

Communicating Early Results of Integrated Care Efforts for Dually Eligible Individuals: State Approaches

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IN BRIEF

Many states are working in partnership with providers, health plans, and other stakeholders to transform care delivery for individuals dually eligible for Medicare and Medicaid. While there has been considerable growth in the number of individuals enrolled in integrated care models, sustaining support for integrated care and expanding its availability are continued priorities for state and federal policy makers. Demonstrating early achievements and positive beneficiary/provider experiences in new integrated care programs is essential to both maintain support from legislators, providers, and advocacy groups and increase beneficiary enrollment. This brief describes state approaches for communicating early program results including: (1) development of key program indicator dashboards; (2) dissemination of early beneficiary experience data; and (3) sharing of early success stories.

States are using a variety of integrated care models to transform care delivery for dually eligible individuals, including demonstration programs under the Financial Alignment Initiative, contracts with Medicare Advantage Dual-Eligible Special Needs Plans (D-SNPs), and managed long-term services and supports (MLTSS) programs.¹ These states are working in partnership with a broad range of stakeholders, including federal officials, providers, health plans, advocates, and consumers to implement and oversee integrated care models.

Demonstrating achievements is critical to ensure ongoing support for these innovative care delivery efforts. Communicating results from early program data can help sustain support for new integrated care options, while also making the case for expanding existing programs or launching similar innovations in other states. Given that many integrated care programs are in their early stages and formal evaluation efforts take time,² states can use early program indicator data and information on beneficiary and provider experiences to assess initial program impact and update key stakeholders on their programs' progress.

As part of The Commonwealth Fund and The SCAN Foundation-supported project, *Implementing New Systems of Integration for Dually Eligible Enrollees (INSIDE)*, representatives from a number of states exchanged strategies for communicating results both internally and externally from new integrated care programs. This brief highlights the types of data states are collecting and their strategies for sharing this information with key stakeholders.

Developing Dashboards of Early Program Data

Because it can take months or even years to measure the impact of a new program on the quality and cost of care, states need more immediate indicators of whether a program is being implemented as intended and is meeting enrollees' needs. States have several sources of data to help them understand early program performance, including: contract management information; claims processing data; call center feedback; appeals and grievances activity; Health Risk Assessment (HRA) and Plan of Care (POC) completion rates; and enrollment data. Using these data sources, a number of states have created "dashboards" to report key information to both internal and external stakeholders, for example:

1. Dashboards Reporting Health Risk Assessment Completion Rates

Several states operating financial alignment demonstrations have developed dashboards that track the completion rate of HRAs — the initial assessments that serve as the foundation of individualized care plans.³ Locating new enrollees and engaging them to complete HRAs within state-prescribed timeframes is challenging for the demonstrations' Medicare-Medicaid Plans (MMPs).⁴ The public reporting of HRA completion rates and the ensuing discussions among states and their MMPs, providers, and other stakeholders about the data has led to productive, joint problem solving on ways to locate hard-to-reach enrollees.

For Cal MediConnect, California's financial alignment demonstration, the state developed a sophisticated dashboard that includes data on HRA completion rates. The state's work on the dashboard helped to identify early variations in the reporting of HRA completion rates across the state's MMPs. Upon investigation, state staff realized that MMPs were defining "hard-to-reach" differently, making uniform data reporting difficult. The state worked with the MMPs to standardize definitions, clarify HRA reporting requirements, and update dashboards. This improved state and stakeholder ability to understand an individual plan's performance and make comparisons across plans. The state also developed a fact sheet to help stakeholders interpret HRA completion data and understand the HRA process.⁵

2. Dashboards Reporting Comprehensive Data

States have also developed dashboards that report several types of data including enrollment, care management, and quality information. To maintain stakeholder engagement and support program oversight, Virginia developed a series of internal and external dashboards after the launch of its financial alignment demonstration Commonwealth Coordinated Care (CCC). Virginia's dashboards incorporate data from several sources, including uniform data reporting from the state's three MMPs. (See call-out box for Virginia's dashboard approach.)

Texas has also created a series of internal dashboards and oversight tools for its financial alignment demonstration, including a tool that tracks HRA completion rates, an issues log, and a quarterly progress report.⁶ The issues log includes complaints, outstanding questions, and appeals updates gathered from MMPs. The quarterly progress report includes performance metrics that align with plan reporting requirements in the MMP contracts. MMPs must submit information to the state for these tools on a quarterly basis, which gives Texas the ability to identify and remedy issues before they become significant problems. This quarterly self-reporting

of data gives MMPs routine feedback on their success in meeting program requirements without waiting for formal audits or evaluation results. While not in dashboard form, Massachusetts has begun periodically reporting plan financial reporting data, including spending on broad service categories, in public meetings.

Virginia's Commonwealth Coordinated Care: Comprehensive Dashboard Development

Virginia developed dashboards for both internal and external stakeholders for its Commonwealth Coordinated Care (CCC) financial alignment demonstration. As part of a long-term strategy to implement managed long-term services and supports service delivery statewide, Virginia will implement a MLTSS/D-SNP-based integration program in 2017. This program will incorporate many of the successful communication strategies developed to oversee the CCC demonstration.

Internal Contract Management Team (CMT) Dashboard

Virginia uses its comprehensive CMT dashboard to oversee contract compliance with CCC MMPs. The dashboard includes information on claims processing, service utilization, call center performance, appeals and grievance activity, provider network updates, provider and beneficiary trainings, HRA and POC completion rates, and enrollment and opt-out rates. MMPs initially submitted dashboard data to the state and the Centers for Medicare & Medicaid Services (CMS) on a weekly basis, however the frequency gradually declined after implementation to monthly submissions. The dashboard is reviewed routinely during CMT meetings and is also loaded into a state database to analyze trends in between formal quality report submissions.

External Care Management and Enrollment Dashboards

Virginia developed a care management performance dashboard in collaboration with CCC MMPs to update stakeholders on care manager ratios and HRA and POC completion rates. Virginia's dashboard presents combined performance of all CCC plans and separates performance for specific CCC subpopulations including individuals who reside in nursing facilities, individuals who receive home- and community-based waiver services, and higher-risk individuals for whom HRAs must be completed more quickly. The reporting requirements, templates, and most recent dashboard are on the CCC website.⁷ Following California's approach to report on enrollment and opt-out rates for the Cal MediConnect program, Virginia also developed an enrollment dashboard that provides a comprehensive snapshot of enrollments by geographic region, population type, and MMP. The dashboard also includes top reasons for beneficiary opt-outs from passive enrollment. This and other external CCC dashboards are a routine part of state presentations to stakeholders.

To understand early beneficiary experiences, states are also examining data from ombudsman programs to find trends and address beneficiary concerns and considering how this data can be shared externally. Analysis of ombudsman data can help states determine beneficiary reasons for opting out of financial alignment demonstrations, uncover what beneficiaries want from care management, and improve understanding about enrollee choice.

Assessing Beneficiary Experience

Gathering information from beneficiaries can help states and stakeholders understand beneficiaries' perceptions of integrated care and improve their experiences in new programs. Since the launch of the One Care program, Massachusetts' financial alignment demonstration, the state has assessed beneficiary experience through focus groups and telephone and mail surveys as part of the One Care Early Indicator Project (EIP).⁸ These efforts have examined various dimensions of the program, including: enrollment processes; continuity of care and care coordination; understanding of benefits and materials; and access to providers.⁹

The survey findings were discussed with the One Care MMPs and the state's Implementation Council, an advisory body comprised of key stakeholders that informs early operation of the demonstration program. The findings showed that enrollees were generally satisfied with One Care and intended to stay enrolled. The survey findings also highlighted the need to improve communication with enrollees to increase understanding of the One Care model and empower them in their role as the center of the person-centered care planning process.¹⁰ Before sharing the survey results broadly, Massachusetts worked with its EIP workgroup, a subset of implementation council members, to analyze the survey findings, develop a communication strategy, and agree on a set of actionable recommendations. The use of a dedicated workgroup to analyze survey results helped to promote buy-in from the full council and other stakeholders. The state found value in focusing recommendations from survey results on actionable findings and identifying who could take action on each recommendation.

Similar to the OneCare approach, California is reviewing data gathered by university and foundation partners that are independently assessing early beneficiary experience in the Cal MediConnect program.¹¹ As early data comes in from Massachusetts, Virginia, and California, their strategies for sharing beneficiary experience data can inform both state and health plan efforts to communicate results and refine program processes in new integrated care programs. (See call out box for Massachusetts' strategies.)

Massachusetts' Strategies for Communicating Results from Beneficiary Experience Surveys

Following are three strategies used by Massachusetts to communicate the results of beneficiary experience surveys:

- 1. Collaborating with Existing Stakeholder Committees**
 - **Support transparency** – share preliminary results with stakeholders to identify questions and concerns early on, along with priorities for additional, and potentially deeper-dive, data analyses.
 - **Promote buy-in** – engage Implementation Council members in survey design and analysis of results to ensure examination of metrics important to key stakeholders.
- 2. Engaging Health Plans**
 - **Find relationships** – brief health plans on preliminary and final survey results in advance or in parallel with other stakeholders to help identify relationships between survey data and plan activities.
 - **Share plan-specific data** – provide data to plans for continuous quality improvement efforts.
- 3. Packaging Results**
 - **Highlight trends and themes** – point out trends across responses and high-level themes (e.g., enrollee receipt/knowledge of interdisciplinary care plan) to help stakeholders interpret the data.
 - **Make recommendations actionable** – limit recommendations to findings that are actionable and identify all parties that can take action (health plans, committee members, providers, state staff, etc.).

Identifying, Packaging, and Sharing Success Stories

States, health plans, and other organizations that understand the potential of integrated care are finding and sharing success stories to maintain and build support for integrated care programs. Both Arizona and Florida have found value in disseminating success stories for individuals enrolled in their MLTSS programs. Arizona includes beneficiary success stories that exemplify

how program priorities impact the lives of members in its Arizona Long Term Care System (ALTCs) in the annual ALTCs home- and community-based services (HCBS) report.¹² Florida highlighted positive stakeholder feedback from advocates, provider associations, and health plans on the roll-out of its Statewide Managed Care program in a “*What they are saying...*” press release.¹³ The state also recently released a quality and performance snapshot highlighting evaluation and consumer survey results and HCBS rebalancing achievements for the long-term care and managed medical assistance components of the Statewide Managed Care program.¹⁴

States operating financial alignment demonstration programs are refining approaches to sharing success stories to encourage enrollment and increase provider engagement in these new programs. The SCAN Foundation partnered with Collaborative Consulting and the California Association of Health Plans to capture stories of successful experiences with coordinated models of care.¹⁵ Key state strategies include: (1) having beneficiaries tell their own stories; (2) tailoring success stories to specific provider audiences; and (3) finding provider champions who can educate other providers.

1. Have Beneficiaries Tell Their Story

Massachusetts developed a series of video vignettes that include actual One Care enrollees describing how the program has impacted their care and quality of life.¹⁶ Having beneficiaries tell their own stories can be a powerful approach to educating potential enrollees about integrated care, including the role of care managers and the process of person-centered care planning, which are difficult concepts to understand.

2. Target Success Stories to Your Audience

In South Carolina, MMPs in the state’s financial alignment demonstration, Healthy Connections Prime, report success stories collected by their care managers during operations meetings with the state. The state synthesizes these stories to highlight member needs, care coordination impacts, and person-centered responses, then shares them with specific provider audiences. The stories are included in outreach presentations targeted to physicians, hospitals, and HCBS providers to support the state’s post-implementation provider education and outreach efforts. (See call box for an example.)

South Carolina continues to receive support from the MMPs to find new stories told from the viewpoint of enrollees, care coordinators, providers, stakeholders, and caregivers, and the state that can be used to share success stories with other audiences. The state’s website was recently redesigned to include a Member Stories page that shows the impact of the program in a concrete way that speaks to beneficiaries, caregivers, advocates and providers.¹⁷ Future initiatives will add success stories to program materials including brochures and create video testimonials to showcase the program and highlight the enrollees’ experiences.

3. Partner with Provider Champions

Other states, including California and New York have identified provider champions willing to share their individual success stories and experience with other providers as part of state-sponsored stakeholder summits. During one of a series of 2015 Cal MediConnect provider summits, a network PCP for Cal MediConnect MMPs spoke to a group of over 200 providers and

provider representatives. This provider champion's remarks illustrated how care coordination and data sharing efforts under the new program can complement and support practice-level population health management efforts that are central to addressing the complex needs of dually eligible patients.¹⁸ This approach of peer-to-peer sharing of success stories and experiences in new integrated care programs can be replicated by other states and also by health plans.

Success Story for a Primary Care Physician Audience

As care managers in one Healthy Connections Prime MMP conducted HRAs, they identified several enrollees who had not visited a primary care physician (PCP) for an extended period—several years in some cases. Through the encouragement of the care manager as well as the plan's Community Connector outreach staff, the MMP was successful in getting these members connected or reconnected with a PCP for both the treatment of their chronic conditions and completion of preventative health screenings. This included accompanying some members to their doctor's visit where needed.

Final Considerations for Communicating Results and Maintaining Support

State efforts to communicate early program results demonstrate an increasing level of sophistication in presenting data and tailoring messaging to different audiences as well as a strong interest in finding and sharing individual provider and beneficiary success stories. As policy makers and key stakeholders review the increasing array of data becoming available, attention should be given to how individual beneficiaries gauge success of integrated care models as well as how provider engagement may impact enrollment in these new programs.

Although states and their federal partners are conducting formal evaluations of new integrated care programs, including a national evaluation of the Financial Alignment Initiative that is being conducted by RTI International on behalf of CMS, there is strong stakeholder interest in early program data. The ability to use this data and effectively communicate early program results is central to maintaining support for Medicare-Medicaid integration efforts, particularly as state and federal policymakers wait for formal evaluation results¹⁹ that show how integrated models impact quality of care and costs for this vulnerable population. The strategies employed by states described in this brief can be replicated by other states as they implement new integrated programs or refine their approaches to share early program results with stakeholders.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy center dedicated to advancing innovations in health care delivery for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

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ENDNOTES

- ¹ The Affordable Care Act (ACA) created new opportunities for states to create integrated Medicare and Medicaid delivery systems, including the Financial Alignment Initiative and new state contracting authority under the Dual Eligible Special Needs Plan (D-SNP) model. These models aim to better integrate Medicare and Medicaid services, offer more patient-centered care, reduce unnecessary spending, and improve outcomes for those enrolled. For a description of integration models in use by states see: N. Archibald and A. Kruse. "Snapshot of Integrated Care Models to Serve Dually Eligible Beneficiaries." Center for Health Care Strategies, December 2015. Available at: <http://www.chcs.org/resource/snapshot-integrated-care-models-serve-dually-eligible-beneficiaries/>.
- ² A formal evaluation of the Financial Alignment Initiative is underway. The Centers for Medicare & Medicaid Services contracted with an external evaluator, RTI International, to evaluate individual state demonstrations as well as the overall initiative. Evaluation design plans can be found here: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Evaluations.html>.
- ³ An HRA is a tool that assesses the full range of beneficiary conditions and service needs including medical, behavioral health, and chronic care needs. HRAs may also include assessment of long-term services and supports (LTSS) issues or be administered in conjunction with LTSS-specific assessments. Data from the HRA helps states and integrated health plans connect a beneficiary to the care and services they need.
- ⁴ S. Barth and B. Ensslin. "Building a Culture of Engagement for Medicare-Medicaid Enrollees: Health Plan Approaches." Center for Health Care Strategies, August 2015. Available at: <http://www.chcs.org/resource/building-culture-engagement-medicare-medicaid-enrollees-health-plan-approaches>.
- ⁵ For California's HRA dashboards, fact sheets, and updates, see: CalDuals. "Health Risk Assessment (HRA) Dashboards." Available at: <http://www.calduals.org/enrollment-information/enrollment-data/hra-dashboards/>.
- ⁶ Texas is also working with the Centers for Medicare & Medicaid Services (CMS) to develop an externally-facing dashboard for their MMPs. This dashboard, built off the existing STAR+PLUS MLTSS program dashboard, will highlight demonstration quality data as it becomes available.
- ⁷ For links to Virginia's care management and enrollment dashboards, as well as the quality monitoring/CMT dashboard used by MMPs for reporting on key program indicators see http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx.
- ⁸ Four EIP focus groups, conducted between December 2013 and April 2014, elicited information about beneficiaries' awareness and understanding on the One Care Program, reaction to program materials, and the reasons for their enrollment decisions. The focus groups included individuals who self-selected into the program, were automatically enrolled, or who opted out of the new program. Two surveys were conducted. The first, fielded between December 2013 and January 2014, examined perceptions and experiences of beneficiaries who self-selected into the program, who opted out, or who had not taken an enrollment action. The second, conducted between June 2014 and January 2015, focused on One Care enrollees (both self-selected and auto-assigned) 120 days after enrollment, and examined enrollees' perceptions and experiences of the enrollment process, the assessment and care planning process, access to and satisfaction with services, and overall satisfaction with the program.
- ⁹ Through the EIP, the state of Massachusetts, the One Care Implementation Council, and the University of Massachusetts Medical School used multiple methods to assess beneficiary experience. See

8 BRIEF | Communicating Early Results of Integrated Care Efforts for Dually Eligible Individuals: State Approaches

<http://www.mass.gov/eohhs/consumer/insurance/one-care/one-care-early-indicators-project-eip-reports.html> for more information, survey tools, and EIP reports.

- ¹⁰ Highlights from survey findings that MassHealth presented to other states during an *INSIDE* Communicating Results session on June 25, 2015. For detailed survey findings see: <http://www.mass.gov/eohhs/consumer/insurance/one-care/one-care-early-indicators-project-eip-reports.html>.
- ¹¹ More information on the independent assessment of beneficiary experience in the Cal MediConnect program can be found on The SCAN Foundation's website. See: <http://www.thescanfoundation.org/evaluating-medicare-medicaid-integration>.
- ¹² Arizona Health Care Cost Containment System. "Annual HCBS Report CY 2014." March 2015. Available at: http://www.azahcccs.gov/reporting/Downloads/HCBS/AnnualHCBS_CMSReportCYE2014.pdf.
- ¹³ Florida Agency for Health Care Administration. "What they are saying..." September 2014. Available at: http://ahca.myflorida.com/Executive/Communications/Press_Releases/archive/docs/2014_2015/Sept/WhatTheyAreSayingSMMCRollout.pdf.
- ¹⁴ Florida Agency for Health Care Administration. "A Snapshot of the Florida Medicaid Managed Medical Assistance Program." Available at: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf.
- ¹⁵ The SCAN Foundation. "The Promise of Coordinated Care." See: <http://www.thescanfoundation.org/promise-coordinated-care>.
- ¹⁶ Massachusetts Executive Office of Health and Human Services. "Once Care Videos." Available at: <http://www.mass.gov/eohhs/consumer/insurance/one-care/one-care-videos.html>.
- ¹⁷ South Carolina Department of Health and Human Services. Healthy Connections Prime. "Member Stories." See: <https://msp.scdhhs.gov/SCDue2/site-page/member-stories>.
- ¹⁸ CalDuals. "Cal MediConnect Providers Summit." Available at: <http://www.calduals.org/summit/>.
- ¹⁹ Evaluation reports for the financial alignment demonstrations are starting to be released. See: E. Walsh. "Measurement, Monitoring, and Evaluation of the Financial Alignment Initiative for Medicare-Medicaid Enrollees. Preliminary Findings from the Washington MFFS Demonstration." RTI International, January 2016. Available at: <https://innovation.cms.gov/Files/reports/fai-wa-prelimppone.pdf>.