



# Why Members Switch Health Plans and What Plans Can Do to Keep Them

Health plans put extraordinary effort into building their reputations to attract and retain members. Yet a good reputation alone won't guarantee customer satisfaction once members join a plan. Their experience with the plan and the benefits they have access to will determine whether members stick around or shop for something that better meets their needs.

Over the past couple of years, more members have started to shop around for new plans during annual open enrollment. 2020 Deft Research "Medicare Shopping and Switching Study" shows that shopping rates for Medicare Advantage (MA) rose to 32% in 2020 — up from 25% the previous year. Shopping for Medicare Supplement plans rose from 24% to 34% in the same period. Every year, more members are reassessing their satisfaction with their health plans and deciding it's time for a change.

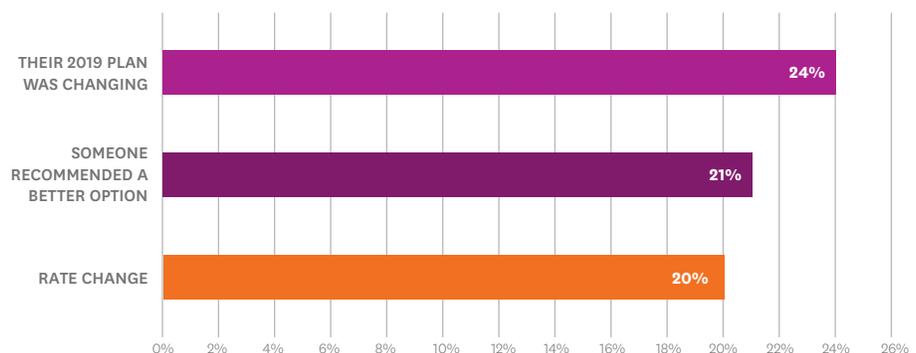
Members have more information at their fingertips than ever before. Aggressive advertising on TV and social media has significantly raised awareness of plans with broader benefits, particularly among seniors. Case in point: The same Deft report showed seniors felt compelled to shop around for insurance in 2020 after seeing TV advertisements (18%) and receiving promotional mail from competing insurers (24%).

This has prompted members to examine their health benefits more closely and dig in to what is covered and at what rate — and how this may impact their ability to get the care they want and need. Rising plan rates, changes to existing coverage, and awareness of different plans with different coverage options have all contributed to the higher rate of churn.

Enhanced offerings and improved communication with members can boost member satisfaction and, in turn, increase the chances for renewal — but to do so, health plans should be strategic about where they allocate resources and more sensitive about shifting consumer demands.

## Why People Switched Plans

*In 2020, 53% of seniors switched plans to make sure their 2019 coverage was still the best option for 2020.*





### 3 WAYS TO RETAIN AND GAIN MEMBERS

Health plans shouldn't be surprised by the shift in members' demands and their inclination to shop around. A treasure trove of research has made it abundantly clear that three significant aspects of their health plans contribute the most to member satisfaction and retention.

#### 1. Add sufficient dental and vision health benefits.

When surveyed by Deft, 34% of MA members indicated they don't have adequate dental health coverage, making it the most common coverage issue mentioned. Another 18% of members indicated they're unhappy with the lack of vision coverage. The absence of sufficient dental and vision coverage impacts members' ability to address significant health concerns.

**34%** of MA members feel they don't have adequate dental coverage.

First, let's discuss dental. In 2018, 49% of MA members surveyed needed a dental procedure that their plan did not cover. The majority of these procedures weren't complicated or rare. Crowns (49%) and fillings (39%) were the two most common procedures. Of that population, about two-thirds paid for the procedure out of pocket, but nearly 30% opted out of the procedure altogether. By 2020, Deft's research shows those numbers had barely budged. Whether members couldn't afford the out-of-pocket costs or simply didn't want to accept them, they had to live with a treatable condition that could potentially create negative health outcomes later down the line.

As far as vision goes, the importance of regular eye exams cannot be understated: They're as essential as preventive dental checkups and routine physical exams. Yet [more than 45% of American adults](#) haven't had a dilated eye exam in the past two years — despite the fact that common eye diseases like diabetic retinopathy and glaucoma often show no warning signs and are only detectable during an eye exam.

In addition to protecting members' vision, regular eye exams also help uncover signs of systemic health concerns. For example, certain changes in vision detected through routine eye exams can indicate the early presence of diabetes; the threat of hypertension and high cholesterol; and multiple types of cancers, including [leukemia](#) and [eye melanoma](#). Regular eye exams not only help members maintain their vision, but also contribute to better overall health.

**1/3** of Medicaid members surveyed were most attracted to health plans with comprehensive dental and vision coverage.

When we surveyed more than 2,000 Medicaid members, many respondents told us that they are specifically looking for better dental and vision health coverage when they shop around. In fact, one-third of them said that a health plan with dental and vision benefits is the most appealing to them. By providing these benefits, health plans can boost members' satisfaction as well as attract new members who are looking for them.

## 2. Educate members about chronic condition management.

In the U.S., chronic diseases — such as arthritis, COPD, diabetes, heart disease, hypertension, and obesity — are among the most pervasive and expensive health conditions to manage. Consider that 6 in 10 U.S. adults live with at least one chronic disease, according to the [Centers for Disease Control and Prevention](#). Among [seniors](#), that number creeps up to 85% — and 60% manage two or more chronic conditions.



**60%** of U.S. adults manage at least one chronic condition.

Our internal research of health insurance marketplace enrollees found that more than half (55%) of chronically ill members were unaware that their plans offered care management services specifically for dealing with their conditions. When members learned of these services, 55% expressed a strong interest in participating.

Health plans can significantly improve member satisfaction by not only publicizing their chronic care management services, but also making those services more accessible. For instance, one [national survey](#) discovered that about 80% of plans surveyed are integrating chronic care management programs into provider workflows.

What does this look like in action? The survey revealed that some health plans (33%) are integrating clinically trained staff into members' chronic care and management settings to coach them through diet, exercise, or lifestyle changes to fight chronic disease and potentially reverse serious illnesses. Other measures are more tech-centric. A little over 80% of plans, for instance, are leveraging predictive modeling to identify members who are at risk of exacerbations and target them with resource-intense services, such as secure video chats with clinicians.

Using a hybrid approach, specialists can personally engage with members on-site at hospitals and care facilities to educate them about their options. Then, they can help members utilize their chronic care management benefits to the fullest once they're back at home. For instance, 56% of the plans surveyed are using remote monitoring technology to support chronic care and encourage better self-management of conditions after a patient is discharged from the hospital. By using remote monitoring technology to track members' symptoms following a hospital visit and intervene with care if needed, plans can help prevent [unnecessary re-hospitalizations](#).



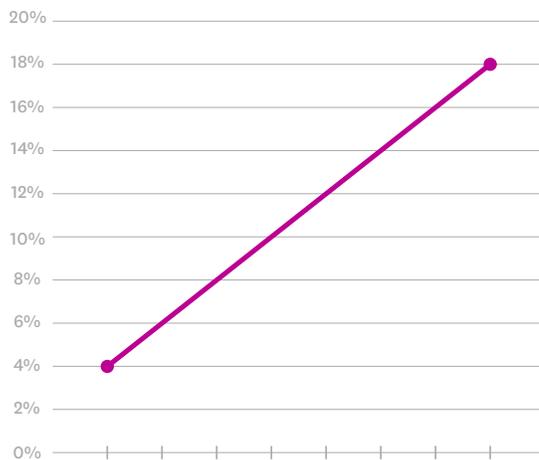
### 3. Fill provider accessibility gaps with telehealth.

Access to a primary care physician (PCP) is incredibly important: In most cases, a PCP will have the most comprehensive knowledge of a member’s overall health. Because PCPs offer a consistent source of care, they’re most likely to detect diseases early, manage chronic conditions, and provide preventive care. In fact, research [directly links](#) access to a PCP with positive health outcomes. Patients with a PCP are more likely to receive annual flu shots, blood pressure screenings, and cancer screenings.

Unfortunately, disparities in access prevent many — particularly [rural members who live below the poverty level](#) — from seeing PCPs or other clinicians (e.g., optometrists, dentists, mental health professionals, etc.) as often as they should. In order to provide additional access to care, health plans have turned to telehealth. And over the past few years, telehealth use has grown significantly, but the onset of COVID-19 in mid-March accelerated telehealth adoption rates and made remote care resources key assets for members.

Health plans must do what they can to drive awareness around alternative options to care. How can plans foster greater understanding, acceptance, and adoption of telehealth? It is, first and foremost, important to create more explicit messaging around telehealth benefits and how members can access the virtual care they need. Consider that it takes [between six and seven](#) “exposures” before the average person will engage with a new concept, so plans should use a variety of channels — social media, email, and telephone calls — in their member outreach initiatives.

Health plans have an incredible opportunity to improve member retention if they can provide more sufficient dental and vision health coverage, create services for members with chronic conditions, and communicate more effectively about their telehealth services.



Telehealth usage has increased greatly since the start of the pandemic, with 18% of members having a telehealth visit since the start of the pandemic, compared to just 4% prior to it.

Visit [EnvolveHealth.com](https://www.envolvehealth.com) to learn more about how Envolve can help you improve member outcomes and lower costs.

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