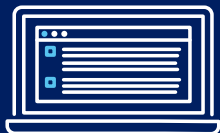


# CHANGE HEALTHCARE



## My Advocate® Create a win/win on the member engagement journey



We help health plans improve their members' quality of life. By providing a comprehensive, multi-channel engagement solution, your members are supported and encouraged to improve their health and wellbeing at any point in their healthcare journey.

We deliver health education and care assistance, and also find and enroll members in valuable government and social programs that help offset many social determinants of health. Our member-centric approach is designed to enhance loyalty while helping health plans save money and increase revenue.

**“They offer a great service and really help the customer (member) connect with programs.”**

—Jennifer Loranger, Patient Representative,  
Health New England

## The business opportunity

A recent Center for Medicare and Medicaid Services (CMS) report concluded that 16 million people were dual-enrolled in both Medicare and Medicaid programs. Of those dual members, 2.55M were living with substantial health needs including chronic illness, disabilities, and health and social issues that can be costly to care for. In fact, CMS reports that 20 percent of dual-enrolled members account for about 60 percent of Medicaid and Medicare funding.<sup>1</sup>

The CMS payment model for Medicare Advantage (MA) plans does not fully cover these additional costs unless the member is dual-enrolled. The new CMS reimbursement structure provides enhanced revenue for MA plans to identify those members with full versus partial dual-eligibility to collect the maximum reimbursement amounts.

Despite a clear financial benefit to both the plan and beneficiary, dual enrollment levels are generally low without some form of sustained education and advocacy at the member level.

## My Advocate

*A multi-channel member engagement and support solution designed to improve your member's experience, maximize revenue, and reduce long term cost.*

Our solution uses a combination of machine learning, artificial intelligence, and behavior science to identify and engage your most critical members in need.

As their health plan, you have the opportunity to gain members' trust and loyalty by helping them save money on their benefits and medications, as well as by delivering personalized communications and providing outreach to make needed appointments – all in a convenient way.

Additionally, you can help identify individual members' social determinants of health and connect them with valuable programs that provide heat, food, transportation, and even facilitate social connections to support ongoing health and wellness.

My Advocate aims to reduce the financial burden on your members while helping to improve their quality of life and health outcomes. As a result, it also assists with cost savings and revenue upside for your health plan.

## My Advocate: How does it work?

### Smart Connect™

Integrated engagement platform that educates and informs to help improve health outcomes and close gaps in care:

- Uses sophisticated analytics and centralized big data, including our client's existing claims data, to inform communication strategy and build targeted campaigns (e.g., the right message, to the right member(s), at the right time)
- Provides a vendor agnostic, integrated reporting-dashboard to view all member touch points across the organization
- Delivers personalized, interactive member conversations
- Supports a variety of communications outreach including IVR, fax, email, print, web portal, Android and iPhone apps, SMS text, and live member advocates
- Serves as an extension of the care management or member services team

### Smart Appointment Scheduling™

Proactive member outreach to schedule provider appointments and help close care gaps:

- Offers member-targeting analytics
- Includes initial member education and outreach
- Leverages live health advocates to call members on behalf of the health plan to schedule appointments
- Confirms provider and/or helps select a new one
- Uses three-way calling to schedule the appointment
- Sends pre- and post-appointment communications with the ability to reschedule visits
- Delivers member and provider tools prior to the appointment

<sup>1</sup>Source: CMS 2018 report; Baby Boomers and Beyond: Facing Hunger after Fifty, July 9, 2015; FeedingAmerica.Org (funded by AARP)

## Program assistance

Live member outreach, education, and support for dual enrollment and recertification, Medicare Part D, and community assistance programs.

### Dual Enrollment Advocate™ and Recert Complete®

- Uses our proprietary predictive model to pinpoint with up to 93%\* accuracy those individuals that have the highest likelihood to qualify for dual enrollment (full or partial status)
- Offers live, proactive member outreach and education related to dual-eligibility benefits, as well as experienced associates that advocate on behalf of interested members
- Delivers end-to-end enrollment support, from eligibility confirmation to completion and submission of the necessary forms to appropriate state agencies
- Provides unparalleled domain expertise, compliance experience, and government relationships that serve as an extension of your organization, monitoring Medicaid status data and advocating on behalf of members to submit appeals and help overturn denials
- Engages with dual-enrolled members annually to help ensure Medicaid status is retained, supporting them through the recertification process



### Part D Complete

- Determines Medicare Part D eligibility during the dual eligibility screening process
- Assists with Part D “Extra Help” online enrollment, also known as Low-Income Subsidy (LIS), to help members pay for prescription drugs
- Provides immediate benefit to approved members while they wait for state dual enrollment acceptance
- Helps attain higher member compliance with prescription treatment plans through enhanced Rx benefits

### Community Advocate™

Helps members identify and enroll in programs that address a wide variety of possible barriers to care and connects them to local resources such as:

- Health & wellness
  - Food / nutrition
  - Health management
  - Co-pay assistance
  - Chronic disease management
- Financial assistance
  - Telephone payment
  - Utility bill reduction
  - Housing assistance
  - Emergency assistance
- Everyday life
  - Transportation
  - Internet service providers
  - Workshops and learning sessions
  - Home goods
- Professional & public services
  - Legal aid
  - Tax & accounting services
  - Financial advice & counseling
  - Education & employment

## Program results

# 46.6%

Increase in member retention (13.2 months) for Change Healthcare assisted duals, representing an average Medicaid add-on revenue increase of ~\$13,000 per retained member<sup>2</sup>

# \$3.2B

Medicaid add-on net revenue for our clients to date (636,000+ dual enrollments and >1 million Medicaid recertifications completed)<sup>2</sup>

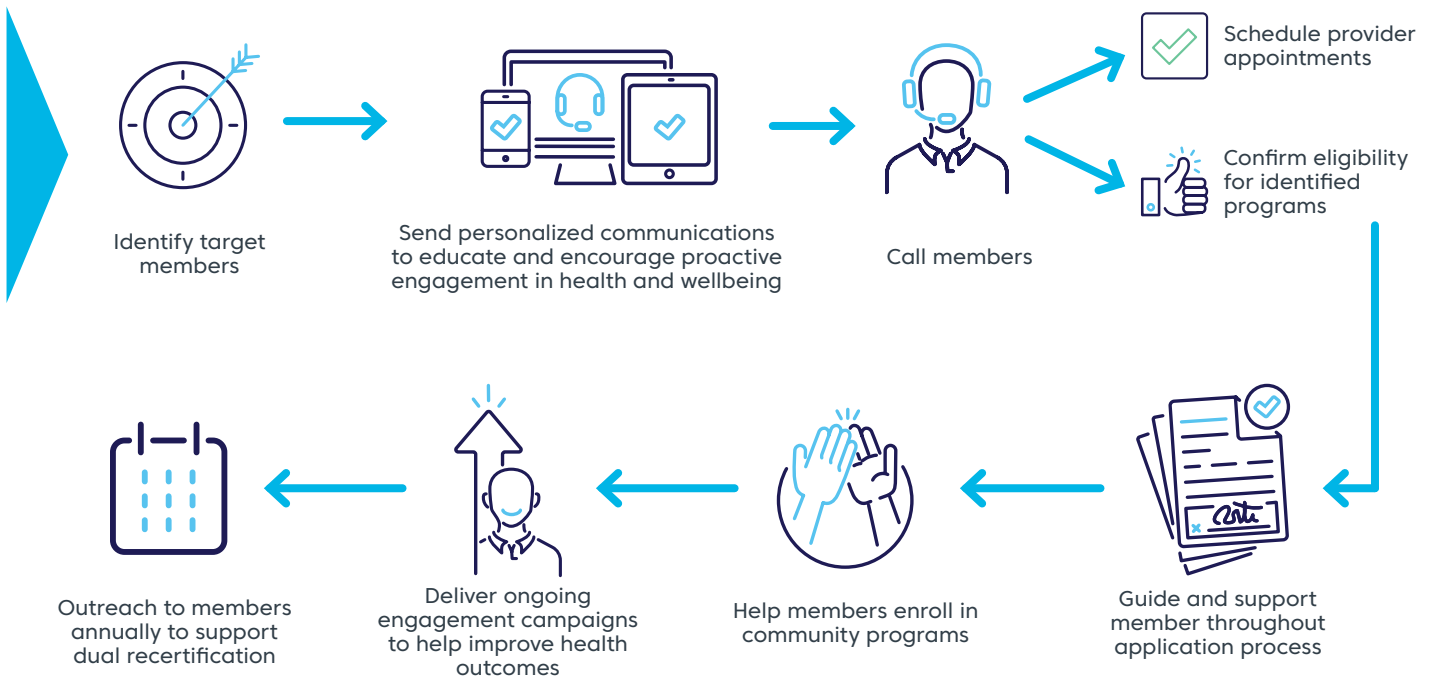
# >\$4.4B

Part B premium savings achieved for our clients' dual enrolled members to date<sup>2</sup>

# 14%

Increase in PCP visits among members in a diabetes campaign, reducing hospital stays by 2.5%<sup>2</sup>

## My Advocate overview



\*Results may vary by payer plan and member demographics

<sup>2</sup>Results based on historical data

# CHANGE HEALTHCARE

### Contact us:

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### About Change Healthcare

Change Healthcare is inspiring a better healthcare system. Working alongside our customers and partners, we leverage our software and analytics, network solutions, and technology-enabled services to enable better patient care, choice, and outcomes at scale. As a key catalyst of a value-based healthcare system, we are accelerating the journey toward improved lives and healthier communities.

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