

WHITE PAPER

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# Maintaining Continuity of Coverage for Dual Health Plan Members Via Proactive Retention Programs



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A Methodology to Reduce Member Drop-offs and Increase Satisfaction While Supporting Revenue Stream.



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## Background

Since the end of the Public Health Emergency (PHE) in May 2023, nearly 15 million Medicaid members have lost their coverage. Loss of Medicaid members and the corresponding revenue will impact not only Medicaid Managed Care Plans, but also Medicare Advantage plans who have dual-eligible members (those members who are eligible for both Medicaid and Medicare).

Health plans must once again contend with lost Medicaid member eligibility after several years of automatic re-enrollment.

“The unwinding of the PHE created a major pressure point for payers,” advises Adam Miller, CEO of Centauri Health Solutions. “It is not just that revenue is at risk, but there is a whole new sense of consumer confusion surrounding recertification. With an effective retention program, health plans can address that confusion and reduce member drop-offs. Effective retention programs recapture lost revenue, while ensuring that members are receiving the care and benefits that they deserve.”

This whitepaper explores the issues at play and why the time is now to plan and deploy a strategic retention program which can be useful for both Medicare Advantage Plans and Medicaid Managed Care Plans.

## A Disruptive Journey

Failure to recertify traditionally materializes as the most frequent cause for a beneficiary to lose their dual enrollment status. According to the Medicaid and CHIP Payment and Access Commission (MACPAC), roughly 1 in 5 beneficiaries (21%) who had enrolled in 2018 experienced disruptions in coverage within a year’s time. Clearly, care disruption pre-existed, and survived, the PHE.

“Many plans emphasize the identification of newly eligible dual members in their Medicare Advantage Plans membership base, which can be very fruitful since the cost of a dual member is clearly higher than a non-dual member. With the continued



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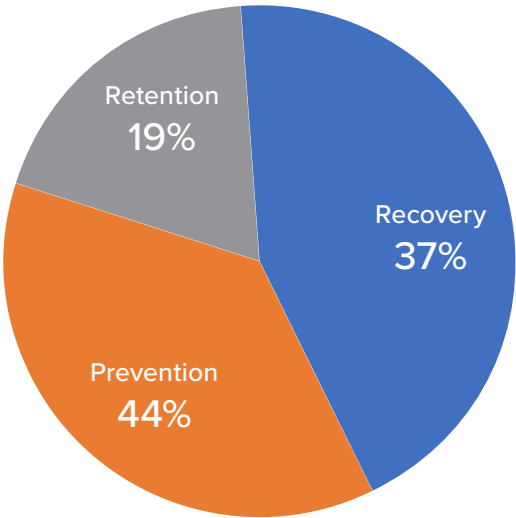
growth of dual eligible members over the past few years, representing approximately 17.5% of the overall [MA industry](#), plans must recognize the very significant economic impact that retention of the dual benefit and dual members presents. That impact necessitates a more intentional focus on retention,” says Linda Roman, Senior Vice President of Government Programs, Centauri Health Solutions.

Certain dual-eligible members may face higher risk of losing their Medicaid benefit. Since they have not been required to redetermine their eligibility for the last several years. “Health plans must prioritize eligibility protection for their dual-eligible populations. They cannot afford to wait,” cautions Roman.

### A Multi-Pronged Approach to Retention Produces Maximum Results

With a deliberate, targeted multi-pronged approach, health plans can realize value within months and ensure that members continue to receive needed benefits. To maximize effectiveness, a plan should adopt a program to engage the following sequence of practices:

- 1. **Prevention** of drop-offs for members at a higher risk of losing dual-eligible status.
- 2. **Recovery** of dual-eligible status for those who have dropped off the benefit.
- 3. **Retention** of members through continuous member engagement to prevent disenrollment.



**For the Plan:** Up to **\$1,700 in annualized revenue** gained per member when implementing a thorough retention program.

**For the Member:** The member will receive payment of their Part B premium (**\$174.40 in 2024**) totaling **\$2,096**.

## Quantitative Impact of a Three-Pronged Approach

### Prevention

Prevention activities account for the largest share of value to health plans due to the immediate impact of the Centers for Medicare & Medicaid Services (CMS) concurrent payment model. This near-term cycle leads to a loss of revenue [within 90 days of a member losing their dual benefit](#).

Jay Powell, Vice President of PremiumAssist Operations at Centauri Health Solutions, illustrates the impact of such programs. In a plan with 150,000 members where 9.5% of the members, or (14,250) participate in a retention program, it is reasonable to expect a retention improvement of around 200 basis points. This rate mitigates lost revenue by more than 7%, generating an estimated \$2 million that would have otherwise become in-year lost revenue.

CMS' Monthly Membership Report (MMR) Data File provides an ideal starting point to identify those members with the highest risk of eligibility loss.

The MMR shares details of historic enrollments and payments for members over seven years. Querying the CMS MCMD (Medicare Advantage Medicaid Status Data) and MMR Data files can identify existing members at risk of losing their status, specifically those whose dual eligibility status code has shifted from "1" (dual) to "0," (non-dual) as well as members whose higher risk scores correlate to those who are more likely to be eligible for dual status.

Once the team finds at-risk members, it is essential to reach out to them to confirm their continuing eligibility. Member outreach spans a combination of modalities, including mail, phone, and interactive voice response (IVR) to text, email, and AI-supported activities. As this outreach takes place, health plans can also assess any other areas of support needed on the member's behalf, such as administrative assistance or gathering verification documents.

In terms of engagement, Roman points to a flexible personalized model being the most successful—ensuring members



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receive an opportunity to coordinate the timing and choose their communications preferences through a self-serve model:

1. **Mail** campaign to inform the member of the plan's support of their enrollment status.
2. **Text** members to let them know a representative will be calling them soon and provide the phone number from which representatives will be calling.
3. **Calls** personalized to member convenience to provide enrollment-specific information to support prevention.

Because eligibility can shift based on various household changes throughout the year, proactive and periodic outreach is critical. A 90-120 days interval is recommended. This cadence of communications helps ensure that the member's status is continuously monitored and supported, protecting Medicaid members from enrollment hiccups that could result in an interruption in coverage.

## Recovery

Despite the best efforts of ongoing engagement from health plans—and to some extent, states—some members will inevitably lose coverage. When that happens, it usually takes up to five months to recover the benefit, a period in which lives go uncovered and health plans unpaid.

However, payers can significantly reduce that window with a comprehensive recovery effort. Once losses are identified from the MMR report, health plans should try to reengage members through mail, text, and phone outreach (which the multi-modal methodology recommended above should precede) as well as a coordinated approach to screenings and application submissions. This approach can be highly successful and directly impacts revenue protection and recovery.

## Don't Forget Social Determinants

By accounting for health-related social needs, health plans can make their retention and engagement programs more successfully meet the real-life needs of vulnerable populations. "In our experience, 88% of members received at least one referral," said Powell. "More than half of these were **housing-related referrals** and about 27% were related to **food insecurity**."

"Connecting members with valuable resources often results in better health outcomes for the member which in turn leads to lower costs for the plans," said Powell. "This additional support can go a long way in ensuring positive member experience with no interruptions in their coverage access."



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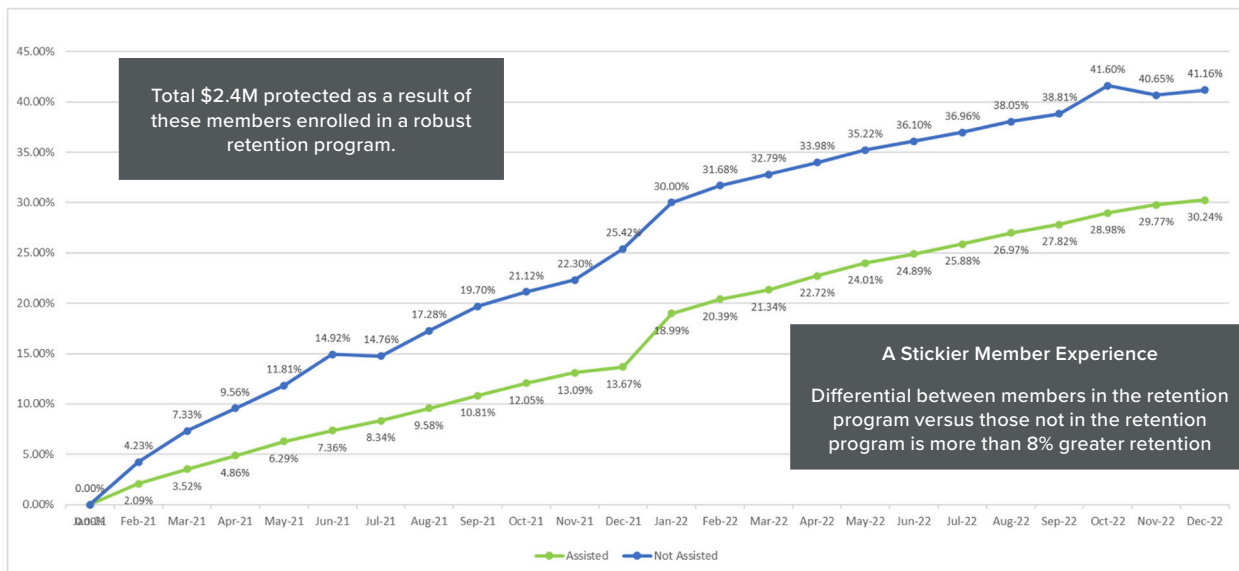
JAY POWELL  
Vice President of PremiumAssist Operations  
Centauri Health Solutions

## Retention

Retaining members in the plan requires an ongoing engagement program that proactively addresses member concerns before they choose to disenroll. “A consistent communication approach that accounts for state-by-state eligibility criteria will help support members’ knowledge and familiarity with eligibility cycles and requirements in a timely way, even if it is just a ‘light’ touch”, says Powell.

“Member engagement activities drive member ‘stickiness’, which leads to higher member satisfaction and affinity with their health plan,” he added. “While results may vary, we’ve consistently seen a range of 7-12% improved retention<sup>1</sup> among groups of members who are assisted compared with those groups who are not assisted in a robust retention program.”

### Enrollment Fall Off



## The time is now for purposeful engagement

Although Medicare Advantage health plans have confronted the disenrollment challenges of Medicaid and dual-eligible members for years, those concerns are becoming much more palpable as the financial impact of the PHE unwind and the effects of Medicaid redeterminations create additional risks.

With margins tightening and previously covered lives now losing critical benefits, the onus falls on health plans to assist their members to prevent and recover eligibility loss, as well as to maintain engagement through ongoing retention activities. The time is now for change, and yet change is not always easy to implement.

1) Internal Data, Centauri Health Solutions



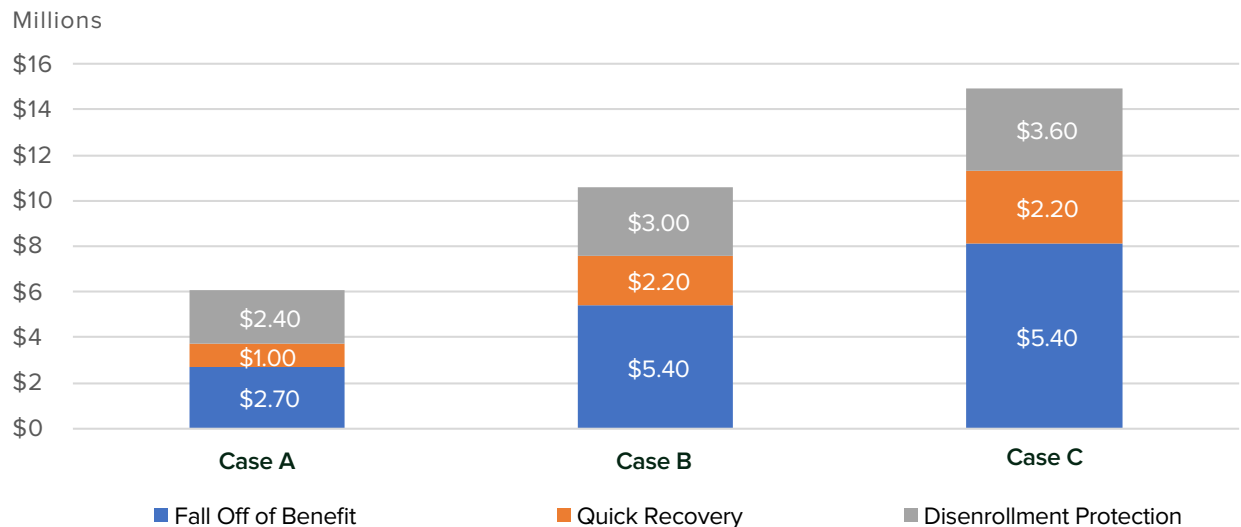
“Small percentage changes have a profound impact on the overall revenue retention,” Powell noted. “We’ve certainly seen how incremental impact can capture millions of dollars that can then be reallocated to further improve the member experience.”

## Case Study: Financial Impact

A robust retention program with the recommended components can deliver significant economic impacts as well as provide continuity of care for more members. The degree of improvement recognized from the baseline will likely grow over time as the program matures.

For example, considering a plan with 100,000 dual members with a 70% partial and 30% full dual split using three different incremental improvement scenarios for the three components of the program, the value of retained revenue can increase from \$6.1M to \$14.9M (demonstrated in the chart below).

### Incremental Improvement Drive Large Revenue Savings



PROGRAM COMPONENT	BASELINE	CASE A IMPROVEMENT	CASE B IMPROVEMENT	CASE C IMPROVEMENT
Fall Off of Benefit	4%	3.5%	3%	2.5%
Quick Recovery of 25%	5 months	4 months	3 months	2 months
Membership Retention	0	8%	10%	12%

By following the best practices outlined in this whitepaper, health plans can create and maintain an effective retention program, reduce member drop-offs, minimize revenue loss, and increase member satisfaction and the resulting stickiness.



## For More Information:

To create a future-proofed retention program for your enterprise, contact our experts at [info@centaurihs.com](mailto:info@centaurihs.com) or call us at 888-447-8908 to learn more about how Centauri Health Solutions' no risk model helps health plans thrive in preventing and recovering revenue due to loss of dual eligibility status.

You can also learn more about our eligibility and enrollment solutions on our website: <https://www.centaurihs.com/eligibility-enrollment>



Centauri Health Solutions provides technology and technology-enabled services to payors and providers across all healthcare programs, including Medicare, Medicaid, Commercial, and Exchange, that directly address complex healthcare problems. Our data-driven solutions improve the lives and health outcomes of the individuals we serve through compassionate outreach, sophisticated analytics, and clinical data exchange capabilities.

