

# Demystifying Medicare Advantage

From Care to Claims  
You Might Just Learn to Like Them

1

## Session Overview

- ▶ Medicare Advantage is often misunderstood as complex and restrictive
- ▶ How Arkansas Superior Select Inc. MA plans connect care delivery, claims processing, and member experience for better outcomes
- ▶ Focus on how the model is intended to function in practice

2

## How Medicare Advantage Works

- ▶ Medicare Advantage (MA) plans are offered by private insurances approved by CMS
- ▶ Plans receive a PMPM payment to manage total cost of care
- ▶ Benefits often include Medical, Pharmacy and Supplemental Services
- ▶ Plans emphasize value-based care over volume
- ▶ Care delivery model focuses on preventive services, chronic condition management and care coordination
- ▶ Members are typically aligned to a PCP who leads patient care

3

## How Medicare Advantage Works (Continued)

- ▶ Patient conditions are captured through HCC Coding
- ▶ Risk scores determine plan revenue and resource allocation. More accurate coding = better alignment of payment to patient complexity
- ▶ Providers submit claims reflecting services rendered
- ▶ Claims and encounter data feed quality reporting and risk adjustment
- ▶ Data drives performance metrics, reimbursement and compliance

4

## Medicare Advantage Plan Challenges

- ▶ Unnecessary Administrative Burdens
  - ▶ Prior Authorization requirements and delays
  - ▶ Frequent Request for documentation
  - ▶ Medical Necessity Reviews
  - ▶ Claim denials due to coding, documentation and authorizations issues
  - ▶ Increased complexity compared to traditional Medicare Billing
  - ▶ Narrow or Evolving provider networks
  - ▶ Contracting and credentialing are time consuming processes

5

## Medicare Advantage Plan Challenges (Continued)

- ▶ Risk Adjustment Pressures
  - ▶ Heavy emphasis on documentation and coding accuracy
  - ▶ Administrative focus on capturing HCC's burdensome
  - ▶ Misalignment between clinical care and documentation requirements
  - ▶ Reporting can be complex and time intensive
- ▶ Patient Experience Concerns
  - ▶ Confusion about coverage, referrals, approvals
  - ▶ Perception that access to care can be restrictive
  - ▶ Administrative friction may impact patient satisfaction

6

## How Our Medicare Advantage Plan Works

- ▶ Care coordination drives better outcomes
  - ▶ Nurse navigators and/or Case managers have personal relationship with member on a daily/weekly/monthly basis
  - ▶ ISNP members have nurse navigators and providers within the facility
  - ▶ Providers visit with members to create encounter claims and capture HCC's
  - ▶ Providers have access to Nursing Facility EHR
  - ▶ DSNP members have personal relationship with Case Management Nurses in home and via telehealth.

7

## How Our Medicare Advantage Plan Works

- ▶ Provider engagement is critical to success
  - ▶ Provider Networking relationships are key (claims TAT= 24 days)
  - ▶ Clinical team and UM teams work with providers to address member needs (Prior auth TAT= less than 24 hours)
  - ▶ Minimal request for supporting documentation due to system access
- ▶ Risk adjustment supports accurate reimbursement (Accurate coding and claims processing is key)
- ▶ Data exchange connects care to claims
- ▶ Extensive Data Analytics Reporting

8

## Key Challenges

- ▶ Common misconceptions about complexity and restrictions often prevent network participation without conversation
- ▶ Operational pain points across workflows from larger MA Plans
- ▶ Breakdowns between care delivery and claims processing

9

## Bridging the Gap

- ▶ Aligning payer and provider perspectives
- ▶ Improving transparency and communication
- ▶ Strengthening collaboration for better outcomes
- ▶ Direct provider contracting allows for better reimbursements over Medicare Fee Schedule

10

## Why It Matters

- ▶ Operational decisions impact care at the point of service
- ▶ Better data flow improves outcomes and efficiency
- ▶ Creates value for members, providers, and health plans

11

## Final Perspective

- ▶ Grounded, practical understanding of Medicare Advantage
- ▶ Poor execution of an MA Plan creates provider burden and poor taste for MA Plans as a whole
- ▶ When executed well, MA can be a highly effective model offering an elevated level of care and better outcomes

12

# Discussion

- ▶ Story time and questions