

Dual Enrollment and Recertification

Helping health plans increase revenue while improving member loyalty

The business opportunity

A recent Center for Medicare and Medicaid Services (CMS) report concluded that over 10 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.¹

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.

Dual Enrollment Advocate™ and Recert Complete®

Using artificial intelligence and machine learning, our proprietary predictive model pinpoints with up to **93%*** accuracy those individuals that have the highest likelihood to qualify for dual eligibility (full or partial status). We provide proactive member outreach and education related to dual-eligibility benefits, as well as experienced member advocates. Our advocates support members from start to finish, from eligibility confirmation to completion and submission of the necessary forms to appropriate state agencies.

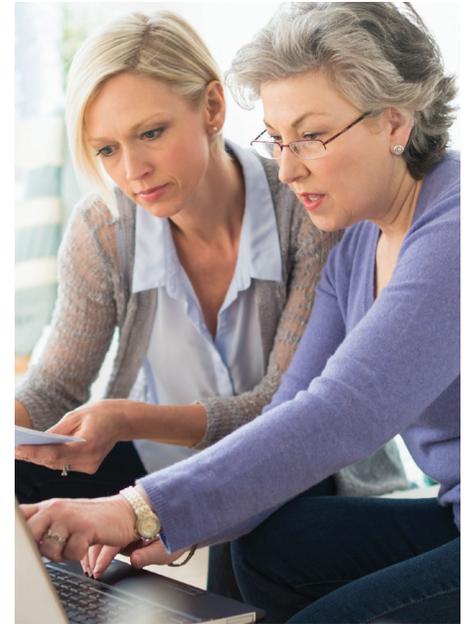
Yet identification and enrollment is only the beginning. Ensuring these members maintain their status is critical. Annually, we engage with our clients' dual-enrolled members to help ensure Medicaid status is retained, supporting them through the recertification process. We monitor Medicaid status data so we can advise members regarding redetermination dates and any eligibility changes. We also help with eligibility dispute resolution and provide monthly member reports.

\$3.2B

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

\$4.4B

Part B premium savings achieved for our clients' dual enrolled members to date²



Client value

Helping to:

- Reduce member financial burden while improving quality of life
- Increase plan revenue:
 - Increase risk-adjusted payment
 - Ensure more consistent, reliable monthly payments
 - Improve member tenure
- Increase member satisfaction and loyalty:
 - Positive impact on Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores
 - Improve CMS Star ratings (potentially leading to higher Stars quality bonus payments)



Solution features

- Innovative predictive model provides smarter, more targeted eligibility determination
- Unparalleled access to industry and member data
- Live, empathetic advocates deliver a personalized, trusted member experience
- Streamlined engagement and communications process enables scalable, cost-effective member outreach that also helps to reduce member abrasion
- Unmatched domain expertise, compliance experience, and government relationships delivers the highest level of service
- In-house government relations team monitors Medicaid status data and advocates on behalf of members to submit appeals and help overturn denials
- Bilingual (English/Spanish) call centers with additional translation resources available for superior customer service

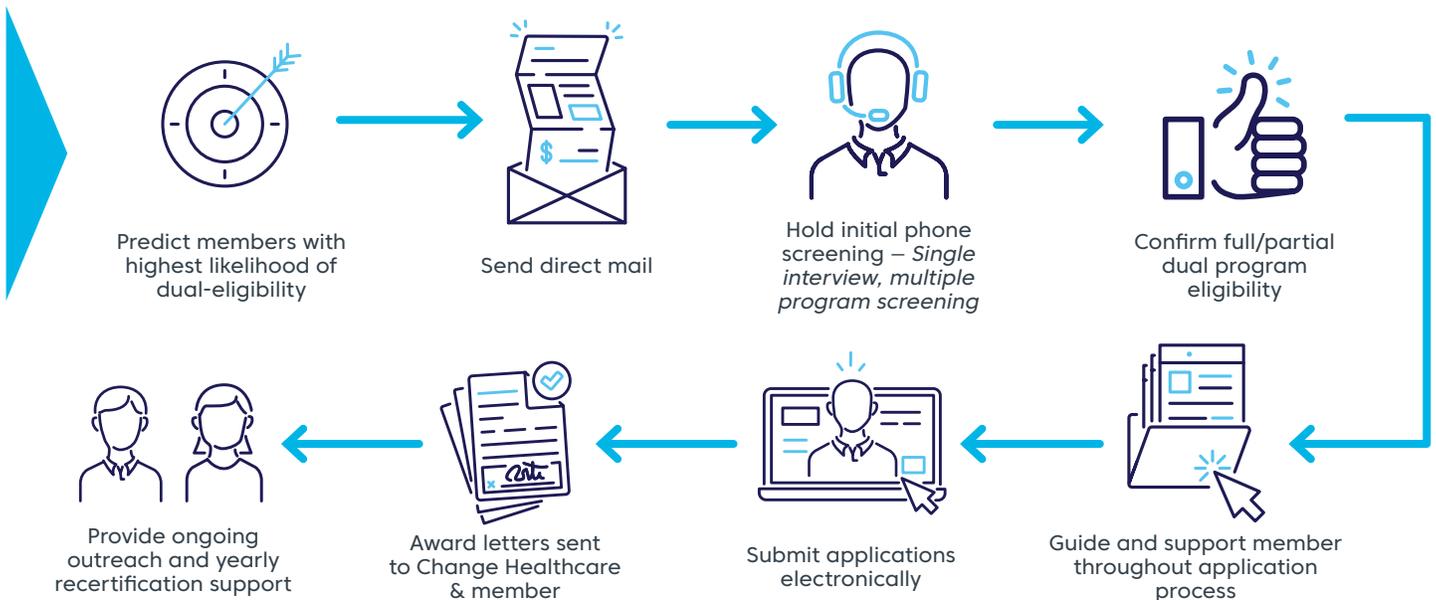
Illustrative results*

Working as an extension of a non-profit Medicare Advantage plan with over 150,000 lives, we helped the plan gain back valuable agent productivity while reducing redundant member outreach. Program results supported²:

- 3.3X ROI
 - >\$450M Medicaid add-on net revenue
 - 42K+ new duals approved
 - >65,000 recertifications
- \$238M in Part B premium savings to members
- 175% increase in plan tenure among those assisted
- Over 300,000 live and IVR call outreaches per year
- Solution add-ons (Part D Complete and Community Advocate) assisted ~200,000 members, yielding an estimated \$60M in member savings from eligible programs (e.g., prescription drug benefits, utilities assistance, etc.)

We focus on the needs of your members to deliver a trusted experience that helps achieve the desired outcomes for both your members and your organization.

Dual enrollment and recertification process overview



*Results may vary by payer plan and member demographic
 1 Source: CMS report; Baby Boomers and Beyond: Facing Hunger after Fifty, July 9, 2015; FeedingAmerica.Org (funded by AARP)
 2 Results based on historical data