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Contacting Hard-to-Locate Medicare and Medicaid Members: Tips for Health Plans

By Sarah Barth and Brianna Ensslin, Center for Health Care Strategies

IN BRIEF

Health plans serving individuals eligible for both Medicare and Medicaid must be able to locate members before beginning to meet their often significant health care and social service needs. However, individuals with complex needs are often difficult to contact due to incorrect or missing information and unstable housing. This technical assistance brief provides tips on finding hard-to-locate members from seven organizations participating in PRIDE, a project to advance health plan strategies to provide high-quality, cost-effective care for high-need populations eligible for Medicare and Medicaid.

Health plans serving individuals with significant health and social service needs, including people eligible for both Medicare and Medicaid, must be able to locate and contact members before they can effectively serve them. Unfortunately, health plans often receive inaccurate contact information for dually eligible enrollees. Additionally, contact information must be updated frequently because many Medicare-Medicaid enrollees have unstable housing situations or use pre-paid cell phones that run out of minutes. As a result, health plans face challenges reaching and serving members in a timely way.

This brief provides tips on contacting hard-to-locate members from participants in PRIDE (PRomoting Integrated Care for Dual Eligibles), a project made possible by The Commonwealth Fund. The participating organizations – *CareSource* (Ohio), *Commonwealth Care Alliance* (Massachusetts), *Health Plan of San Mateo* (California), *iCare* (Wisconsin), *Together4Health* (Illinois), *UCare* (Minnesota), and *VNSNY CHOICE* (New York) – are working to advance strategies to provide high-quality, cost-effective care to Medicare-Medicaid enrollees and other high-need populations.

In addition to traditional outreach methods (e.g., mailings, billboards, bus signage, and paid search services), the organizations participating in PRIDE employ more innovative approaches to contact members including using claims and utilization data, and obtaining information from local community organizations. Following are nine tips for contacting hard-to-locate members and maintaining current contact information, along with examples of how organizations participating in PRIDE put these strategies into operation:

1. Identify current providers from claims and prior authorization data.

Health plans can use available Medicare and/or Medicaid claims or prior authorization data to identify providers where members have accessed care and contact those providers to obtain members' most recent address and phone number(s). Health plans can contact a wide range of

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in-network health care and other service providers, including: pharmacies; transportation companies; home care agencies; hospital discharge planners; and behavioral health providers, particularly when the behavioral health benefit is not provided by the plan but by a carve-out provider or county as in California. The *Health Plan of San Mateo* works closely with the county-based mental health organization to identify and locate members. The organizations participating in PRIDE say they would benefit from improved linkages to other data sources such as the Social Security Administration.

2. Maximize community partnerships and existing relationships.

Local agency partners (e.g., Area Agencies on Aging; Aging and Disability Resource Centers; and state-specific resource centers such as Aging Service Access Points (ASAPs) in Massachusetts) can help health plans locate individuals who may be disengaged from the medical system, but engaged with other support services. *Commonwealth Care Alliance* contracts directly with ASAPs to identify members' connections to community partners such as home-delivered meals programs or housing organizations and obtain members' contact information.

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3. Send health plan staff into the community.

Having staff visit libraries, homeless shelters, food pantries, soup kitchens, community centers, senior centers, and cultural/ethnic-specific centers can help health plans to reach their members in the community. The organizations participating in PRIDE periodically send outreach workers or "specialists" to locations such as emergency departments, clinics, and dialysis centers where members access services. *VNSNY CHOICE* sends staff to Designated AIDS Centers in New York City, and *Health Plan of San Mateo* staff go to adult day health care centers to connect with members. In addition, co-location of health plan staff with home- and community-based providers, such as those participating in the In-Home Supportive Services program, California's personal care provider program, can help with identification and joint coordination.

4. Use non-licensed outreach staff.

To increase capacity to locate individuals, health plans can use non-licensed staff, usually with a high school or associate's degree, rather than licensed staff (e.g., nurses or social workers) to connect with members in the community. *CareSource* and *UCare* use health navigators, while other plans like *Commonwealth Care Alliance* use outreach workers and peers. With roots in the communities the plans serve, these individuals are better equipped to find hard-to-locate members, gain their trust, and build relationships with them.

5. Target calls during the first week of the month.

Individuals using pre-paid cell phones may run out of minutes later in the month. By targeting phone calls during the first week to 10 days of the month, as *Commonwealth Care Alliance* does, health plans have the highest likelihood of reaching members when their phones are still active. Plans may also consider partnering with entities that provide free or reduced cost cell phones to Medicaid-eligible individuals and paying for additional minutes to cover the time members spend on the phone with health plan staff. *VNSNY CHOICE* is working with a vendor to pay for minutes that members spend on the phone with health plan staff.

6. Engage a broader group of member "health partners."

Contacting hard-to-locate members does not end the moment a health plan obtains a phone number or address. Members may use temporary phones or buy new ones, changing numbers frequently. They may move frequently from one friend or relative's house to another. After initial contact with the member, *iCare* tries to establish a broader list of contacts such as neighbors, relatives, friends, and/or religious counselors who can help identify the member's location in the future. Obtaining member consent for the health plan to contact these "health partners" is critical to leveraging personal support networks.

7. Establish mechanisms to flag hard-to-locate members.

Online databases and records may be programmed to flag hard-to-locate members and alert staff when these members contact the plan. When a "flag" appears, call center or nurse advice line staff will know to ask the member for an updated address and phone number. When a hard-to-locate member telephones *iCare's* call center, its staff immediately conference in the member's care manager, when possible, so that the care manager can try to schedule an assessment or other type of contact.

8. Assign a specific staff person to contact hard-to-locate members.

Health plans may consider assigning a specific staff person to a caseload of hard-to-locate members. *iCare* has taken this approach, enabling plan staff to develop expertise using databases and resources, including court records, to locate individuals. Staff also build local community-based relationships with organizations that may know members' whereabouts. Also, limiting the number of health plan staff who can update members' contact information in the health plan's database can improve data accuracy.

9. Knock on the door of a member's last-known address.

The last-known address may be the only information available to a health plan. *Together4Health* sends outreach workers to visit last-known addresses to inquire about members' current locations. This approach may require going to several places to find the member who may be temporarily living elsewhere.

Conclusion

For health plans, making contact is the critical first step in identifying and meeting members' needs. However, plans often have to work with out-of-date addresses and phone numbers for their members. To overcome this challenge, the organizations participating in PRIDE are employing creative, hands-on approaches to contact hard-to-locate members. By mining new or unlikely sources of data for contact information and reaching out to community partners, health plans can increase their chances of contacting members who are difficult to locate. Health plans should be mindful that some individuals, particularly those who did not proactively enroll or select the plan they are enrolled with, may not welcome in-person contact. However, plans can engage community-based organizations to create an environment where members are comfortable interacting with health plan staff. State partners are also working to refine methods for keeping beneficiary contact information up-to-date and passing this information along to plans. The tips presented here can help health plans to locate members and serve them in a timely way.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to advancing health care access, quality, and cost-effectiveness in publicly financed care. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.