

## Disruption in The Payer Landscape



By Kerri Lenderman  
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From coast to coast, patients and providers alike are seeing frightening disruptions to their local payer landscape. These include tremendous upticks in mergers and acquisitions, narrowing of health plan provider networks, plans vacating markets that aren't profitable, and plan terminations when contracts collapse.

While such changes are troubling to the patient and threaten their continuity of care, they cause significant organizational disruption and distress to the affected hospital or medical group, as well. The very real possibility of losing patients and important revenue to an insurer that has provided necessary coverage and developed member trust is painful to providers. Nowhere is this truer than when it comes to the Medicare population, an audience to whom Medicare Advantage plans aggressively and continuously market. But losing these vulnerable patients when health plan disruption occurs need not be the case.



An increasing number of hospitals and medical groups are preparing for these “compelling events” by having a strategy in place that allows them to retain their patients through marketplace upheavals.

Here's how they are doing it.

First, they are recognizing waiting until contract termination occurs is too late to begin positioning as the patients' trusted source for insurance information. Shifting this paradigm means no longer defaulting to health plans the year-round insurance communication with patients. Providers need to engage in regular outreach with patients, especially those aging into Medicare, so patients get accustomed to receiving important insurance information, check-up reminders, and healthy lifestyle suggestions from their provider; not just from their health plan.

Second, providers are increasingly recognizing the value of establishing a Medicare insurance helpline, so, patients have a trusted and singular go-to resource throughout the year—especially upon facing a contract termination. The helpline can provide critical information and support for coverage and continued access.

Third, once a contract termination is imminent, an aggressive communications campaign must be launched to clearly explain where and how to get insurance help rather than allow the health plan to reassign patients to alternative network providers. In all cases, communication needs to underscore most hospitals and physicians do not contract and accept all insurance plans; and if a patient enrolls with a plan that their providers do not accept, their care and provider relationships will be in jeopardy.

Fourth, providers are discovering strategic value in developing a referral relationship with a Medicare brokerage organization that represents the health plans they accept and has a demonstrated track record of supporting hospitals and physicians. Some patients have a Medicare broker, but the vast majority of patients do not have an unbiased resource to compare a provider's accepted Medicare plans. Having a resource in place to point to is critical when a contract termination occurs and patients need to switch health plans.

Finally, hospitals are smartly recognizing that hitting market disruptions head on are best accomplished by turning to an outside resource who is experienced in developing and implementing these important regulatory-compliant communications strategies. Such partners can also help by developing a digital communications strategy to engage and inform patients, as well as an internal employee communications program to ensure that hospital and physician staff know where and how to direct patients seeking assistance.

Through foresight, planning, and implementing a sharp strategy with the right business partner, providers are finding a successful formula to retain market share even under the most trying of circumstances and end up on the winning end when health plan relationships crumble.

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