



State of Medicare Advantage

REPORT
July 2022

BETTER MEDICARE
ALLIANCE

A Message From Our President and CEO



DEAR FRIEND OF BETTER MEDICARE ALLIANCE,

On behalf of our dedicated board and staff, our more than 170 Ally organizations, and over 600,000 grassroots beneficiary advocates, I am pleased to present our **2022 State of Medicare Advantage Report**.

While this is my first State of Medicare Advantage report as President and CEO, Better Medicare Alliance has a proud tradition of publishing this report each year to offer a snapshot of the latest data on Medicare Advantage – from beneficiary demographics and enrollment trends to supplemental benefit offerings and consumer savings, to health outcomes and bipartisan political support in Washington.

But more than just facts and figures on a page, this report is a testament to what policymakers and advocates can do when they put seniors first – and what can still be achieved by protecting and strengthening this well-working health care success story.

Today, more than 28 million Americans, 45% of the total Medicare population, have made an active choice for the quality, affordable, coordinated coverage and care uniquely found in Medicare Advantage.

It's not hard to see why: seniors are saving nearly \$2,000 per year, taxpayers are seeing lower per-beneficiary government spending, beneficiaries report a 94% satisfaction rate, and 99.9% of Medicare Advantage plans are offering supplemental benefits unavailable in fee-for-service Medicare.

This doesn't happen by accident. Medicare Advantage depends on continued bipartisan support and regulatory stability to deliver

on its promise to beneficiaries. Fortunately, as you'll see in these pages, lawmakers set **a new record** this year for bipartisan supermajority support of Medicare Advantage from 409 members of the U.S. House and Senate. Likewise, the Biden administration has committed to "safeguard Medicare Advantage so that it remains a strong, successful program."

As you read on, I hope you will be encouraged to see what your involvement has made possible. The research and accomplishments detailed in these pages are marked with the fingerprints of so many of you – our Allies, grassroots advocates, Congressional supporters, and other stakeholders.

I also hope you will join us for the work that lies ahead. With Medicare Advantage nearing 50% of all Medicare beneficiaries, the task of safeguarding this coverage lifeline and protecting this growing, increasingly diverse beneficiary population is more important than ever. Together, we will demonstrate that **the future of Medicare depends on a strong, vibrant Medicare Advantage**. Stand with us at www.bettermedicarealliance.org

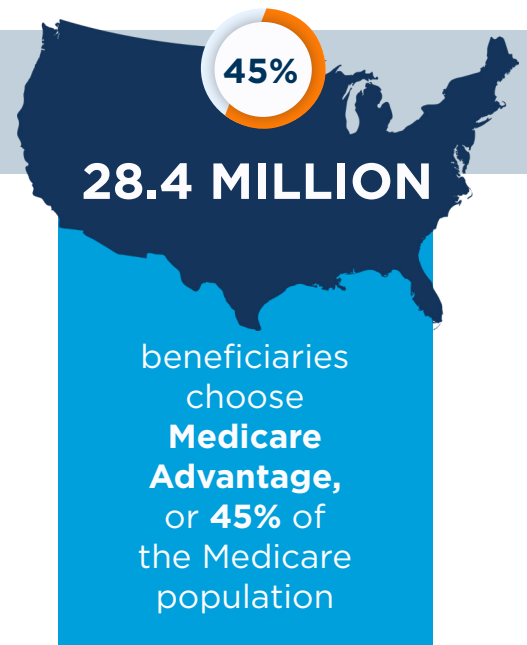
Sincerely,



President and CEO
Better Medicare Alliance

Key Facts

Enrollment in Medicare Advantage has DOUBLED over the last decade



33.7%

of Medicare Advantage beneficiaries identify as **racial and ethnic minorities***

16%

of FFS Medicare beneficiaries identify as **racial and ethnic minorities***

SINCE 2013, ENROLLMENT IN MEDICARE ADVANTAGE HAS GROWN:



111%

among minority beneficiaries



125%

among dually eligible beneficiaries



Medicare Advantage access is nearly universal with **99.7%** of Medicare beneficiaries having access to a Medicare Advantage plan



89% of Medicare Advantage plans offered include prescription drug coverage



99.9% of Medicare Advantage plans offer supplemental benefits



Medicare Advantage beneficiaries report spending nearly **\$2,000 less** on out-of-pocket costs and premiums annually



The average monthly premium in 2022 is **\$19**, a 15-year low



Medicare Advantage provides **\$32.5 billion annually** in additional value to beneficiaries and the federal government



Medicare Advantage covers all Medicare-covered services like hospital and physician services for **24% less** than FFS Medicare

19% lower rate of COVID-19 related hospitalizations during the first 9 months of the pandemic



43% lower rate of avoidable hospitalizations for any condition



21% higher rate of seeing a physician within 14 days of a hospital discharge



94% of beneficiaries report being satisfied with their coverage



The Senior Population is Growing in the United States

The number of Americans over age 65 is projected to nearly double over the next four decades, reaching almost **95 million** seniors by 2060. This will result in millions of new Medicare beneficiaries over the next 40 years.

**Estimated U.S. Population, 65+ Years Old
2016-2060**

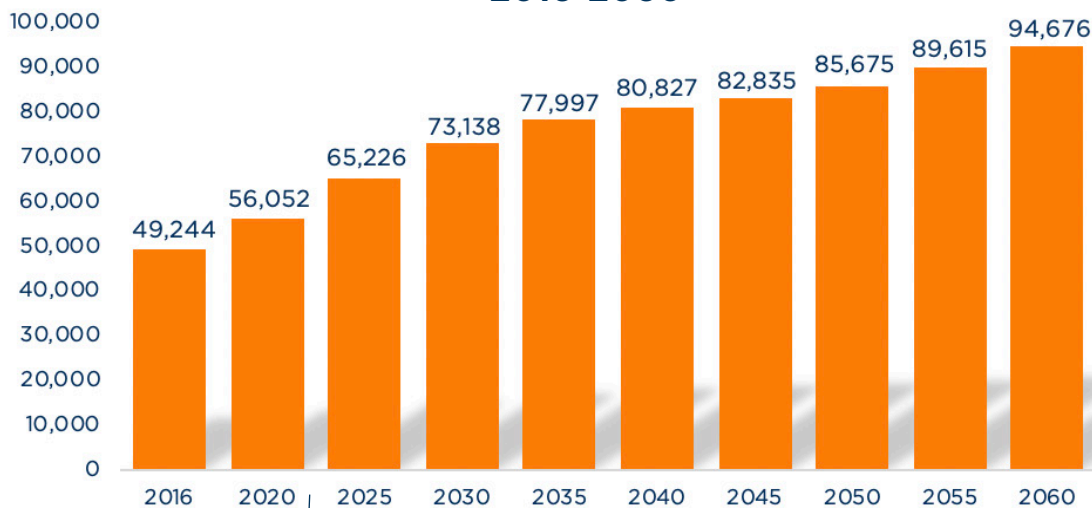
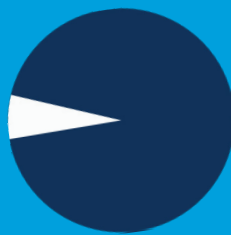


Figure 1. U.S. Census Bureau, Projected Age Groups and Sex Composition of the Population: Main Projections Series for the United States, 2017-2060.
*Numbers in thousands, 2016 base population¹

INDIVIDUALS 65 YEARS OLD AND OVER, 2021

54,762,468,
representing **16.5%**
of the population



By 2030, the entire baby boomer 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, approximately 78 million Americans will be over age 65.²

IMPACT:

As the aging population grows each year, it is essential our seniors have long and healthy futures. This means ensuring there are adequate resources available. The growing senior population places demand on the health care system and its capacity to care for both more seniors, including those who are living longer, and individuals living with disabilities. While these realities present challenges, there are also opportunities to build on options like Medicare Advantage that offer high-quality care and coverage and address both medical and social needs, all while effectively using resources.

Medicare Advantage Enrollment Continues to Increase in 2022

Enrollment in Medicare Advantage has more than doubled over the last decade. **By 2026**, it is estimated **half of all Medicare-eligible beneficiaries will choose Medicare Advantage**, increasing to **over 52%** of total Medicare enrollment by 2030.³

In 2022, 45% of Medicare beneficiaries – **28.4 million beneficiaries** out of nearly 64 million beneficiaries – choose Medicare Advantage.

2022 Medicare Enrollment, by Program

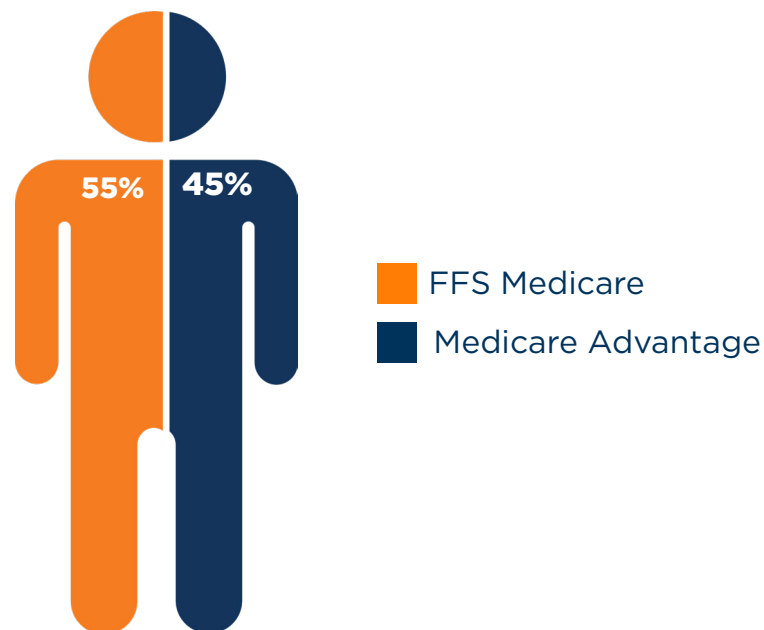


Figure 2. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, April 2022

SNAPSHOT – THE MEDICARE POPULATION⁴

63.8 million people enrolled in Medicare

55.8 million due to age (65+ years old)



8.0 million due to disability



Medicare Advantage Enrollment, 2014-2022 (as percent of total Medicare enrollment)

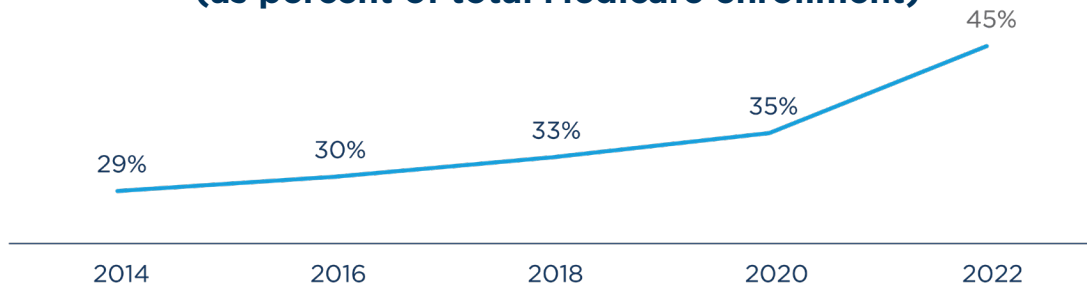


Figure 3. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, April 2014-2022

Medicare Advantage Enrollment and Growth Projections, 2015-2030

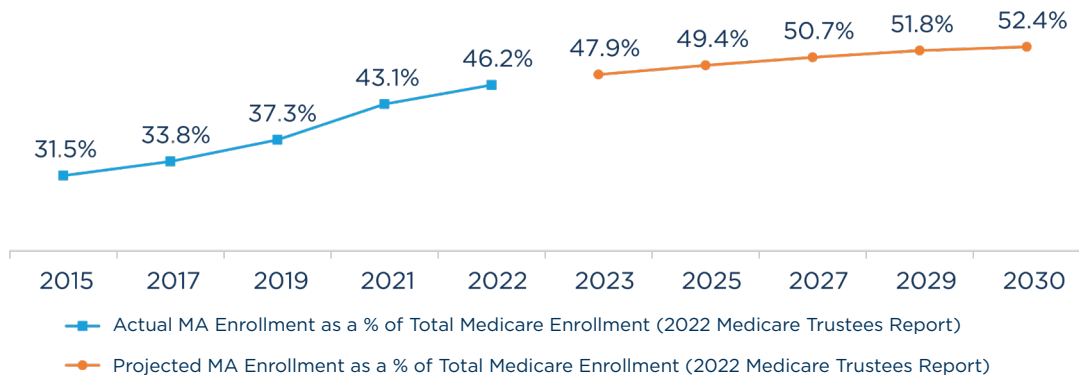
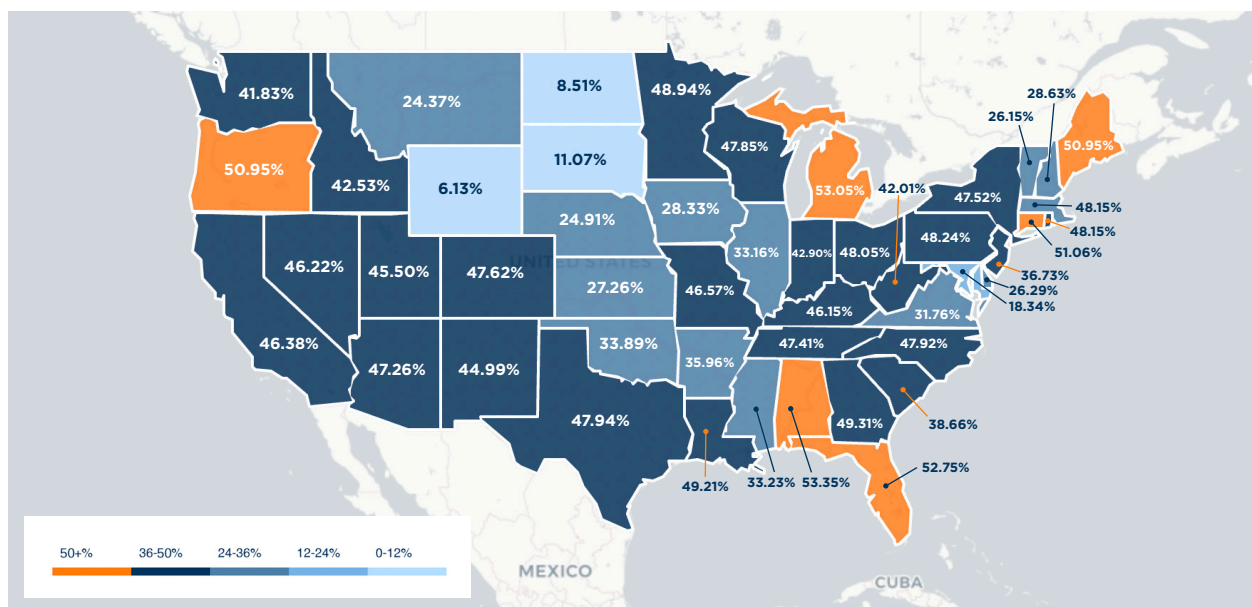


Figure 4. 2022 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds (Table IV.C1), June 2022

Medicare Advantage Enrollment Across the U.S., 2022



Most Medicare Advantage beneficiaries select Medicare Advantage-Prescription Drug plans (MA-PD plans), which includes their prescription drug coverage in a single plan.

There are a few different types of Medicare Advantage plans beneficiaries can choose from each year. A majority of beneficiaries enroll in Health Maintenance Organization (HMO) plans, followed by Local Preferred Provider Organization (PPO) plans, 16.2 million and 9.7 million beneficiaries, respectively. HMOs offer beneficiaries integrated health care, with a focus on prevention and wellness within a network of providers and typically have lower premiums and out-of-pocket costs. PPOs offer more flexibility than HMOs in the providers beneficiaries are able to see though premiums and out-of-pocket costs may be higher in exchange for the additional flexibility.

90.8%
of
beneficiaries
are enrolled
in a MA-PD
plan.⁵

Medicare Advantage Enrollment, by Type of Plan, 2021

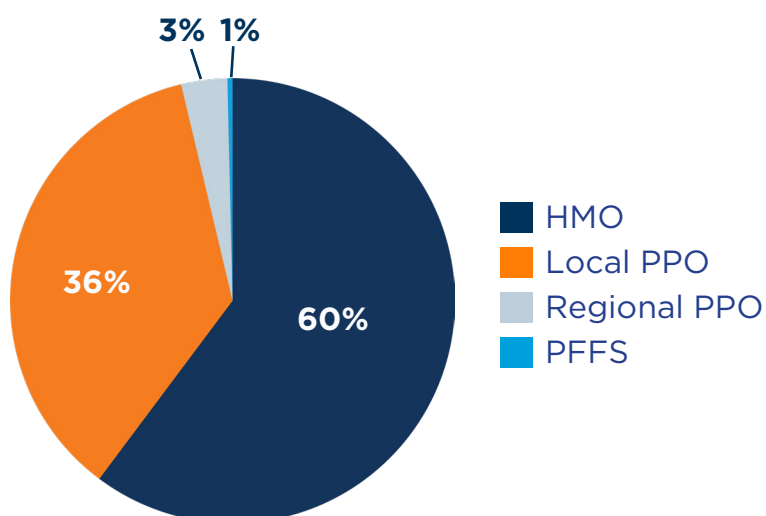


Figure 5. MedPAC, Report to Congress: Medicare Payment Policy (Table 12-2), March 2022
*Note: Enrollment based on July 2021 numbers

In 2022, Medicare Advantage enrollment is projected to reach **29.5 million** beneficiaries.⁷ Medicare Advantage enrollment growth is spurred by new enrollees and those who switch after initial enrollment, by choosing Medicare Advantage at a higher rate than FFS Medicare. Strong enrollment in employer retiree Medicare Advantage plans, known as Employer Group Waiver Plans (EGWPs), has also led to Medicare Advantage enrollment growth. Employers such as state and local governments, industries, and unions choose EGWPs to provide health care coverage to their retirees.

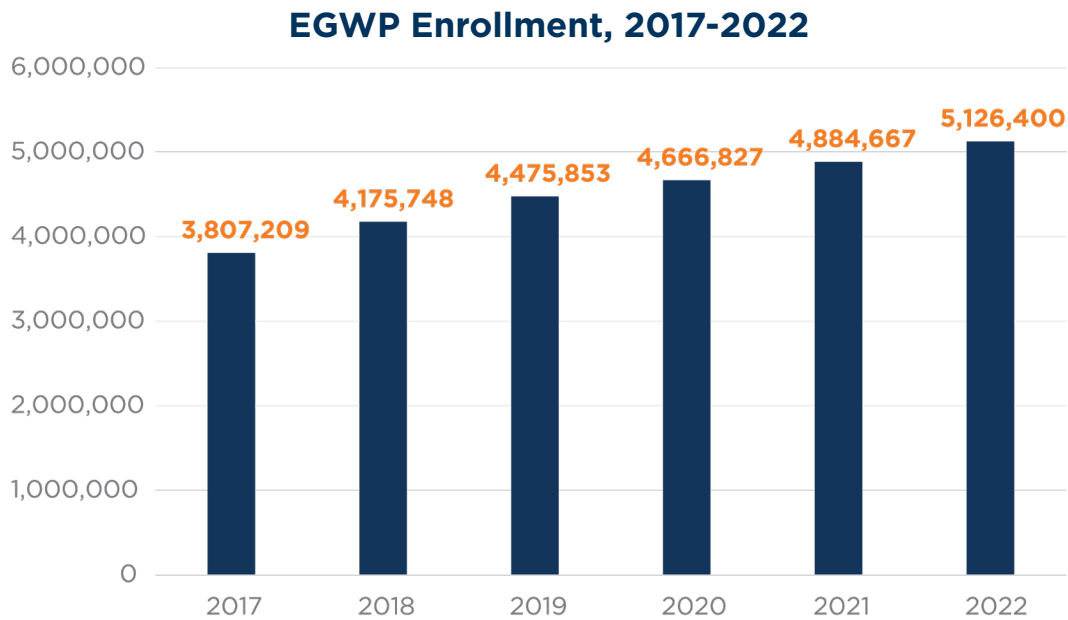


Figure 6. Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2022

More Medicare Advantage beneficiaries are enrolling in Special Needs Plans (SNPs), which focus on beneficiaries dually eligible for Medicare and Medicaid (D-SNP), beneficiaries with certain chronic conditions (C-SNP), or beneficiaries who are institutionalized (I-SNP).

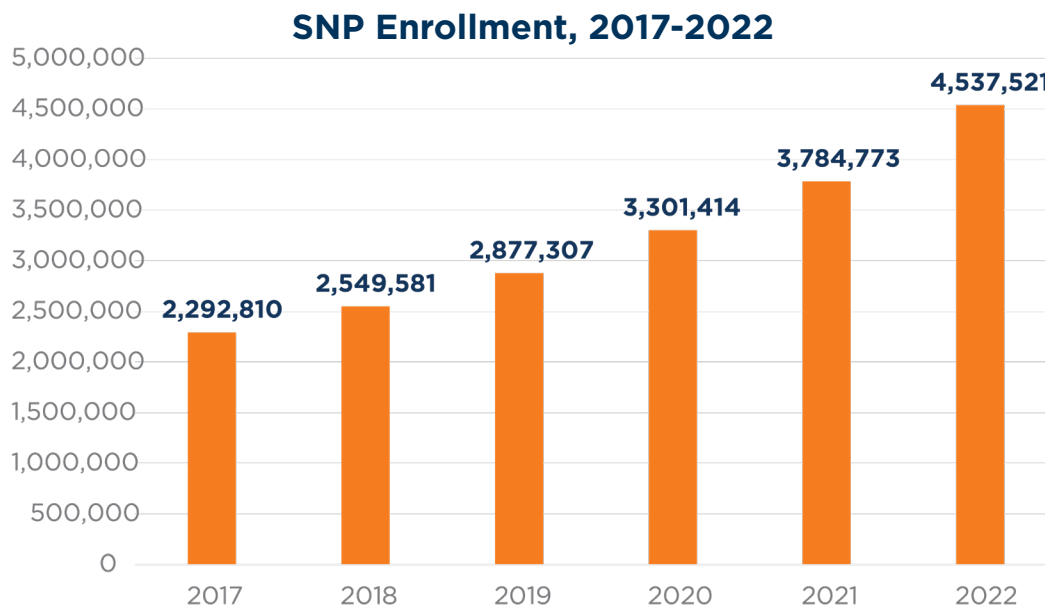


Figure 7. Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2022

Most Medicare Advantage beneficiaries enrolled in a SNP are enrolled in a D-SNP, the SNP for dually eligible beneficiaries.

SNP Enrollment, by Type, 2022

■ D-SNP ■ C-SNP ■ I-SNP

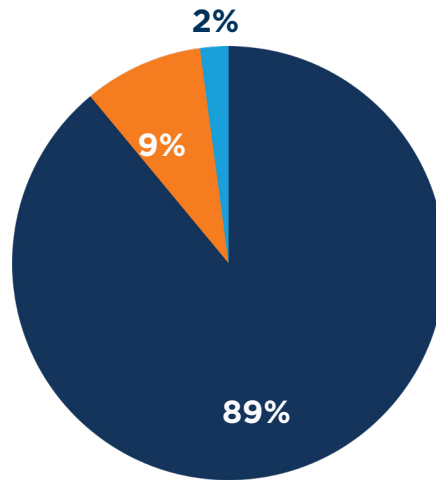


Figure 8. Analysis of the Centers for Medicare & Medicaid Services SNP Comprehensive Report, January 2022

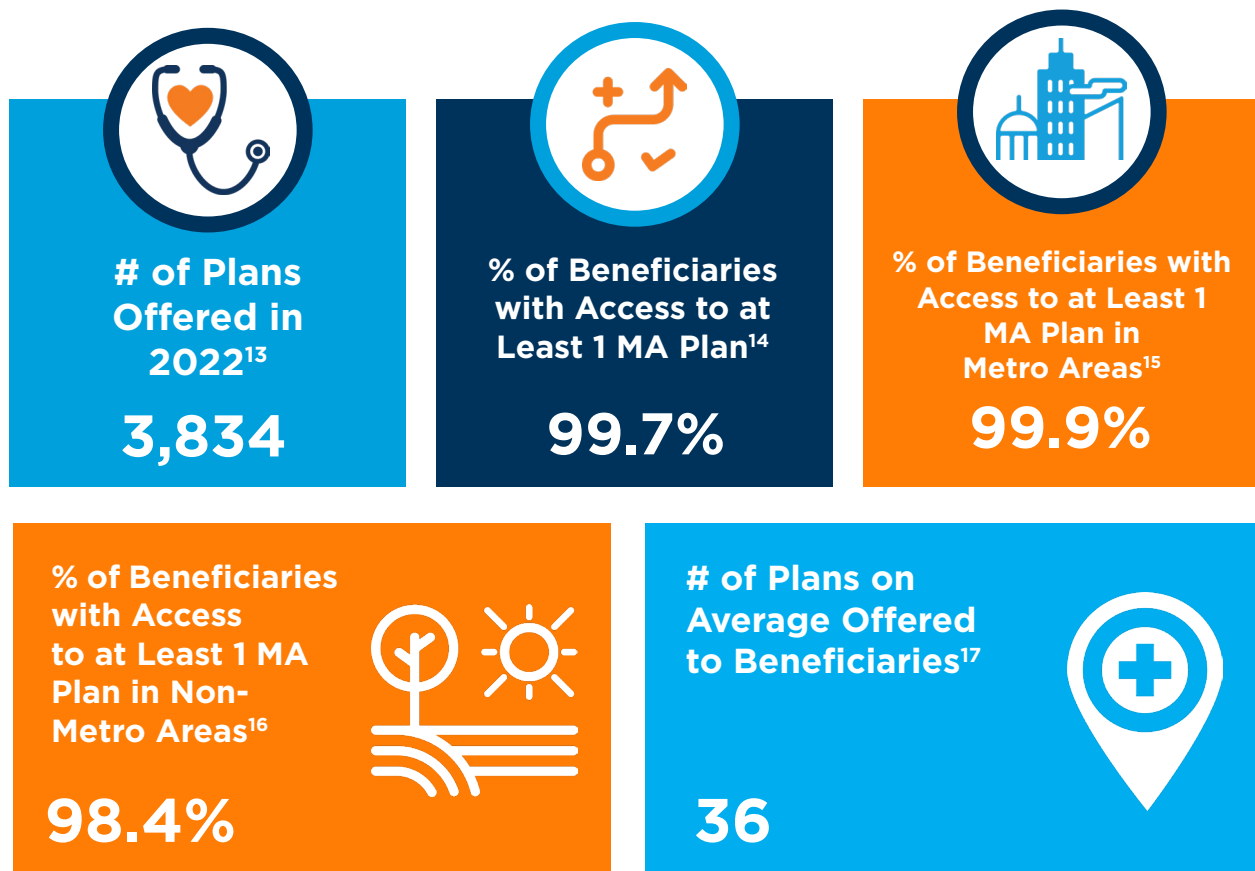
Beginning in 2021, Medicare beneficiaries with End Stage Renal Disease (ESRD) were eligible to enroll in Medicare Advantage. Prior to 2021, only beneficiaries already enrolled in Medicare Advantage when they developed ESRD were eligible and able to remain in their plan. During the first open enrollment period where beneficiaries with ESRD were eligible to enroll in Medicare Advantage, **over 40,000** beneficiaries enrolled in Medicare Advantage. As a result, the share of beneficiaries with ESRD in Medicare Advantage **grew from 22.7% to 30.3%**.⁸ The number of Medicare Advantage beneficiaries with ESRD living in urban settings greatly outnumbers those living in rural settings, 161,728 beneficiaries and 7,782 beneficiaries, respectively.⁹

30.3% of beneficiaries with ESRD choose Medicare Advantage¹⁰

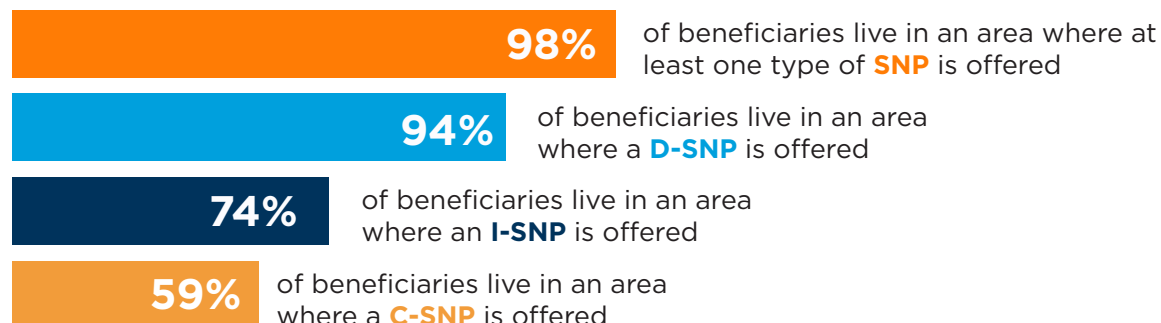


Medicare Advantage Expands Access to Affordable Coverage and is Nearly Universal

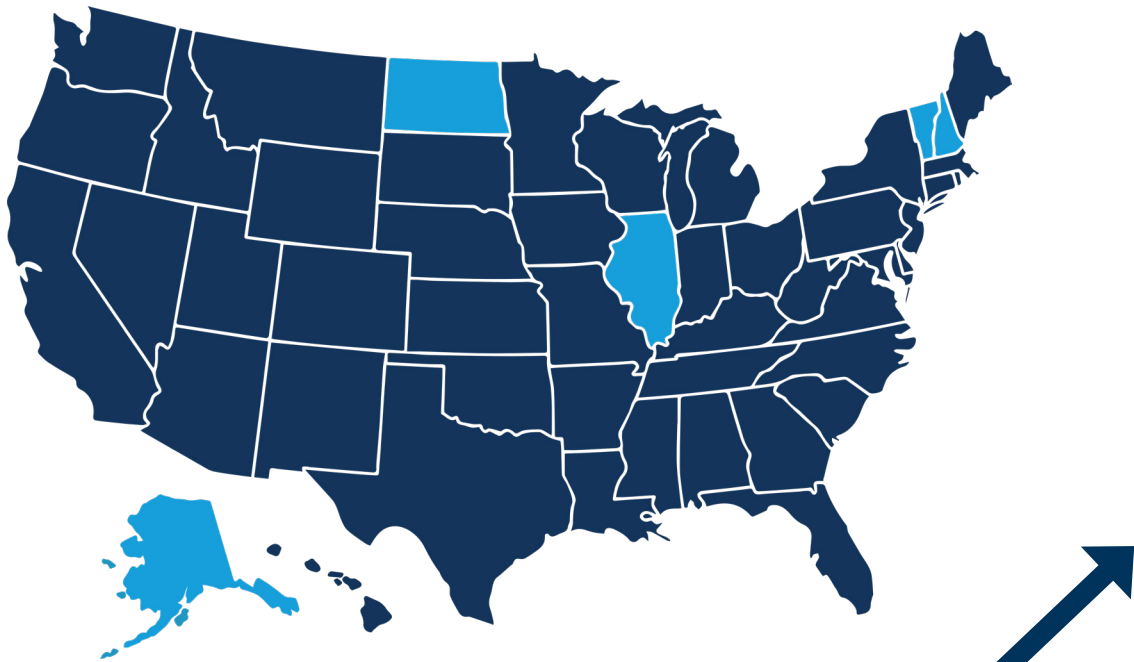
Increased enrollment in Medicare Advantage is also driven by increased access to Medicare Advantage plans. The number of health plans offered has **doubled** over the last decade, leading to **99.7%** of beneficiaries having access to at least one Medicare Advantage plan.¹¹ Health plan offerings grew **8%** between 2021 and 2022.¹²



Access to SNPs grew almost **19%** between 2021 and 2022, with **1,156 SNPs** being offered in 2022.¹⁸



D-SNPs are available in 47 states¹⁹



Medicare Advantage's framework provides the flexibility to cover more services and benefits not available in FFS Medicare. Medicare Advantage beneficiaries choose plans based on cost of premiums, enhanced benefits, provider networks, and the plan's quality rating. Reduced beneficiary cost sharing is the most utilized enhanced, or supplemental, benefit in Medicare Advantage, resulting in access to many \$0 premium* plan options.

31%
of growth
in Medicare
Advantage
enrollment
this year was
in SNPs²⁰

| In 2022: ²¹ | In 2022: ²¹ | In 2022: ²¹ |
|---|------------------------------------|--------------------------------------|
| % of Beneficiaries with Access to a \$0 Premium MA-PD Plan: | % of MA-PD Plans with \$0 Premium: | # of Plans Offered with \$0 Premium: |
| 98% | 59% | 2,013 |

The number of options and access to Medicare Advantage is generally consistent across urban, rural, and medically underserved communities in the U.S.

***Like all Medicare beneficiaries, those in Medicare Advantage still pay the Part B premium each month, as determined annually by the Centers for Medicare & Medicaid Services.**

| Share of Medicare Beneficiaries in Medically Underserved and Rural Areas with Access to Medicare Advantage, 2021 | |
|--|---------------------------------------|
| | Access to Any Medicare Advantage Plan |
| All Medicare Advantage-Eligible Beneficiaries | 99% |
| County's Medically Underserved Area Designation | |
| <i>Partial county</i> | 99% |
| <i>Entire county</i> | 99% |
| <i>No medically underserved areas</i> | 98% |
| Urban Influence Code Designation | |
| <i>Metropolitan</i> | > 99.5% |
| <i>Rural: Micropolitan</i> | 97% |
| <i>Rural: Adjacent to metropolitan</i> | 97% |
| <i>Rural: Not adjacent to metropolitan</i> | 90% |

Figure 9. Adapted from: MedPAC, A Data Book: Health Care Spending and the Medicare Program (Chart 9-12), July 2021.

Within low-income, diverse communities, there is greater market penetration of Medicare Advantage plans, offering **more options** to that community. As a result, low-income Medicare Advantage beneficiaries that identify as a racial and ethnic minority may experience **better access to care** than FFS Medicare beneficiaries.²²



The Medicare Advantage Population Continues to Change

The Medicare Advantage population is changing – it is increasingly diverse and more complex with higher rates of clinical and social risk factors than comparable beneficiaries in FFS Medicare. More beneficiaries in Medicare Advantage are low-income, identify as a racial and ethnic minority, and have more chronic conditions.

Medicare Advantage is the preferred option for beneficiaries that identify as a racial and ethnic minority, and **Black and Latino beneficiaries enroll in Medicare Advantage at a higher rate.**

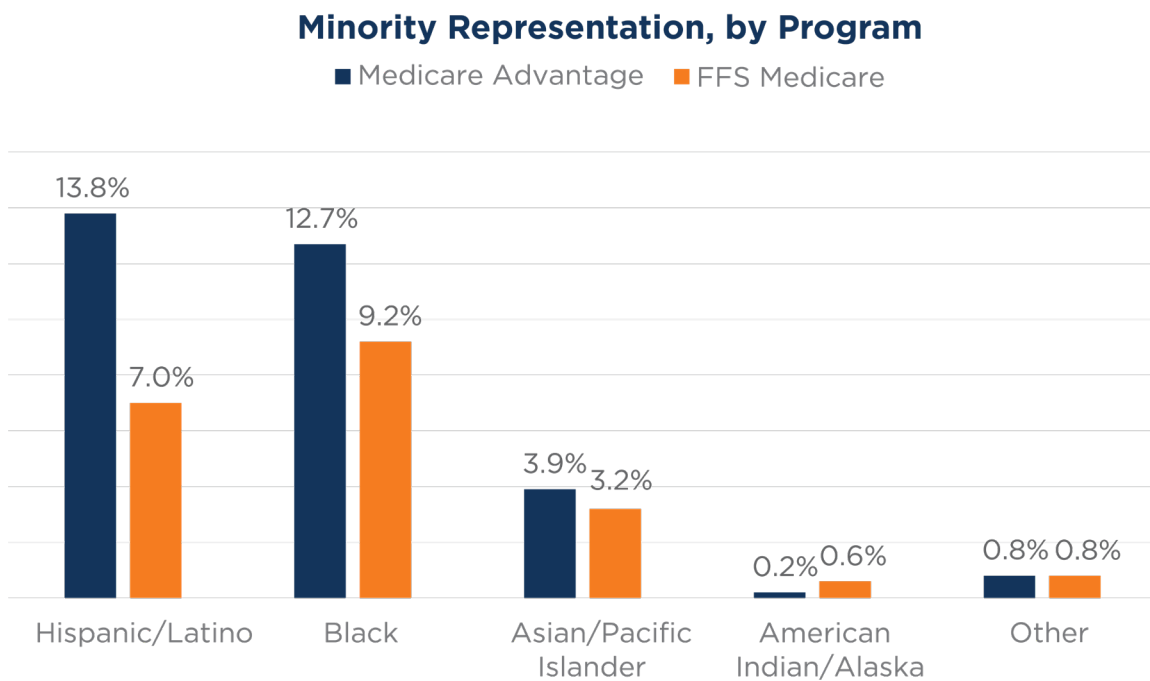


Figure 10. Milliman, Comparing the Demographics of Enrollees in Medicare Advantage and Fee-for-Service Medicare, October 2020.
*Note: Racial and ethnic minorities reported reflect the coding in CMS' database in 2019; Total minority representation numbers may differ slightly if compared to other studies examining minority representation due to timing and other variables.

33.7%

of Medicare Advantage beneficiaries identify as **racial and ethnic minorities***

16%

of FFS Medicare beneficiaries identify as **racial and ethnic minorities***

Since 2013, Medicare Advantage enrollment grew 111% among minority beneficiaries.²³

Source: *Center for Innovation in Medicare Advantage, Positive Outcomes for High-Need, High-Cost Beneficiaries in Medicare Advantage Compared to Traditional FFS Medicare, December 2020. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2020/12/BMA-High-Need-Report.pdf>

Percentage of Medicare Beneficiaries Enrolled in Medicare Advantage, by Race or Ethnicity

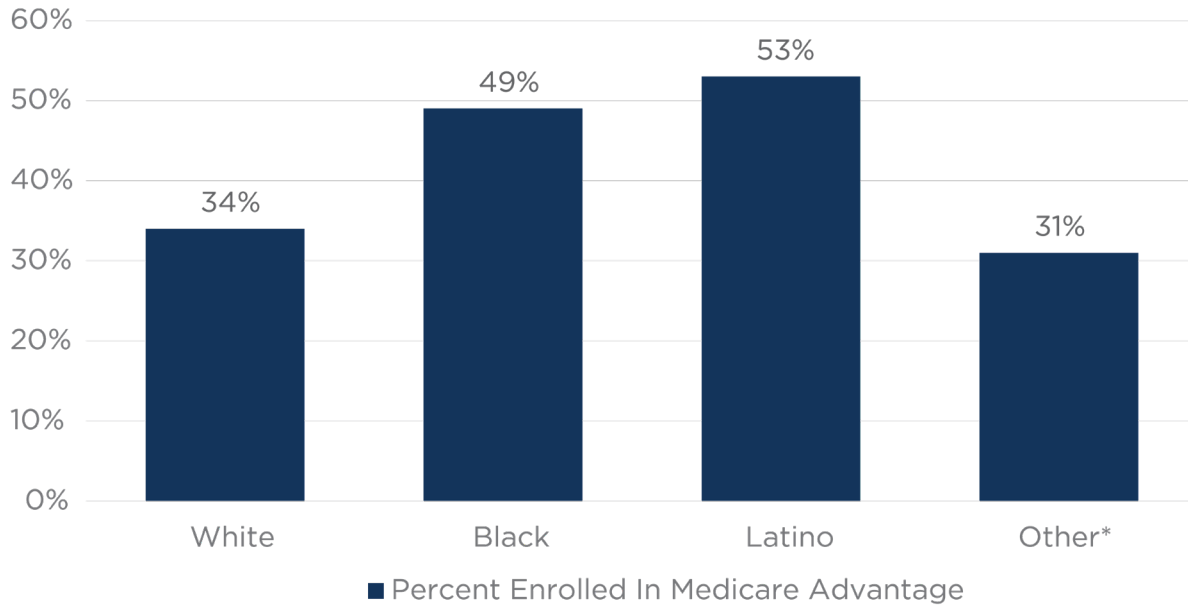


Figure 11. Better Medicare Alliance, Medicare Advantage Offers High Quality Care and Cost Protections to Racially and Ethnically Diverse Beneficiaries, June 2021. **"Other" includes individuals who identify as a race other than white, Black, or Latino, such as Asian, American Indian, or Alaskan Native.

Low-income Medicare beneficiaries are more likely to enroll in Medicare Advantage than high-income beneficiaries.²⁴

52.7%

of **Medicare Advantage** beneficiaries live below 200% of the federal poverty level.

38.3%

FFS Medicare beneficiaries live below 200% of the federal poverty level.*

*In 2019, 200% of the federal poverty level for one individual was \$24,980.

Since 2013, Medicare Advantage enrollment grew **125%** among dual eligible beneficiaries.²⁵

There are over **12 million** people enrolled in both Medicare and Medicaid. Dual eligible beneficiaries tend to have the most complex medical, functional, and social needs within the Medicare population. Most qualify for Medicare due to age, however, **nearly 40%** of dual eligible beneficiaries are under the age of 65 in 2021 and eligible due to a disability or ESRD.²⁶

A greater proportion of Medicare Advantage beneficiaries are dually eligible for Medicaid – **23%** compared to 17% of FFS Medicare beneficiaries. Dual eligible beneficiaries are also more likely to enroll in Medicare Advantage – among all dual eligible beneficiaries, **44%** choose Medicare Advantage compared to 35% of non-dual eligible beneficiaries.²⁷

Among all Medicare beneficiaries, Black and Latino beneficiaries are more likely to be dually eligible for Medicaid, and dually eligible Black and Latino beneficiaries enroll in Medicare Advantage at higher rates.²⁸

49% of dually eligible **Black beneficiaries** choose Medicare Advantage

53% of dually eligible **Latino beneficiaries** choose Medicare Advantage

Beneficiaries in Medicare Advantage **have more social risk factors** that are key drivers in health disparities.

- **Over 52%** of all Medicare Advantage beneficiaries live on annual incomes of less than \$25,000.²⁹
- Half of all Medicare beneficiaries who completed less than a high school degree enroll in Medicare Advantage,³⁰ and **19%** of all Medicare Advantage beneficiaries completed less than a high school degree compared to 13.5% of FFS Medicare beneficiaries.³¹
 - The likelihood increases among low-income beneficiaries – **39%** of Medicare Advantage beneficiaries living below 100% of the federal poverty level completed less than a high school degree.
- **52%** of Medicare Advantage's lowest income beneficiaries rent their home, opposed to owning their home, with the likelihood of renting their home decreasing as income increases.³²
- **Nearly half (48%)** of Medicare Advantage beneficiaries living below 100% of the federal poverty level, and **one-third** of beneficiaries living below 200% of the federal poverty level are food insecure.*³³
 - Food insecurity disproportionately impacts Black and Latino Medicare Advantage beneficiaries, likely due in part to longstanding, systemic barriers to food access – **40%** of Black beneficiaries and **36%** of Latino beneficiaries in Medicare Advantage report being food insecure compared to 16% of white beneficiaries.³⁴

***Pursuant to the Medicare Current Beneficiary Survey, beneficiaries are food insecure "if they report skipping a meal, eating less, or going hungry as a result of not having enough money for food."**

Medicare beneficiaries share the same top chronic conditions, however, more Medicare Advantage beneficiaries experience higher rates of high blood pressure, high cholesterol, heart disease, endocrine disorders, and diabetes.³⁵ Many beneficiaries also have more than one chronic condition, which typically occur together. For example, beneficiaries may have high blood pressure *and* high cholesterol, or high blood pressure *and* diabetes, or a combination of any other chronic condition. Because prevalence of chronic conditions is high among all Medicare beneficiaries, the Medicare Advantage framework, offering more coordinated and integrated care, is best positioned to manage beneficiaries with chronic conditions.

Among key chronic conditions reported by beneficiaries, **more Medicare Advantage beneficiaries report having diabetes** than FFS Medicare beneficiaries – 37.3% compared to 31.1%.³⁶

Percentage of Medicare Advantage Beneficiaries with Key Chronic Conditions

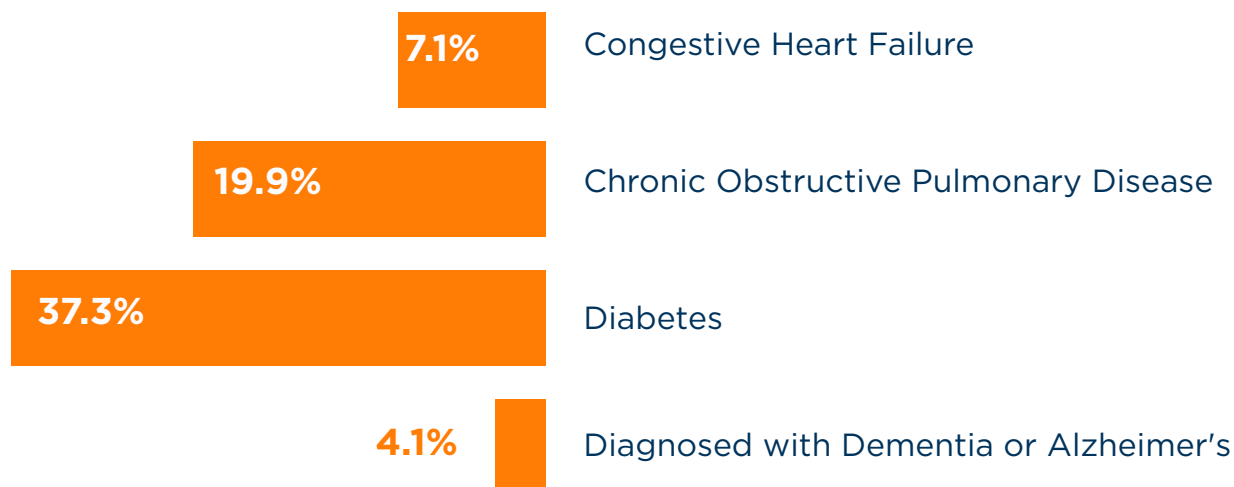
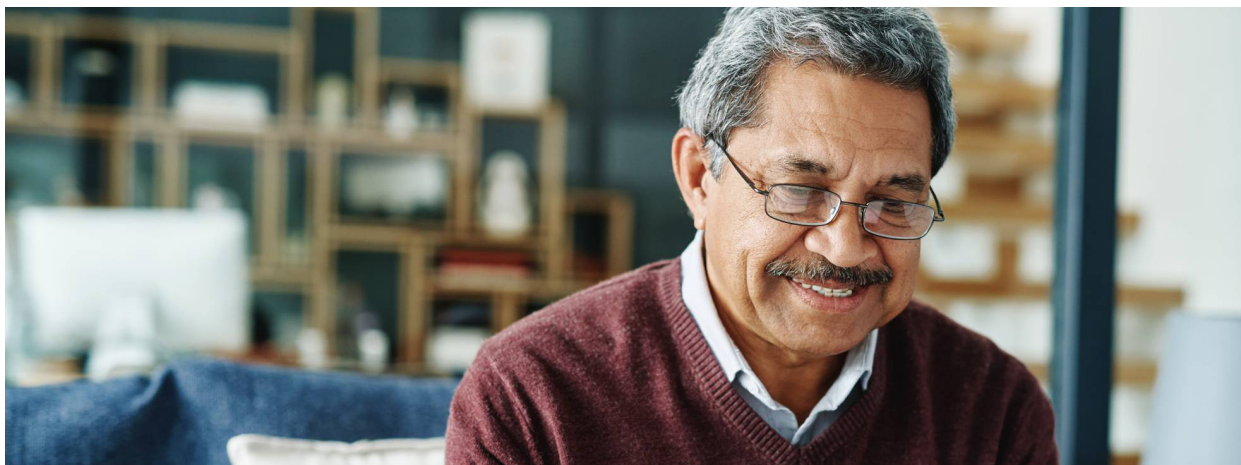


Figure 12. Better Medicare Alliance, Medicare Advantage Outperforms Traditional Medicare on Cost Protections for Low- and Modest-Income Populations, March 2021. *Note: Key chronic conditions are self-reported by beneficiaries.



Medicare Advantage is an Affordable Option for Beneficiaries

Medicare Advantage provides critical cost protections, including annual out-of-pocket limits and more savings to beneficiaries relative to FFS Medicare. On average, Medicare Advantage beneficiaries spend less on out-of-pocket costs and premiums than FFS Medicare beneficiaries.

Medicare Advantage beneficiaries spend **\$1,965 less** on OOP costs and premiums³⁷

35% lower rate of cost burden reported by Medicare Advantage beneficiaries³⁸

65% of beneficiaries are Enrolled in a \$0 Premium MA-PD Plan³⁹

\$19 Average monthly premium for a Medicare Advantage plan, a 15-year low, and nearly 10% lower than the average premium in 2021⁴⁰

\$33 Average monthly premium for Part D prescription drug coverage⁴¹

Medicare Advantage remains an affordable option across racial and ethnic groups, as well as for beneficiaries that need assistance with instrumental activities of daily living (IADL) limitations and/or activities of daily living (ADL) limitations, despite similar rates of beneficiaries that need assistance with IADLs and ADLs in Medicare Advantage and FFS Medicare.

ADDRESSING HEALTH DISPARITIES AND ADVANCING HEALTH EQUITY IN MEDICARE ADVANTAGE

Medicare Advantage serves a higher proportion of minority beneficiaries and those with social risk factors. Beneficiaries in minority communities and those with lower incomes are disproportionately affected by chronic disease and have poorer health outcomes. Medicare Advantage is uniquely positioned to leverage available tools in the effort to close the gap on longstanding health and racial disparities and accelerate the drive to health equity.

Medicare Advantage focuses on primary care by establishing primary care teams and coordinating and managing care to provide targeted support to all beneficiaries and especially for beneficiaries with chronic conditions. In addition, benefits like Special Supplemental Benefits for the Chronically Ill may help reduce health disparities.

As America's senior population grows and becomes increasingly diverse, the importance of addressing health disparities is magnified. Medicare Advantage's success in building trust with a diverse population of beneficiaries, delivering personalized coordinated care, and reaching out to beneficiaries in minority communities offers opportunities to meet challenges disproportionately faced by minority beneficiaries and the communities in which they live.

Click the Icons to Read More:



Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries **REPORT**



Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries **CASE STUDY**

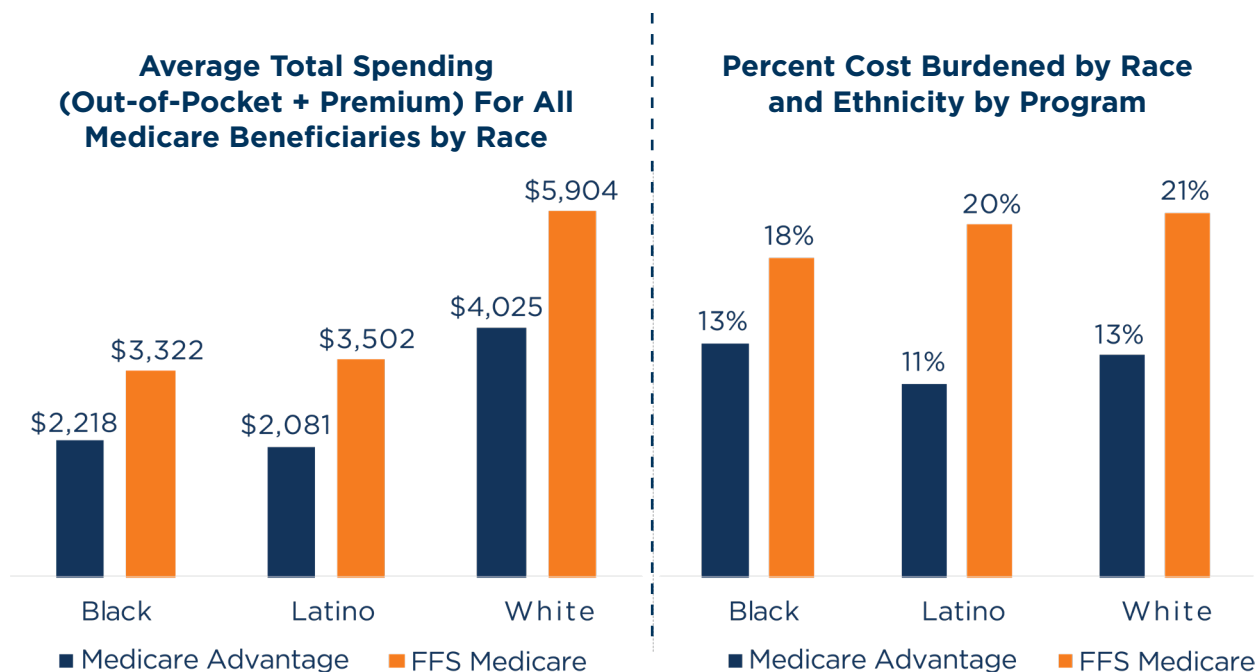


Figure 13. Better Medicare Alliance, Medicare Advantage Outperforms FFS Medicare on Cost Protections for Low-Income and Diverse Populations, April 2022.

Source: 2019 Medicare Current Beneficiary Survey. Facility beneficiaries excluded.

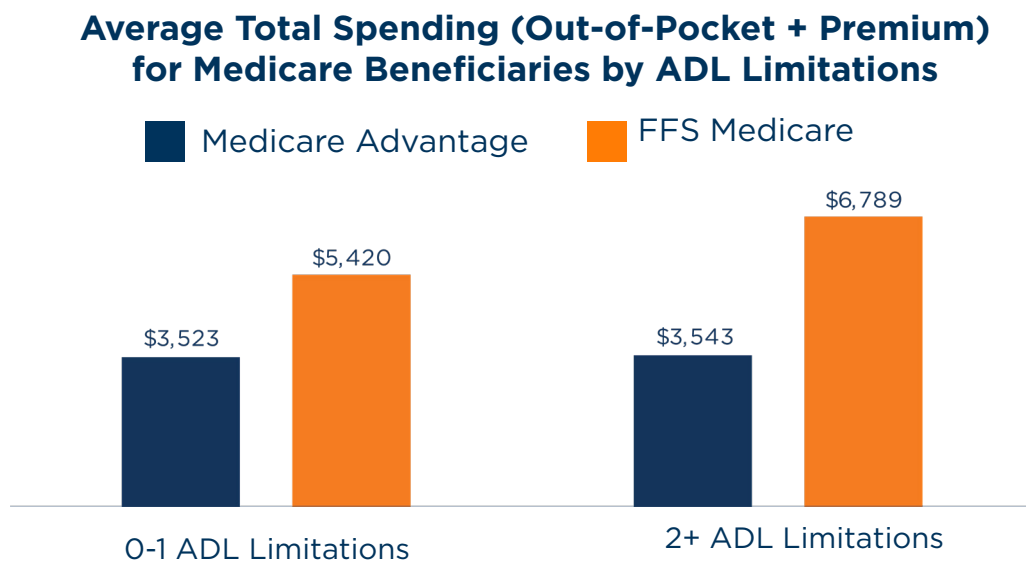


Figure 14. Better Medicare Alliance, Medicare Advantage Outperforms FFS Medicare on Cost Protections for Low-Income and Diverse Populations, April 2022.

Source: 2019 Medicare Current Beneficiary Survey. Facility beneficiaries excluded.

Medicare Advantage Provides Comprehensive Care Through Additional Benefits and Offers More Value

Through supplemental benefits, Medicare Advantage provides enhanced coverage of Medicare-covered benefits like reduced cost sharing and lower premiums and may also provide benefits and services not traditionally covered by Medicare such as vision, dental, and hearing coverage. Supplemental benefits are offered to most beneficiaries in Medicare Advantage for no extra cost to the beneficiary and are not available in FFS Medicare. Offerings are nearly universal with **99.9%** of Medicare Advantage plans offering at least one supplemental benefit.⁴²

Among the additional benefits and services Medicare Advantage offers to beneficiaries, benefits generally fall into two categories – primarily health related supplemental benefits and non-medical supplemental benefits, formally known as Special Supplemental Benefits for the Chronically Ill (SSBCI). Benefits within the SSBCI category typically address social needs beneficiaries may have like food, transportation, and housing.

In 2022:⁴⁴



97% of plans offer vision coverage



94% of plans offer hearing coverage



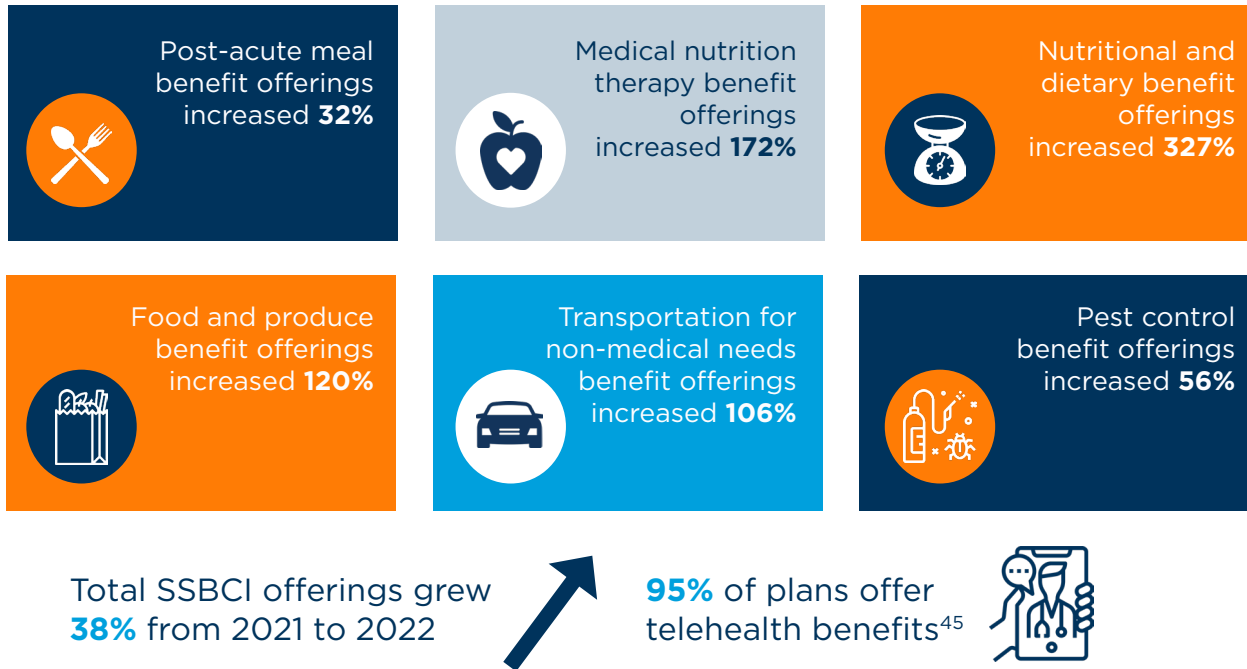
93% of plans offer fitness and wellness benefits



91% of plans offer dental coverage



Between 2021 and 2022:⁴⁴



Medicare Advantage Delivers Greater Value for Each Dollar of Federal Government Spending and Achieves Efficiencies in Delivering Medicare-Covered Services

Through lower cost sharing and supplemental benefits not available in FFS Medicare, Medicare Advantage provides **\$32.5 billion annually in additional value** to beneficiaries and the federal government by redeploying savings from providing Medicare-covered services for less.⁴⁶ Medicare Advantage covers all Medicare-covered benefits like hospital and physician services for **24% less** than FFS Medicare.⁴⁷ Redeploying these savings enables Medicare Advantage to provide comprehensive care to the more than 28 million beneficiaries that choose Medicare Advantage.

IMPACT:

Supplemental benefits enable providers and health plans to deliver comprehensive, patient-centered care to beneficiaries and address the physical, behavioral, social, and environmental needs that influence beneficiary health and wellbeing. The more recent legislative and regulatory changes that now provide health plans the flexibility to offer additional non-medical supplemental benefits to certain beneficiaries are critical in Medicare Advantage's approach to addressing social needs in the community, reducing health disparities, and advancing health equity among beneficiaries and within the broader health care system. The growth in offerings among food and nutrition benefits is just one example of understanding beneficiary needs and increasing benefit offerings to further manage care in responsive, innovative ways. The additional value Medicare Advantage brings to the beneficiaries and the federal government reinforce how essential the Medicare Advantage framework is in delivering care to a growing complex and aging population.

Medicare Advantage Delivers High-Quality, Patient-Centered Care

Medicare Advantage is paid on a capitated basis, leading the way in the transition from volume-based, fragmented care to value-based, integrated care and provides beneficiaries access to high-quality care that results in [improved health outcomes](#) and [high satisfaction](#).

The transition to value-based care is permeating the industry, with innovative collaborations among providers, payers, and community-based organizations coming together to deliver coordinated, patient-centered care focused on care teams and prevention. Across payers, Medicare Advantage leads in the percentage of payments tied to alternative payment models (APMs), which emphasize population health management and shared risk to align stakeholder goals and improve health outcomes for beneficiaries. The LAN's recent APM Measurement Effort found **58%** of payments in Medicare Advantage are tied to APMs, the highest across markets.⁴⁸

The focus on patient-centered care and growing transition to value-based care arrangements facilitate the identification of high-risk, high-need beneficiaries to offer the right care with the right provider to improve outcomes.

Medicare Advantage has a robust quality rating system known as the Star Rating System. Health plans are assessed on more than 30 measures across clinical and patient experience areas and receive a rating between 1 and 5 stars, with 5 being the highest performance.

In 2022:⁴⁹



4.37 is the Average Star Rating for an MA-PD Plan in 2022



90% of beneficiaries enrolled in an MA-PD plan selected a **4+ Star plan**



Nearly 27% of beneficiaries enrolled in an MA-PD plan selected a **5 Star plan**

Access to care and satisfaction with care remains high for Medicare Advantage beneficiaries.⁵⁰

- **94.9%** of beneficiaries are satisfied with their health care quality
- **95.6%** of beneficiaries are satisfied with the ease of getting to the doctor
- **93.6%** of beneficiaries have a usual source of care

Medicare Advantage Achieves Better Outcomes

Medicare Advantage beneficiaries have higher rates of preventive screening measures like vaccinations and cancer screenings.⁵¹

- **49%** higher rate of receiving pneumonia vaccine
- **11%** higher rate of receiving influenza vaccine
- **7%** higher rate of breast cancer screening
- **10%** higher rate of prostate cancer screening
- **19%** higher rate of depression screening and follow-up planning

Beneficiaries in Medicare Advantage also have lower hospitalization rates and more follow-up care.⁵²

- **43%** lower rate of avoidable hospitalizations for any condition
- **48%** lower rate for beneficiaries with major complex chronic conditions
- **5%** lower rate of all-cause readmissions
- **12%** lower rate for beneficiaries with major complex chronic conditions
- **21%** higher rate of seeing a physician within 14 days of a hospital discharge

With a focus on primary and preventive care, Medicare Advantage beneficiaries are also hospitalized at a **10% lower** rate than FFS Medicare beneficiaries and have a **21% higher** rate of outpatient utilization.⁵³

Spotlight on COVID-19

While the intensity of the COVID-19 public health emergency lessens in communities across the U.S., the pandemic continues to impact health care for everyone, everywhere. Fortunately, the financial framework, care management, focus on primary care, and flexibilities in Medicare Advantage enable providers and health plans to shift quickly and continue to meet the needs of beneficiaries. During the initial months of the pandemic, extraordinary efforts were made to mitigate the various COVID-19-related challenges providers and beneficiaries faced, particularly in 2020. The Medicare Advantage model offered financial, administrative resource, and benefit flexibilities, leading to an effective response.⁵⁴

Relative to FFS Medicare beneficiaries, Medicare Advantage beneficiaries:⁵⁵

- Were hospitalized for COVID-19 in 2020 at a nearly **19% lower rate**
- Had a **lower mortality rate** when hospitalized for COVID-19
- Had **greater access** to care unrelated to COVID-19

CLICK ON THE REPORTS BELOW TO READ MORE:

REPORT 1:
The COVID-19 Response: Differences in Medicare Advantage and FFS Medicare in Meeting Beneficiary and Provider Needs



REPORT 2:
Medicare Advantage Sees Fewer COVID-19 Hospitalizations in Beneficiaries and Offers Greater Access to In-Person and Telehealth Non-COVID Care During Pandemic

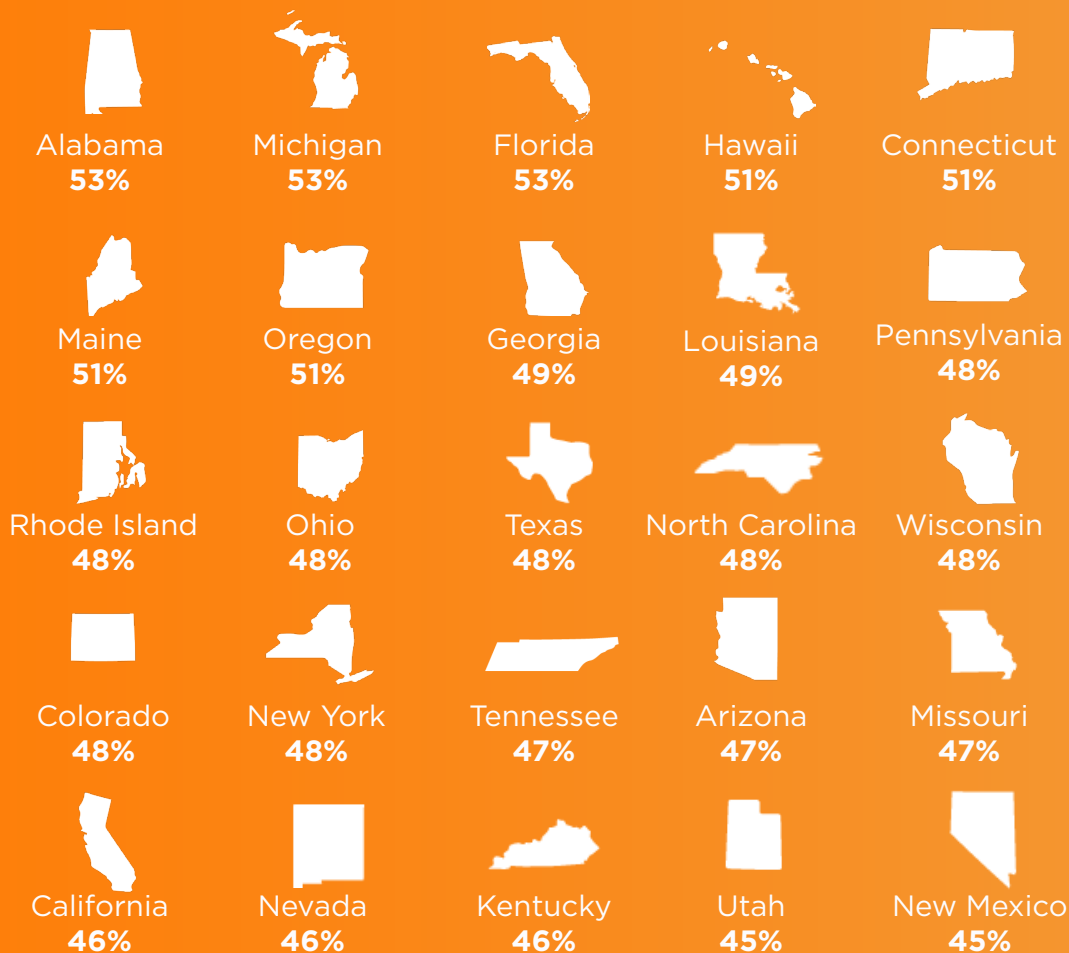


Medicare Advantage Clinches Historic, Bipartisan Support in Congress

Not only is Medicare Advantage viewed with high favorability by beneficiaries and providers, but it also receives increasingly strong bipartisan support in Congress.

- **409 Members of Congress**, the highest number ever, sent bipartisan companion letters to the Administration expressing strong support for Medicare Advantage in 2022.
- **123 congressional districts** have at least 50% Medicare Advantage enrollment, a 37% increase from last year's 90 congressional districts.
- Enrollment in the top 10 states continues to increase, and **over half of the states** (26) are above the national average of 45% for Medicare Advantage percentage.

States with Medicare Advantage Enrollment Above the National Average



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Medicare Advantage: At A Glance

June 2022

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