

Department of
**Health
Administration
and Policy**

**Enrollment and Disenrollment
Patterns in the Commonwealth
Coordinated Care (CCC)
Program for Dual-Eligibles**

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EXECUTIVE SUMMARY

The Commonwealth Coordinated Care (CCC) Program for dual eligible (Medicare-Medicaid) individuals is an important state initiative. Virginia is one of at least 10 states to implement a capitation program that spans acute and long-term care services for individuals who are eligible for both Medicare and Medicaid coverage. Faculty from the Department of Health Administration and Policy at George Mason University collaborated with the Virginia Department of Medical Assistance Services (DMAS) to evaluate a number of aspects of the CCC program. In this analysis the George Mason team examined enrollment and disenrollment within CCC between April 2014 and September 2015. The team examined enrollment and exit patterns for 34,754 individuals, looking at patterns by type of beneficiary, by region, and by managed care plan.

KEY FINDINGS

- Of the 34,574 enrollees in our analysis, 8 percent of enrollees selected to voluntarily opt-in to the CCC program. The vast majority of CCC program enrollment (92 percent) occurred through passive or automatic enrollment.
- Disenrollment, or exit, rates were similar for individuals who opted-in to the program and those who were passively enrolled. Overall, 26 percent of enrollees voluntarily opted out of the program, 19 percent left because they lost their Medicaid eligibility, and 4 percent no longer met CCC-program specific eligibility rules.
- When looking across health plans, a larger proportion of consumers entered by opt-in to HealthKeepers (11 percent) and Humana (8 percent) compared to Virginia Premier (5 percent).
- After initially large increases, the program size leveled off. Exits each month also stabilized. While initially high, exit rates have leveled off across all three health plans. Virginia Premier, after initially high exit rates, had lower monthly exit rates than the other Humana and HealthKeepers by mid-2015.
- Among those who had exited, the average length of enrollment was only 3.3 months with a significant drop at 1 month. Among those who were still enrolled in the CCC program, the average duration was 20.1 months.
- Patterns by region show that the Tidewater and Central Virginia/Richmond regions had the largest number of CCC enrollees, with nearly 12,000 individuals in each region. In contrast, the Northern Virginia and Charlottesville regions had the smallest enrollment totals, with less than 4,000 individuals each. Tidewater and Central Virginia/ Richmond had the highest rates of voluntary opt-out, at 29 and 28 percent respectively. Roanoke had the lowest rate of voluntary opt-out (17 percent). Exit due to loss of Medicaid eligibility was lowest in Northern Virginia (9 percent) compared to 17 to 21 percent for the other regions.

CONCLUSION AND IMPLICATIONS

Over 34,500 individuals entered the CCC program. Most entered through passive enrollment rather than voluntary opt-in. Increasing voluntary opt-in rates would likely require more time, information and outreach efforts. The low opt-in rate under CCC may also reflect a

rapid implementation timeline under the “Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries.”

Exit rates in CCC have stabilized but still remain at 5 percent of the enrolled population each month. This can represent challenges for health plans, in particular as many dual eligibles can have complex general health, mental health, and long-term care needs.

CCC enrollees were able to exit voluntarily at any time and 26 percent have done so. This pattern does not appear to be related to the high rate of passive enrollment, because those who opted-in had the same rate of opt-out as those who were automatically enrolled. At the same time, voluntary opt-out accounts for the most exits from CCC. The fraction who chose to disenroll was larger than the fraction who lost Medicaid eligibility or CCC program eligibility. Under the new managed care program for long-term services and supports, called CCC-Plus, voluntary opt-out will be more limited. This could particularly affect EDCD waiver recipients of whom 48 percent opted-out of CCC after an initial period of enrollment.

Enrollment and Disenrollment Patterns in the Commonwealth Coordinated Care (CCC) Program for Dual-Eligibles

INTRODUCTION

The Virginia Commonwealth Coordinated Care (CCC) Program for dual eligible (Medicare-Medicaid) individuals is an important state initiative. Virginia is one of at least 10 states to implement a capitation program that spans acute and long-term care services for individuals who are eligible for both Medicare and Medicaid coverage. These state initiatives are part of the national “Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries”, which are sponsored by the Centers for Medicare and Medicaid Services (CMS). While dual-eligible individuals beneficiaries are low-income adults, they have heterogeneous health care needs. Some are considered “community well” while others have complex chronic conditions and others need long-term service and support (LTSS). Although their Medicare coverage is uniform, their Medicaid coverage can range from financial support for Medicare premiums and cost-sharing, to coverage of additional services, such as personal assistance.

Faculty from the Department of Health Administration and Policy at George Mason University collaborated with the Virginia Department of Medical Assistance Services (DMAS) to evaluate a number of aspects of the CCC program. In this analysis George Mason University researchers examined enrollment and exits patterns within CCC. A separate GMU report provides results from a telephone and mail survey of beneficiaries.¹ Here, using CCC program enrollment data from April 2014 to September 2015 that were provided by DMAS, the team examined enrollment and exit patterns for 34,754 individuals. We examined patterns by type of beneficiary, by region, and by managed care plan.

KEY FINDINGS

A. Overall Enrollment and Disenrollment Patterns in the CCC Program

We first examined how individuals entered the CCC statewide (Table 1). Individuals could elect not to participate at all in which case they are not included in our analysis. Consumers could enroll by one of two mechanisms: They could actively select a health plan (also called Medicare-Medicaid plan or MMP) which is referred to as “opt in.” Alternatively, they could have been automatically or “passively” enrolled into their MMP. Out of 34,574 enrollees in our analysis, 8 percent (N=2,761) opted in and chose their plan. The remaining 92 percent were passively enrolled (N=31,811) in which case an MMP was assigned to them. Only two cases were not identified as either opt-in or passively enrolled in the data.

¹ See Cuellar, Gimm and Gresenz *A Telephone and Mail Survey of EDCD Waiver Participants who were Enrolled in the Commonwealth Coordinated Care (CCC) Program for Dual-Eligibles, September 2016* (Fairfax, VA: George Mason University)

The analysis then examined exit patterns from the CCC program. Consumers could exit for several reasons: (1) they chose to leave the program voluntarily, (2) they lost eligibility due to Medicaid rules, or (3) they lost eligibility due to CCC-specific program rules. Overall, 26 percent of all enrollees decided to opt out of the CCC program voluntarily, 19 percent lost their Medicaid eligibility, and 4 percent no longer met CCC-specific program eligibility rules. The exit rates by reason did not differ based on whether the individual had opted in or was passively enrolled into the CCC program.

Table 1: Enrollment by Type and Exit Reason, all CCC Enrollees

Enrollment by Type	Exit Reason, Count				
	Opt-Out	Lost Medicaid Eligibility	Lost CCC Eligibility	Switch	Total
Total	8,894	6,593	1,234	6	34,574
Passive	8,154	6,100	1,150	1	31,811
Opt-In	739	493	84	5	2,761
Other	1	0	0	0	2
Enrollment by Type	Exit Reason, Percent				
	Opt-Out	Lost Medicaid Eligibility	Lost CCC Eligibility	Switch*	
Total	26%	19%	4%	0%	
Passive	26%	19%	4%	0%	
Opt-In	27%	18%	3%	0%	

*Less than one percent of enrollees.

A subgroup of CCC enrollees also received long-term support services through the “Elderly or Disabled with Consumer Direction” (EDCD) program. EDCCD is a Virginia Medicaid home and community based waiver program which offers long-term services and supports (LTSS) to eligible individuals who require assistance with activities of daily living, so they can live in the community rather than in a facility setting. In addition to their need for LTSS, these individuals tend to have greater medical and mental health service needs than other dual-eligible beneficiaries.

Among the subgroup of EDCCD enrollees who entered the CCC program (Table 2), 8 percent opted in to CCC and 82 percent were passively enrolled, which was the patterns as the CCC population overall. However, in contrast to the overall group of enrollees, a larger percentage of EDCCD consumers decided to exit the CCC program by opting out. In all, 48 percent of EDCCD consumers exited by opting out compared to 26 percent in the overall group. EDCCD recipients were slightly less likely to be disenrolled from the CC program due to a loss of Medicaid eligibility or CCC eligibility (21 percent combined) compared to the group overall (23 percent combined).

Table 2: Enrollment by Type and Exit Reason, EDCD Recipients in CCC

Enrollment by Type	Exit Reason, Count				
	Opt-Out	Lost Medicaid Eligibility	Lost CCC Eligibility	Switch	Total
Total	2,603	1,047	80	0	5,368
Passive	2,416	951	77	0	4,965
Opt-In	187	96	3	0	403
Enrollment by Type	Exit Reason, Percent				
	Opt-Out	Lost Medicaid Eligibility	Lost CCC Eligibility	Switch*	Total
Total	48%	20%	1%	0%	100%
Passive	49%	19%	2%	0%	100%
Opt-In	46%	24%	1%	0%	100%

*Less than one percent

B. Program Enrollment and Disenrollment Patterns by Medicare-Medicaid Plan (MMP)

The analysis examined enrollments and exit by managed Medicare-Medicaid Plan (MMP). Three plans (i.e., HealthKeepers, Virginia Premier, and Humana) participated in CCC over the period of this analysis. A larger proportion of consumers entered by opt-in to HealthKeepers (11 percent) and Humana (8 percent) compared to Virginia Premier (5 percent). Across all three plans, the most common form of enrollment was passive enrollment (Table 3). Consumers who received EDCD waiver services were also more likely to actively choose HealthKeepers and Humana, relative to Virginia Premier, although the vast majority of CCC consumers across all plans (92 percent) was passively enrolled (Table 4).

Table 3: Enrollment by Type and MMP, All CCC Enrollees

Enrollment Type	Virginia Premier		HealthKeepers		Humana		Total	
	N	%	N	%	N	%	N	%
Passive	7,904	95	11,565	89	12,373	92	31,842	92
Opt-In	430	5	1,375	11	1,073	8	2,878	8
Other	1	0	0	0	1	0	2	0
Total	8,335	100	12,940	100	13,447	100	34,722	100

Table 4: Enrollment by Type and MMP, Waiver 9 CCC Enrollees

Enrollment Type	Virginia Premier		HealthKeepers		Humana		Total	
	N	%	N	%	N	%	N	%
Passive	1,277	94	1,695	91	1,997	92	4,969	92
Opt-In	<u>88</u>	<u>6</u>	<u>163</u>	<u>9</u>	<u>165</u>	<u>8</u>	<u>416</u>	<u>8</u>
Total	1,365	100	1,858	100	2,162	100	5,385	100

The opt-out rates differed somewhat by MMP. For example, a higher percentage of exits due to voluntary opt-out occurred among CCC enrollees in Virginia Premier (29 percent) and Humana (29 percent) compared to enrollees in HealthKeepers (21 percent). Disenrollment rates due to loss of Medicaid and CCC eligibility were consistent across the plans, and were 19 percent and 4 percent respectively. Very few consumers were recorded as having switched from one MMP to another.

The snapshot of disenrollment rates was only somewhat different for CCC consumers in the EDCD waiver subgroup. EDCD enrollees were more likely to exit via voluntary opt-out from HealthKeepers (50 percent) and Virginia Premier (49 percent) than from Humana (46 percent).

Table 5: Disenrollment Reason by MMP, All CCC Enrollees

Exit Reason	Virginia Premier		HealthKeepers		Humana		Total	
	N	%	N	%	N	%	N	%
Opt-Out	2,575	29	3,292	21	4,495	29	10,362	26
Lost Medicaid Eligibility	1,626	18	2,881	19	2,836	18	7,343	19
Lost CCC Eligibility	338	4	506	3	576	4	1,420	4
Switch	2	0	4	0	2	0	8	0
Total	8,820	100	15,362	100	15,476	100	39,658	100

Table 6: Disenrollment Reason by MMP, Waiver 9 CCC Enrollees

Exit Reason	Virginia Premier		HealthKeepers		Humana		Total	
	N	%	N	%	N	%	N	%
Opt-Out	721	49	1,024	46	1,275	50	3,020	48
Lost Medicaid Elig	307	21	428	19	486	19	1,221	20
Lost CCC Eligibility	31	2	39	2	39	2	109	2
Switch	0	0	0	0	0	0	0	0
Total	1,481	100	2,220	100	2,529	100	6,230	100

C. Enrollment and Disenrollment, by Region

Enrollment in the CCC program was staggered over time across five regions. Voluntary enrollment began in the Tidewater and Central Virginia/Richmond regions in March 2014. Automatic (i.e., passive) enrollment then followed in the Tidewater region in May 2014, followed by the Central Virginia/Richmond region in July 2014. In the three other regions (i.e., Northern Virginia, Roanoke, and Charlottesville), voluntary enrollment began in May 2014, followed by automatic (i.e., passive) enrollment in August 2014. Both the Tidewater and Central Virginia/Richmond regions have the largest number of CCC enrollees, with nearly 12,000 individuals in each region. In contrast, the Northern Virginia and Charlottesville regions have the smallest enrollment totals, with less than 4,000 individuals each.

The two regions with the largest enrollment (i.e., Tidewater and Central Virginia/ Richmond) had the highest rates of voluntary opt-out, at 29 and 28 percent respectively. Roanoke had the lowest rate of voluntary opt-out (17 percent). Exit due to loss of Medicaid eligibility was lowest in Northern Virginia (9 percent) compared to 17 to 21 percent for the other regions. Appendix 1 includes maps with disenrollment patterns for each region.

Table 7: Disenrollment Reasons, by CCC Region

	Voluntary Opt- Out	Medicaid Eligibility Loss	CCC Eligibility Loss	Plan Switch	Total
	Exit Reason, Count				
Tidewater	3,343	2,425	381	2	11,670
Central	3,373	2,240	423	3	11,859
Roanoke	962	1,090	192	0	5,786
Northern	900	354	90	2	3,834
Charlottesville	858	620	102	0	3,578
Other	160	115	75	0	678
	Exit Reason, Percent				
Tidewater	29%	21%	3%	0%	
Central	28%	19%	4%	0%	
Roanoke	17%	19%	3%	0%	
Northern	23%	9%	2%	0%	
Charlottesville	24%	17%	3%	0%	

E. Length of Enrollment

Figure 1 shows the total number of individuals by how long they were enrolled (i.e., number of months) in the CCC program. It includes individuals who were currently enrolled at the time of the analysis, as well as individuals who enrolled and then exited the CCC program. The average duration of enrollment across both groups was 12.8 months. The overall distribution pattern shows that large numbers of individuals were enrolled in the program for one month, 14 months, and between 23 and 26 months. This pattern may reflect eligibility rules.

Figure 1: Total CCC enrollees, by Number of Months Enrolled

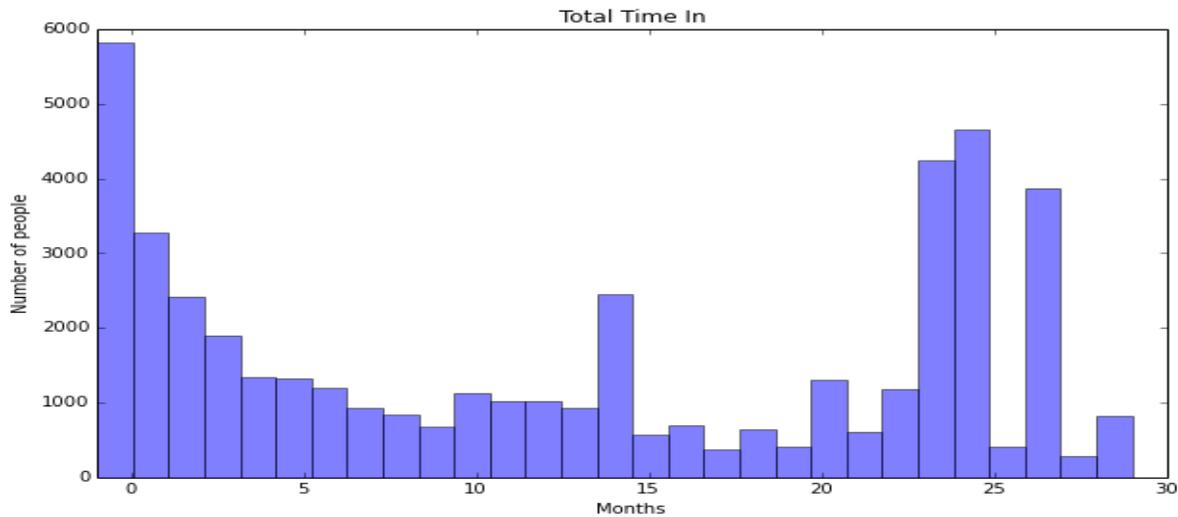
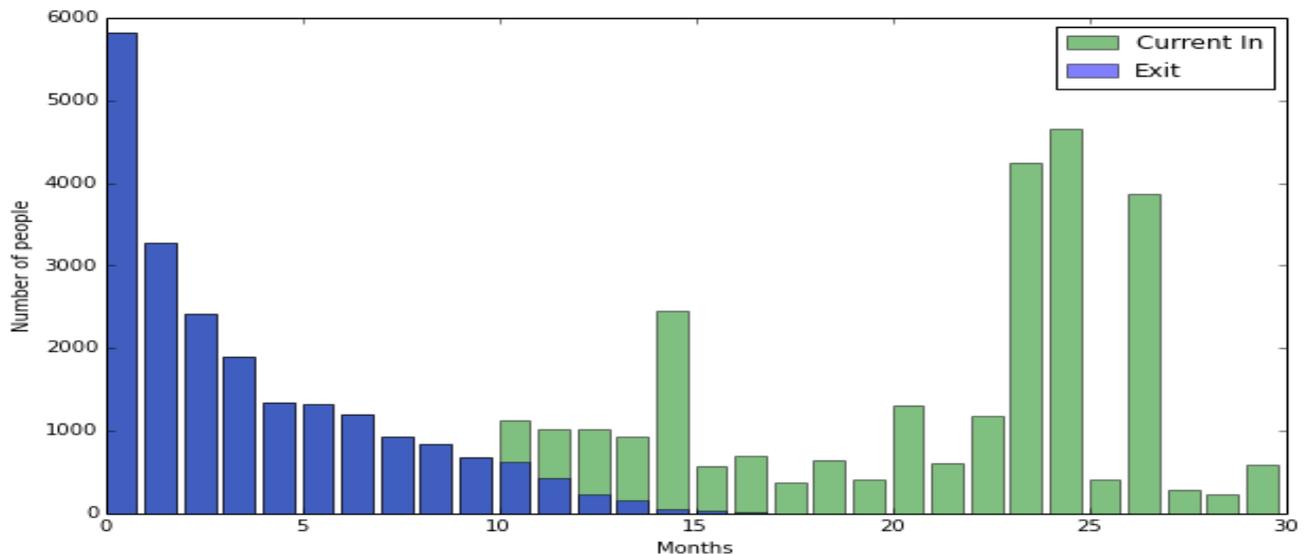


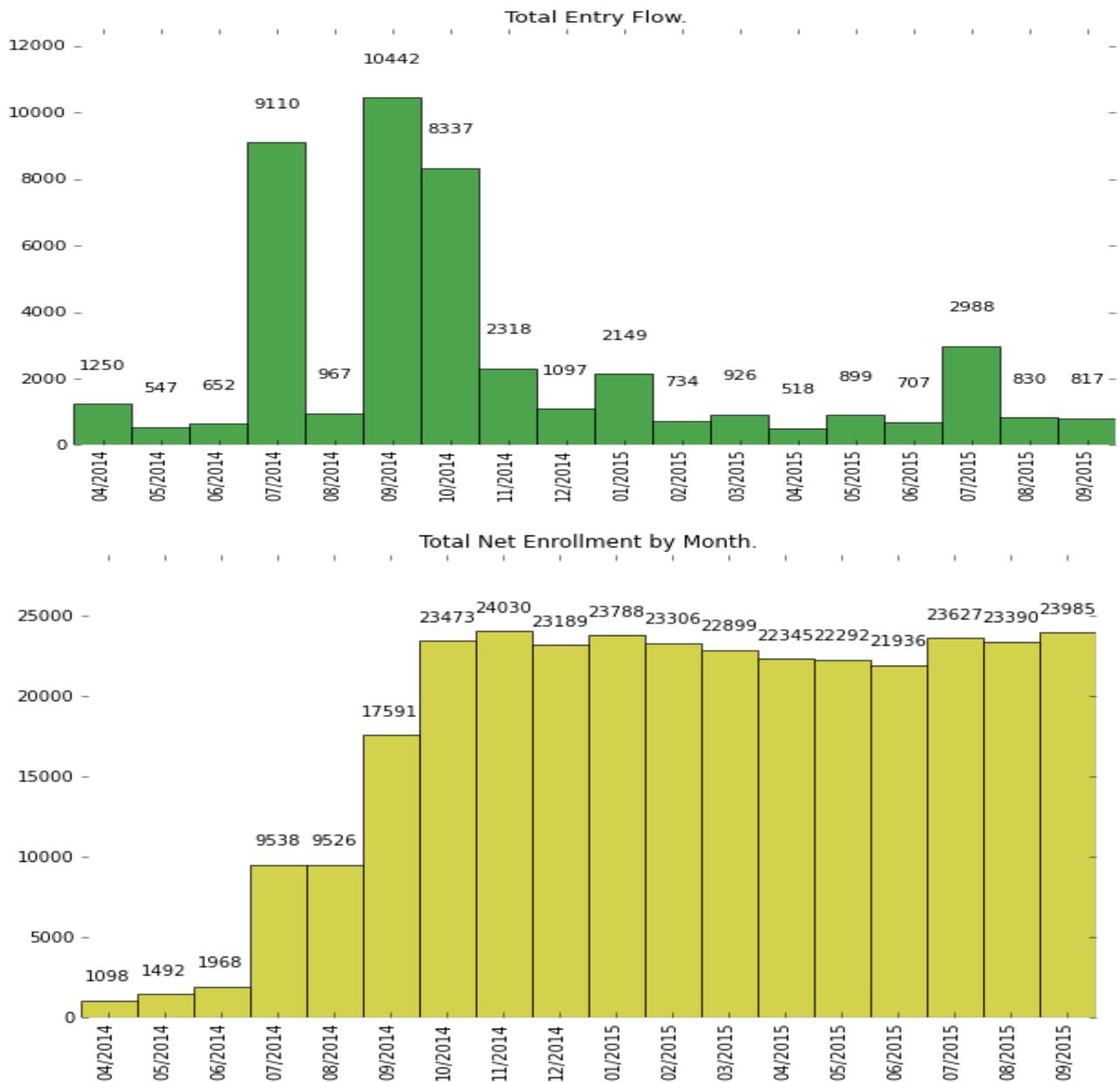
Figure 2 shows the enrollment duration for consumers who were still enrolled in the CCC program at the time of the analysis (green), and consumers who had exited the program (blue). Among those who had exited, the average spell was only 3.3 months. However, there was a significant drop at 1 month. Among those who were still enrolled in the CCC program, the average spell length was 20.1 months.

Figure 2: Length of Enrollment by Currently-In vs Exited Groups



Enrollees join and exit the program each month causing the net program size to expand and contract. **Figure 3** shows that certain key program months were associated with especially high enrollment volumes; these milestones included the month of program initiation (e.g., July 2014) and subsequent renewal dates (e.g. July 2015). The lower panel of Figure 3 shows total enrollments less total exits, which is a measure of the net program size. It shows that after initially large increases, the program size leveled off, and in the last few months increased slightly as new enrollments were larger than monthly exits toward the end of 2015.

Figure 3: Monthly Volume of Enrollments (top panel) and Total Enrollment Net of Exits (bottom panel)



Along with a general stabilizing in the program size, program exits have also stabilized. The pattern of exits has shown a decline since its early peak at the beginning of the CCC program (Figure 4). Each month (Figure 5) between 4 and 5 percent of the enrolled population exits. This percentage represents a decline from 10 to 15 percent when the program began.

The exit rate, calculated as exits over net enrolled each month, varied across regions. It tended to be higher in Northern Virginia than in other regions. Detailed figures by region are provided in Appendix 2.

Figure 4: Monthly Volume of Exits

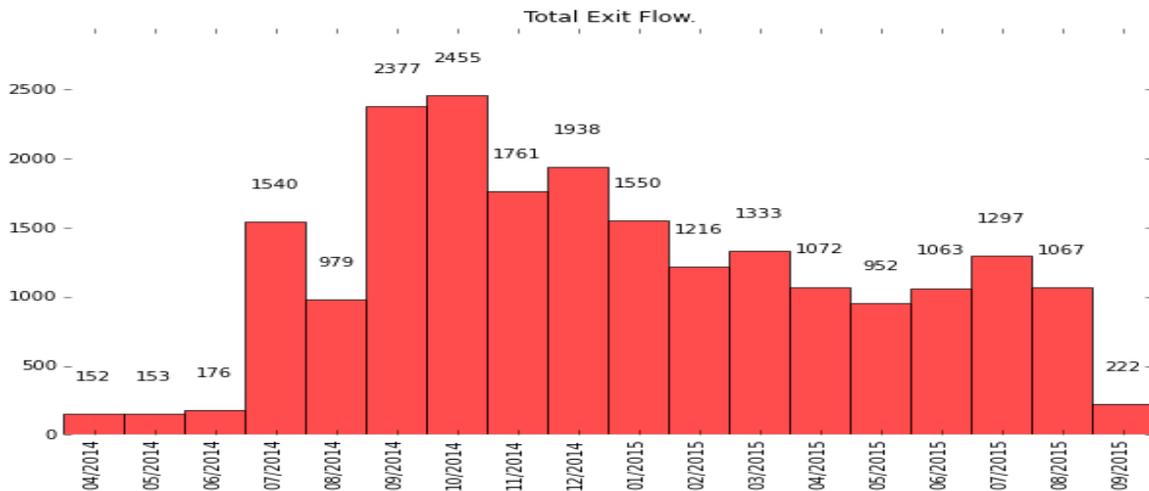
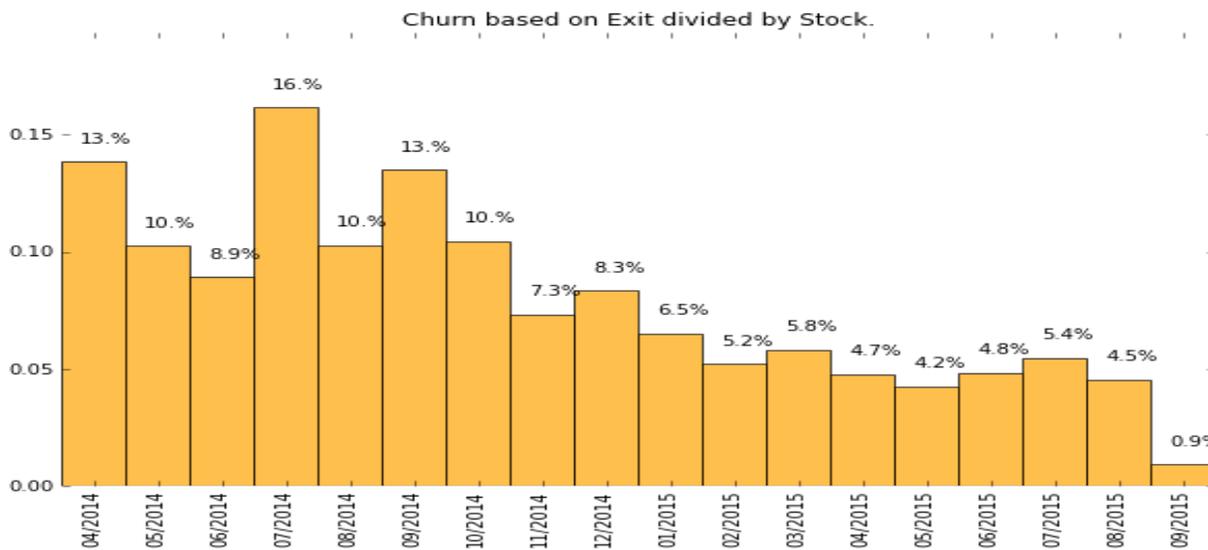


Figure 5: Monthly Exits as Percent of Net Enrolled



High exit rates can also pose a challenge for managed care plans serving consumers, particularly those with chronic conditions or high needs. High rates may also reflect higher voluntary opt-rates among consumers. While initially high, exit rates have leveled off across all three health plans as shown in Figures 11 through 13. Virginia Premier, after initially high exit rates, had lower monthly exit rates than Human and HealthKeepers by mid-2015.

Figure 11: Virginia Premier Monthly Exit Rates (calculated as exits over net enrolled)

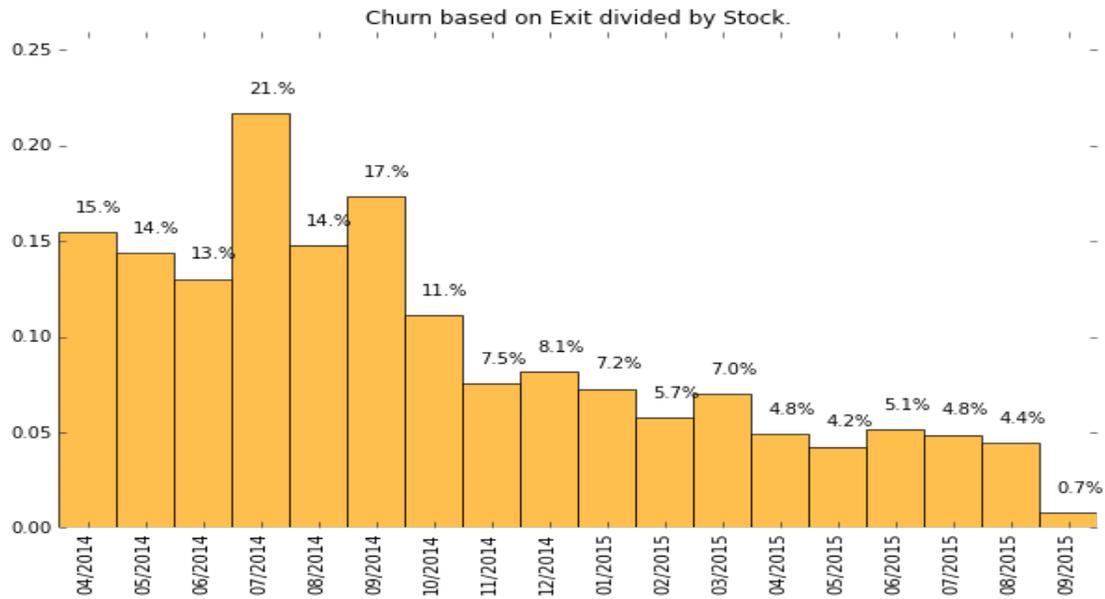


Figure 12: Health Keepers Monthly Exit Rates (calculated as exits over net enrolled)

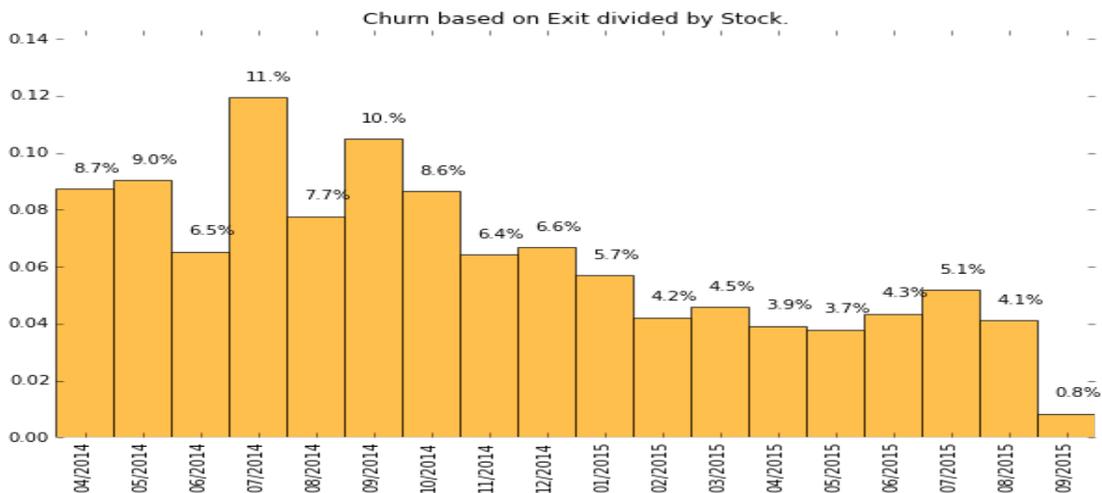
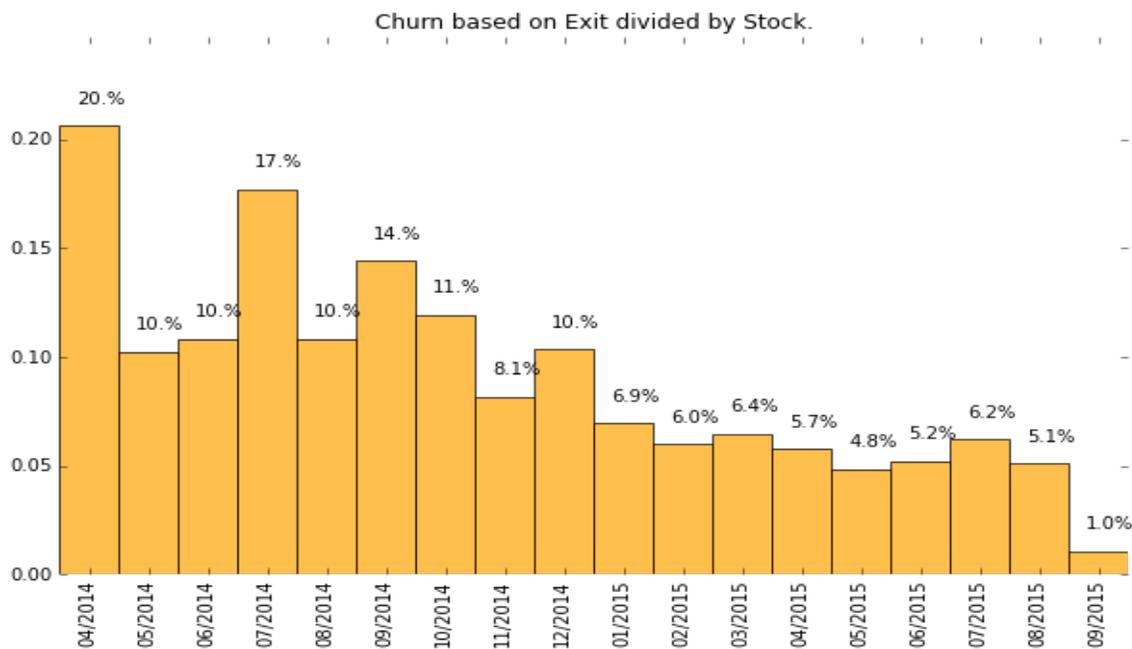


Figure 13: Humana Monthly Exit Rates (calculated as exits over net enrolled)



CONCLUSION AND IMPLICATIONS

Over 35,000 individuals entered the CCC program. Most entered through passive enrollment rather than voluntary opt-in. Increasing voluntary opt-in rates would likely require greater information and outreach efforts. The low opt-in rate under CCC may also reflect a rapid implementation timeline under the “Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries.”

Exit rates in CCC have stabilized but still remain at 5 percent of the enrolled population each month. This can represent challenges for health plans, in particular as many dual eligibles can have complex general health, mental health, and long-term care needs.

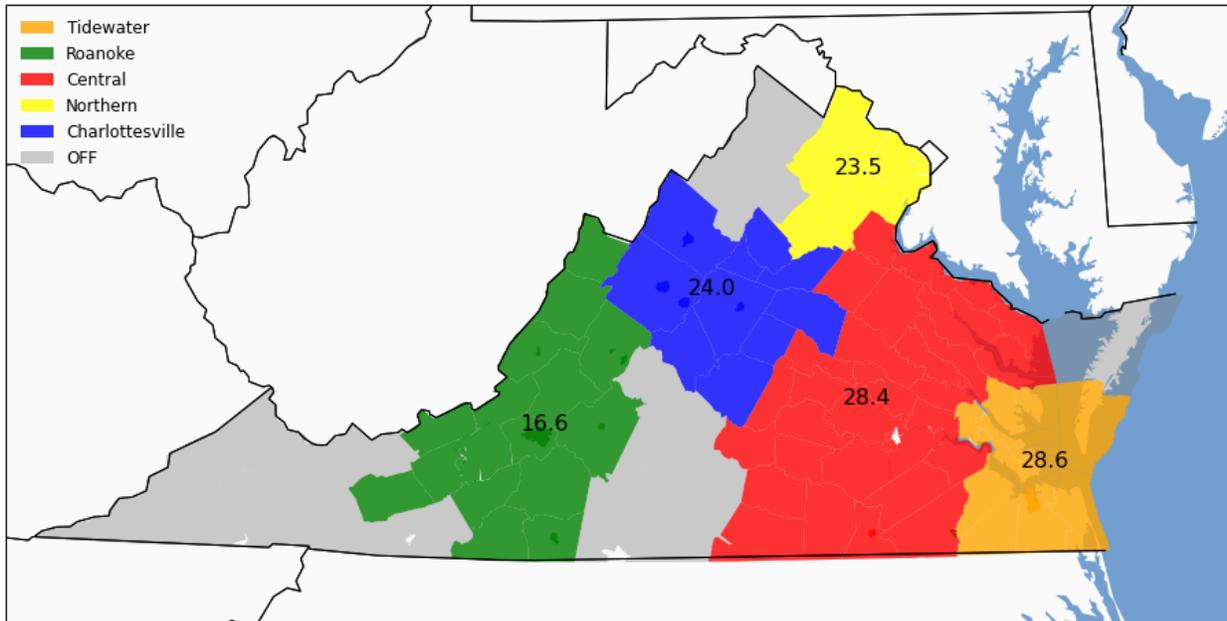
CCC enrollees were able to exit voluntarily at any time and 26 percent have done so. This pattern does not appear to be related to the high rate of passive enrollment, because those who opted-in had the same rate of opt-out as those who were automatically enrolled. At the same time, voluntary opt-out accounts for the most exits from CCC. The fraction who chose to disenroll was larger than the fraction who lost Medicaid eligibility or CCC program eligibility. Under the new managed care program for long-term services and supports, called CCC-Plus, voluntary opt-out will be more limited. This could particularly affect EDCD waiver recipients of whom 48 percent opted-out of CCC after an initial period of enrollment.

Appendix 1

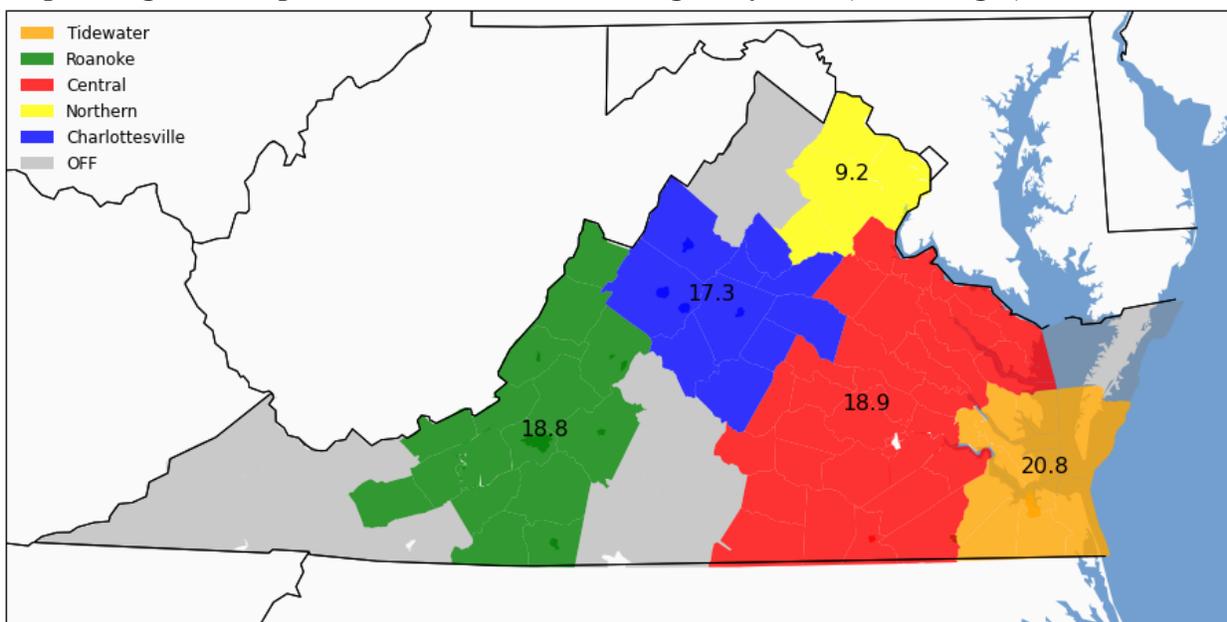
Maps of Exits by Reason

Maps 1 through 3 show the exit percentage for voluntary Opt-out, loss of Medicaid eligibility and loss of CCC eligibility by region. For each map the number of regional exits for each reason is divided by the number of total regional exits.

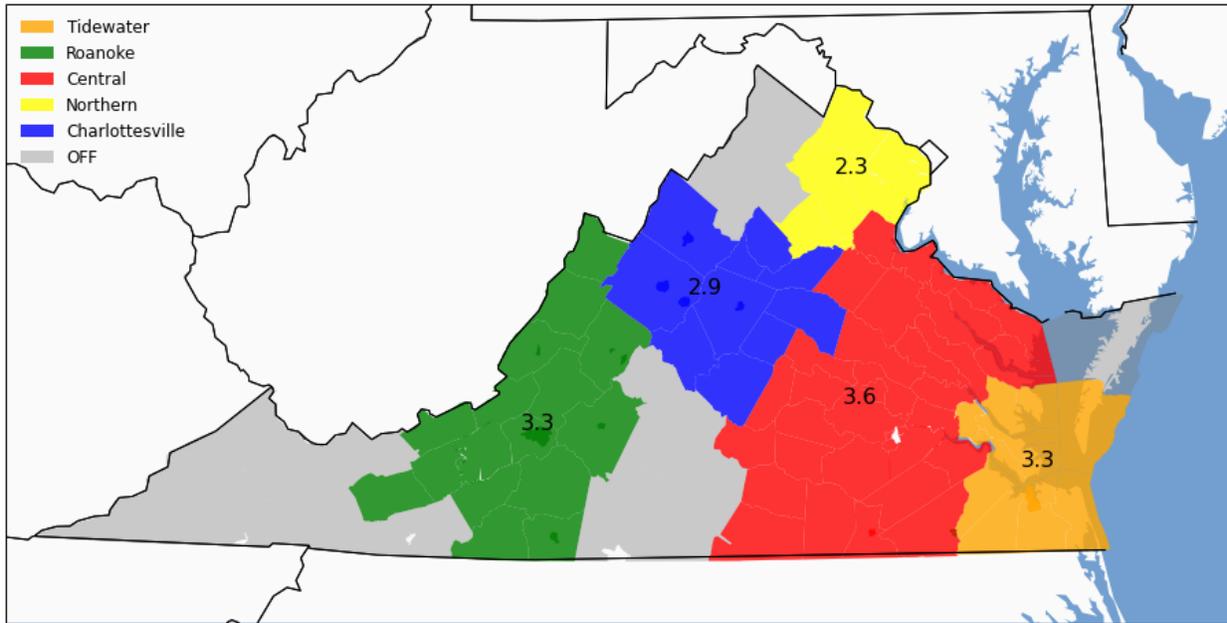
Map 1: Regional Map of Exit due to Voluntary Opt Out (Percentages)



Map 2: Regional Map of Exit due to Medicaid Eligibility Loss (Percentages)



Map 3: Regional Map of Exit due to CCC Eligibility Loss (Percentages)



Appendix 2 Exit Rates by Region²

Figure A: Tidewater Monthly Exit Rate

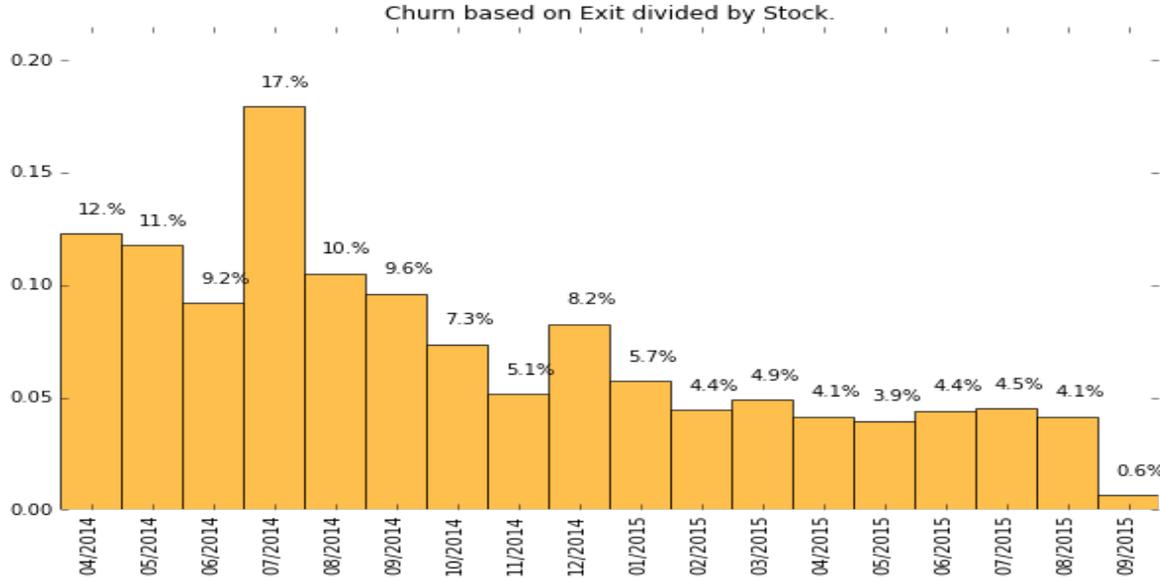
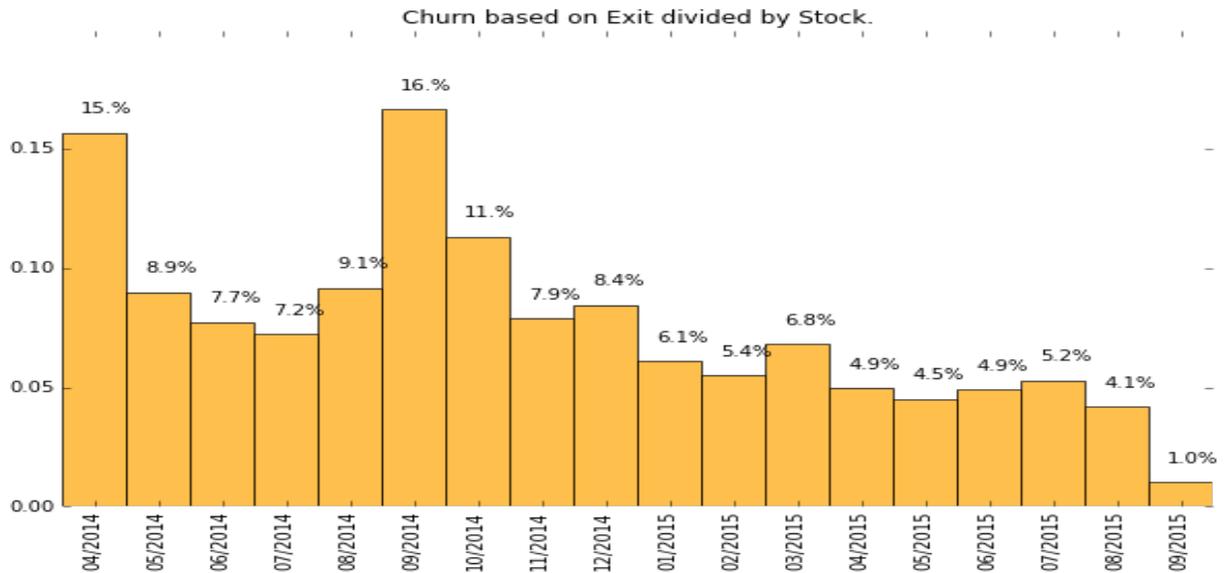


Figure B: Central Virginia/Richmond Monthly Exit Rate



² Exit Rate calculated as exits over net enrolled each month

Figure C: Northern Virginia Monthly Exit Rate

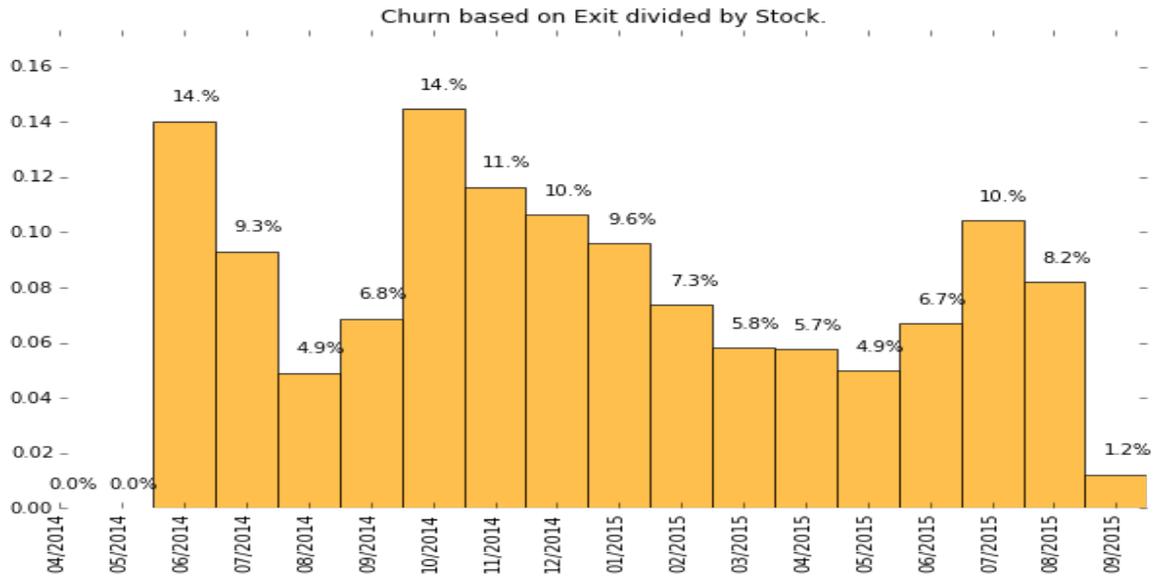


Figure D: Charlottesville Monthly Exit Rate

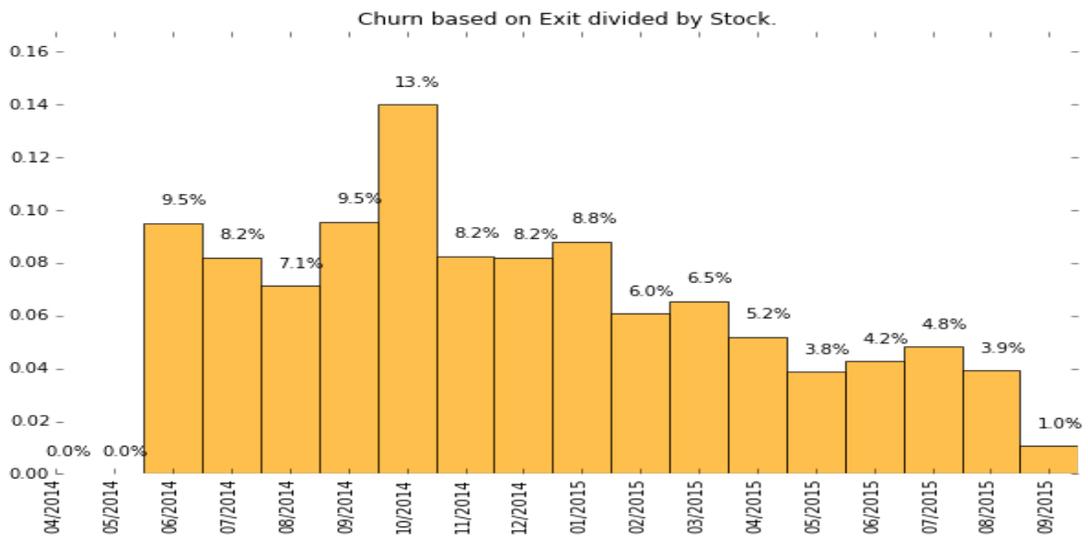


Figure E: Roanoke Monthly Exit Rates

