combinations of key data elements for Medicaid members → indicate a high likelihood to qualify for Medicare benefits

✔ Isolate data discrepancies which may be preventing Medicare enrollment or access to full Medicare benefits.

✔ Provide MassHealth with actionable data points to:
  – Prioritize populations
  – Customize Medicare enrollment and coordination strategies
  – Resolve barriers to allow Medicaid members to full access all available Medicare coverage

[1] "People Enrolled in Medicare and Medicaid" Fact Sheet, Medicare-Medicaid Coordination Office, Centers for Medicare and Medicaid Services, August 2017. Accessed at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf.

Bringing Data into Focus to Optimize Benefits and Savings for Medicare-Medicaid Members

CURRENT DUAL ELIGIBLES
Ensure Data Integrity

DATA ANALYSIS — Continuously validate Medicare data on Medicaid systems to ensure information is up-to-date

ACTION — Identify, research, and resolve data discrepancies between state and federal data sources to facilitate successful:

• Medicare enrollment
• Payment of Medicare premiums
• Accurate crossover claims pricing and processing
• Medicare recoveries

UNDER-65, DISABLED MEDICAID MEMBERS
Correct Missed Medicare

DATA ANALYSIS — Evaluate members under the age of 65 with disabilities who appear to have been missed or mistakenly denied for Social Security Disability and Medicare based on disability and work history status

ACTION — Collaborate with SSA to provide documentation of member eligibility and achieve benefit reviews and corrections to appropriately grant SSDI and/or Medicare benefits

OVER-65 MEDICAID MEMBERS
Achieve full Medicare enrollment

DATA ANALYSIS — Classify members aged 65 and over who qualify for Medicare, but have never completed the enrollment process, into potential Medicare eligibility groups and prioritize populations for enrollment support activities

ACTION — Provide outreach, education, and direct customer service to assist members through the enrollment process with SSA

RESULTS IN FOCUS –
Massachusetts Dual Eligible Benefits and Savings

• **Achieved over $68M in new savings** over last three years by **optimizing benefits for Dual Eligible members**

• **Obtained Medicare entitlement corrections for nearly 1,600 Medicaid members,** under the age of 65 with disabilities, who had been previously missed or mistakenly denied benefits by SSA, leading to **over $13M in new annual cost avoidance savings**

• **Supported more than 3,400 Medicaid members, aged 65 and older, to successfully enroll in Medicare,** who have never before completed the enrollment process with SSA, resulting in **over $31M in total cost savings**

• **Collaborated with the SSA Regional Office** to submit Medicare applications on behalf of qualifying Medicaid members who did not respond to state requests to enroll in Medicare, **successfully achieving state-initiated enrollment of members into Medicare and Medicare Buy-In benefits**

• **Identified and recovered > $21M in Medicare premium overpayments for Medicaid members with discrepancies** in Medicare entitlement, premium rates, and premium charges