In line with the autumnal shift, October 15th through December 15th marks the Annual Election Period (AEP) for Medicare Advantage plans, and healthcare consumers have the opportunity to enroll. This is significant, because health plan members are increasingly flocking to plans that align neatly with their evolving health interests — and value-based care plans like Medicare Advantage (MA) fit the bill. In fact, enrollment in MA plans is expected to rise five percent in 2018, to 21 million patients. At the same time, providers and payers are partnering to stay competitive in the growing MA market, offering new and innovative MA benefits and services to drive member satisfaction and enrollment. Here's why healthcare consumers, providers and payers are seeing the *advantage* of Medicare Advantage.

Patients Want Easy Access, Communication and Convenience

In our digital, on-demand world, patients are looking at their health from a holistic perspective, and value-based plans like MA have incentives aligned specifically to meet their broadening needs. About those needs, patients are clear: according to a recent Aetna survey, 59 percent of patients want someone to help coordinate their care, 77 percent report that it's important for their doctors to talk to them in an easy-to-understand manner and 66 percent want more convenient office appointments.

Meanwhile, physicians in value-based care plans feel confidently about their ability to meet these needs — more so than those in traditional, fee-for-service environments. For example, 62 percent of doctors in value-based arrangements say that explaining test results clearly is critical for meeting health goals, whereas only 47 percent of physicians in non-value-based models feel similarly, according to Aetna. Along similar lines, 70 percent of doctors in value-based models recommend that patients set health goals, compared to 54 percent of physicians outside such models.

Crucially, value-based physicians also have better access to the community-based health resources that patients need for enhanced care. For example, 65 and 61 percent of physicians in value-based models report ready access to social workers and nutritionists, respectively; only 45 and 46 percent of non-value-based physicians report the same. Additionally, fee-for-value doctors are more proactive in helping patients seek such resources: 92 percent recommend the services of mental health professionals, for instance, compared to 80 percent of non-value-based doctors.

Altogether, value-based models like Medicare Advantage appear better poised and better aligned than fee-for-service environments to meet the needs of patients. Indeed, 80 percent of payers in value-based arrangements report improved care quality and 73 percent see

improved patient engagement.

Providers and Payers Are Aligning to Produce Value

In fact, the market share of pure fee-for-service models is waning: they account for just 37 percent of reimbursement — a number that will fall to 26 percent by 2021. On the other hand, value-based care is heating up, and healthcare stakeholders are joining forces to gain ground in the increasingly competitive $187 billion MA advantage market — and trying to capitalize on the average 5.4 percent cost savings experienced by payers in value-based models.

For patients, this means innovative partnerships and programs to help drive value, increase member satisfaction and bolster retention. In fact, according to recent reports, major national insurers and providers are making bold moves to improve the services, access and experience of Medicare Advantage plans.

For instance, Humana and the University of Chicago Medicine recently announced a partnership to enhance a variety of services for MA members, at no additional charge. As a result, members will receive new access to proactive health screenings, personalized care and enhanced chronic disease management — as well as gain access to an expanded range of outpatient facilities, clinics and group practices.

In the same vein, Anthem BlueCross BlueShield of Indiana has announced expanded services to its MA members, in this case by adding both a community hospital and an independent hospital to its MA provider network. Such a move provides its members with greater access to services like habilitation management, outpatient surgery and senior behavioral health.

This comes on the heels of a new CMS rule for MA plans, which could improve the benefits experience for members. While it's unclear how these benefits will be rolled out, specifically, it's possible that members will see things like improved transportation to appointments and pharmacies, improved coverage for non-skilled home care services and assistive devices and the potential for coverage of items like groceries.

On the whole, the future looks bright for Medicare Advantage plans, their beneficiaries and the providers and payers involved in their administration. In keeping with this, it would not be surprising to continue to see MA plan membership swell — both during the upcoming enrollment period and over the coming years.