The Complexity and Confusion of the Medicare Enrollment Process

Narda Ipakchi, Senior Consultant

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ENROLLMENT PROCESS AND COVERAGE CONSIDERATIONS VARY BY ELIGIBILITY PATHWAY

- Turning age 65 transitioning from employer coverage or uninsured
- Turning age 65 delaying enrollment due to employment status
- Turning age 65 transitioning from qualified health plan
- Eligible due to disability status
- Medicaid beneficiary turning age 65

Despite varying needs, enrollment process and decision points are not tailored.
CURRENT PROCESS IS A SOURCE OF CONFUSION AND FRUSTRATION FOR MANY

Lack of Meaningful Educational Opportunities

- Different types of beneficiaries have different needs based on:
  - Geography
  - Language and/or culture
  - Level of technology literacy

Overwhelming amounts and types of information

- Bombarded with materials through various channels

Penalties for Late Enrollment

- Financial burden for many

No Single Source of Truth

- Many beneficiaries simply default to fee-for-service rather than making an informed choice
OVERARCHING GOALS OF A REFORMED MEDICARE ENROLLMENT PROCESS

1. Reduce beneficiary confusion and complexity of the enrollment process and engage beneficiaries earlier in the process

2. Empower beneficiaries to take control of coverage decisions, as well as health and wellness

3. Further Medicare programmatic goals of enhancing beneficiary quality of care and reducing administrative waste
These activities, among others, will support the development of redesigned enrollment process, and will provide the foundational elements for reform, with an emphasis on ensuring alignment with overall Medicare program goals.