

ALLIANCE RESEARCH UPDATE: UTILIZATION AND CHURN

DHCF Briefing for District of Columbia Medical Care Advisory Committee
November 29, 2016

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Snapshot of Alliance Program

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Snapshot of Alliance Program

Alliance Program Demographics

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- **Gender:**
 - 58 % women in FY15
 - From FY10 to FY15, female Alliance enrollment grew, from 44% to 58%
- **Race:**
 - 58% Hispanic in FY15
 - 22% Black in FY 15
- **Geographic Distribution:**
 - 3 out of 4 Alliance beneficiaries live in Wards 1 or 4
 - Before FY11, Alliance Beneficiaries were more evenly distributed
- **Utilization:**
 - 61% used a Primary Care service in FY15
 - From FY10 to FY15, PCP utilization rate increased by 56%

Top Chronic Conditions Include High Cholesterol, Obesity, High Blood Pressure & Diabetes

Number of Alliance Beneficiaries Receiving Treatment for Chronic Conditions, FY10-FY15

| | 2010 | | 2011 | | 2012 | | 2013 | | 2014 | | 2015 | |
|--|--------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| Hyperlipidemia | 10,686 | 14% | 7,245 | 21% | 6,361 | 22% | 5,307 | 24% | 5,182 | 25% | 4,971 | 23% |
| Obesity | 6,439 | 9% | 5,220 | 15% | 5,093 | 18% | 4,656 | 21% | 4,589 | 22% | 4,472 | 20% |
| Hypertension | 13,808 | 19% | 6,355 | 18% | 5,036 | 17% | 4,034 | 18% | 3,941 | 19% | 3,895 | 18% |
| Diabetes | 6,604 | 9% | 3,806 | 11% | 3,274 | 11% | 2,738 | 13% | 2,708 | 13% | 2,694 | 12% |
| Osteoarthritis | 3,907 | 5% | 2,410 | 7% | 2,034 | 7% | 1,646 | 8% | 1,620 | 8% | 1,560 | 7% |
| Congenital Anomalies | 2,020 | 3% | 1,840 | 5% | 1,837 | 6% | 1,723 | 8% | 1,634 | 8% | 1,510 | 7% |
| Depression | 2,412 | 3% | 1,854 | 5% | 1,714 | 6% | 1,551 | 7% | 1,496 | 7% | 1,465 | 7% |
| Ovarian/Uterine/Reproductive | 2,240 | 3% | 1,806 | 5% | 1,699 | 6% | 1,450 | 7% | 1,385 | 7% | 1,318 | 6% |
| Back Problems | 2,467 | 3% | 1,804 | 5% | 1,625 | 6% | 1,436 | 7% | 1,346 | 6% | 1,263 | 6% |
| Degenerative Eye Problems | 2,609 | 4% | 1,850 | 5% | 1,635 | 6% | 1,305 | 6% | 1,288 | 6% | 1,220 | 6% |
| Asthma/COPD | 4,404 | 6% | 1,975 | 6% | 1,542 | 5% | 1,254 | 6% | 1,217 | 6% | 1,161 | 5% |
| Chronic Liver Disease | 1,443 | 2% | 1,294 | 4% | 1,224 | 4% | 1,091 | 5% | 1,050 | 5% | 991 | 5% |
| Thyroid/Parathyroid/Pituitary Disorders | 1,703 | 2% | 1,309 | 4% | 1,169 | 4% | 1,017 | 5% | 992 | 5% | 953 | 4% |
| Personality Disorders | 1,873 | 3% | 1,334 | 4% | 1,192 | 4% | 1,069 | 5% | 1,018 | 5% | 950 | 4% |
| Anxiety Disorders | 1,366 | 2% | 1,123 | 3% | 1,075 | 4% | 981 | 4% | 959 | 5% | 950 | 4% |
| HIV | 1,973 | 3% | 718 | 2% | 504 | 2% | 428 | 2% | 428 | 2% | 441 | 2% |

| Ranking |
|---------|
| Top 5 |
| Top 10 |
| Top 15 |

Source: DC Medicaid Management Information System, May 2016

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Churn and Utilization Analyses

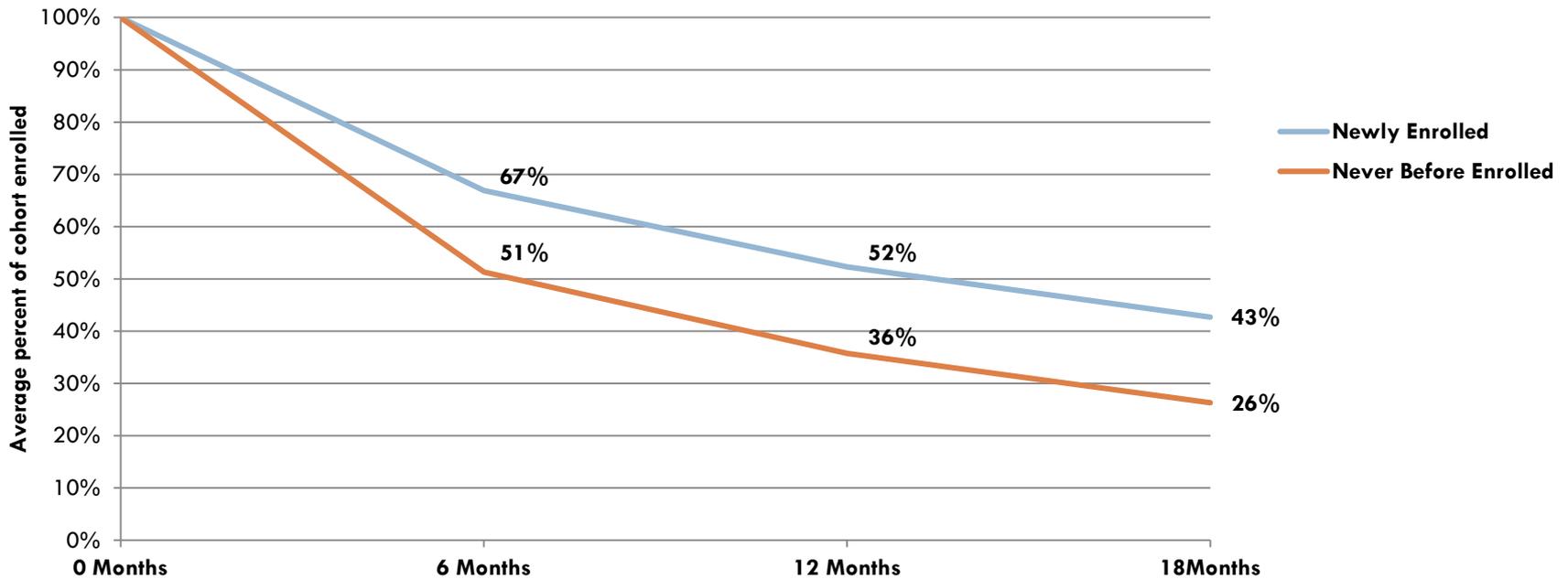
Churn and Utilization Analysis Goals and Methodology

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- **Goal – To Understand Beneficiary Experience at Renewal and Assess Utilization**
 - Using a cohort analysis, examine the service utilization and determine whether coverage status changes for enrollees at renewal (6 months), at 12 months, and at 18 months to determine experience with churn/re-enrollment of previously enrolled beneficiaries.
- **Methodology:**
 - Churn: Looked at each beneficiary's enrollment status in the 7th, 13th, and 19th month after the initial month of enrollment and analyzed trends
 - Utilization: Looked at beneficiary utilization of primary care, laboratory and X-ray, dental, emergency, prescription drug, inpatient, chemotherapy, durable medical equipment, and dialysis services. Analyzed dental claims by service type, super-utilizers, and beneficiaries who used chemotherapy, dialysis, and inpatient services. Determined spending and utilization trends.
- **We analyzed two groups of cohorts:**
 - **Newly Enrolled**: Cohorts identified by including beneficiaries who were not enrolled in the month immediately preceding the month of interest. To better understand Alliance beneficiary churn.
 - **Never Before Enrolled (Subgroup of Newly Enrolled)**: Cohorts identified by including beneficiaries who were not enrolled in the Alliance program in any previous month before the month of interest. To better understand the behavior of beneficiaries who are new to the Alliance program.

Alliance Beneficiaries Re-Enrollment Experience at 6, 12, and 18 Months

Percent of Alliance Beneficiaries Who Retained Coverage, Average of 12 Cohorts

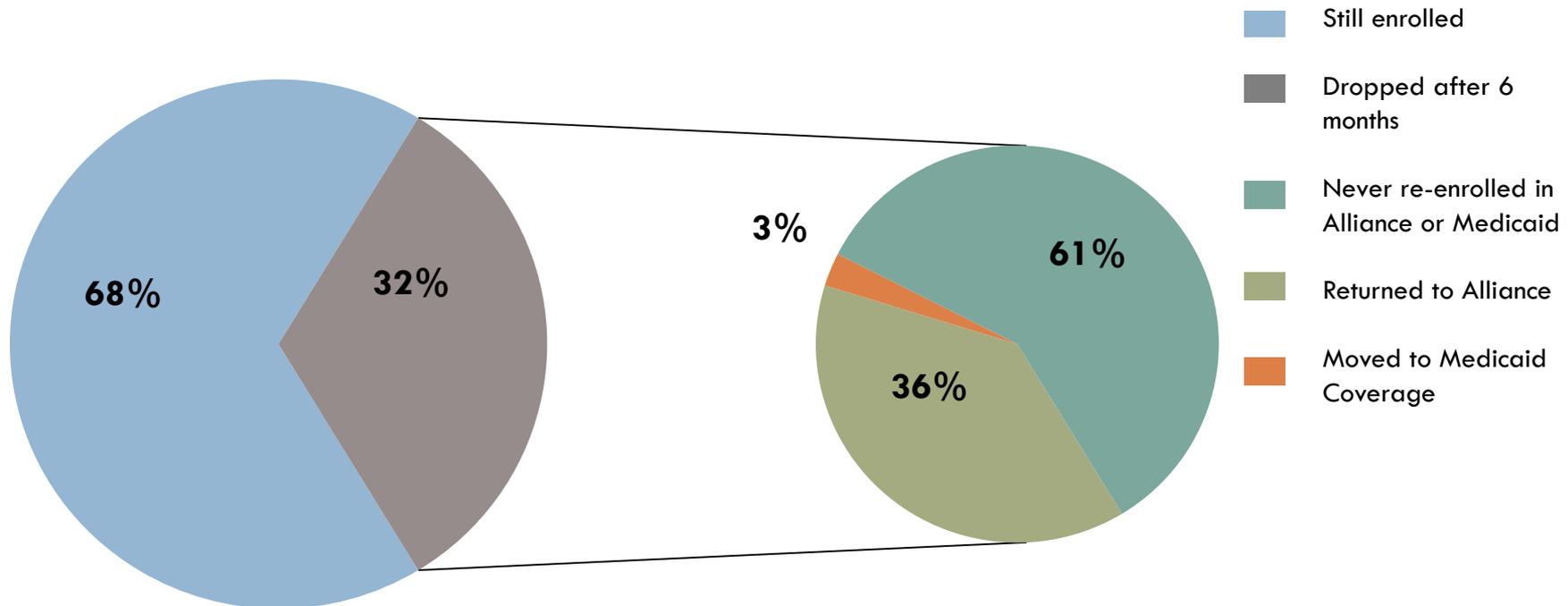


Source: Enrollment data DC MMIS, September 2016

Note: Percentage represents the average experience of 12 cohorts of Alliance beneficiaries. This excludes Alliance beneficiaries temporarily enrolled in Emergency Medicaid.

Re-Enrollment of Newly Enrolled Beneficiaries at 6 Months

Alliance Beneficiary Enrollment Status After Initial 6-month Enrollment Span, Average of 12 Cohorts

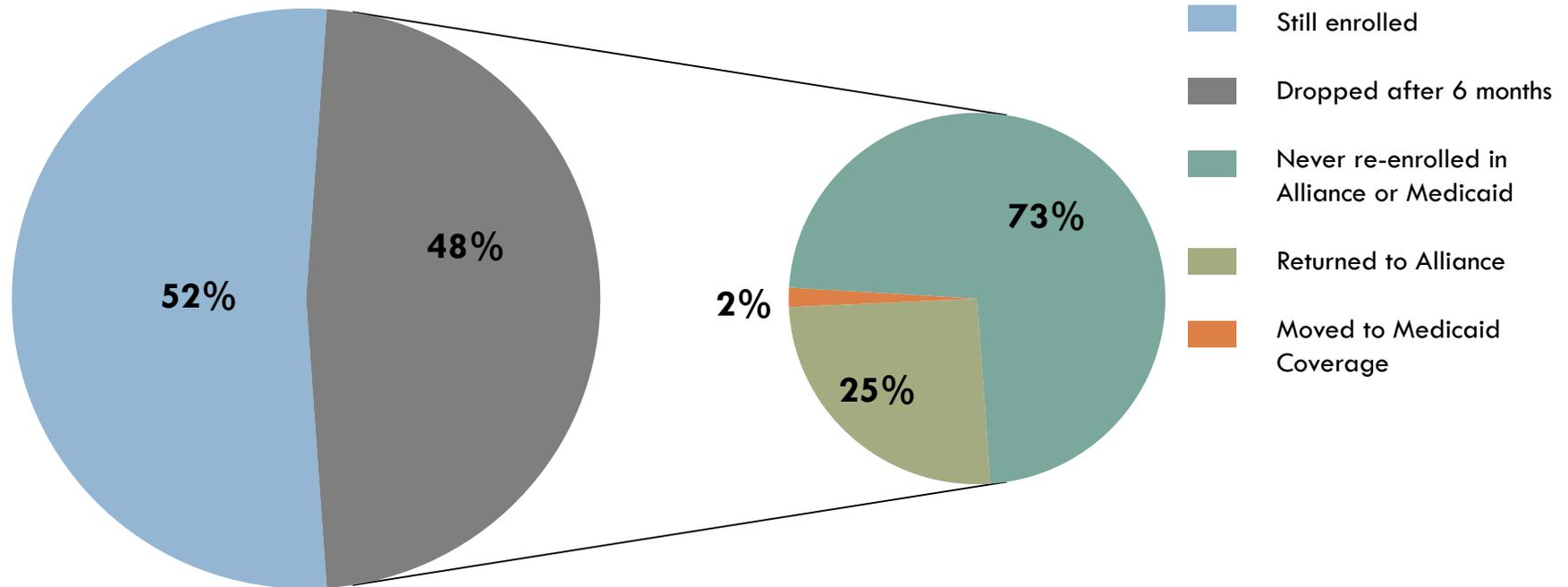


Source: Enrollment data DC MMIS, September 2016

Notes: Percentages represent the average across the 12 cohorts. Most beneficiaries who moved to Medicaid were eligible for emergency Medicaid for labor and delivery.

Re-Enrollment of Never Before Enrolled Beneficiaries at 6 Months

Alliance Beneficiary Enrollment Status After Initial 6-month Enrollment Span, Average of 12 cohorts



Source: Enrollment data DC MMIS, September 2016

Notes: Percentages represent the average across the 12 cohorts. Most beneficiaries who moved to Medicaid were eligible for emergency Medicaid for labor and delivery.

Service Utilization and Multiple Claims Among Newly Enrolled and Never Before Enrolled

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| | Average Number of Beneficiaries that Had at Least 1 Claim | Average Number of Beneficiaries who Had at Least 10 Claims |
|-----------------------|---|--|
| Newly Enrolled | 1,054 (87%) | 639 (53%) |
| Never Before Enrolled | 292 (83%) | 177 (51%) |

Note: The analysis includes beneficiary utilization of any available service.

Source: DC MMIS Data, September 2016

Key Takeaways

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- **Demographics:** Alliance Beneficiaries have multiple chronic conditions.
- **Churn:** Roughly half of never before enrolled Alliance beneficiaries drop coverage after their initial 6 month enrollment span and most do not re-enroll; re-enrollment attrition and churn is less significant among newly enrolled. More data is needed to understand reasons for disenrollment.
- **Utilization:** Alliance beneficiaries are using services - 83% never before enrolled and 87% of newly enrolled Alliance beneficiaries use at least 1 service.

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Next Steps

Research on Residency Status and Disenrollment Experience

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□ Residency Verification Research

- Goal: Understand likely incidence of enrollment by non-residents
- Methodology: Use case sample to understand possible risks of enrollment by non-residents and relationship to verification methods
- Strategies may include:
 - Public/private records search: identifying current address
 - Geographic utilization analysis: identify cases where most/all services received outside DC
 - Verification analysis: review of applicants' methods to prove residency

□ Disenrollment Experience Research

- Goal: Understand reasons why beneficiaries disenrolling from coverage
- Methodology: Review sample of recent disenrollees to identify reasons and understand barriers to re-enrollment

Exploring Service Delivery Improvements

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- **Improving bilingual/translation service capacity at ESA service centers**
 - Identifying service centers that tend to serve non-English speaking population
 - Working with ESA to ensure sufficient bilingual service workers are assigned to those locations

- **Integrated Alliance Application Process/Portal**
 - Updating DC HealthLink to allow for streamlined enrollment experience, including Medicaid screening, with Release 3 (R3) system update, scheduled for FY18 implementation