

## 5 Keys to Overcoming Medicaid

# Population Engagement Challenges

**As Medicaid enrollment soars, health plans face an imperative to engage the most vulnerable populations.**

Medicaid enrollments spiked in 2020 as vulnerable populations across the country faced unprecedented hardships as the COVID-19 pandemic impacted nearly all facets of life. After declines in enrollment from 2017 through 2019<sup>1</sup>, total Medicaid/CHIP enrollment grew to a record 82.3 million in April 2021<sup>2</sup>, an increase of 11.1 million, or 15.5%, from February 2020. This equates to approximately 1 out of 4 Americans. Additionally, the Biden administration has pledged to increase enrollments<sup>3</sup> by expanding coverage for certain services and in the states that have not expanded the program under the Affordable Care Act.

Despite the rising number of vulnerable Medicaid enrollees and associated healthcare costs, engaging those with unaddressed behavioral health needs and other chronic medical conditions continues to present significant challenges for health plans.

As health plans continue to develop innovative population health strategies<sup>4</sup> to assist the growing number of Medicaid beneficiaries, it is critical that they adopt programs that incorporate a whole person approach to engagement that accounts for each member's individual circumstances, social risks, barriers, and goals. Successfully identifying and engaging this population to reduce costs and improve outcomes requires an evidence-based approach that comprehensively addresses behavioral health, physical health, and social risk. Medicaid members' lives are challenging across many fronts, which impacts their ability to effectively manage their health. Without understanding a person's unique circumstances and



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**1 in 4** Americans are  
enrolled in Medicaid



**57% of Medicaid members**  
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barriers to care, it is often impossible to expect that individual's engagement with needed treatment.

## Drivers of Avoidable Utilization and Cost

A report<sup>5</sup> from the U.S. Centers for Medicare and Medicaid Services found combined Medicaid and Medicare enrollees with at least two comorbid condition had double the healthcare costs compared to those without a behavioral health diagnosis and multiple comorbidities. For those with five comorbid conditions, the costs increased roughly fivefold.

Further, research from Health Affairs found more than half (57%)<sup>6</sup> of Medicaid members who were treated for a behavioral disorder also had four or more chronic conditions. Medicaid enrollees have higher rates of behavioral and chronic medical conditions compared to non-Medicaid populations, and a study from the Agency for Healthcare Research and Quality found having multiple chronic comorbidities can inflate treatment costs up to seven times higher<sup>7</sup> compared to those with only one chronic condition.

Due to the challenges many behavioral health patients face, they tend to use more medical resources and drive up healthcare costs as they are more likely to be hospitalized for medical conditions and readmitted frequently to the hospital. Combined with the fact that more than half of U.S. adults with behavioral health conditions did not receive treatment for those conditions in 2020<sup>8</sup>, it is imperative health plans act quickly to help their Medicaid members address social risks and engage them into needed care to curb rising cost trends.

**The Complexity of Medicaid Populations**

The life challenges Medicaid members face are wide-ranging and evident on a daily basis, and cannot be overstated. There is no defined set of factors that can determine an individual’s vulnerability, and one of more of the following characteristic may be persistent: job or financial insecurity, food insecurity, housing insecurity, lack of transportation, lack of a support system, poor health literacy, inability to navigate the healthcare system, or even a lack of awareness of existing health issues. Further, Medicaid members often face other barriers to care, including lack of access to providers, stigma or shame, unrecognized behavioral health diagnoses, or distrust of the healthcare system due to previous negative

experiences. For many Medicaid beneficiaries, addressing health issues is not the highest priority when struggling with many other challenges amidst the turbulence that everyday life can present. Even when health issues are recognized and there is a desire to address them, lack of access and other barriers listed frequently can prevent individuals from obtaining needed care. Unfortunately, health issues are deprioritized or unaddressed until they are urgent.

This cycle leads to an overreliance on emergency department (ED) and inpatient stays to treat exacerbated health issues. Recent findings<sup>9</sup> from the Department of Health and Human Services found adults enrolled in Medicaid are twice as likely to report having used the ED in the previous year compared to those on private insurance. While other factors also contribute to Medicaid beneficiaries higher use of ED use compared to those private insured — such as higher cost-sharing in private insurance — the higher disease burden in Medicaid and barriers to other sources of outpatient care are primary drivers. The end result of this low value utilization is significantly inflated costs for insurers, much of which could be avoided if Medicaid members could be engaged in higher value outpatient primary and behavioral healthcare.

**5 Key Challenges Health Plans Need to Overcome to Engage Medicaid Populations in Behavioral Health**

Vulnerable and unengaged Medicaid members face unique challenges that must be overcome to help get needed care. Finding and engaging Medicaid members

with unaddressed behavioral health issues is a critical first step in order to mitigate social risks, remove barriers to care, and address unmanaged chronic conditions. Through our deep experience working with complex populations, Ontrak has identified five common challenges that health plans must overcome to effectively engage their Medicaid members.



Identification



Effective Outreach



Social Risk



Retention



Care Coordination

## ① Identification of Populations with Unmet Needs

Finding Medicaid members with unaddressed behavioral health conditions can be difficult due to the use of ED and inpatient visits as primary care, where behavioral health conditions are often missed or unrecognized. Additionally, Medicaid members may not be seeking out or able to access care due to any number of barriers. Typical targeting algorithms may not be able to accurately identify members who need care without a diagnosis.

## ② Effective Outreach

Once identified, connecting Medicaid members to programs and services can prove challenging. Some may lack a phone or a reliable contact number, access to internet, email, or even stable housing or a mailing address. Even for those with accurate contact information, traditional care management programs may only try to contact members a few times before ceasing outreach efforts. However, sustained and personalized outreach is often required before a member will respond.

## ③ Identifying and Resolving Social Risks

Many plans are making large investments to leverage social determinants of health (SDOH) data to identify social risks among their populations. However, connecting members to lists of community resources will not resolve social risk if the resource is not the right fit for the member. There is still work to be done to improve initial and ongoing screening for social risks, which are dynamic and often not effectively resolved at one point in time. And while many states are leveraging MCO contracts<sup>10</sup> to promote strategies for mitigating social risk, including screening and providing referrals to social services, only 12 states are tracking the outcomes of referrals.

## ④ Enrollment and Retention

Enrolling and retaining<sup>11</sup> Medicaid members in various programs and services that improve health outcomes and support healthy lifestyles is an ongoing challenge, due to the difficulties outlined in outreach and engagement, in addition to the life events and social risks that can interfere with a member's ability to participate. However, minimizing disruptions in care and treatment for Medicaid members is critical to improving health outcomes for the long term.

## ⑤ Care Coordination across Social, Medical, and Behavioral Needs

The Medicaid Health Home State Plan Option<sup>12</sup> allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions. Health homes coordinate the full range of medical, behavioral health, and long-term services and supports needed by Medicaid beneficiaries with chronic health needs. However, as of April 2021, only 21 states and the District of Columbia<sup>13</sup> have approved health home models. For the millions of enrollees in states without health homes models, gaps exist in their ability to provide the coordinated care required to effectively deliver whole person care that addresses the spectrum of social, medical, and behavioral needs.

### Ontrak's Medicaid Outcomes<sup>14</sup>



**40+%** Enrollment Rate



**8 – 9 Months** Average Time  
In Program



**61%** Reduction in Inpatient  
(IP) Admissions



**33%** Reduction in Emergency  
Room Visits



**84** Net Promotor Score





**How the Ontrak Program Uniquely Solves for these Challenges**

**① Identification of Populations with Unmet Needs**

Using AI and a variety of data sources, Ontrak’s proprietary predictive analytics uncover populations with previously unaddressed behavioral health needs, even absent a diagnosis. Our advanced algorithms can impute behavioral health diagnoses — based on 21 different features related to co-occurring medical conditions — and score how likely a member is to benefit from treatment based on a number of health and lifestyle factors. We also incorporate features related to utilization patterns, demographic factors, and prescription characteristics. Additionally, our AI-driven algorithms enable segmentation and prioritization of member outreach based on the likelihood that they are willing to engage and change behaviors.

**② Effective Outreach**

Ontrak’s team of highly trained Member Engagement Specialists understand a member’s profile before first contact, and work to establish trust with members by taking a person-centered approach that revolves around empathy, consistency, and an unconditional positive regard.

Descriptive and predictive analytics enable us to customize outreach and engagement per member’s unique preferences, including time of day, frequency, and mode. Engagement Specialists deploy omnichannel outreach that meets members where they are, and use evidence-based techniques, such as motivational interviewing and person-centered care approaches to establish trust and help uncover member preferences, needs, and goals. Over 99% of members contacted remain opted-in to communications from Ontrak. Once Engagement Specialists connect with a member, they guide them to coaching and treatment.

**③ Identifying and Resolving Social Risks**

Upon enrollment in the Ontrak program, members are partnered with a dedicated Care Coach and Social Risk team who help them identify and prioritize their health goals, assess their behavioral health condition(s), and identify any barriers or social risks that must be addressed. Ontrak Care Coaches are registered nurses and licensed clinical social workers by background, and use evidence-based methodologies to uncover both explicitly stated and implied social risks and barriers. The coach can then connect the member to resources tailored to their specific needs and situation.





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For over a decade, Ontrak has curated a propriety and expanding resource library that allows us to offer resources to meet members’ needs on a highly granular level (i.e., state, county, community, rural, urban, cultural, religious preferences, dietary needs, and more). We also work with our health plan partners’ resources, including SDOH platform Aunt Bertha, and direct members to those resources when they are the best fit.

Throughout the Ontrak program, coaches will continue to screen members for social risks while helping them build the skills and knowledge to address any new social challenges that may arise after graduation. In short, we set members up for long-term success.

**④ Enrollment and Retention Into Support Programs**

Using our proven engagement methodology, Ontrak boasts enrollment rates double that of industry averages for care management programs. Once enrolled into the program, dedicated Care Coaches keep members engaged and retained by becoming a trusted resource and serving as a guide to help the member navigate all aspects of their health journey. This includes connecting them with behavioral providers for treatment and with their plan’s Medicaid programs (health homes, patient-centered medical homes, federally qualified health centers, and home- and community-based services), guiding them to primary care, and curating community and governmental resources to help them overcome social risks.

We often hear members express they feel their coach is always there for them even when they feel no one else is. Coaches are available to members via phone and text messaging, and drive retention by being a consistent, supportive presence in the member’s life. This helps members stay invested in working toward their health goals and connected with their providers.

**⑤ Care Coordination Across Social, Medical, and Behavioral Needs**

Ontrak’s evidence-based, whole-person approach to engagement addresses member’s social, medical, and behavioral health needs by taking a non-traditional approach that establishes trust, offers a helping hand, and focuses on what matters to the member. Our Care Coaches are tightly integrated with our contracted behavioral health providers and act as a single point-of-contact to guide members to any and all resources available to them, whether through their health plan or from Ontrak’s curated SDOH resource library.





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**Medicaid Member Success Story — Bringing the Ontrak Program to Life**

This is the story of Ontrak member “Michael”, a 44-year-old Medicaid beneficiary with depression, anger, stress, and substance use disorder.

Prior to enrolling in Ontrak, Michael had undergone five back surgeries and suffered from mixed connective tissue disease, which caused chronic pain that impacted the joyful activities in his life such as fishing, exercise, and spending quality time with his family. The stress he was under had also put a strain on his marriage and his relationship with his children. When he felt depressed, he would socially isolate and fall into patterns of negative thought processes that impacted his self-confidence.

**Medicaid Member Outcomes<sup>14</sup>**

-  **78%** Post-graduation claims cost reduction
-  **18** Phone visits with his therapist
-  **10** In-person visits with his psychiatrist
-  **Engaged** with PCP, adhering to medication, confident, and sober



Michael enrolled in the Ontrak program after six months of outreach calls and letters, when he was finally ready to accept help. Upon enrollment, his prior 12-month claims costs were \$42,587.

Michael connected with his Care Coach telephonically to identify his goals and map out his personalized treatment plan. His short-term goal was to improve positive thinking while managing his chronic pain, and longer term he sought to improve his self-confidence in his ability to navigate the health system and remain sober.

Michael’s coach enrolled him in the chronic pain program to help him address the most pressing aspect of his physical health. During the program, Michael and his coach met monthly to work on strategies for managing his chronic pain and review his progress with his health goals and with his provider-led treatment plan.

The coach also identified financial, food and transportation insecurity, and connected him with food stamp assistance and helped him begin to use public transportation so he could get to provider visits and reduce social isolation.

After their first call, Michael’s coach connected him with a therapist to talk through his issues, identify triggers, and develop coping strategies to work through his emotions. His coach also referred him to a psychiatrist, who was able to prescribe medication to help with his symptoms of depression. During his 12 months in the Ontrak program, Michael met with his therapist 18 times over the phone and with his psychiatrist 10 times in person.

Upon graduation, Michael’s symptoms of depression had improved dramatically with medication and therapy, and his reported self-confidence improved from 5 out of 10 to 9 out of 10. He was engaged with his primary care provider throughout the program, adhered to his treatment plan, had no hospitalizations, and most importantly was better able to manage his chronic pain and remain sober. The impact of Michael’s success in the Ontrak program are also evident in the financial outcomes: his prior 12-month claims cost had reduced by 78% post-graduation compared to pre-enrollment.

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## Conclusion

Underserved and vulnerable Medicaid populations face daily challenges across all aspects of life, creating turbulence and disruptions that are difficult to overcome. This is especially true for the many Medicaid members with unaddressed behavioral issues and multiple chronic medical conditions. Unfortunately, unengaged members can have an outsized impact on total healthcare spend due to avoidable utilization of costly ED and inpatient stays.

As Medicaid enrollments continue to rise — alongside the squeezing of state budgets — Medicaid plans face an imperative to better engage and serve those who need help the most.

Ontrak's differentiated approach helps plans overcome common challenges to Medicaid population engagement to deliver durable, proven outcomes, and cost savings.

We accomplish this by:

- › Identifying members with unmet behavioral health needs, even absent a diagnosis
- › Engaging and enrolling members into our program through highly effective outreach
- › Identifying and resolving social risks, and other barriers to care
- › Delivering industry leading program retention by establishing trust-based relationships
- › Coordinating care across providers, programs, and resources to address members social, medical, and behavioral health needs
- › Ensuring lasting improvements in a member's ability to self-manage their health care needs, resulting in better clinical outcomes, better member experience, and durable reduction healthcare costs

Connect with us

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<sup>1</sup><https://www.kff.org/medicaid/fact-sheet/analysis-of-recent-declines-in-medicaid-and-chip-enrollment/>

<sup>2</sup><https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

<sup>3</sup><https://www.healthcaredive.com/news/state-medicaid-officials-fall-low-vaccination-rates-enrollment/607045/>

<sup>4</sup><https://www.healthcaredive.com/news/payers-double-down-on-population-health-programs-amid-covid-19/606952/>

<sup>5</sup>[https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual\\_Condition\\_Prevalence\\_Comorbidty\\_2014.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Condition_Prevalence_Comorbidty_2014.pdf)

<sup>6</sup><https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0875>

<sup>7</sup><https://archive.ahrq.gov/research/findings/factsheets/costs/expriach/index.html>

<sup>8</sup><https://mhanational.org/issues/2021/mental-health-america-adult-data#six>

<sup>9</sup>[https://www.researchgate.net/publication/259567023\\_Medicaid\\_Increases\\_Emergency-Department\\_Use\\_Evidence\\_from\\_Oregon's\\_Health\\_Insurance\\_Experiment](https://www.researchgate.net/publication/259567023_Medicaid_Increases_Emergency-Department_Use_Evidence_from_Oregon's_Health_Insurance_Experiment)

<sup>10</sup>[https://www.researchgate.net/publication/259567023\\_Medicaid\\_Increases\\_Emergency-Department\\_Use\\_Evidence\\_from\\_Oregon's\\_Health\\_Insurance\\_Experiment](https://www.researchgate.net/publication/259567023_Medicaid_Increases_Emergency-Department_Use_Evidence_from_Oregon's_Health_Insurance_Experiment)

<sup>11</sup>[https://chronicdisease.org/resource/resmgr/diabetes\\_dpp\\_materials/medicaid\\_demonstration\\_proje.pdf](https://chronicdisease.org/resource/resmgr/diabetes_dpp_materials/medicaid_demonstration_proje.pdf)

<sup>12</sup><https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/index.html>

<sup>13</sup><https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/hh-map.pdf>

<sup>14</sup>Medicaid health plan quarterly business review 07/2021