



**STATE OF**

**MEDICARE**

**ADVANTAGE**

**2023 REPORT**

**BETTER MEDICARE**  
ALLIANCE

# A MESSAGE FROM OUR PRESIDENT AND CEO



Dear Friend of Better Medicare Alliance,

On behalf of our more than 200 Ally organizations and one million grassroots beneficiary advocates, along with our dedicated board and staff, I am pleased to present our 2023 State of Medicare Advantage Report.

This year's report captures a historic moment for Medicare Advantage. Today, more than 31 million Americans choose Medicare Advantage for the quality, affordable, coordinated coverage and care it provides. For the first time, the program is serving more than half of the total Medicare population, and new projections by the Centers for Medicare and Medicaid (CMS) show enrollment increasing to 33.8 million Americans in 2024 — a true testament to the success of the Medicare Advantage model.

Across the country, more and more seniors and people with disabilities are discovering how Medicare Advantage can help keep them healthier at a lower cost. Rural enrollment has quadrupled since 2010. And a higher proportion of lower income and minority Americans are choosing Medicare Advantage over fee-for-service Medicare.

It's not hard to see why: With Medicare Advantage, seniors save more than \$2,400 per year, taxpayers see lower per beneficiary government spending, beneficiaries report a 95% satisfaction rate, and 99.9% of Medicare Advantage plans offer supplemental benefits unavailable in fee-for-service Medicare. This report provides a snapshot of Medicare Advantage today, from beneficiary demographics and enrollment trends to supplemental benefit offerings, consumer savings, and health outcomes. Taken together, these numbers showcase

what is possible when we put seniors first and work to protect and strengthen Medicare Advantage.

While we celebrate the continued growth of Medicare Advantage, we also remain focused on strengthening the program. Medicare Advantage depends on bipartisan champions and regulatory stability to deliver on its promise to beneficiaries. That's why Better Medicare Alliance will continue to be a resource to lawmakers and policymakers and a steadfast advocate for each Medicare Advantage beneficiary. As you read on, I hope you will be inspired by the fruits of your involvement. The research and accomplishments detailed in these pages would not have been possible without the work of so many of you — our Allies, grassroots advocates, policymakers, and other stakeholders.

I also hope you will join us for the work that lies ahead. With Medicare Advantage now representing more than 50% of the Medicare population, the task of improving Medicare Advantage for a growing, increasingly diverse beneficiary population, and strengthening this program for the future, is more important than ever.

Stand with us at  
[www.bettermedicarealliance.org](http://www.bettermedicarealliance.org)

Mary Beth Donahue  
President and CEO  
Better Medicare Alliance


# KEY FACTS





## ENROLLMENT

- 31M** 31 million beneficiaries choose Medicare Advantage, or 51% of the Medicare population
- 2X** Enrollment in Medicare Advantage has doubled over the last decade
- 27%** 27% of Medicare Advantage beneficiaries identify as Black, Latino, or Asian, compared to 17% in FFS Medicare
- >60%** 69% of Latino beneficiaries, 65% of Black beneficiaries, and 60% of Asian beneficiaries choose Medicare Advantage
- 40%** 40% of beneficiaries living in rural areas choose Medicare Advantage, four times the share of beneficiaries in 2010
- 19%** 19% of growth in Medicare Advantage enrollment in 2023 was in Special Needs Plans (SNPs)

## ACCESS

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

**>92%**   
Over 92% of Medicare Advantage beneficiaries are enrolled in an MA-PD plan, which is a Medicare Advantage plan that includes prescription drug coverage

**99%**   
99% of beneficiaries have access to a \$0 premium MA-PD plan

**99.9%**   
99.9% of Medicare Advantage plans offer supplemental benefits

**95% OF BENEFICIARIES REPORT BEING SATISFIED WITH THEIR COVERAGE**

# KEY FACTS



## AFFORDABILITY AND VALUE

**\$2,400 in annual savings**

Medicare Advantage beneficiaries report spending over \$2,400, or 44%, less on out-of-pocket costs and premiums annually

**\$18 premiums**

The average monthly premium in 2023 is \$18, a 16-year low

**\$32.5 billion in value**

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

**24% less than FFS Medicare**

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

## OUTCOMES

**-43%** Lower rate of avoidable hospitalizations for any condition

**+21%** Higher rate of seeing a physician within 14 days of a hospital discharge

**Lower rates of inpatient utilization and emergency room visits for beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia, and hypertension**

**Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are diagnosed, on average, nearly 5 months earlier than similar FFS beneficiaries**

**More likely than FFS beneficiaries to receive preventative care such as diabetes-related office visits for beneficiaries with chronic diabetes**

# THE SENIOR POPULATION IS GROWING IN THE UNITED STATES

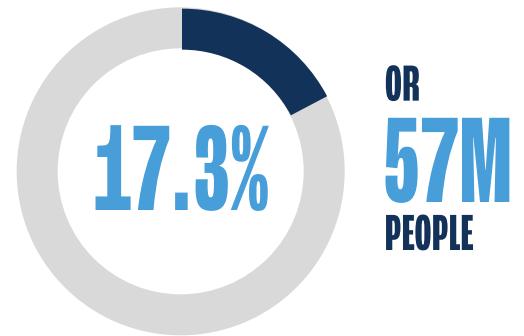
The number of Americans over age 65 is projected to nearly double over the next four decades, reaching almost 95 million seniors by 2060 and resulting in millions of new Medicare beneficiaries in the next several decades.

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.<sup>1</sup>

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.

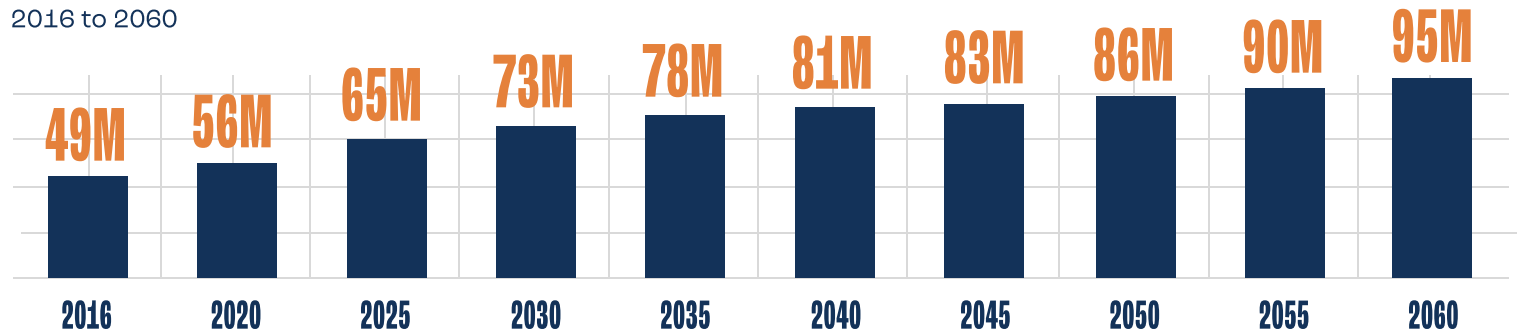
## % OF THE US POPULATION OVER 65<sup>2</sup>

In 2022



## ESTIMATED FUTURE US POPULATION OVER 65<sup>3</sup>

2016 to 2060

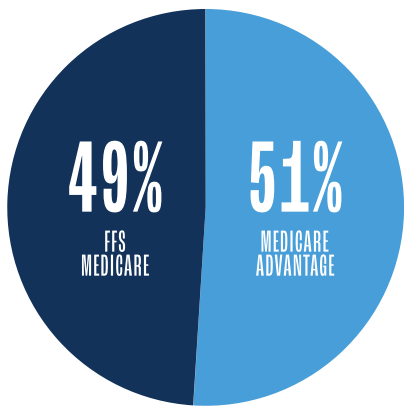


# MEDICARE ADVANTAGE BENEFICIARIES SURPASS 50% OF MEDICARE POPULATION

Enrollment in Medicare Advantage has more than doubled over the last decade. This year marks a pivotal moment for Medicare Advantage, with over half of all eligible beneficiaries now choosing and enrolling in Medicare Advantage. It is estimated this will increase to over 54% of total Medicare enrollment by 2030.<sup>4,5</sup>

## MEDICARE ENROLLMENT <sup>6</sup>

By program, 2023



- Medicare Advantage
- FFS Medicare

**31M+**

Medicare Advantage beneficiaries

**51%**

of the Medicare population

## SNAPSHOT: THE MEDICARE POPULATION <sup>8</sup>

**65.0 M**

65.0 million people enrolled in Medicare, of which 60 million are enrolled in Part A and Part B and eligible for Medicare Advantage

**57.3 M**

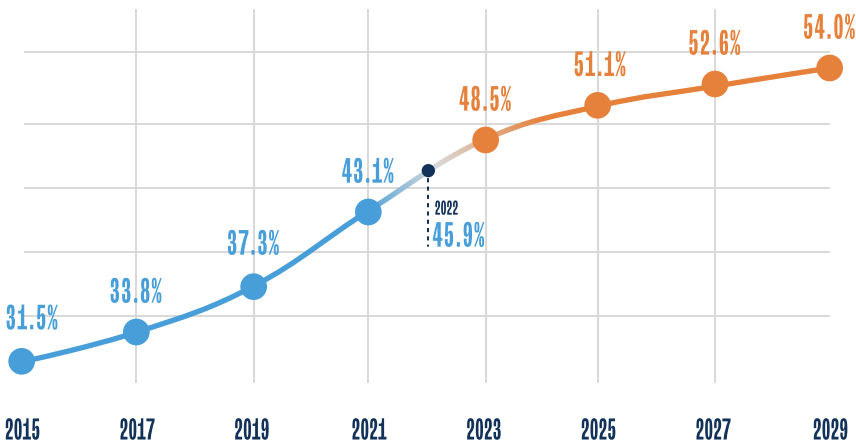
57.3 million people are enrolled in Medicare due to age (65+ years old)

**7.7 M**

7.7 million people are enrolled in Medicare due to disability

## MEDICARE ADVANTAGE ENROLLMENT AND GROWTH PROJECTIONS <sup>7</sup>

2015 to 2029



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

**92.1%** 92.1% of beneficiaries are enrolled in a MA-PD plan.<sup>9</sup>

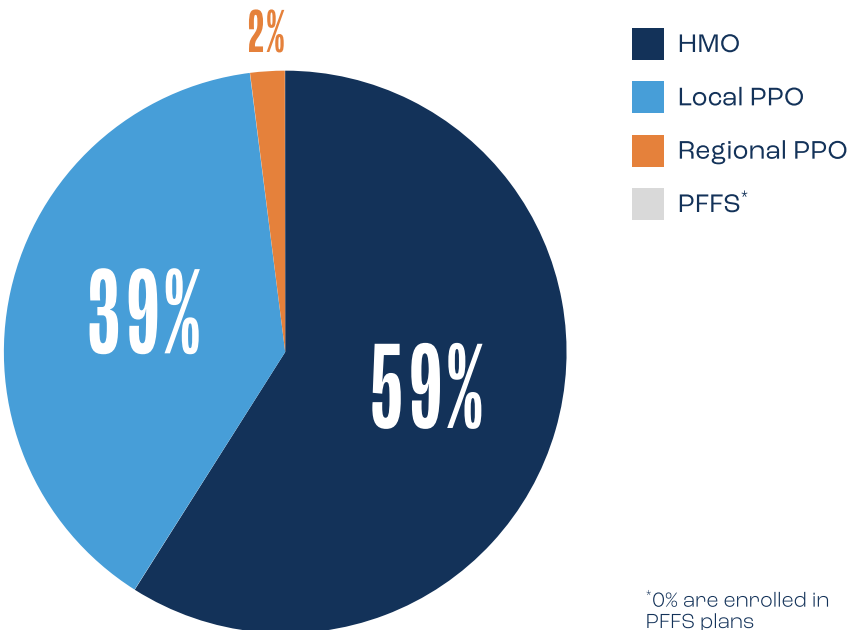
### ENROLLMENT BY PLAN TYPE

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, 17.1 million and 11.2 million beneficiaries, respectively.<sup>10</sup> 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. Between 2021 and 2022, enrollment in HMOs grew by 6% and in Local PPOs by 16%.<sup>10</sup>

In 2023, Medicare Advantage enrollment is projected to reach **31.8 million** beneficiaries.<sup>11</sup> 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. Medicare Advantage's affordable, coordinated, and comprehensive, person-centered care are primary drivers in recent enrollment growth.

### MEDICARE ADVANTAGE ENROLLMENT BY TYPE OF PLAN<sup>12</sup>

In 2022



### MEDICARE ADVANTAGE ENROLLMENT BY GEOGRAPHY<sup>13</sup>

In 2023

**53%**

**In metropolitan areas**

**+8%**

Average annual increase since 2010

**44%**

**In micropolitan areas**

**+11%**

Average annual increase since 2010

**40%**

**In rural areas**

**+12%**

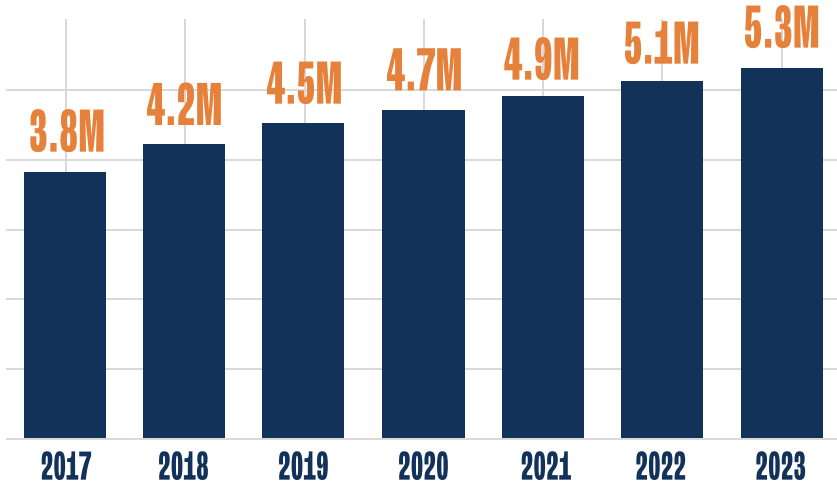
Average annual increase since 2010

## EMPLOYER GROUP WAIVER PLAN ENROLLMENT

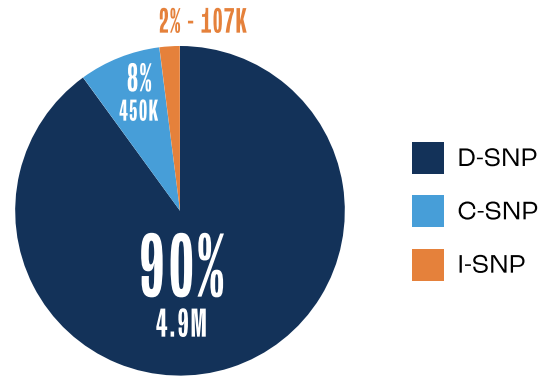
Strong enrollment in employer retiree Medicare Advantage plans, known as Employer Group Waiver Plans (EGWPs), has also led to Medicare Advantage enrollment growth. Employers such as state and local governments, industries, and unions choose EGWPs to provide affordable health care coverage to their retirees.

### EGWP ENROLLMENT<sup>14</sup>

2017 to 2023



Nearly all Medicare Advantage beneficiaries enrolled in a SNP are enrolled in a D-SNP, the SNP for dually eligible beneficiaries.<sup>17</sup>

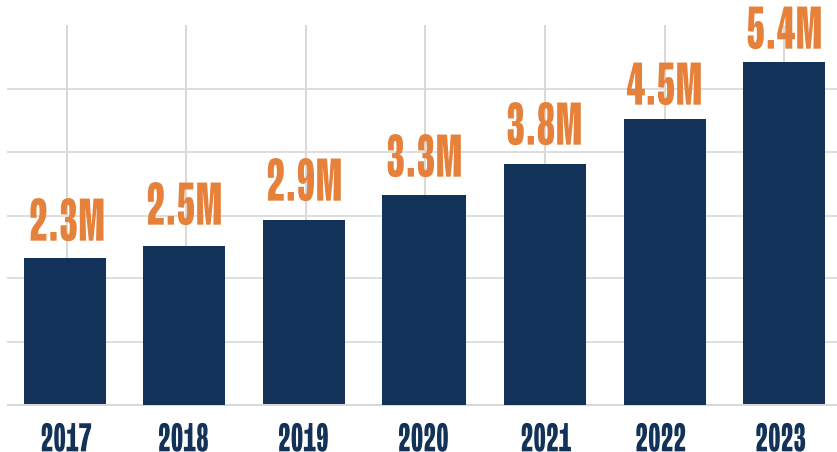


## SPECIAL NEEDS PLAN ENROLLMENT

Medicare Advantage beneficiaries also enroll 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 require institutional level care (I-SNP). Between 2022 and 2023, Medicare Advantage beneficiaries enrolling in SNPs increased 24% and accounts for 19% of all Medicare Advantage enrollment.<sup>15</sup>

### SNP ENROLLMENT<sup>16</sup>

2017 to 2023





## BENEFICIARIES WITH END STAGE RENAL DISEASE

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 full year that beneficiaries with ESRD were eligible to enroll in Medicare Advantage, the share of beneficiaries with ESRD in Medicare Advantage grew from 24.8% in December 2020 to 37.4% in December 2021.<sup>18</sup>

## Beneficiaries with ESRD enrolling in Medicare Advantage increased nearly 51% in 2021<sup>18</sup>

- Black, Latino, and dual-eligible beneficiaries accounted for the largest relative increase in Medicare Advantage beneficiaries with ESRD in 2021.<sup>18</sup> Medicare Advantage enrollment increased almost 73% among Black beneficiaries with ESRD, 45% among Latino beneficiaries with ESRD, and 74% among dual-eligible beneficiaries with ESRD.
- The number of Medicare Advantage beneficiaries with ESRD living in urban settings greatly outnumbers those living in rural settings. There are more than 161,000 beneficiaries living in urban settings compared to more than 7,000 beneficiaries living in rural settings.<sup>19</sup>
- As the share of Medicare beneficiaries with ESRD choosing Medicare Advantage increases, the number of C-SNPs focused on beneficiaries with ESRD has also increased. Seven Medicare Advantage organizations now offer ESRD-focused C-SNPs for beneficiaries, an increase from three in 2022.<sup>20</sup>

Over 32,200, or 35.2%, of beneficiaries with ESRD newly eligible for Medicare in 2021 enrolled in Medicare Advantage<sup>21</sup>



# 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.<sup>22</sup> Health plan offerings grew 6% between 2022 and 2023.<sup>22</sup>

Access to SNPs grew almost **11%** between 2022 and 2023, with **1,284 SNPs** being offered in 2023.<sup>23</sup>

- Beneficiaries enrolling in D-SNPs have **tripled** since 2014
- Beneficiaries enrolling in C-SNPs have steadily increased since 2014, with an **18%** increase between 2022 and 2023
- Beneficiaries enrolling in I-SNPs reached an all-time high in 2023, and the number of I-SNPs offered has **doubled** since 2021

## 19% of growth in Medicare Advantage enrollment this year was in SNPs<sup>24</sup>

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.<sup>25</sup>

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

Within low-income, diverse communities, there is greater market penetration of Medicare Advantage plans, offering more options to that community. As a result, Medicare Advantage beneficiaries who are lower income and identify as a racial and ethnic minority may experience better access to care than FFS Medicare beneficiaries.<sup>26</sup>

**3,998**  
plans offered in 2023<sup>27</sup>

**43**  
plans on average offered to beneficiaries<sup>27</sup>



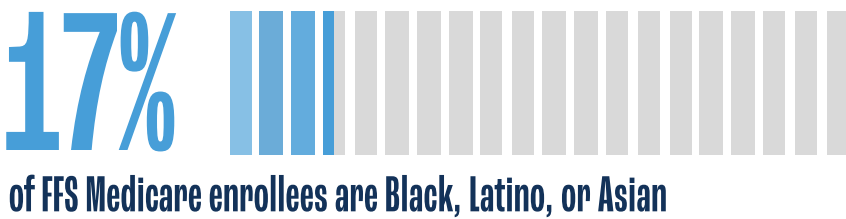
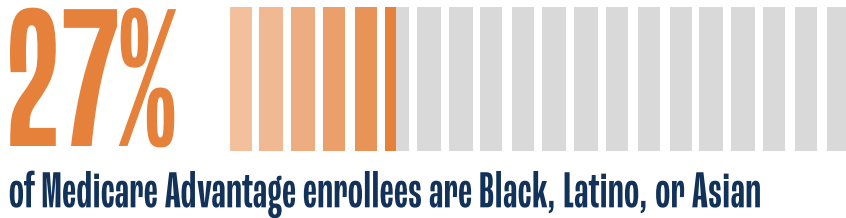
**66%** 2023: % of MA-PD plans with \$0 premium<sup>28</sup>

**99%** 2023: % of beneficiaries with access to a \$0 premium MA-PD Plan<sup>28</sup>

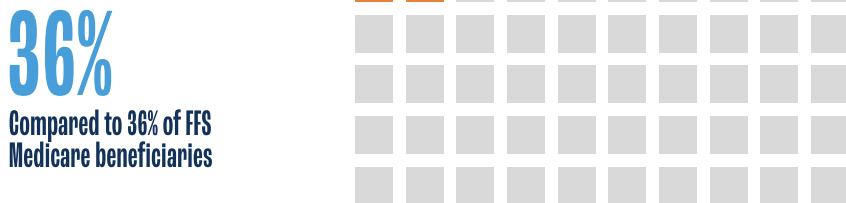
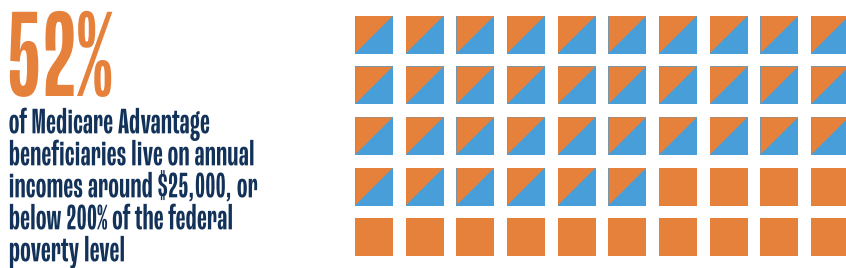
**73%** 2023: % of beneficiaries enrolled in a \$0 premium MA-PD plan<sup>28</sup>

# THE MEDICARE ADVANTAGE POPULATION IS DIVERSE

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



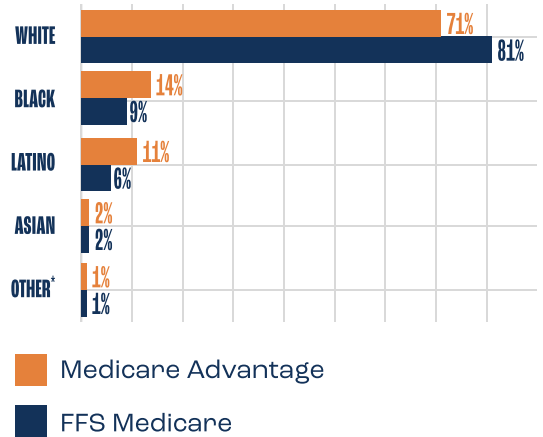
Low-income Medicare beneficiaries are more likely to enroll in Medicare Advantage than high-income beneficiaries.<sup>29,30</sup>



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 experience more social risk factors.

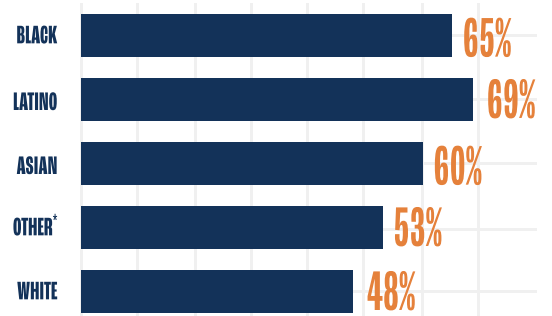
## RACE AND ETHNICITY OF MEDICARE BENEFICIARIES<sup>31</sup>

By program



## % OF MEDICARE BENEFICIARIES ENROLLED IN MEDICARE ADVANTAGE<sup>32</sup>

By race or ethnicity



\* "Other" includes beneficiaries who identify as a race or ethnicity other than white, Black, Latino, or Asian, such as American Indian or Alaskan Native.

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, **41%** of dual eligible beneficiaries were under the age of 65 in 2021 and were eligible due to a disability or ESRD.<sup>33</sup>

**Dual eligible beneficiaries are also more likely to enroll in Medicare Advantage - among all dual eligible beneficiaries, 54% choose Medicare Advantage compared to 41% of non-dual eligible beneficiaries.**<sup>33</sup>

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.<sup>34</sup>

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

- 17% of Medicare Advantage beneficiaries completed less than a high school degree compared to 10% of FFS Medicare beneficiaries.<sup>35</sup> A higher proportion of Black and Latino Medicare Advantage beneficiaries report completing less than a high school degree compared to all Medicare Advantage beneficiaries and Black and Latino FFS Medicare beneficiaries.<sup>36</sup>
- 23% of Medicare Advantage beneficiaries rent their home, as opposed to owning their home, compared to 17% of FFS Medicare beneficiaries.<sup>37</sup>
- A higher proportion of Medicare Advantage beneficiaries experience food insecurity compared to FFS Medicare beneficiaries, 17% and 11% respectively.<sup>37</sup> Food insecurity disproportionately impacts Black and Latino Medicare Advantage beneficiaries, likely due in part to longstanding, systemic barriers to food access – 36% of Black beneficiaries and 35% of Latino beneficiaries in Medicare Advantage report being food insecure compared to 15% of white beneficiaries.<sup>38</sup>

Where Medicare Advantage beneficiaries live compared to FFS Medicare beneficiaries is also changing and may impact beneficiary health.

- Medicare Advantage beneficiaries are **19% more likely** to live in socially vulnerable counties<sup>39</sup> compared to FFS Medicare beneficiaries. Race and ethnicity are a major indicator of whether a beneficiary lives in a socially vulnerable county, with beneficiaries of color enrolled in Medicare Advantage **14% more likely** to live in a socially vulnerable county compared to beneficiaries of color enrolled in FFS Medicare.<sup>39</sup>
- Medicare Advantage beneficiaries are **20% more likely** to live in counties at high risk for negative impacts of natural hazards, such as floods, wildfires, and droughts compared to FFS Medicare beneficiaries.<sup>40</sup>



**Over 52% of all Medicare Advantage beneficiaries live on annual incomes of less than \$25,000.**<sup>41</sup>



**50% of dually eligible Black beneficiaries choose Medicare Advantage**



**57% of dually eligible Latino beneficiaries choose Medicare Advantage**



# ADDRESSING HEALTH DISPARITIES AND ADVANCING HEALTH EQUITY IN MEDICARE ADVANTAGE

Medicare Advantage serves a higher proportion of beneficiaries of color and those with social risk factors. Beneficiaries of color and beneficiaries 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 (SSBCI) 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 TO READ MORE ABOUT HOW MEDICARE ADVANTAGE IS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH ►\*\*](#)

# MEDICARE ADVANTAGE OFFERS AFFORDABLE HEALTHCARE TO BENEFICIARIES

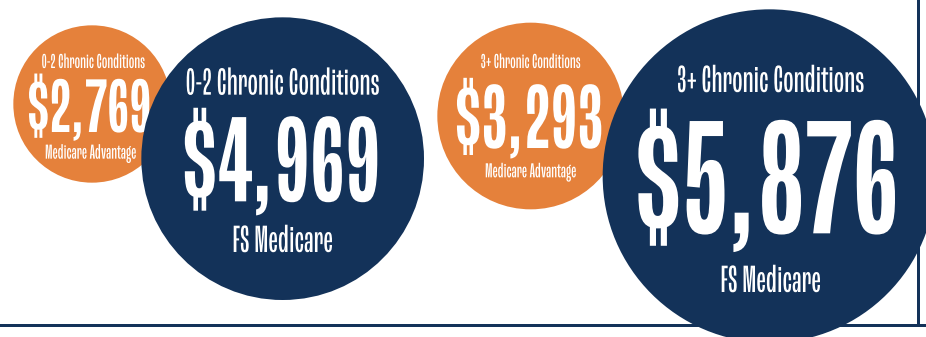
Medicare Advantage provides critical cost protections, including annual out-of-pocket limits and more savings to beneficiaries relative to FFS Medicare. On average, Medicare Advantage beneficiaries spend less on out-of-pocket costs and premiums than FFS Medicare beneficiaries and are less burdened by health care costs. Cost protections are consistent across race and ethnicity.<sup>42</sup>

Medicare Advantage remains an affordable option for beneficiaries with chronic conditions, despite similar rates of beneficiaries who report chronic conditions in Medicare Advantage and FFS Medicare.

- Chronic diabetes: among beneficiaries with chronic diabetes, average total spending per beneficiary, per year in Medicare Advantage is 20% lower compared to similar FFS beneficiaries before diagnosis.<sup>43</sup>
- Prediabetes: among beneficiaries with prediabetes, average total spending per beneficiary, per year in Medicare Advantage is 10% lower compared to similar FFS beneficiaries before diagnosis and 13% lower in the two-year period following diagnosis.<sup>43</sup>
- Hypertension, Hyperlipidemia, and/or Diabetes: Among beneficiaries with hypertension, hyperlipidemia, and/or diabetes, average total spending across the various categories of spending (e.g., acute inpatient, ambulatory outpatient, and prescription drugs) is lower for beneficiaries in Medicare Advantage compared to FFS beneficiaries with the same one or more chronic condition.<sup>44</sup>
- Cancer: Among beneficiaries with a current or previous cancer diagnosis, Medicare Advantage beneficiaries spend nearly 35% less on out-of-pocket costs relative to FFS beneficiaries.<sup>45</sup> Among beneficiaries with a current or previous cancer diagnosis, Medicare Advantage beneficiaries are almost 35% less likely to be cost burdened by health care expenses than beneficiaries in FFS.<sup>45</sup>

## AVERAGE TOTAL SPENDING OF MEDICARE BENEFICIARIES<sup>46</sup>

By number of chronic conditions; premium and out-of-pocket



Medicare Advantage beneficiaries spend **\$2,434 or 44% less** on OOP costs and premiums compared to FFS Medicare beneficiaries<sup>46</sup>

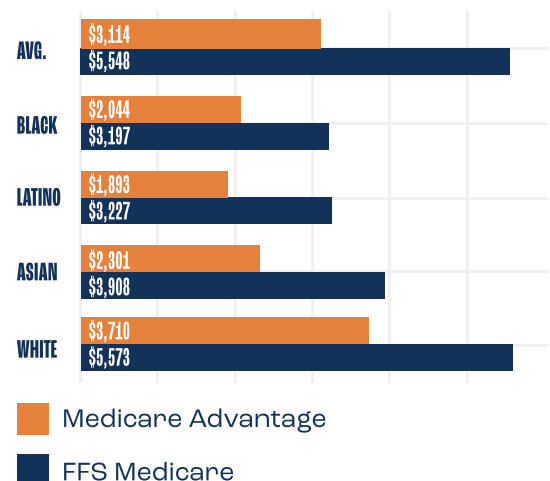
**44% lower** rate of cost burden reported by Medicare Advantage beneficiaries on average<sup>46</sup>

**73% of beneficiaries** are enrolled in a \$0 premium MA-PD plan<sup>47</sup>

**\$18 – Average monthly premium** for a Medicare Advantage plan, a 16-year low, and nearly 8% lower than the average premium in 2022<sup>48</sup>

## ANNUAL TOTAL SPENDING OF MEDICARE BENEFICIARIES<sup>49</sup>

By race, ethnicity, and program; premium and out-of-pocket



# 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 more than 99% of Medicare Advantage plans offering at least one supplemental benefit.<sup>50</sup>

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 that beneficiaries may have like food, transportation, and housing.

In 2023:<sup>51</sup>

**99%** of plans offer vision coverage

**97%** of plans offer dental coverage

**99%** of plans offer fitness and wellness benefits

**97%** of plans offer telehealth benefits

**97%** of plans offer hearing coverage

Between 2022 and 2023:<sup>52</sup>

**+83%** Support for caregivers of enrollees increased 83%

**+27%** Transportation for non-medical needs benefit offerings increased 27%

**+50%** In-home support services increased 50%

**+71%** Indoor air quality equipment and services increased 71%

**+25%** Bathroom safety devices increased 25%

**+19%** Total SSBCI offerings grew 19% from 2022 to 2023<sup>53</sup>

**+22%** Food and produce benefit offerings increased 22%

**25%** 25% of plans offer SSBCI benefits this year<sup>54</sup>

## VALUE-BASED INSURANCE DESIGN

The Value-Based Insurance Design (VBID) model within the Innovation Center at CMS is an additional pathway for Medicare Advantage to offer tailored supplemental benefits to help improve health and advance health equity. The supplemental benefits offered through the VBID model remove obstacles to health and healthcare, with health plan interest and investment in VBID participation growing.<sup>55</sup>

**+24%**

Between 2022 and 2023, the share of Medicare enrollees covered by a participating Medicare Advantage plan increased 24%.

**+18 organizations**

The number of organizations participating in the VBID model is up, from 34 in 2022 to 52 in 2023.

**+62%**

The number of beneficiaries projected to be offered benefits under the VBID model increased 62% between 2022 and 2023, reaching over 6 million beneficiaries this year.

# IMPACT OF SUPPLEMENTAL BENEFITS AND GREATER VALUE

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 GREATER VALUE 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. Medicare Advantage covers all Medicare-covered benefits like hospital and physician services for 24% less than FFS Medicare.<sup>56</sup>

These savings extend to not only the Medicare Advantage population broadly, but also beneficiaries with chronic conditions, such as diabetes, hypertension, and hyperlipidemia.<sup>57</sup> Redeploying these savings enables Medicare Advantage to provide comprehensive care to its more than 31 million beneficiaries.





# MEDICARE ADVANTAGE DELIVERS HIGH-QUALITY, PATIENT-CENTERED CARE

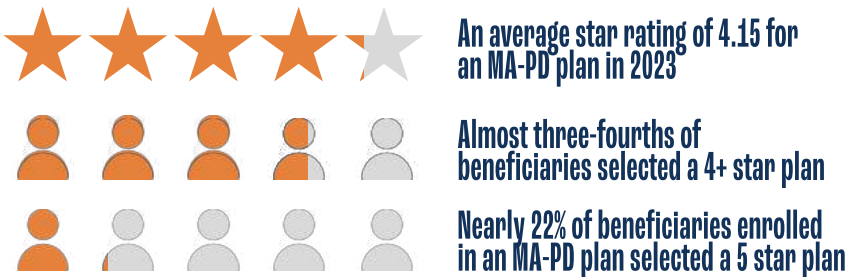
Medicare Advantage is paid on a capitated basis, leading the way in the transition from volume-based, fragmented care to patient-centered, integrated care and providing beneficiaries access to high-quality care that results in improved health outcomes and high satisfaction.

The transition to patient-centered care permeates 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 56.8% of payments in Medicare Advantage are tied to APMs, the highest across markets.<sup>58</sup>

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.

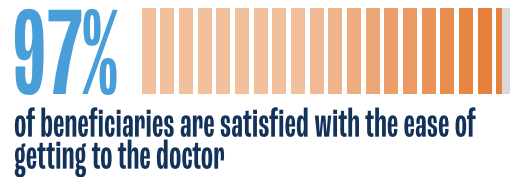
In 2023:<sup>59</sup>



## MEDICARE ADVANTAGE DELIVERS FOR BENEFICIARIES WITH CHRONIC CONDITIONS

Medicare beneficiaries, whether enrolled in Medicare Advantage or FFS Medicare, share a similar type of or number of chronic conditions. 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

## ACCESS TO CARE AND SATISFACTION WITH CARE REMAINS HIGH FOR MEDICARE ADVANTAGE BENEFICIARIES<sup>60</sup>



other chronic condition. Beneficiaries report three or more chronic conditions at high rates – 56% of Medicare Advantage beneficiaries and 60% of FFS Medicare beneficiaries.<sup>61</sup> Because prevalence of chronic conditions is high among all Medicare beneficiaries, the Medicare Advantage framework, offering more coordinated and integrated care, is well positioned to manage beneficiaries with chronic conditions.

A recent study examining demographics, utilization, spending, and quality among Medicare Advantage and FFS Medicare beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia (high cholesterol), and hypertension (high blood pressure) finds:<sup>62</sup>

Medicare Advantage beneficiaries have lower rates of inpatient utilization and emergency room visits, and higher rates of physician visits, across all chronic condition subgroups. [\(View the report\)](#)

- Medicare Advantage beneficiaries have lower health care utilization with fewer inpatient hospital stays compared to FFS beneficiaries.
- Visits to the emergency room are also less common for Medicare Advantage beneficiaries, with 442-511 ER visits per 1,000 beneficiaries on average, compared to FFS beneficiaries, 573-665 ER visits per 1,000 beneficiaries.
- On average, Medicare Advantage beneficiaries have a longer average length of inpatient stay compared to FFS beneficiaries in each of the chronic condition subgroups.
- Medicare Advantage beneficiaries have slightly higher rates of physician office visits, 11.0-12.0 visits per year, compared to FFS beneficiaries, 10.1-10.5 visits per year.

Medicare Advantage beneficiaries, across all chronic condition subgroups, have lower overall health care spending than FFS beneficiaries across all expenditure types assessed, including acute inpatient, ambulatory outpatient, prescription drug, and all other medical costs. Lower overall health care spending may be due to more outpatient utilization among Medicare Advantage beneficiaries, as outpatient services are less costly than inpatient services.

As the prevalence of diabetes grows in the U.S., there is an increased focus on understanding how Medicare Advantage delivers for beneficiaries with diabetes. A recent analysis examining Medicare Advantage and FFS beneficiaries with prediabetes, incident diabetes, and chronic diabetes finds:<sup>63</sup> [\(View the report\)](#)

- Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are diagnosed, on average, 5 months earlier than similar FFS beneficiaries.
- In the first 9 months after a type 2 diabetes diagnosis, 46% of Medicare Advantage beneficiaries fill insulin prescriptions compared to 35% of similar FFS beneficiaries.
- Among beneficiaries with chronic diabetes, Medicare Advantage beneficiaries are more likely than FFS beneficiaries to receive preventive care, including diabetes-related office visits and testing for kidney disease.
- Medicare Advantage beneficiaries with prediabetes and diabetes have fewer emergency department visits and hospital admissions than similar FFS beneficiaries.

**BENEFICIARIES IN MEDICARE ADVANTAGE HAVE LOWER HOSPITALIZATION RATES AND MORE FOLLOW-UP CARE.**<sup>64</sup>

**43%**

**48%** lower rate for beneficiaries with major complex chronic conditions

**lower rate of avoidable hospitalizations for any condition**

**21%**

**higher rate of seeing a physician within 14 days of a hospital discharge**

**5%**

**12%** lower rate for beneficiaries with major complex chronic conditions

**lower rate of all-cause readmissions**

## MEDICARE ADVANTAGE SUPPORTS PRIMARY AND PREVENTATIVE CARE

Primary and preventative care are at the center of Medicare Advantage, focusing on screening and intervening earlier to reduce the burden of disease.<sup>65</sup>



Medicare Advantage beneficiaries are as likely or more likely than FFS beneficiaries to have received key cancer screenings within the past year, and beneficiaries who have had a cancer diagnosis are more likely than beneficiaries that have not had cancer.<sup>66</sup>

Medicare Advantage beneficiaries that have never had a cancer diagnosis are more likely to receive a mammogram (to detect breast cancer) or home fecal blood test (to detect a range of colorectal diseases, including hemorrhoids, ulcers, and colorectal cancer) compared to similar FFS beneficiaries.

- 55% of Medicare Advantage beneficiaries who have never had a cancer diagnosis report having a mammogram in the past year compared to 50% of FFS beneficiaries.
- 51% of Medicare Advantage beneficiaries who have never had a cancer diagnosis report receiving a home fecal blood test in the past year compared to 42% of FFS beneficiaries.

Medicare Advantage beneficiaries who have a current or past cancer diagnosis are 5 percentage points more likely to receive a prostate specific antigen blood test to help detect prostate cancer compared to similar FFS beneficiaries.

Compared to FFS, beneficiaries in Medicare Advantage are.<sup>67</sup>

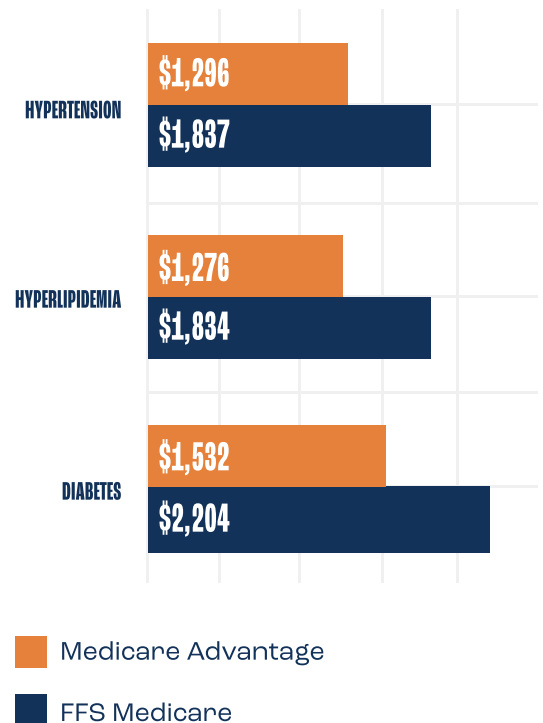
**+49%**  
higher rate of receiving pneumonia vaccine

**+11%**  
higher rate of receiving influenza vaccine

**+19%**  
higher rate of depression screening and follow-up planning

## AVERAGE TOTAL HEALTH CARE SPENDING AMONG MEDICARE BENEFICIARIES WITH CERTAIN CHRONIC CONDITIONS<sup>68</sup>

Per member per month, in 2019





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