



Medicare Advantage Plan Beneficiary Insights: Connecting with Beneficiaries

The purpose of the *HealthMine Medicare Advantage Plan Beneficiary Insight Report: Connecting with Beneficiaries* is to provide insights on how Medicare Advantage (MA) beneficiaries communicate with their plan and how well plans are employing those communication methods to help plan members manage health.

The insights are based on HealthMine’s survey of 800 people enrolled in MA health plans age 65 and over with at least one diagnosed chronic health 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 MA beneficiaries might have changed over one year.

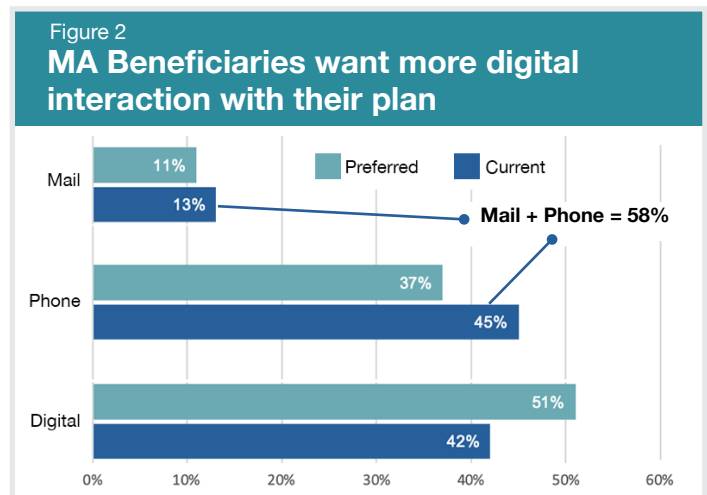
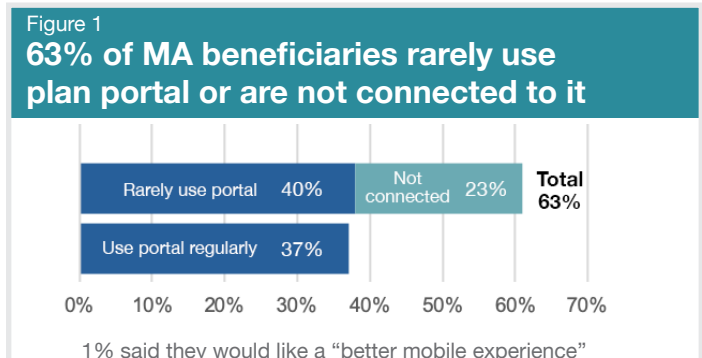
Beneficiaries Not Optimizing Connections to Plans via Technology

According to the HealthMine survey, 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. Forty percent (40%) are connected and rarely use it, and 23 percent are not connected. Two percent of respondents noted that they would use it more if there was a good mobile experience. While this is low, it is worth noting that 72 percent of respondents own a smartphone or iPad. (Figure 1)

As a broader reference, [in 2018, 2 in 3 people 65 and over](#) (66%) were using the internet; based on this statistic from the Pew Research Center, the MA beneficiaries from the HealthMine Survey were well above the curve on internet adoption. The most common activities older people do online are surfing websites, shopping online, reading the news, getting directions, banking, and participating in social media, [a 2019 AARP survey found](#).

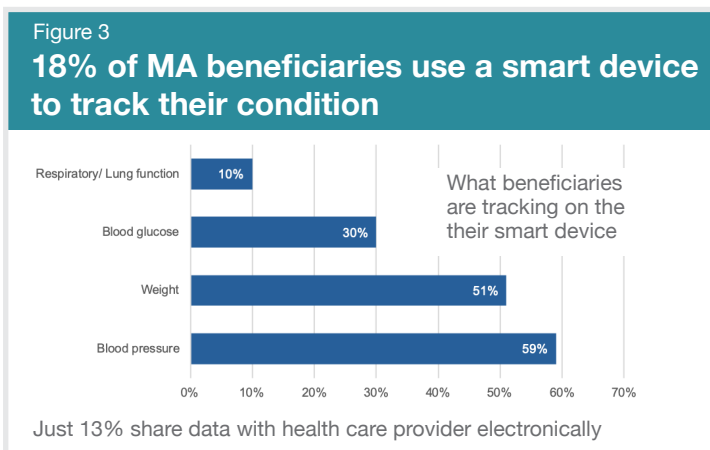
The HealthMine survey revealed that more MA beneficiaries would increasingly prefer digital communications. Today, 58 percent communicate with their plan via snail mail or phone, while more than half would prefer digital communications. (Figure 2)





Apps Present an “On Ramp” to a Plan Portal

Of note is that just 18 percent of HealthMine Survey respondents are using a device to track or monitor their health condition. (Figure 3) As more apps are integrated into smartphones, including telehealth applications, it indicates a communication opportunity between plans and MA beneficiaries. It would be fortuitous for plans to train beneficiaries on the use of smartphone health apps to monitor conditions – especially common conditions, such as blood pressure. The MA respondents’ responses indicated the top biometrics they were monitoring were blood pressure (59%), weight (51%), blood glucose (30%) and respiratory/lung function (10%).

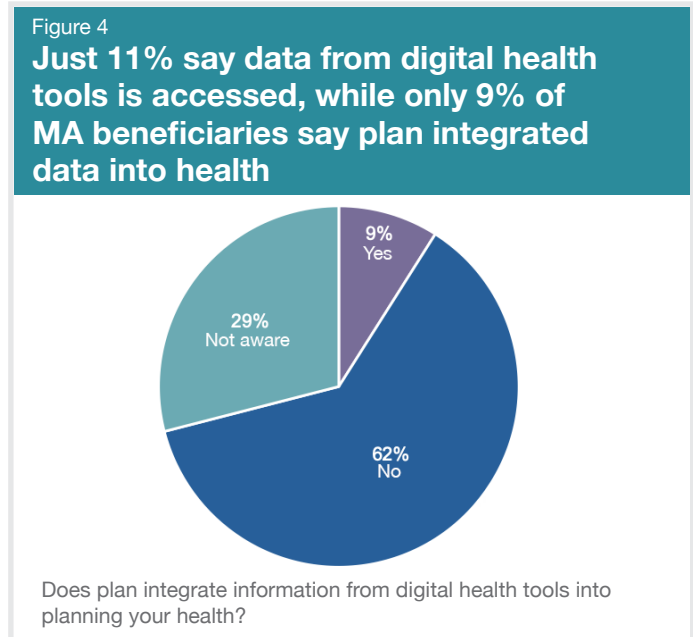


If smartphone health apps are connected to overall plan information, it presents an “on ramp” for opportunities to engage MA beneficiaries to drive health action and self-management via a health plan portal.

Of those tracking data with a device, 85 percent are using the data to help manage their health. Most are using the information for their personal goals. Many are sharing the data with their doctor either in person, electronically, or via wireless sync.

This is not surprising as HealthMine Survey respondents have far greater trust of their doctor than their health plan: 85 percent of respondents think a health provider knows them best to help them manage health versus four percent saying their health plan knows them best.

However, MA beneficiaries say their health plans are usually not accessing the information from their digital health tools. Seventy-two percent of respondents using digital health tools said their health plan was not accessing the information from the tools. And just nine percent of those using digital health tools say their health plan is integrating the information garnered into their health. (Figure 4)



How MA Beneficiaries Say Their Plan Communicates

Less than one in three MA beneficiaries say their plan communicates with them on a personalized level. And 40 percent say the communication is only around bills. Despite that, health plans are taking action to get MA beneficiaries to improve their health after action – 62 percent of respondents said their plan does communicate recommended health actions, and 56 percent say their plan reminds them of actions to take to better manage their health.



But, just 23 percent perceive their plan is communicating with them about their chronic condition. When asked how often plans communicate about chronic condition, 30 percent said “never.” Forty-two percent said their plan communicates with them two or more times per year about their chronic condition.

Eighty percent of respondents want more frequent communication from their health plan that is NOT related to fees/coverage. The top communications MA beneficiaries would like is “recommended health screenings” (56%) and “how to lower health care costs” (37%).

Plans could improve personal communication to MA beneficiaries about their chronic condition

Just 28% say communication from plan is highly personal

Only 24% say they have communication about their chronic condition

Conclusion

Health plans can use digital health tools as a vehicle or “on ramp” to getting Medicare Advantage beneficiaries digitally connected and engaged in their overall health through a plan portal. With internet and smartphone connectivity growing among the Medicare Advantage population, plans have a great opportunity to improve engagement to meet the communication preferences of plan members.

It is suggested that MA plans focus on three key initiatives. 1) Communication: Have deeper, more consistent multi-modal communication to MA beneficiaries to provide a more meaningful connection beyond health plan information. It could improve the

relationship and trust for better health management. 2) Health data: Through proper incentives and education, MA plans could increase the willingness of MA beneficiaries to provide health data through various applications. And, 3) Data feedback: By informing MA beneficiaries of their health status by feedback, their own health data can help incentivize them to take continuous health actions to manage their health.

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 is the only Health Action as a Service company (HAaaS) originally built inside a Value-Based Insurance Design (VBID) health plan. HealthMine’s services help health plans target and empower individuals to take actions that improve clinical quality outcomes while decreasing total cost of care and increasing plan revenue. HealthMine is online at www.healthmine.com.

Other HealthMine Research

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