

Medicare Advantage (MA) Talking Points

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- Medicare Advantage plans can undermine physician expertise and disregard a patient's individual medical needs. Nebraska hospitals reported some of their biggest challenges with Medicare Advantage are prior authorization related issues and care denials.
- Medicare Advantage plans deny care more often than traditional Medicare and can delay your treatment when you need it most. A staggering 98% of hospitals believe prior authorization requirements by MA plans negatively impact clinical care by delaying necessary treatment.
- Medicare Advantage plans deny care more often than traditional Medicare and can delay your treatment when you need it most. 80% of Nebraska hospitals report Medicare Advantage plans prior authorization requirements negatively impact the care their hospital can provide to patients.
- When MA plans don't approve post-acute care, it means patients who need to go to a skilled nursing facility or rehab are forced to go home or stay in the hospital. Over 90% of Nebraska hospitals find it more difficult to get post-acute care approved for Medicare Advantage patients than traditional Medicare patients.
- Hospitals are spending more time and money fighting insurance companies, time that could be spent on patient care. In fact, 93% of hospitals report increased costs just to comply with MA policies.
- Hospitals are forced to hire more staff just to deal with denials and appeals and Nebraska care teams are spending more and more time on hold justifying their care decisions. 91% of Nebraska providers feel that the administrative requirements of Medicare Advantage plans contribute to physician and staff burnout.
- The growth of Medicare Advantage coverage is a serious threat to our health care system, particularly in rural Nebraska. 89% of Nebraska hospitals say the shift to Medicare Advantage has negatively impacted their financial position.

- Medicare Advantage plans are not Traditional Medicare, the program that hardworking seniors have been contributing to for decades, so they have access to health care when they need it most. The name is confusing, and insurance brokers are aggressively marketing a product that can limit patient choice and access to care.
- Many seniors rely on insurance agents and brokers to help them choose a Medicare plan. However, unlike with Traditional Medicare, these agents are compensated by insurance companies to sign seniors up for Medicare Advantage plans and paid a recurring annual fee for each subsequent year the beneficiary remains in the plan. Seniors should know, an agent may have incentive to sell you a plan even if it isn't ideal for you.
- Nebraska seniors need to fully understand their Medicare enrollment choices this fall. Does your plan make you wait for care or deny it? Do you have the best plan for your health care needs, budget, and location? Seniors should know the facts about Medicare Advantage and consult with their health care provider before enrolling or switching plans.
- We need policymakers to stand up for patients and providers by demanding Medicare Advantage plans follow the same rules as Traditional Medicare. It's time for true oversight and accountability.