

How Health Plans Can Prepare for a Rise in Medicare Advantage Enrollment



Medicare is a vital and long-standing government-funded healthcare program that assists seniors with medical care costs. Medicare Advantage Plans are available through private insurance companies that contract with Medicare, and these plans provide coverage for Medicare recipients for Part A (hospital insurance) and Part B (medical insurance). Other types of Medicare plans are available to help with medical expenses, but Medicare Advantage Plans are very popular among beneficiaries, and many doctors belong to networks for these plans.

As open enrollment draws near, organizations that provide Medicare coverage plans must prepare for an influx of patients who may be new to Medicare and using Medicare Advantage Plans. Staff members familiar with Medicare and how Advantage Plans work will be able to offer guidance to new customers on what the plan covers. With the right staff, an insurance company can ensure everyone has the training and experience needed to help patients make the most of their benefits. Ensuring that everyone is familiar with Medicare Advantage Plans should be a top priority.

What Is Medicare Advantage?

Medicare Advantage (MA) dates back to the 1970s, but the idea gained momentum in 1997 when the government passed the Balanced Budget Act. At this time, the program was called Medicare Choice. In 2003, when Part D for prescription drugs was added to Medicare benefits, the Medicare Choice name was changed to Medicare Advantage. Today, more than 30 million Americans are enrolled in Medicare Advantage Plans.¹

Over the years, Medicare has gone through a few changes, and so have Medicare Advantage Plans. These plans contract with Medicare and must provide at least the same coverage Original Medicare offers while following Medicare's rules. Most Medicare Advantage Plans offer extra coverage in addition to Original Medicare coverage. This additional coverage may include the following:

- **Hearing**
- **Dental**
- **Vision**



30 Million

Americans are enrolled in Medicare Advantage Plans

Many MA Plans also include Part D coverage for medications. The limiting factor with Medicare Advantage Plans is that patients can only go to doctors within a specified network. In contrast, Original Medicare allows recipients to visit any doctor who accepts Medicare coverage. Signing up for a Medicare Advantage Plan doesn't mean that Medicare coverage disappears. Instead, the MA Plan provides most of the benefits. A healthcare organization may need to see a client's Medicare card for certain treatments, but staff will primarily check their Medicare Advantage Plan card to bill for services.

Open enrollment is the period during which seniors can sign up for the Medicare Advantage Plan they want to use or opt to use Original Medicare coverage or another coverage option that better suits their needs. The **open enrollment period** is from October 15 to December 7 for coverage that begins on January 1. An initial enrollment period is given to individuals who sign up for Medicare for the first time. In some circumstances, a special enrollment period might be awarded. Clients can only switch their Medicare Advantage Plans or sign up during an open enrollment period.

only switch their Medicare Advantage Plans or sign up during an open enrollment period. Anyone who receives Medicare Part A and Part B can sign up for a Medicare Advantage Plan. However, recipients must live in the plan's service area and be U.S. citizens or living in the country legally. The process for joining an MA Plan can vary depending on the provider. Contacting the insurance company offering the Medicare Advantage Plan is the best way to find out how to join and what the plan offers.² Open enrollment can be one of the busiest times for providers offering MA Plans or other Medicare plans or supplements.

Medicare uses a star rating system to show how well each company performs in certain areas. Ratings range from one to five stars, with five being the best. It updates its ratings once a year to reflect how well organizations are following regulations and providing services to beneficiaries. Each Medicare Advantage Plan is rated in these categories:³

- **Keeping patients healthy through screening, testing, and vaccines**
- **Managing chronic and long-term conditions**
- **Being responsive and caring**
- **Retaining customers and avoiding complaints**
- **Providing high-quality customer service**

In addition to the star rating, organizations can determine how well a Medicare Advantage Plan is functioning by discussing its pros and cons with clients. This can help staff guide patients in choosing the best plan for their coverage needs and budget. Plans with good standing may receive more interest from potential customers, which means that small to medium providers can benefit from having knowledgeable staff able to answer questions and provide guidance. This could boost their reputation and increase their membership.

Why is Medicare Advantage popular?

MA Plans are popular with Medicare recipients for several reasons. These plans provide the same basic coverage as Original Medicare but add options that enhance their appeal to those needing help paying for extra expenses, such as glasses or dental work. Many of these plans also have Part D coverage, making it easier and more affordable for clients to get their medications. Another advantage of MA Plans is their low-cost premiums, making it less expensive for customers to get the medical attention they need.

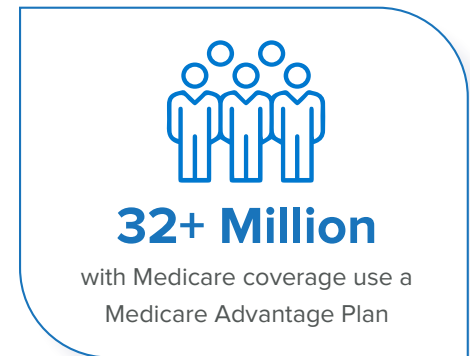
Medicare Advantage Plans limit what customers pay out of pocket: once they reach the limit, they no longer pay for doctor's visits or other care. With Original Medicare, beneficiaries might need supplemental coverage, whereas Advantage Plans cover everything Medicare includes and usually more.

Some care providers opt to become part of a Medicare Advantage Plan network because it provides a good structure when caring for patients. These plans have strict requirements that don't afford much flexibility in accepting patients or offering services. This works well for some providers. Being part of the network also creates a list of potential clients for healthcare providers to use to obtain new patients. The financial rewards can be lucrative for doctors who accept MA Plans.

How will MA shape the future of healthcare?

Medicare Advantage Plans are growing quickly. Of the 65+ million people with Medicare coverage, roughly 50% use a Medicare Advantage Plan.⁴ As more people choose this option when they enroll in Medicare, new providers will emerge due to the need for options.

In fact, a report on Health Affairs states that MA is on course to cover 69% of the Medicare population by 2030.⁵ This substantial portion of the population will need help navigating the coverage options MA Plans offer. Doctors and healthcare providers will also need help joining an MA network and understanding its regulations. This is especially true for clinics and hospitals that may be used to working with Medigap coverage or other plans.



A Medigap policy is supplemental, meaning it fills in the gaps for what Original Medicare doesn't cover. Combining Medigap policies with Medicare Advantage Plans is impossible because Medigap policies only pay after your Medicare coverage pays. So Medigap policies cover costs such as:⁶

- **Copays**
- **Coinsurance**
- **Deductibles**

MA Plans, in contrast, are responsible for Part A and Part B coverage for customers. These plans might also provide coverage that Medigap doesn't, such as for vision checks. This is part of the reason why these plans are so popular. While both options have their benefits, it's clear that more people are choosing Medicare Advantage Plans. This shift could have a major impact on the healthcare field, as these plans will likely change how doctors, patients, and insurance companies work together.

Insurance companies should consider the following factors as MA Plans begin to dominate and reshape the future of healthcare:



Appealing to New Enrollees

Health plans currently focusing on Medigap or other types of coverage will need to change their goals to include administering MA Plans to clients who want them. This will entail helping customers sign up for coverage during their open enrollment period. People seeking Medicare coverage options want to know what plans offer and the out-of-pocket costs they'll have to pay. Organizations must be ready to help customers choose the best plan for their needs.

By putting a plan in place for administering MA, health plans can be ready to meet their clients' needs.

Part of the plan for administering MA should include acquiring new members. Because people can choose to switch MA Plans during open enrollment, health plans may experience dips and peaks in their customer base during this period. Having a plan to gain new MA members can help streamline the process so customers transition into the program smoothly. Staff must have a solid grasp of what a plan offers and its key benefits, but team members must also have the skills to enroll customers and handle problems that arise with care providers.

The popularity of MA is growing, but there's still some room for competition in the space. Companies offering MA Plans can bundle the customers they cover to provide additional coverage features. This can make it challenging for companies with fewer resources to create a product as appealing as the competition's. Delivering an MA Plan that stands out can be tough, but with innovation and the right team, health plans can develop an MA design that people want.

Making the plan's extra coverage features more appealing than those of competitors can help attract new members. Many seniors are looking for customizable plans they can adapt to fit their needs, but plans must be enticing due to the crowded marketplace where once-novel features are now commonplace.⁷ Learning where coverage is needed and shaping health plans to fit that need will make MA Plans appealing to the right market.



New Markets

Every year, more seniors will enter the open enrollment period, and health plan organizations must be prepared. Smaller health plan providers may need help to enter new markets and appeal to a larger pool of potential clients. Attracting members to a healthcare plan is more challenging now than before because clients today have access to abundant information and reviews. They are more willing to research what plans cover, meaning providers must continuously offer new features to satisfy them. This can be difficult for new companies in the MA market.

For this reason, health plans should cover all bases when seeking to attract new customers. Word of mouth is one of the best ways to advertise, so plans with plenty of features and extras,

exceptional customer service, and low rates can win out over others if consumers share their positive experiences.

Insurers see larger gross margins in the MA market than in other markets. In 2021, MA Plans saw gross margins of around \$1,730 per enrollee, which is nearly \$1,000 more than most other insurance markets.⁸ This potential for growth means that the MA sector is set to explode, but companies must be ready with the staff to ensure customers are taken care of and things run smoothly when taking on new clients.

It's impossible to reach every market and do it well, so staying focused on the customers who want the features an MA Plan offers can help organizations provide a better experience and retain more clients. As they begin to scale, organizations must consider how they will handle an **influx of enrollees** while maintaining a high level of service and attention to customers. The HR department of a small health plan startup could be forgotten during a push to build the best plan. But the people on an organization's HR team are vital to making everything flow smoothly.

Finding the right people who understand how to navigate the MA world can help emerging health plan providers get ahead. These providers can also benefit from having knowledgeable staff who understand how to get doctors in the network and take advantage of the best deals for clients and care providers. Unfortunately, the talent needed to perform these roles can be scarce. Professionals who understand how MA works are in demand, so attracting individuals to a new team isn't easy. Companies will have to work to attract the best talent.



New Talent

Because MA Plans seem to be overtaking other plans in popularity, it's important for companies that offer health plans to Medicare recipients to have talent who understand how Medicare works and what MA Plans cover. The right individuals can help organizations acquire more plan members and effectively manage their current customer base. They may even have government-program experience specific to Medicare. Many health plan companies can benefit from working with a staffing partner. Partnering with a staffing firm can allow an organization in the medical industry to find staff with the exact skills needed for specific jobs.

Organizations can use staffing firms to find licensed sales agents who understand the product and needs of clients. The staffing firm can also provide the company with access to administrative

and clerical personnel who are familiar with the nuances of Medicare and Advantage Plans.

Due to the recent Centers for Medicare & Medicaid Services decision on overpayment, some health plans may need staff who can ensure that billing is correct and overpayment fees are handled promptly so they don't interfere with bookkeeping and accounting.⁹ A staffing partner can help with this, as well.

How does MA affect staffing for health plan organizations?

With MA on the rise, health plan organizations must prepare by having the right staff to scale their business so they can take on more members and improve their services. While it's good to have people on a team who can provide customer service, organizations must consider the larger picture when creating a hiring plan. As MA grows, the organizations offering these plans must grow, too. When a company can access the right staff, it can provide a better overall service.

Individuals working for health plan organizations must be motivated and high-energy to handle the fast-paced environment that accompanies many medical roles. Talent must also be compassionate and caring, as the clients needing help may be struggling. Some of the soft skills hiring managers might look for in a team member include:

- **Communication skills**
- **Attention to detail**
- **Flexibility and stability**
- **Organizational skills**
- **Time management skills**

Hard skills that are desirable for those working for a health plan provider include the following:

- **Project management skills**
- **Technical skills**
- **Analytical skills**
- **Knowledge of medical terminology**
- **Knowledge of coding languages**

The better suited a person to a role, the more productive, efficient, and positive they are. This could translate to better star ratings from Medicare for MA Plan providers. Part of the star rating is based on the services provided, and happy employees tend to offer improved service and perform better in their roles. A company that rates highly for top-notch customer service will stand out to potential consumers searching for the right MA Plan.

Companies must ensure that they properly screen and vet candidates before hiring them to avoid issues. Conducting background checks and talking to references are some of the best ways to catch anything in a candidate's history that might make them unsuitable for a role. Finding candidates who fulfill all the criteria to make them perfect for a job opening isn't easy, especially for an organization that needs people with specialized skill sets, knowledge of government regulations and laws, or even a history working in or with government programs.

Finding the talent required to make an emerging MA Plan stand out isn't easy. And an organization looking to **hire the best people** must put in time and effort. Health plan organizations need individuals with knowledge of Medicare and IDC-10 codes who can also provide compassionate service to clients and help grow the business by acquiring new members and improving plan offerings.

How can a staffing firm help healthcare organizations with Medicare Advantage?

A **staffing firm can provide solutions** for organizations that offer MA Plans or work with Medicare to provide medical insurance coverage to those with Part A and B benefits. Seeking help from a staffing firm can mean organizations have talent ready and available when needed. With the assistance of a staffing firm, an organization will have staff members who know how to grow plan membership and expand the company to new markets interested in what the MA Plan provides beyond basic Medicare coverage.

By employing the services of a staffing firm, health plan companies can find support for their existing team by hiring new staff members who already have the necessary training to perform well in their role, whether it's acquiring new customers or expanding a plan's services and offerings. With the right team, organizations can keep their star rating at five to attract even more new members. Using a staffing firm that specializes in the medical industry means finding the right people with the right skills isn't the biggest hurdle for companies in the MA market to overcome.



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