



Medicare Advantage Plan Beneficiary Insights: Closing Gaps to Create a Personalized Experience

The purpose of the *HealthMine Medicare Advantage Plan Beneficiary Insight Report: Closing Gaps to Create a Personalized Experience* is to reveal gaps between Medicare Advantage (MA) plans' beneficiaries and their health plans, and offer opportunities for plans to create a personalized experience for empowered member self-managed health.

These insights are based on HealthMine's survey of 800 people enrolled in MA plans age 65 and over with at least one diagnosed chronic condition. The study, conducted in April and May 2019, gauged older consumers' views on personal health status, health plan services, digital technology, health care costs, and confidence in the future of Medicare coverage. This survey follows up HealthMine's 2018-19 Medicare Advantage survey to explore how beneficiaries might have changed over one year.

This report identifies five key gaps: 1) knowledge gap 2) trust gap 3) connection gap 4) chronic condition communication gap and 5) health action gap.

Gap 1: Knowledge Gap

According to the HealthMine survey, in asking how well their health plan understands their health, 22 percent of respondents say their plan knows them "very well," and 50 percent responded "somewhat well." The remaining 28 percent felt their plan did not know them, or knew nothing about their health. Only 19 percent of beneficiaries said their health plan knows when their health is getting better or worse.

Close the gap: *Plans can send timely advice to improve health and reward beneficiaries when they complete an action to improve their health.*

Knowledge Gap:



77% of MA beneficiaries say their plan knows them somewhat well



Yet, **19%** say their plan knows if their health is getting better or worse

Gap 2: Trust Gap

In selecting those they trust to help manage their health, it is not surprising that most beneficiaries (94 percent) trust a medical professional (94 percent) trust a medical professional. That includes a doctor or their professional care provider, such as a physician assistant or nurse practitioner. Twenty-seven percent (27%) said they trust a family member or close friend, and 19 percent responded that a pharmacist was a trusted advisor. The results revealed that 17 percent trust their health plan as a trusted entity to help them manage their health.

Close the gap: *Plans can improve trust by collaborating with providers and providing timely personalized service.*

Trust Gap:

Medicare beneficiaries trust most to manage their health



Doctor/
professional
care provider:
94%



Family/friend **27%**
Pharmacist **19%**
Health Plan **17%**



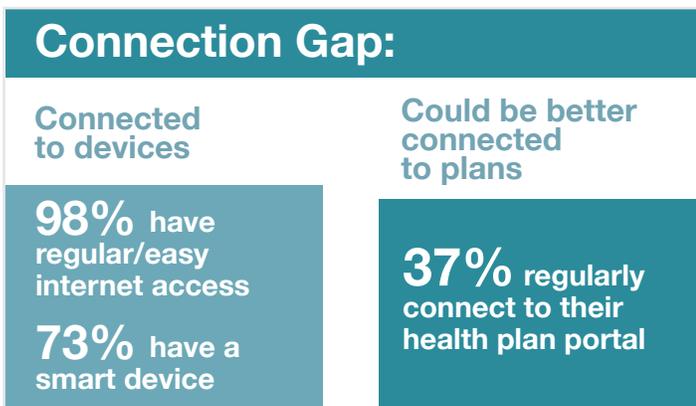
Gap 3: Connection Gap

As noted in the [HealthMine Medicare Advantage Plan Beneficiary Insight Report: Connecting with Beneficiaries](#), virtually all of the MA beneficiaries had “easy and regular” internet access. Half said their internet cost was expensive, and half believed it was affordable based on their personal gauge of affordability.

Just 37 percent of respondents are connected to their health plan online through a member portal and use it regularly. Thirty-nine percent (39%) are connected and rarely use it, and 23 percent are not connected.

The HealthMine survey revealed that more beneficiaries would increasingly prefer digital communications. Today, 58 percent communicate with their plan via snail mail or phone, while more than half would prefer digital communications.

Close the gap: *Plans can work diligently to connect to beneficiaries with digital access starting with text messaging.*



Gap 4: Chronic Condition Communication Gap

As noted, all respondents have at least one chronic condition, yet beneficiaries report their plan is not aggressively connecting with them to help manage these conditions.

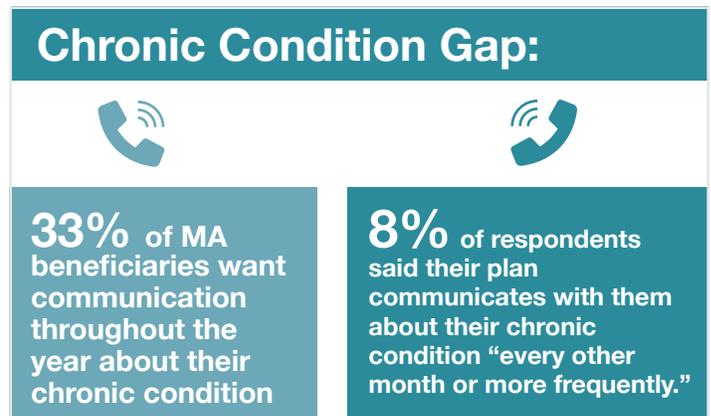
Only 8 percent of respondents said their plan communicates with them about their chronic condition “every other month or more frequently.” One third said two to six times per year. Twenty-four percent (24%) noted they communicate with their plan one time per year. Finally, 35 percent think their plan never communicates with them about their chronic condition, and of that, 6 percent say their plan is unaware of a chronic malady.

In a separate question, 24 percent of beneficiaries said their health plan communicated with them about their chronic condition. The top responses were “recommended health screenings,” 62 percent; and “actions to improve health,” 55 percent.

And, 13 percent of respondents said their plan sent them reminders and recommendations about their chronic condition. The top reminders and recommendations were “seasonal health related issues:” 46 percent; and “age/gender-recommended screenings:” 38 percent.

One third of Medicare Advantage beneficiaries said they would like communication throughout the year about their chronic condition. The top answer was 56 percent who want regular communication for recommended health screenings. Of note is that 28 percent of respondents said communication is “customized for my individual health needs.”

Close the gap: *Know and communicate with beneficiaries about their chronic condition, and do so at least once per quarter*





Gap 5: Health Action Gap

Our data indicates that 48 percent of beneficiaries say their health plan does NOT interact with them after a provider visit. And, 23 percent said the interaction is only around billing. It indicates that plans are wasting an opportune time to connect with members.

Additionally, 78 percent of the time, health plans are NOT alerting beneficiaries about their health risks or necessary health actions in near-real time.

Does your health plan offer incentives to take actions to better manage or improve your health?

NO 46%

YES 54%

Fifty-four percent of respondents noted that their health plan offers incentives to take actions (e.g. annual doctor's visit) to better manage or improve health. Yet, 12 percent are motivated by the incentives. But a promising 86 percent of these respondents say they at least "sometimes" follow through on recommendations.

A key point is 10 percent of beneficiaries responded that their health plan predicts future health care risk and/or costs based on health actions taken today.

Close the gap: *Follow up on every health action completed and reward or encourage them; inform beneficiaries about increased risks based on clinical results.*

Plans have the opportunity to take action to close these gaps:

48% not interacting with beneficiaries after a provider visit

78% of plans not alerting beneficiaries about health risks in near-real time

Conclusion:

Closing these gaps requires vigilance on the part of plans to assertively follow-up with, and connect to beneficiaries. A key is to earn trust, which will not happen without persistent and consistent communication. Throughout this process, plans can close the ultimate gap: gaps in care.

About the Survey

The 2019 HealthMine Medicare Survey queried 800 insured age 65+ consumers with a chronic condition who are enrolled in a Medicare Advantage plan in May 2019. Data were collected via an opt-in panel. The margin of error was three percent (3%). Dynata fielded the survey. Dynata is one of the world's leading providers of first-party data contributed by consumers and business professionals.

About HealthMine

HealthMine offers a dynamic member engagement solution that motivates members through multiple modalities to continuously complete health actions, while diligently monitoring them for continued satisfaction. Its powerful intelligence platform was originally built inside a Value-Based Insurance Design (VBID) health plan – designed to aggregate data and utilize advanced algorithms to combine population health and quality improvement disciplines to help plans thrive. Our personalized solution can help enhance or supplement targeted member engagement strategies through smart rewards distribution and fulfillment. HealthMine is online at www.healthmine.com.

Other HealthMine Research

For more HealthMine research, go to: www.healthmine.com/research

Read HealthMine's 2019 White Paper: [*A Call for Care That's Personal, Accessible and Social*](#), by Jane Sarasohn-Kahn, MA, MHSA