



State of Medicare Advantage

REPORT
JULY 2020

BETTER MEDICARE
ALLIANCE





A Message from Our President & CEO

DEAR FRIEND OF BETTER MEDICARE ALLIANCE,

Polling consistently shows that health care remains one of the highest priorities among American voters – and we understand. In ordinary times, access to quality, affordable health care not only impacts our health, but our financial security, our job choices, and our ability to plan for the future. Today, in the midst of an unprecedented public health emergency created by the novel coronavirus, the importance of health care is more top of mind than ever before.

With Americans still facing the effects of the coronavirus pandemic on our lives and our communities, and health care policy likely to continue to spark sharp debates in the halls of Congress, we don't always think about what is working well in health care – or health care policies that earn wide popularity with beneficiaries and bipartisan support in Congress.

At the Better Medicare Alliance, we bring together policymakers, stakeholders and grassroots beneficiary advocates from across political divides to champion one highly successful component of the health care system: *Medicare Advantage*.

Medicare Advantage is the public-private partnership in Medicare chosen today by more than one-third of the Medicare eligible population to receive their health coverage. In this report, we have compiled a comprehensive, one-of-a-kind picture of the state of Medicare Advantage – from beneficiary demographics, to consumer costs and satisfaction, to health outcomes and projections for the future.

With a record-setting 99 percent satisfaction rate, an average \$1,598 cost savings as compared to Traditional Medicare, demonstrably better health outcomes, and support from a bipartisan supermajority of 403 members of the U.S. House of Representatives and Senate, we at Better Medicare Alliance can say with certainty that the state of Medicare Advantage is strong.

One note about this report: the findings reflect Medicare Advantage trends, offerings, and attitudes before the onset of COVID-19, which has had a significant impact on the entire health care system that is not yet fully known. Early anecdotal evidence, however, suggests the benefits of the payment framework, holistic care and attention to social determinants of health have been of high value during this pandemic to Medicare Advantage beneficiaries. Better Medicare Alliance recently released a separate, detailed report on this subject entitled, “*Spotlight on Innovation: The Response to COVID-19.*”

Going forward, we look to stability and growth in Medicare Advantage, as this health care success story continues to prove its value in meeting beneficiaries needs with high quality care, lower costs, and extra benefits. It is our hope that the facts of this report will encourage you to join us in our efforts. As these findings make clear, Medicare Advantage offers a path forward to a stronger, modernized Medicare and a healthier future for millions of Medicare beneficiaries.

Sincerely,

A handwritten signature in black ink that reads "Allyson Y. Schwartz". The signature is fluid and cursive.

Congresswoman Allyson Y. Schwartz
President and CEO
Better Medicare Alliance

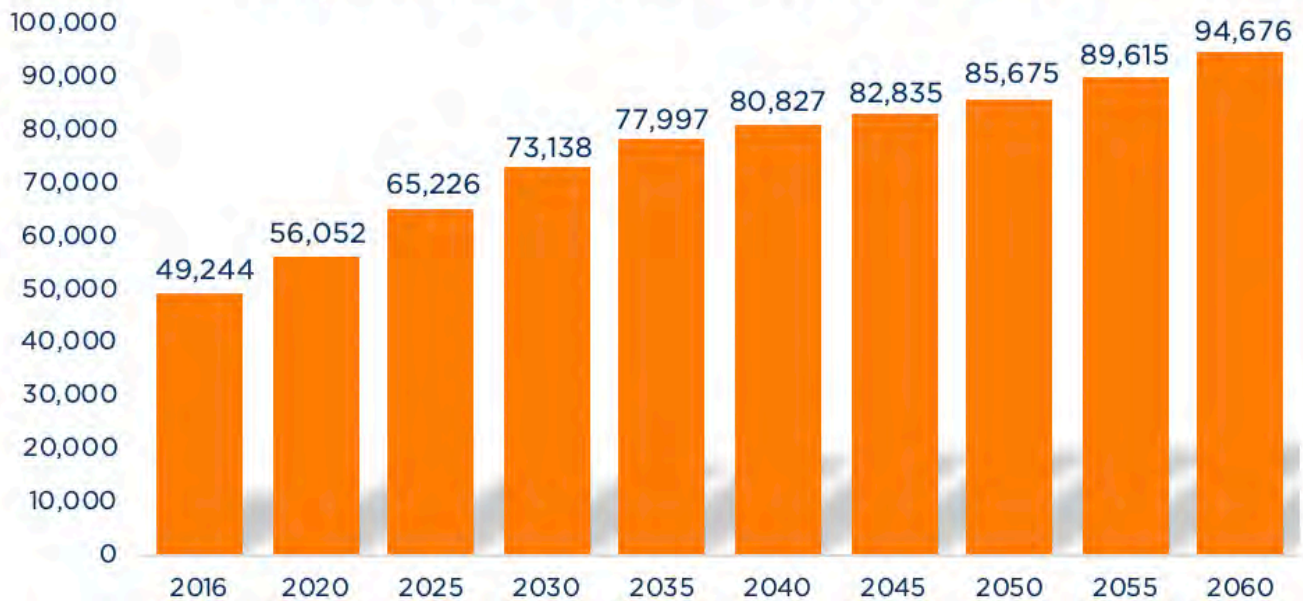
Growing Senior Population

Projections indicate that the number of individuals over 65 years old will grow significantly in the next decades, almost doubling the number of seniors and increasing the percentage of American seniors to 20 percent of the population. This will add millions of people eligible for Medicare each year for the next 40 years.

Every day 10,000 seniors turn 65 and gain eligibility for Medicare.¹

According to the US Census Bureau, the number of Americans over age 65 is projected to double over the next four decades, growing from **56 million** seniors today to about **95 million** by 2060.²

Estimated US Population age 65 and over



Source: Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060. U.S. Census Bureau, Population Division: Washington, DC.

By 2030, the entire baby boom generation will have reached age 65 or older, meaning one in five U.S. residents will be older than 65. In 2035, just five years later, roughly 78 million Americans will be over age 65.³

Not only is the aging population growing but older adults are also living longer, and many are living with serious chronic conditions. 67% of Medicare beneficiaries have two or more chronic conditions. Nearly all health costs are driven by patients with chronic conditions, for whom the federal government is the dominant payer. Individuals with multiple chronic conditions account for 94% of Medicare spending.⁴

In 2019, 61.4 million people were enrolled in Medicare. Of those 61.4 million, 51.9 million gained eligibility due to their age, and 8.5 million gained eligibility due to disability.⁵

As health care costs continue to increase and consume a larger share of the overall economy, there is an urgency to improve quality and manage costs. The future of Medicare is not Traditional Fee-for-Service (FFS), which reimburses health services based on volume of services provided. Medicare Advantage instead rewards health care payers and providers for value of health outcomes delivered, which is essential to achieve better outcomes and better costs. Medicare Advantage, the modern, public-private option is the future of Medicare.

Medicare Advantage is leading in the innovative use of value-based care, offering beneficiaries the choice of an integrated care plan, with a focus on patient-centered primary care, early intervention, and care coordination. It means greater simplicity, affordability, and enhanced benefits to improve health and well-being for the millions of individuals.

Today, more than one in three Medicare beneficiaries are enrolled in Medicare Advantage, benefiting from a higher quality of care at lower consumer costs.⁶

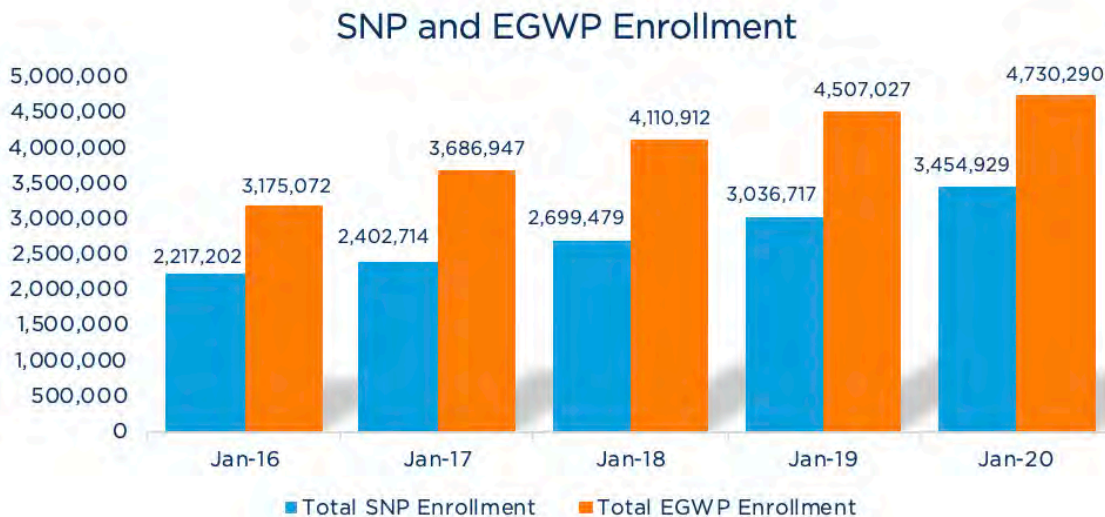




Demographics of Population in Medicare Advantage

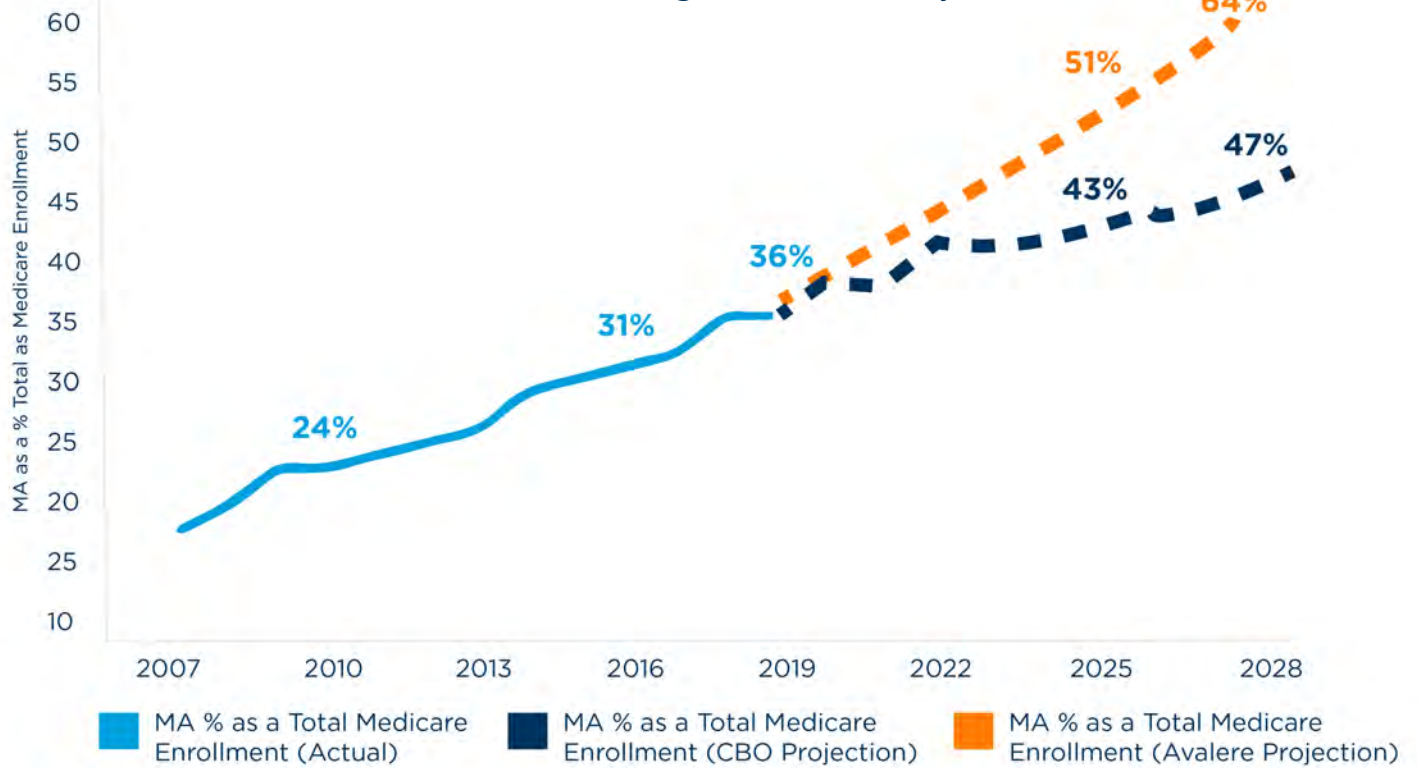
Total Medicare Advantage enrollment has nearly doubled over the last decade and is projected to increase to nearly 51% of total Medicare enrollment by 2030.⁷ The Medicare Advantage population is increasingly diverse and complex with higher rates of clinical and social risk factors than comparable beneficiaries in Traditional FFS Medicare.

In 2019, of the 61.4 million enrolled in Medicare, 36% were in Medicare Advantage.⁸ In June 2020, there were 24.2 million Medicare Advantage beneficiaries, and over 68 million people eligible for Medicare.⁹ While the total number of enrolled beneficiaries in Medicare in 2020 has not been released, based on CMS's projections Medicare Advantage penetration will reach 40% of overall enrollment in 2020.¹⁰ At the same time last year, enrollment in Medicare Advantage was around 22 million, marking an increase of nearly 10%.¹¹ Medicare Advantage enrollment has grown by over 30% since 2017.¹² Medicare Advantage enrollment growth has been spurred by strong enrollment growth in employer-sponsored retiree plans, called "EGWPs", as well as Special Needs Plans (SNPs).



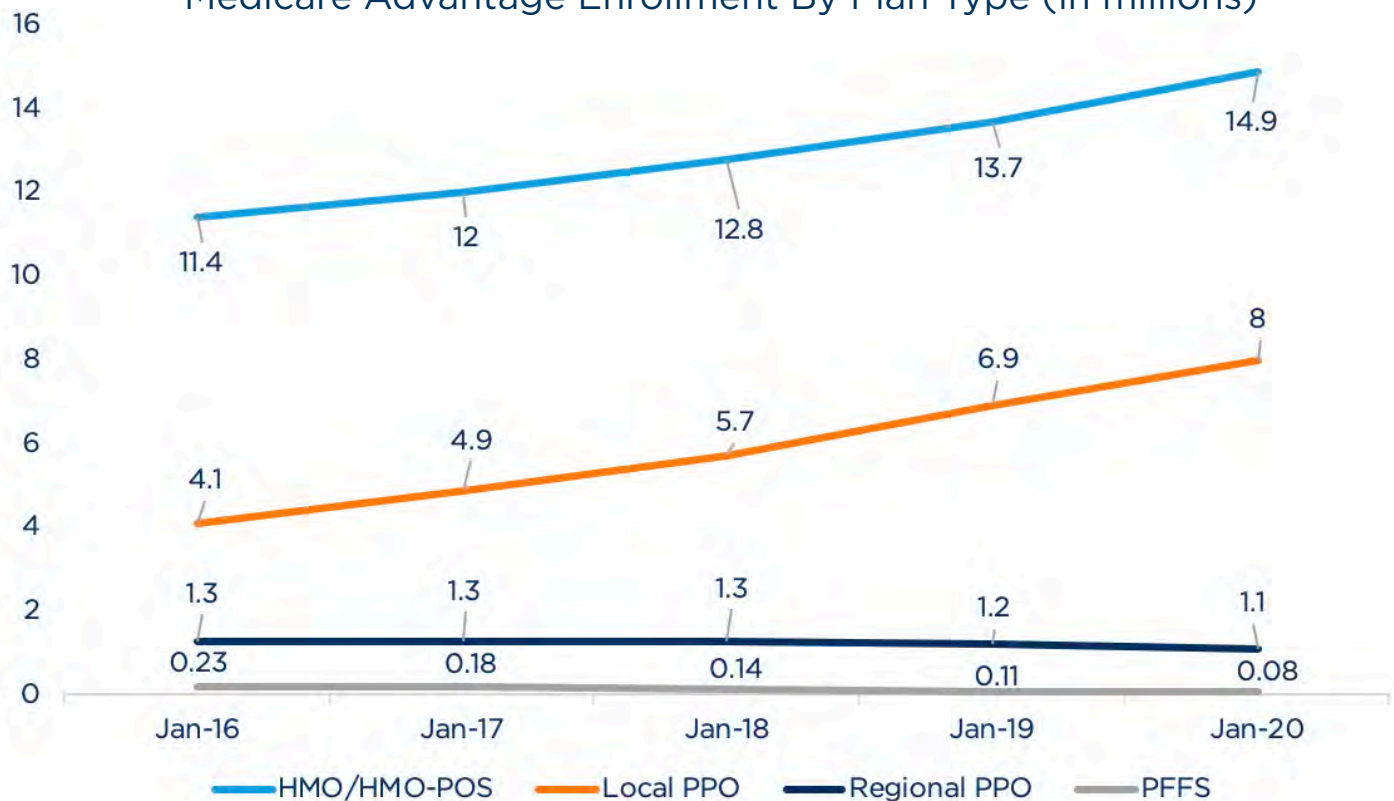
In February 2020, there were 24.8 million Medicare beneficiaries enrolled in a standalone Part D product, which is down 0.3 million (-1.2%) from the same time last year. If the enrollment trends from the last year continue, by late 2020 there will be more Medicare beneficiaries enrolled in a Medicare Advantage-Prescription Drug (MA-PD) than a standalone Part D plan. Currently there are 25 states where Medicare Advantage enrollment is greater than Part D standalone enrollment.¹³

Medicare Advantage Growth Projections



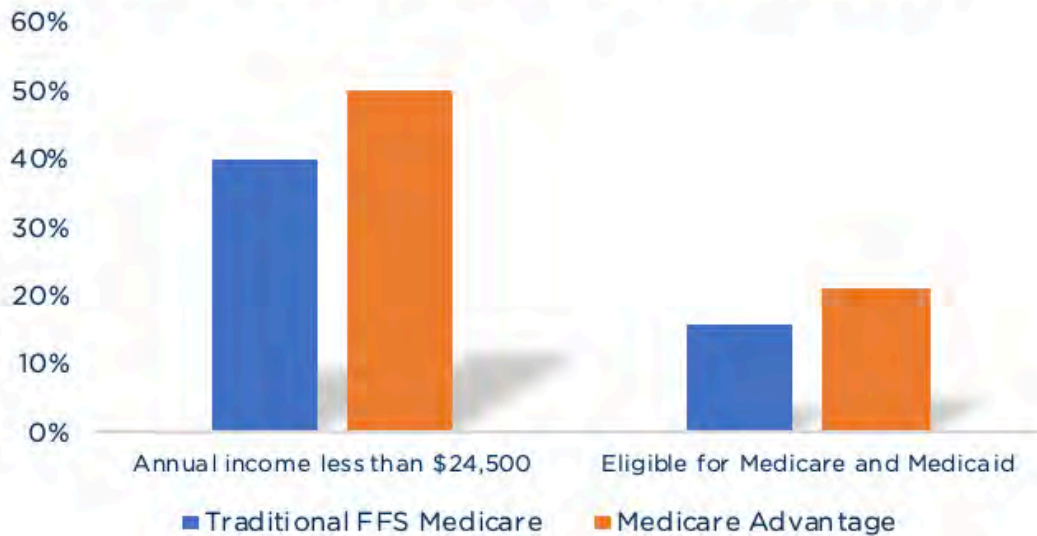
Source: The Impact of COVID-19 on the Health Insurance Industry. Avalere Health, 2020

Medicare Advantage Enrollment By Plan Type (in millions)



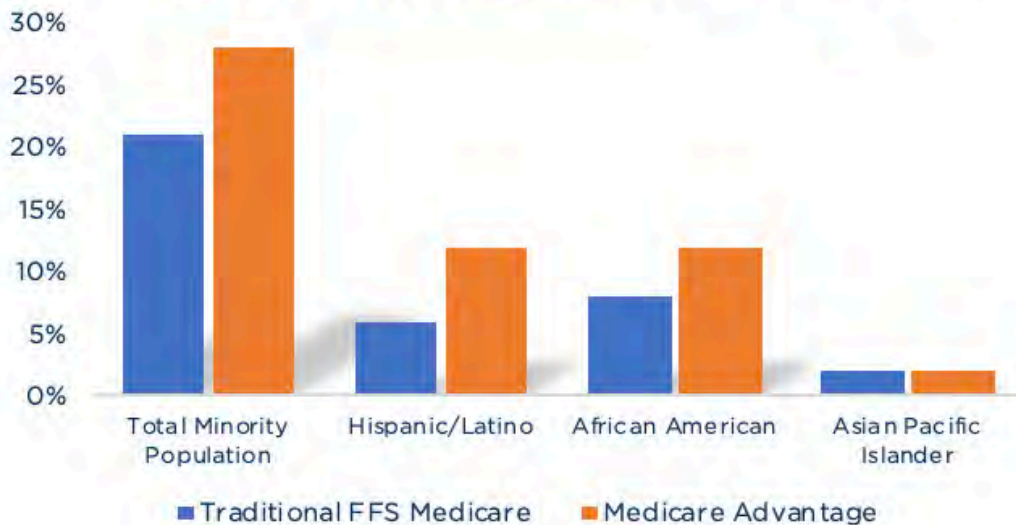
When compared to Traditional FFS Medicare, Medicare Advantage is the preferred option for those who are low-income and for racial and ethnic minorities, and Medicare Advantage enrollees have higher rates of clinical and social risk factors:

Low Income Beneficiary Representation



Source: Analysis of 2017 Medicare Current Beneficiary Survey (MCBS) Data, Provided by ATI Advisory.

Minority Representation in Medicare



Source: Analysis of 2017 Medicare Current Beneficiary Survey (MCBS) Data, Provided by ATI Advisory.

Medicare Advantage beneficiaries are 64% more likely to enroll in Medicare due to disability, have a 57% higher rate of serious mental illness, and have 16% higher rate of alcohol, drug, or substance abuse.¹⁴



Access to Medicare Advantage Plans

Access to Medicare Advantage plans is nearly universal and plan choices continue to grow each year.

- In 2020, 99% of Medicare beneficiaries have access to at least one Medicare Advantage plan, with on average, 39 plan choices per county. This represents a 49% increase in the number of plans available to eligible beneficiaries since 2017.¹⁶
- 100% of Medicare beneficiaries have access to a stand-alone prescription drug plan and 93% reside in counties served by at least one type of SNP.^{17,18}
- In 2020, 94% of Medicare Advantage enrollees have access to at least one zero-dollar premium plan, 90% have access to at least one zero-dollar premium plan with drug coverage, and **46% of enrollees are in a zero-dollar premium plan.**¹⁹

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Affordability of Medicare Advantage Coverage

- In 2020, CMS reported the Medicare Advantage average monthly premiums decreased to \$23, representing a \$3.87 decline from 2019. This represents an average monthly premium decrease of 27.9% since 2017. CMS also announced that the average Part D premium in 2020 was \$30, a \$4.70 decline from 2017. This the third year in a row both programs have seen declines in average monthly premiums.²⁰

- When comparing average annual out-of-pocket costs, Medicare Advantage beneficiaries save \$1,598 more than those in Traditional FFS Medicare. Traditional FFS Medicare beneficiaries also paid about 33% more on prescription drugs.²¹

- Medicare Advantage beneficiaries' lower average annual individual spending results in fewer Medicare Advantage beneficiaries being cost burdened.²² The out-of-pocket costs associated with inpatient facility stays is seven times higher for beneficiaries in Traditional FFS Medicare than those in Medicare Advantage (\$126 versus \$15 respectively).²³



Extra Benefits in Medicare Advantage

When plans bid below the FFS benchmark, they retain some of the difference. These dollars are used to reduce beneficiary premiums or out-of-pocket expenses or for additional benefits. The number of Medicare Advantage plans offering vision, dental, and hearing benefits, not available in Traditional FFS Medicare, has increased over the years.²⁴ Over 80% of Medicare Advantage plans offer at least a vision, hearing, wellness, or dental benefit and more than half of Medicare Advantage plans offer all four benefits. Vision benefits are the most commonly offered additional benefit, with about 94% of plans including or offering a vision benefit.²⁵

Medicare Advantage plans also now have the flexibility to offer benefits to better integrate medical and non-medical care and address non-clinical needs of beneficiaries with chronically ill beneficiaries.^{26,27,28} In 2020, 619 Medicare Advantage plans are offering supplemental benefits.²⁹ Nearly 14 Million Beneficiaries Have Access to a Plan with Telehealth Benefits.³⁰



Cost-Effectiveness of Medicare Advantage

Medicare now spends roughly the same per beneficiary, on average, for Medicare Advantage as it does for Traditional FFS Medicare, achieving payment parity.³¹

Because Medicare Advantage is able to provide care coordination and engage in value-based payment arrangements with providers, it has proven to better control costs when compared to Traditional FFS Medicare. In fact, one study showed that health care spending is 25% lower for Medicare Advantage enrollees than for enrollees in Traditional FFS Medicare in the same county with the same risk score.³² In 2020, 82% of Medicare Advantage plans submitted bids (the amount they expect to spend per enrolled beneficiary) that were below Traditional FFS Medicare benchmarks (the amount Traditional FFS Medicare expects to spend per beneficiary). 87% of Medicare Advantage beneficiaries are enrolled in plans which bid lower than FFS benchmarks.

Impact on Traditional FFS Medicare

Through value-based care, Medicare Advantage changes the incentives for providers so that they are rewarded for improving quality outcomes rather than for volume of services. Research has also demonstrated that when Medicare Advantage is prevalent in a health care market, it can positively influence how providers deliver care to all patients, not just Medicare Advantage beneficiaries. These studies have demonstrated that Medicare Advantage has both decreased costs and improved quality outcomes for beneficiaries in Traditional FFS Medicare, a phenomenon known as positive spillover.³³

- One study found that Medicare Advantage beneficiaries were significantly less likely (10%) than Traditional FFS Medicare beneficiaries to have avoidable hospitalizations, which resulted in decreased hospitalizations for Traditional FFS Medicare as well.³⁴
- Another study showed the risk-adjusted 30-day readmission rate among Medicare Advantage beneficiaries was 13% to 20% lower than the rate in Traditional FFS Medicare.³⁵
- Researchers found that a 10% increase in Medicare Advantage penetration was associated with improved performance in Traditional FFS Medicare, including a 2.4% to 4.7% reduction in hospital costs.³⁶
- Another study found that when more beneficiaries enrolled in Medicare Advantage plans, hospital costs declined for all Medicare beneficiaries and other commercially insured populations.³⁷
- An article 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.³⁸

Savings achieved through value-based care are required to be used to enhance benefits for beneficiaries, invest in innovations and quality improvements, and lower consumer cost sharing.

Better Outcomes for Medicare Advantage Beneficiaries



In general, Medicare Advantage beneficiaries experience more efficient use of health care resources and lower rates of hospitalization, comparable to or better than those in Traditional FFS Medicare. One large scale report that examined care for individuals with multiple chronic conditions found:

- Complex chronically ill beneficiaries in Medicare Advantage experienced 23% fewer inpatient hospital stays and 33% fewer emergency room visits than in Traditional FFS Medicare;
- Medicare Advantage beneficiaries had 23% fewer inpatient hospital stays than Traditional FFS Medicare beneficiaries;
- Medicare Advantage beneficiaries were 29% less likely to have potentially avoidable hospitalizations when compared to Traditional FFS Medicare beneficiaries;
- Medicare Advantage beneficiaries had 41% fewer avoidable acute hospitalizations than Traditional FFS Medicare beneficiaries.³⁹

In terms of savings for the government and beneficiaries, the decline in premiums in Medicare Advantage and Part D over the last three years has saved taxpayers nearly \$6 billion in the form of lower Medicare premium subsidies. In addition, beneficiaries have saved about \$2.65 billion in Medicare Advantage and Part D premium costs since 2017.⁴⁰

Medicare Advantage is leading the innovative use of value-based care which results in positive spillover to the Medicare system, delivering cost savings for beneficiaries and the Medicare Trust Fund.



High Quality Care in Medicare Advantage

Medicare Advantage provides beneficiaries access to high-quality care and improved outcomes. Quality measurement in Medicare Advantage, through the use of a five Star Quality Ratings System, incentivizes plans and providers to improve performance on these outcome measures. The Star Ratings System includes both clinical and consumer satisfaction measures. The measures and rating system are set by the federal government and applied annually.

The Star Rating System in Medicare Advantage plays a critical role in promoting quality, ensuring public accountability, and giving beneficiaries the tools to choose high-quality plans. Star Ratings evaluate Medicare Advantage plans on 1-5 scale, with a 5-Star rating being the highest quality. Performance is based on 48 health plan and prescription drug-specific measures including consumer experience.^{41,42} A recent study found Medicare Advantage plans operating within three diverse states provided substantially higher quality of care than Traditional FFS Medicare in all 16 clinical quality measures examined.⁴³

Most Medicare Advantage beneficiaries are in high-quality plans. In 2020, 81% of beneficiaries are projected to be in Medicare Advantage plans with prescription drug coverage rated 4 stars or higher. Medicare Advantage Star Ratings moved the percent of individuals in high-quality plans from 24% to 81% in just ten years.⁴⁴ Star Ratings allow beneficiaries to make choices based on plan performance which is displayed online on Medicare Plan Finder to assist beneficiaries and their caregivers in comparing plan options.

Medicare Advantage plans with at least a 4-Star rating receive quality bonus payments on the rebates which are required by law to directly benefit beneficiaries. Rebates and bonus payments enable Medicare Advantage plans to invest in innovations, including home-based care, risk stratification to identify high need patients, care management, wellness programs, telemedicine, and additional benefits.

81%

**Beneficiaries in
MA Health Plans
Rated 4 Stars or
Higher**





High-Value Care in Medicare Advantage

Research demonstrates that Medicare Advantage is leading the way towards the move from volume-based, fragmented care to value-based care that results in improved health outcomes.

High-value care is accomplished through innovations in care delivery and dynamic payment arrangements. Value-based arrangements in Medicare Advantage focus on care teams and the identification of high risk, high need patients. Most Medicare Advantage plans and providers have value-based payment arrangements in place. In a recent study, 54% of family physicians indicate their practices participate in value-based payment models and they are making an impact on care delivery.⁴⁵

According to a 2017 national survey of health plans, including Medicare Advantage plans, value-based payment arrangements were bending the cost curve and reducing unnecessary medical costs by 5.6% on average.⁴⁶

Value-based contracting promotes smarter health care utilization patterns and improves clinical outcomes among beneficiaries with chronic conditions.⁴⁷ Providers surveyed in a Deloitte report stated that high disease burden in Medicare Advantage can present greater opportunities for savings and quality improvements.⁴⁸ Another recent study found value-based contracting in Medicare Advantage generated costs savings and a 32% lower risk of death.^{49,50}

Research consistently demonstrates that Medicare Advantage beneficiaries have better health outcomes and higher rates of return to the community than those enrolled in Traditional FFS Medicare. One study showed emergency room visits were 25% lower for Medicare Advantage beneficiaries, and another study showed Medicare Advantage helps beneficiaries have more healthy days in the community.^{51,52}

There is also evidence that rates of annual preventive care were 25% higher in Medicare Advantage than in Traditional FFS Medicare for some of the most vulnerable seniors. Medicare Advantage also performs better in preventive screenings and tests rates when compared to Traditional FFS Medicare, including higher rates of low-density lipoprotein testing (5%) and breast cancer screenings (13%).^{53,54}



Improved Outcomes in Medicare Advantage

Evidence shows that Medicare Advantage provides better clinical outcomes and cost savings, including for the chronically ill.



A 2018 Humana study found a 2.7% decrease in unhealthy days for Medicare Advantage beneficiaries enrolled in their Bold Goal communities. Specifically, in Texas, beneficiaries with diabetes, disabled beneficiaries, and low-income beneficiaries saw a 9.8% reduction in unhealthy days from 2015.⁵⁵

Medicare Advantage beneficiaries had lower rates of potentially avoidable hospitalizations, avoidable acute hospitalizations, and avoidable chronic hospitalizations than Traditional FFS Medicare beneficiaries.⁵⁶

Medicare Advantage beneficiaries with diabetes enrolled in a diabetes-focused Chronic Condition Special Needs Plans (C-SNPs) are more likely to receive primary care services, less likely to have a hospital admission, and more likely to adhere to their antidiabetic medications and receive diabetes-specific testing than beneficiaries enrolled in non-SNP plans.⁵⁷

A study looking at Institutional Special Needs Plans (I-SNPs) found managed care models with clinicians on-site combined with the plan being financially responsible for both nursing home and medical care, helps prevent hospital transfers. Compared to Traditional FFS Medicare beneficiaries residing in long-term care nursing homes, Medicare Advantage beneficiaries in I-SNPs had 51% lower Emergency Department utilization, 38% fewer hospitalizations, and 45% fewer readmissions.⁵⁸

In a 2019 study, Humana reported that its use of Medicare Advantage's value-based care models saved \$3.5 billion in avoidable medical expenses as compared to what would have been spent in Traditional FFS Medicare. The study reported that these reductions "translated into substantial cost savings across the MA value-based continuum," with 60% of physicians in value-based contracts with Humana earning shared savings in 2018 alone. Beneficiaries enrolled in Medicare Advantage plans participating in these value-based models also have higher rates of wellness visits and preventive screenings.⁵⁹



Growing Support and Consumer Satisfaction in Medicare Advantage

Medicare Advantage is viewed with high favorability by beneficiaries and providers, and has received increasingly strong bipartisan support in Congress.

Medicare Advantage is successful because policymakers, health plans, providers and beneficiaries recognize the value achieved by a fully integrated care delivery system. Medicare Advantage beneficiaries report very high levels of satisfaction: 94% are satisfied with the quality of care received, 94% are satisfied with the selection of available doctors,⁶⁰ and 81% said they believe they experience better health outcomes with Medicare Advantage.⁶¹ When asked generally about their satisfaction with Medicare Advantage overall, a record 99% of beneficiaries report being satisfied – including 64% who identify as very satisfied.⁶²

Providers are also increasingly realizing the value of the capitated, integrated model offered under Medicare Advantage. In 2016, 58% of new Medicare Advantage organizations entering the market were provider sponsored.⁶³ According to the American Medical Group Association, Medicare Advantage plans accounted for 30% of revenues and fully capitated Medicare Advantage payments were 24% of revenues in 2018, an increase from 10% in 2016.⁶⁴ On an annual basis Health Care Payment Learning & Action Network conducts a survey measuring the progress made in alternative payment models. The most recent survey found that more than 53% of payment in Medicare Advantage is associated with shared savings, shared risk, and population-based payment.⁶⁵ This is up from 49% in the previous year.⁶⁶

Medicare Advantage has shown strong bipartisan support among members of Congress. In 2020, a record-setting 403 Members of Congress sent bipartisan companion letters to the Administration expressing strong support for Medicare Advantage.⁶⁷

Conclusion

Medicare Advantage works to improve health outcomes, drive record-high satisfaction, and lower costs for millions of seniors and those with disabilities.

The Medicare Advantage population is more racially and socio-economically diverse than Traditional Medicare, with higher rates of clinical and social risk factors. Despite this, beneficiaries see fewer emergency room visits, lower rates of avoidable hospitalizations, and lower out-of-pocket costs, all while enjoying extra benefits unavailable in Traditional Medicare that provide new ways to manage chronic disease progression and stay on the path to wellness.

As a bipartisan effort signed into law more than 20 years ago and sustained and supported by Democratic and Republican administrations alike ever since – now earning the overwhelming backing of 75 percent of Congress – Medicare Advantage offers critical lessons to inform the future of Medicare, and indeed the health care system at large.

Better Medicare Alliance calls on policymakers to maintain a stable growth environment for Medicare Advantage, ensuring that innovations in Medicare Advantage can flourish and that the continuity of the health coverage that millions of Americans depend on today is protected.

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- ² Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060. U.S. Census Bureau, Population Division: Washington, DC.
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- ⁴ Chronic Conditions among Medicare Beneficiaries, CMS 2017.
- ⁵ CMS Fast Facts February 2020
- ⁶ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Contract-and-Enrollment-Summary-Report.html>
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- ⁸ CMS Fast Fact February 2020
- ⁹ CMS Monthly Report By State June 2020 File
- ¹⁰ <https://healthpayerintelligence.com/news/medicare-advantage-premiums-drop-14-for-2020-open-enrollment>
- ¹¹ Analysis of CMS Medicare Advantage Contract Summary Enrollment Files.
- ¹² <https://www.cms.gov/newsroom/press-releases/trump-administration-drives-down-medicare-advantage-and-part-d-premiums-seniors>
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- ¹⁴ Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare. Avalere Health, July 2018.
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- ²⁰ <https://www.cms.gov/newsroom/press-releases/trump-administration-drives-down-medicare-advantage-and-part-d-premiums-seniors>
- ²¹ Analysis of 2017 Medicare Current Beneficiary Survey (MCBS) Data, Provided by ATI Advisory
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- ²³ https://www.bettermedicarealliance.org/sites/default/files/2020-05/MA-May%202020%20ATIReport-FIN_0.pdf
- ²⁴ [Avalere Analysis of 2018 Medicare Advantage Enrollment, 3/18]
- ²⁵ <https://www.kff.org/report-section/medicare-advantage-2020-spotlight-first-look-data-note/>
- ²⁶ Reinterpretation of “Primarily Health Related” for Supplemental Benefits. Centers for Medicare and Medicaid Services.
- ²⁷ Reinterpretation of the Uniformity Requirement. Centers for Medicare and Medicaid Services.
- ²⁸ Bipartisan Budget Act of 2018. United States Congress.
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- ⁴¹ <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2018MeasureList.pdf>
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- ⁴³ <https://www.ncbi.nlm.nih.gov/pubmed/29130269>
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- ⁴⁶ Change Healthcare, 2018. <https://www.healthcarefinancenews.com/news/change-healthcare-national-survey-insurers-shows-value-based-care-improving>

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