

A FACT SHEET ON:

CHRONIC CARE AND MEDICARE ADVANTAGE

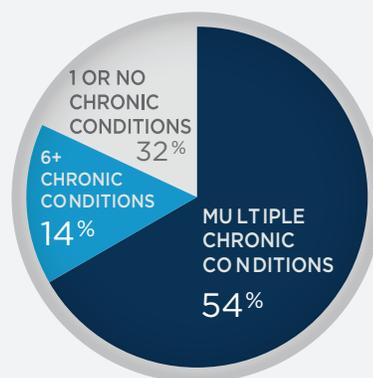
Innovations in Chronic Disease Management in Medicare Advantage

Medicare Advantage provides health care coverage to more than 17 million seniors and disabled beneficiaries in the United States, representing one third of Medicare-eligible individuals. Health and economic experts warn that the increasing prevalence of chronic disease and the aging of the population present a growing crisis for the health care system. Medicare Advantage is at the forefront of developing and incentivizing innovative ways to prevent, diagnose, and treat complex chronic conditions in order to address these concerns and achieve better outcomes for beneficiaries.

- **Congress created Special Needs Plans (SNPs) in the Medicare Advantage program for beneficiaries in need of specialized care,** including individuals with severe or disabling chronic conditions (C-SNPs), individuals in nursing homes and other institutionalized beneficiaries (I-SNPs), as well as individuals dually eligible for Medicaid and Medicare. SNPs coordinate all aspects of care for the complex needs of these beneficiaries.
- **Data show a 19% reduction in hospital inpatient days and a 28% reduction in hospital admissions for chronically ill (C-SNP) diabetic patients in Medicare Advantage** as compared to Traditional FFS Medicare diabetic patients.¹

- **A study found the average length of stay for Medicare patients younger than 65, eligible for Medicare based on disability or end-stage renal disease, was 12.4% shorter** for beneficiaries in Medicare Advantage as compared with those in Traditional FFS Medicare.²

MEDICARE POPULATION WITH CHRONIC CONDITIONS



Graph: CMS. Chronic Conditions Among Medicare Beneficiaries. Chartbook: 2012 Edition. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>.

- **The Medicare Payment Advisory Commission (MedPAC) testified before Congress stating that health care under Traditional FFS Medicare can be poorly coordinated** for several reasons including no financial incentive to avoid duplicative services, no easy way to collaborate across providers and settings, and no one entity held accountable for care coordination.³
- **A recent study showed that SNP beneficiary readmission rates were nearly 30% lower** than those of their Traditional FFS Medicare counterparts.⁴
- **About 28% of Medicare Advantage beneficiaries have Type 2 diabetes and 90% of the enrollees in chronic condition SNPs (C-SNPs) are in diabetes management plans** (often in combination with other conditions).⁵
- **Studies show that Medicare Advantage outperforms Traditional FFS Medicare on most diabetes management measures** including between a 4% to 8% higher likelihood of blood glucose testing, LDL cholesterol testing, eye examinations, and nephropathy screenings.⁶
- **About 11% of Medicare Advantage beneficiaries over 65 have a depression diagnosis and 27% of disabled beneficiaries (under 65) have depression.** Data show that beneficiaries in Medicare Advantage are up to 15% more likely to have Antidepressant Medication management than if they were in Traditional FFS Medicare.⁷

1 Robb Cohen, Jeff Lemieux, Jeff Schoenborn and Teresa Mulligan. Medicare Advantage Chronic Special Needs Plan Boosted Primary Care, Reduced Hospital Use Among Diabetes Patients. Health Affairs, 31, no.1 (2012):110-119.

2 Raetzman, S.O., Hines, A.L., Barrett, M.L., Karaca, Z. Hospital Stays in Medicare Advantage Plans Versus the Traditional Medicare Fee-for-Service Program, 2013. HCUP Statistical Brief #198. (December 2015).

3 Miller, Mark. Statement to the U.S. Senate, Committee on Finance. Improving care for beneficiaries with chronic conditions, Hearing, May 14, 2015.

4 Robb Cohen, Jeff Lemieux, Jeff Schoenborn and Teresa Mulligan. Medicare Advantage Chronic Special Needs Plan Boosted Primary Care, Reduced Hospital Use Among Diabetes Patients. Health Affairs, 31, no.1 (2012):110-119.

5 Miller, Mark. Statement to the U.S. Senate, Committee on Finance. Improving care for beneficiaries with chronic conditions, Hearing, May 14, 2015.

Available at: [http://medpac.gov/documents/congressional-testimony/testimony-improving-care-for-beneficiaries-with-chronic-conditions-\(senate-finance\).pdf](http://medpac.gov/documents/congressional-testimony/testimony-improving-care-for-beneficiaries-with-chronic-conditions-(senate-finance).pdf)

6 Brennan N, Shepard M. Am J Manag Care. Comparing quality of care in the Medicare program, 16, vol. 11 (Nov 2010):841-848.

7 Ibid.

Better Medicare Alliance (BMA) is the leading coalition of nurses, doctors, health plans, employers, aging service agencies, advocates, retiree organizations, and beneficiaries supporting Medicare Advantage. Medicare Advantage offers quality, affordability and simplicity, with enhanced benefits to more than 17 million Medicare beneficiaries across America. BMA works to ensure the sustainability and stability of Medicare Advantage through information, research, education, and united support among stakeholders to strengthen this important coverage for seniors and the disabled. For more information please visit www.bettermedicarealliance.org.