



STATE OF

# MEDICARE ADVANTAGE

2024 REPORT

BETTER MEDICARE  
ALLIANCE

# TABLE OF CONTENTS

<b>A Message From Our President And CEO</b>	<b>02</b>
<b>Key Facts</b>	<b>03</b>
<b>Glossary</b>	<b>05</b>
<b>Medicare Advantage Enrollment Surpasses 33 Million Americans</b>	<b>06</b>
<b>Medicare Advantage Expands Access To Affordable Coverage For Beneficiaries</b>	<b>10</b>
<b>The Medicare Advantage Population Is More Diverse Than Ever</b>	<b>11</b>
<b>Medicare Advantage Is Affordable Health Care</b>	<b>14</b>
<b>Medicare Advantage Provides More Value For Beneficiaries With Comprehensive Care</b>	<b>16</b>
<b>Medicare Advantage Delivers High-Quality Care</b>	<b>18</b>
<b>Medicare Advantage Is On The Rise Nationwide</b>	<b>21</b>

# A MESSAGE FROM OUR PRESIDENT AND CEO



## Dear Friends of Better Medicare Alliance,

On behalf of our more than 200 Ally organizations and over one million grassroots beneficiary advocates, along with our dedicated board and staff, I am pleased to present our 2024 State of Medicare Advantage Report.

Better Medicare Alliance has a proud tradition of publishing this report each year to offer the most comprehensive and up-to-date snapshot of Medicare Advantage – everything from beneficiary demographics and enrollment trends to supplemental benefits, consumer savings, and improved health outcomes. I think you'll agree that the takeaways from the findings in this year's report are clear: Medicare Advantage is delivering on its promise to beneficiaries and proving its value through high-quality care, lower costs, and supplemental benefits not offered in Fee-for-Service Medicare.

Today, 33.8 million Americans – more than half of the entire Medicare-eligible population – choose Medicare Advantage. Across the U.S., seniors and people with disabilities increasingly recognize the value Medicare Advantage offers. 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. These shifts reflect the program's unique ability to deliver personalized, cost-effective care to a diverse and growing population.

Poll after poll shows seniors rank the cost of health care as their top concern. That's why today, so many seniors are choosing Medicare Advantage – it's affordable. Beneficiaries spend \$2,541 less on premiums and out-of-pocket costs on average than those in Fee-For-Service. This savings is critical to seniors and people with disabilities who struggle with the high price of everyday necessities like groceries. For them, every dollar counts.

While it's important to spotlight the success of the program, we know there is more work to be done to ensure Medicare Advantage remains strong and stable well into the future. The program's stability depends on bipartisan Congressional support and regulatory certainty; and to that end, Better Medicare Alliance will continue to serve as a trusted resource for lawmakers and policymakers, and a steadfast advocate for every Medicare Advantage beneficiary.

This report directly reflects the meaningful work being done by the entire Medicare Advantage stakeholder community – Allies, grassroots advocates, and policymakers have all contributed to the program's success and achievements for seniors. It's so important to recognize what we can accomplish when we work together!

At Better Medicare Alliance, our work is centered around building a healthy future for seniors and people with disabilities by advocating for policies that promote stability and affordability and support a strong, sustainable Medicare Advantage program. I hope you will join us in the important work that lies ahead. Improving the program for a growing, increasingly diverse beneficiary base and ensuring its strength for the future has never been more critical.

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

Sincerely,

**Mary Beth Donahue**  
President and CEO  
Better Medicare Alliance

# KEY FACTS

## ENROLLMENT

# 33.8 M

33.8 million seniors and people with disabilities choose Medicare Advantage, or 55% of the Medicare population<sup>1</sup>

# 2X

Medicare Advantage enrollment has doubled over the last decade<sup>2</sup>

# 30.6%

of Medicare Advantage beneficiaries identify as Black, Latino, or Asian, compared to 18.4% in Fee-for-Service Medicare<sup>3</sup>

# 14%

Enrollment in Special Needs Plans increased 14% between 2023 and 2024<sup>4</sup>

# 40%

40% of all eligible Medicare beneficiaries in rural counties are enrolled in Medicare Advantage, almost four times the share in 2010<sup>5</sup>

## ACCESS

# 99.7%

Medicare Advantage access is nearly universal, with 99.7% of Medicare beneficiaries having access to a Medicare Advantage plan<sup>6</sup>

# >98%

Over 98% of Medicare Advantage beneficiaries are enrolled in an MA-PD plan, which is a Medicare Advantage plan that includes prescription drug coverage<sup>7</sup>

# 99%

99% of beneficiaries have access to a \$0 premium MA-PD plan<sup>8</sup>

# 99%

99% of Medicare Advantage plans offer at least one supplemental benefit<sup>9</sup>



## AFFORDABILITY AND VALUE

# \$2,541 in annual savings

Medicare Advantage beneficiaries report spending on average \$2,541 less on out-of-pocket costs and premiums annually than those in Fee-for-Service Medicare<sup>10</sup>

# \$18.50 premiums

The average Medicare Advantage monthly premium is \$18.50 in 2024<sup>11</sup>

# \$59.9 billion in value

Medicare Advantage provides \$59.9 billion annually in additional value to beneficiaries and the federal government<sup>12</sup>



## OUTCOMES

Medicare Advantage beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia, and hypertension, **have lower rates of inpatient utilization and emergency room visits** compared to Fee-for-Service beneficiaries<sup>13</sup>

Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are **diagnosed nearly 5 months earlier** on average than similar Fee-for-Service beneficiaries<sup>14</sup>

Medicare Advantage beneficiaries with chronic diabetes are **more likely than Fee-for-Service beneficiaries to receive preventative care**<sup>15</sup>

**95% OF MEDICARE ADVANTAGE BENEFICIARIES REPORT BEING SATISFIED WITH THEIR HEALTH CARE QUALITY**<sup>16</sup>

# GLOSSARY

Frequently used words and phrases in this report include:

<b>APM</b>	Advanced Payment Model
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>C-SNP</b>	Chronic Special Needs Plan
<b>D-SNP</b>	Dual Eligible Special Needs Plan
<b>EGWP</b>	Employer Group Waiver Plan
<b>ESRD</b>	End Stage Renal Disease
<b>FPL</b>	Federal Poverty Level
<b>FFS Medicare</b>	Fee-for-Service Medicare
<b>HMO</b>	Health Maintenance Organization
<b>I-SNP</b>	Institutional Special Needs Plan
<b>MA</b>	Medicare Advantage
<b>MA-PD Plan</b>	Medicare Advantage Prescription Drug Plan
<b>OOP</b>	Out-of-Pocket
<b>PMPM</b>	Per Member Per Month
<b>PPO</b>	Preferred Provider Organization
<b>SNP</b>	Special Needs Plan
<b>SSBCI</b>	Special Supplemental Benefits for the Chronically Ill
<b>VBID Model</b>	Value-Based Insurance Design Model



# MEDICARE ADVANTAGE ENROLLMENT SURPASSES 33 MILLION AMERICANS

## SNAPSHOT - THE MEDICARE POPULATION <sup>17</sup>

# 66.3 M

66.3 million Americans enrolled in Medicare

# 58.9 M

58.9 million due to age (65+ years old)

# 7.4 M

7.4 million due to disability

# 33.8 M BENEFICIARIES

In 2024, 55% of Medicare beneficiaries choose Medicare Advantage. That's 33.8 million beneficiaries out of more than 66 million.

## 2024 Medicare Enrollment, By Program

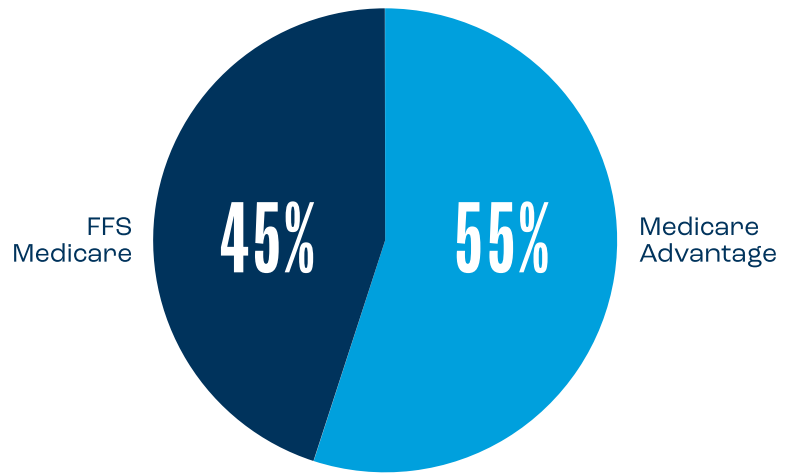


Figure 1 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.

## Medicare Advantage Enrollment, 2014-2024

(as percent of total Medicare enrollment)

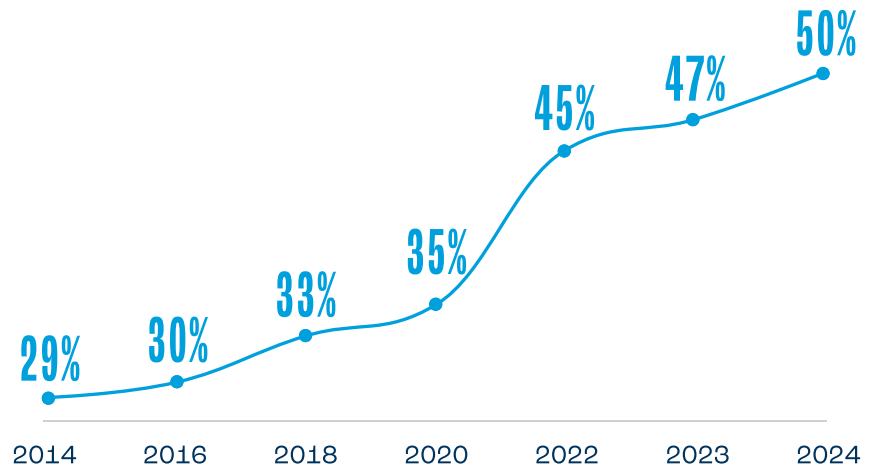
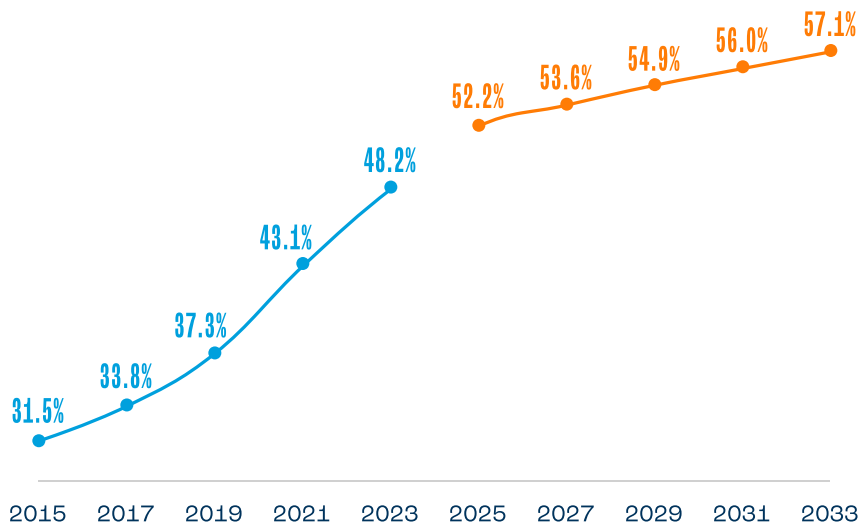


Figure 2 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, April 2014-2023, March 2024.

Note: To enroll in Medicare Advantage, beneficiaries must be eligible for both Part A and Part B of Medicare. Enrollment as a percent of total Medicare enrollment is lower because it accounts for beneficiaries that are eligible for Part A or Part B.

## Medicare Advantage Enrollment & Growth Projections, 2015-2033



- Actual MA Enrollment as a percent of Total Medicare Enrollment (2024 Medicare Trustees Report)
- Projected MA Enrollment as a percent of Total Medicare Enrollment (2024 Medicare Trustees Report)

Figure 3 2024 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds (Table IV.C.1), May 2024.

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

**98% OF MEDICARE ADVANTAGE BENEFICIARIES ARE ENROLLED IN A MA-PD PLAN<sup>18</sup>**

There are a few different types of Medicare Advantage plans beneficiaries can choose from each year. Health Maintenance Organization (HMO) plans are the most popular among Medicare Advantage beneficiaries, with 18.3 million people enrolled; followed by Local Preferred Provider Organization (PPO) plans, the choice of 14.1 million beneficiaries.<sup>19</sup>

- HMOs** offer integrated health care, with a focus on prevention and wellness within a network of providers. These plans typically have lower premiums and out-of-pocket (OOP) costs.
- PPOs** offer beneficiaries more flexibility than HMOs with a larger network of providers. However, premiums and OOP costs may be higher in exchange for the additional flexibility.



## Medicare Advantage Enrollment, By Plan Type, 2024

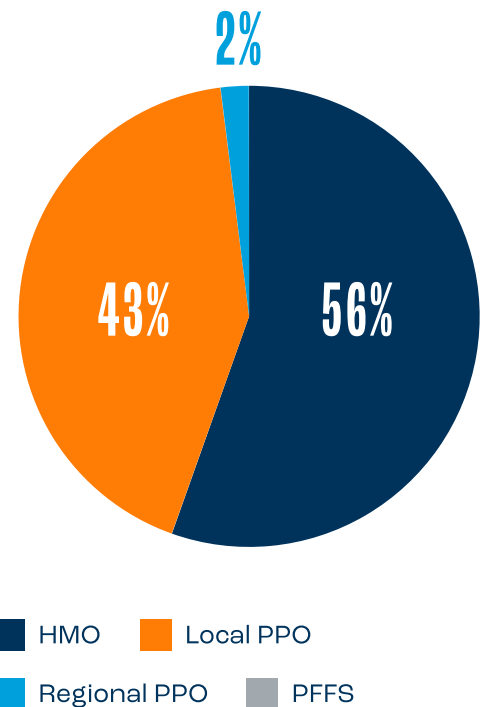


Figure 4 MedPAC, Health Care Spending and the Medicare Program: Medicare Advantage (Chart 9-5), July 2024

\*Note: Enrollment based on February 2024 numbers.



## EMPLOYER GROUP WAIVER PLANS

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

### EGWP Enrollment, 2017-2024

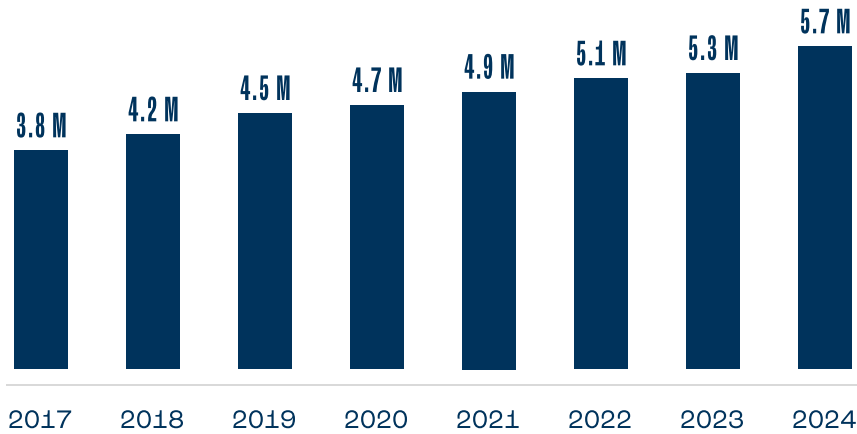


Figure 5 Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2024.



## SPECIAL NEEDS PLANS

More 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).

### SNP Enrollment, 2017-2024

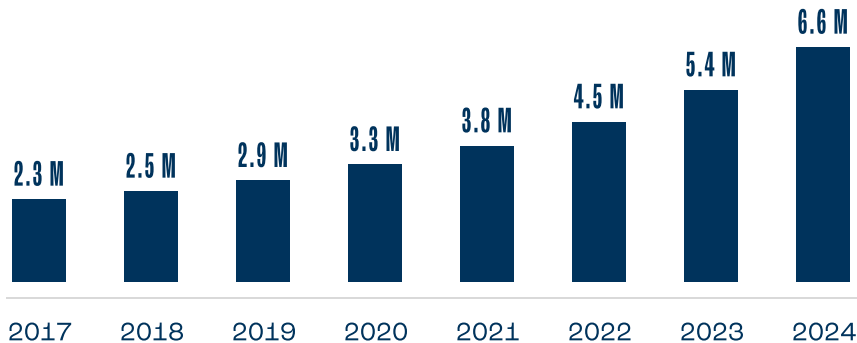


Figure 6 Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2024.

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

### SNP Enrollment By Type, 2024

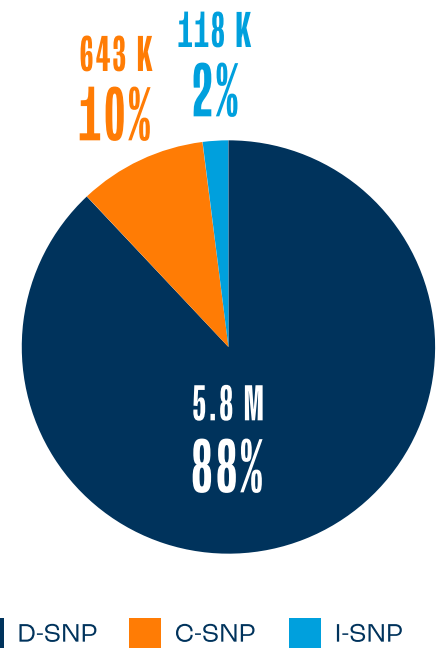


Figure 7 Analysis of the Centers for Medicare & Medicaid Services SNP Comprehensive Report, January 2024.



## END STAGE RENAL DISEASE

Since 2021, Medicare beneficiaries with End Stage Renal Disease (ESRD) are 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 Medicare Advantage.

Black, Latino, and dual-eligible beneficiaries account for the largest relative increase in Medicare Advantage beneficiaries with ESRD.<sup>20</sup>


Asian American, Native American, and Latino beneficiaries are the fastest-growing segments of the ESRD population.<sup>21</sup>

As the share of Medicare Advantage beneficiaries with ESRD increases, the number of C-SNPs focused on beneficiaries with ESRD has also increased. Thirty-two plans offered ESRD-focused C-SNPs in 2024.<sup>22</sup>

**47% OF BENEFICIARIES WITH ESRD  
CHOOSE MEDICARE ADVANTAGE, UP  
FROM 24.8% IN DECEMBER 2020<sup>23</sup>**

# MEDICARE ADVANTAGE EXPANDS ACCESS TO AFFORDABLE COVERAGE FOR BENEFICIARIES

**3,959** plans offered in 2024<sup>25</sup>      **43** plans offered on average to beneficiaries<sup>29</sup>

**99.7%**  of beneficiaries with access to at least one Medicare Advantage plan<sup>26</sup>

**99.9%**  of beneficiaries with access to at least one Medicare Advantage plan in metro areas<sup>27</sup>

**98.4%**  of beneficiaries with access to at least one Medicare Advantage plan in non-metro areas<sup>28</sup>

**27** plans offered in rural communities on average, triple the number available in 2018<sup>30</sup>

Access to Special Needs Plans grew 4% between 2023 and 2024, with **1,311 SNPs** being offered in 2024.<sup>31</sup>

- SNP enrollment increased almost **14%** between 2023 and 2024
- Beneficiaries enrolling in D-SNPs have **tripled** since 2014
- Beneficiaries enrolling in C-SNPs have steadily increased since 2014, with a **43%** increase between 2023 and 2024
- Beneficiaries enrolling in I-SNPs reached an all-time high in 2024, with the number of I-SNPs offered having **doubled** since 2021

Medicare Advantage growth is driven by increased access to plans. The number of Medicare Advantage plans offered has more than **doubled** over the past decade; today **99.7%** of Medicare beneficiaries have access to at least one Medicare Advantage plan.<sup>24</sup>

Medicare Advantage's model provides the flexibility to cover more services and benefits not available in Fee-for-Service Medicare. Medicare Advantage beneficiaries choose plans based on premiums, enhanced benefits, provider networks, and plan quality ratings, known as Star Ratings. Reduced beneficiary cost sharing is the most utilized enhanced, or supplemental, benefit in Medicare Advantage, affording access to many \$0 premium plan options.<sup>a</sup>

In 2024:<sup>32</sup>

**66%** of MA-PD Plans are a \$0 Premium Plan

**99%** have Access to a \$0 Premium MA-PD Plan

**73%** of Beneficiaries Enrolled in a \$0 Premium MA-PD Plan

**19%** of Medicare Advantage Plans Offer Part B Premium Reductions

Medicare Advantage access is generally consistent across urban, rural, and medically underserved communities, expanding the options across the U.S. for seniors and people with disabilities. As a result, Medicare Advantage beneficiaries, particularly those who are lower income and identify as a racial or ethnic minority, may experience **better access to care** than Fee-for-Service Medicare beneficiaries.<sup>33</sup>

a. 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. Medicare Advantage plans may reduce Part B premiums as well as the Medicare Advantage plan premium through supplemental benefits.

# THE MEDICARE ADVANTAGE POPULATION IS MORE DIVERSE THAN EVER

The Medicare Advantage population is increasingly diverse and more complex. Today's Medicare Advantage beneficiaries have higher rates of clinical and social risk factors than those in Fee-for-Service Medicare. More beneficiaries in Medicare Advantage are low-income, identify as a racial and ethnic minority, and have more chronic conditions.

**30.6%** Percentage of Medicare Advantage enrollees who are Black, Latino, or Asian<sup>35</sup>

**18.4%** Percentage of Fee-for-Service Medicare enrollees who are Black, Latino, or Asian<sup>36</sup>

Medicare Advantage is the preferred option for Black and Latino beneficiaries compared to Fee-for-Service Medicare. This is especially true in rural areas, where Medicare Advantage enrollees are nearly three times as likely to be Black and more likely to be Latino compared to Fee-for-Service Medicare enrollees.<sup>34</sup>

## Race And Ethnicity Of Medicare Beneficiaries, By Program

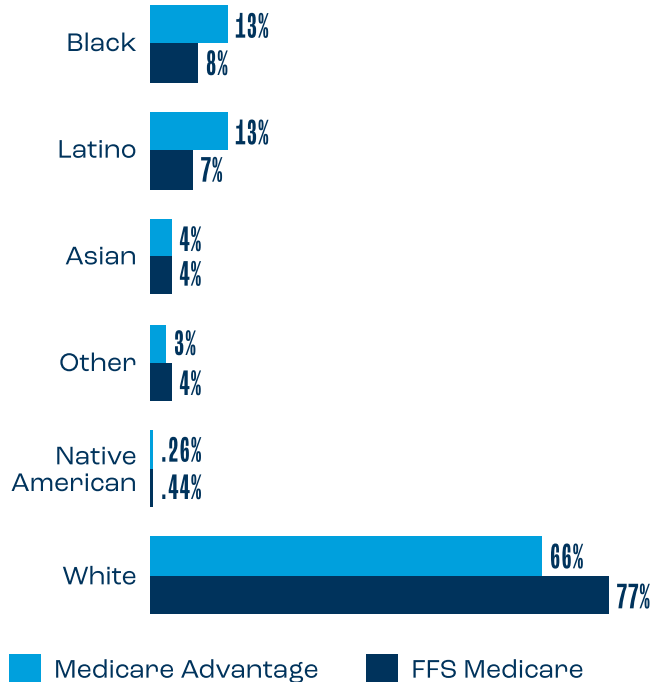


Figure 8 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.

\*Note: Percentage totals may not sum to 100% due to rounding.

## Percentage Of Medicare Beneficiaries Enrolled In Medicare Advantage, By Race Or Ethnicity

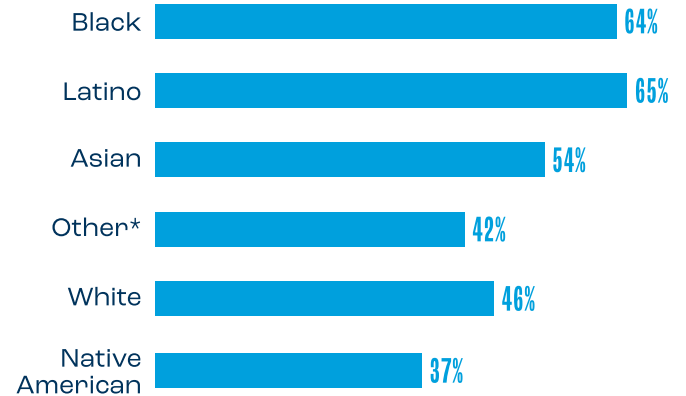


Figure 9 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.

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

Low-income Medicare beneficiaries are more likely to enroll in Medicare Advantage.<sup>37, b</sup>

**52%** of Medicare Advantage beneficiaries live below 200% of the federal poverty level.

**33%** of Fee-for-Service Medicare beneficiaries live below 200% of the federal poverty level.

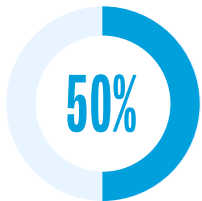
b. In 2021, the federal poverty level (FPL) for one individual was \$12,880 per year for a household of one and \$17,420 for a household of two.

## MEDICARE ADVANTAGE SUPPORTS DUAL ELIGIBLE BENEFICIARIES

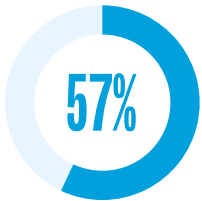
There are **12.8 million** people enrolled in both Medicare and Medicaid. Dual eligible beneficiaries tend to have the most complex medical, functional, and social needs within the Medicare population.<sup>38</sup> Most qualify for Medicare due to age; however, **37%** of dual eligible beneficiaries are under age 65 in 2021 and eligible due to a disability or End Stage Renal Disease (ESRD).<sup>39</sup>

Dual eligible beneficiaries are more likely to enroll in Medicare Advantage. Among all dual eligible beneficiaries, 62.5% choose Medicare Advantage compared to 50% of non-dual eligible beneficiaries.<sup>40</sup> Broken down by eligibility, 76% of beneficiaries with partial dual eligibility and 58% of beneficiaries with full dual eligibility choose Medicare Advantage.<sup>41</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>42</sup>



of dually eligible Black beneficiaries choose Medicare Advantage



of dually eligible Latino beneficiaries choose Medicare Advantage

## MEDICARE ADVANTAGE SERVES PEOPLE WITH HIGH SOCIAL RISK

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

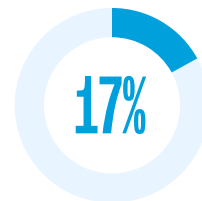
**>52%** of all Medicare Advantage beneficiaries live on annual incomes of less than \$24,500.<sup>43</sup>

**16%** of Medicare Advantage beneficiaries completed less than a high school degree compared to 9% of Fee-for-Service Medicare beneficiaries.<sup>44</sup>

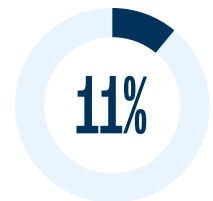
A higher proportion of Black and Latino Medicare Advantage beneficiaries report completing less than a high school degree compared to all Medicare Advantage beneficiaries as well as Black and Latino Fee-for-Service Medicare beneficiaries.<sup>45</sup>

**23%** of Medicare Advantage beneficiaries rent as opposed to owning their home, compared to 17% of Fee-for-Service Medicare beneficiaries.<sup>46</sup>

A higher proportion of Medicare Advantage beneficiaries experience food insecurity, 17% compared to 11% of Fee-for-Service Medicare beneficiaries.<sup>47</sup>

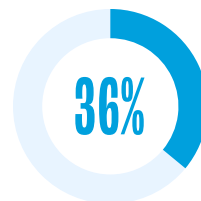


Medicare Advantage

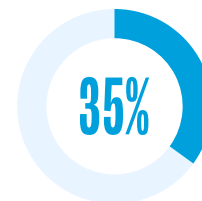


FFS Medicare

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>48</sup>



Black



Latino



White



Where Medicare Advantage beneficiaries live compared to Fee-for-Service Medicare beneficiaries is also changing and may impact beneficiary health.

**19%**

Medicare Advantage beneficiaries are 19% more likely to live in socially vulnerable counties<sup>c</sup> compared to Fee-for-Service Medicare beneficiaries.

**14%**

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 Fee-for-Service Medicare.<sup>49</sup>

**20%**

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<sup>d</sup> compared to Fee-for-Service Medicare beneficiaries.<sup>50</sup>



Medicare Advantage enrollment in rural areas continues to grow.<sup>51</sup>

**40%**

of all eligible Medicare beneficiaries in rural counties choose Medicare Advantage, almost four times the share in 2010

**1.8 M**

Medicare Advantage serves 1.8 million beneficiaries living in rural areas

c. The Social Vulnerability Index estimates the potential negative impact of external stressors, like natural or human-caused disasters, on communities.

d. The Natural Risk Index is defined as the potential for negative impacts as a result of a natural hazard.

Medicare Advantage delivers high-quality care to the higher share of beneficiaries who identify as a racial or ethnic minority.

Among Black and Latino beneficiaries, those in Medicare Advantage are **more likely to report having a usual source of care** than those in Fee-for-Service Medicare.<sup>52</sup>

This extends to beneficiaries living in rural areas, who may receive better access to care in Medicare Advantage.<sup>53</sup>

Medicare Advantage beneficiaries are **more likely than Fee-for-Service Medicare enrollees to report receiving certain key preventative care services.**

Medicare Advantage beneficiaries are **more likely to report being satisfied with the ease of getting to their doctor** than those in Fee-for-Service Medicare.



# MEDICARE ADVANTAGE IS AFFORDABLE HEALTH CARE



Medicare Advantage provides critical cost protections for beneficiaries, including annual out-of-pocket (OOP) limits and more cost savings than Fee-for-Service Medicare. On average, Medicare Advantage beneficiaries spend less on OOP costs and premiums and are less burdened by health care costs.<sup>e</sup> This is consistent across race and ethnicity.<sup>54</sup>

**MEDICARE ADVANTAGE BENEFICIARIES SPEND \$2,541 LESS ON OOP COSTS AND PREMIUMS<sup>55</sup>**

**31% LOWER RATE OF COST BURDEN REPORTED BY MEDICARE ADVANTAGE BENEFICIARIES ON AVERAGE<sup>56</sup>**

These cost savings and lower risk of cost burden are enjoyed by all beneficiaries, regardless of where they live. For beneficiaries living in rural areas:<sup>57</sup>

- The average Fee-for-Service Medicare beneficiary spends 49% more on premiums and OOP health care costs compared to Medicare Advantage beneficiaries.
- Medicare Advantage beneficiaries are half as likely to be burdened by health care costs compared to those in Fee-for-Service Medicare.

e. Cost burden is defined as spending over 20% of income on health care costs.

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Program, From 2019-2021

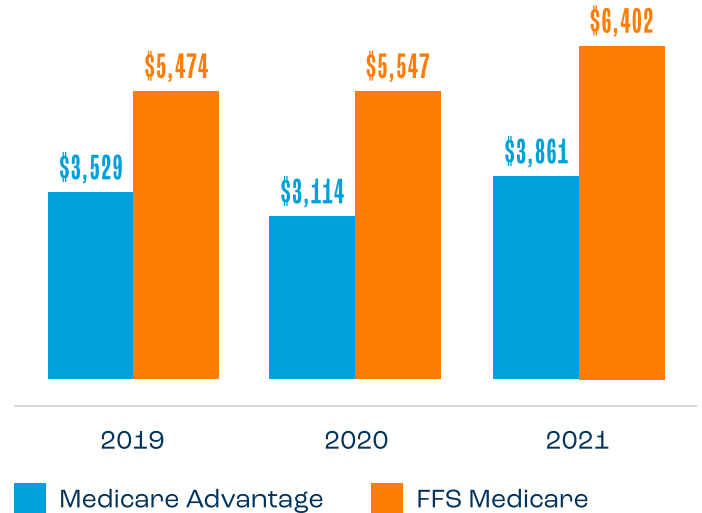


Figure 10 Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024.

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Race, Ethnicity & Program 2021

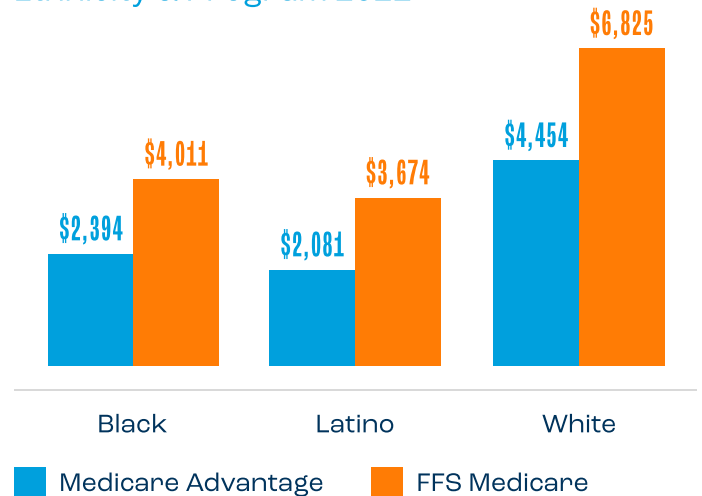


Figure 11 Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024.2023.

# 75% OF BENEFICIARIES ENROLLED IN A \$0 PREMIUM MA-PD PLAN<sup>58</sup>

# \$18.50 – AVERAGE MONTHLY PREMIUM FOR A MEDICARE ADVANTAGE PLAN<sup>59</sup>

Medicare Advantage is an affordable option for beneficiaries with chronic conditions, even as Medicare Advantage and Fee-for-Service Medicare have similar rates of beneficiaries with chronic conditions.

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Number Of Chronic Conditions & Program, 2021

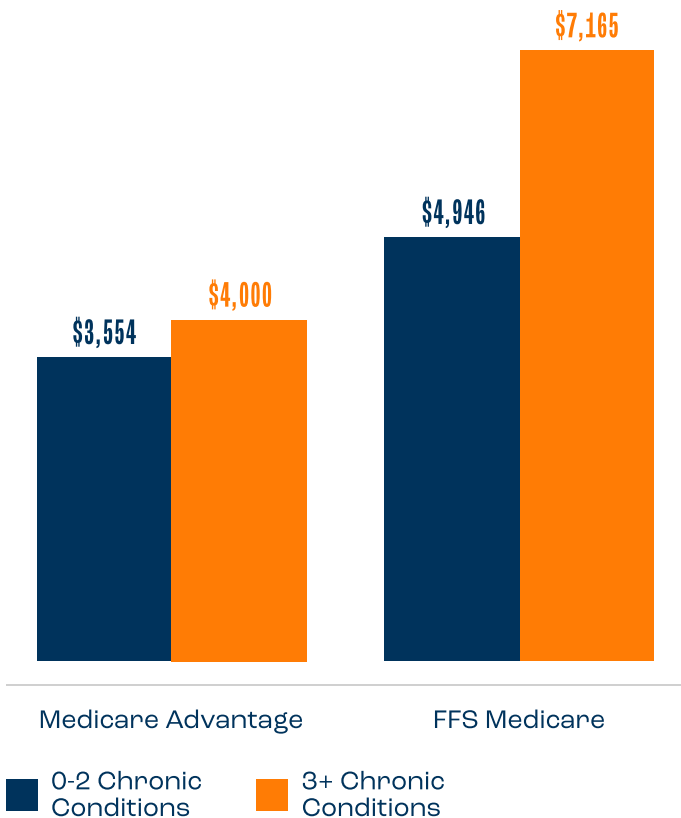


Figure 12 Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024.

- For beneficiaries with chronic diabetes, the average total spending per beneficiary, per year in Medicare Advantage is **20% lower** compared to similar Fee-for-Service Medicare beneficiaries before diagnosis.<sup>60</sup>
- For beneficiaries with prediabetes, the average total spending per beneficiary, per year in Medicare Advantage is **10% lower** than similar Fee-for-Service Medicare beneficiaries before diagnosis and 13% lower in the two-year period following diagnosis.<sup>61</sup>
- Among beneficiaries with hypertension, hyperlipidemia, and/or diabetes, total average spending across categories (e.g., acute inpatient, ambulatory outpatient, and prescription drugs) is lower for Medicare Advantage beneficiaries than those in Fee-for-Service Medicare with the same one or more chronic condition.<sup>62</sup>
- Among beneficiaries with a current or previous cancer diagnosis, Medicare Advantage beneficiaries spend nearly **35% less** on OOP costs relative to Fee-for-Service Medicare beneficiaries.<sup>63</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 Fee-for-Service Medicare.<sup>64</sup>








# MEDICARE ADVANTAGE PROVIDES MORE VALUE FOR BENEFICIARIES WITH COMPREHENSIVE CARE




Through supplemental benefits, Medicare Advantage provides enhanced coverage of Medicare-covered benefits, such as reduced cost sharing and lower premiums, while often providing benefits and services not covered by Medicare such as vision, dental, and hearing coverage. Most Medicare Advantage beneficiaries are offered supplemental benefits at no extra cost. These benefits promote better health for beneficiaries and deliver more value for the Medicare dollar. And they are nearly universal with **more than 99%** of Medicare Advantage plans offering at least one supplemental benefit.<sup>65</sup>






Medicare Advantage 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, such as food, transportation, and housing and are limited to beneficiaries with certain qualifying chronic conditions.

In 2024, nearly all beneficiaries have access to a plan with additional benefits.<sup>66</sup>

-  **>99%** have access to coverage for dental, hearing, and vision and wellness benefits
-  **>99%** have access to telehealth
-  **>99%** have access to a meal benefit
-  **96%** have access to transportation assistance

Between 2023 and 2024:<sup>67</sup>

-  **83%** Support for caregivers of Medicare Advantage beneficiaries increased 83%
-  **50%** In-home support services increased 50%
-  **25%** Bathroom safety devices increased 25%

-  **20%** Food and produce benefit offerings increased 20%
-  **11%** Transportation for non-medical needs benefit offerings increased 11%
-  **53%** General supports for living offerings increased 53%
-  **10%** Total SSBCI offerings grew 10% from 2023 to 2024<sup>68</sup>
-  **83%** of Medicare Advantage plans offer telehealth benefits<sup>69</sup>





## DELIVERING COMPREHENSIVE CARE WITH SUPPLEMENTAL BENEFITS

Supplemental benefits enable providers and health plans to deliver comprehensive care and address the physical, behavioral, social, and environmental needs that affect beneficiary health and wellbeing. Recent legislative and regulatory changes now provide health plans the flexibility to offer additional non-medical supplemental benefits to certain beneficiaries. Supplemental benefits 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 how innovative benefits improve care for beneficiaries.

The Value-Based Insurance Design (VBID) model within the Innovation Center at the Centers for Medicare & Medicaid Services (CMS) is an additional pathway for Medicare Advantage plans to offer tailored supplemental benefits to improve health and wellbeing and advance health equity. Supplemental benefits under the VBID model are not required to be primarily health-related, so plans are able to include benefits such as food and produce, transportation for non-medical needs, and general supports for living.<sup>70</sup> These differ from supplemental benefits that must be primarily health-related, such as in-home support services and home-based palliative care. Thanks to the flexibility of supplemental benefits offered by the VBID model, plans are able to provide beneficiaries with innovative, person-centered care. Supplemental benefits offered through the VBID model remove obstacles to health and health care, and health plan interest and investment is growing.<sup>71</sup>

- The number of organizations participating in the VBID model is up, from 52 in 2023 to 69 in 2024.
- The number of beneficiaries projected to be offered benefits under the VBID model **increased 100%** between 2023 and 2024, reaching over 12.4 million beneficiaries this year.

## MEDICARE ADVANTAGE DELIVERS GREATER VALUE AND ACHIEVES

### EFFICIENCIES IN DELIVERING MEDICARE-COVERED SERVICES

With lower cost sharing and supplemental benefits not available in Fee-for-Service Medicare, Medicare Advantage provides **\$59.9 billion annually in additional value** to beneficiaries and the federal government by redeploying savings from providing Medicare-covered services for less.<sup>72</sup> Medicare Advantage covers all Medicare-covered benefits like hospital and physician services for **\$51 less** per member per month (PMPM) than Fee-for-Service Medicare.<sup>73</sup> These savings benefit not only the Medicare Advantage population broadly but also beneficiaries with chronic conditions, such as diabetes, hypertension, and hyperlipidemia.<sup>74</sup>

# MEDICARE ADVANTAGE DELIVERS HIGH-QUALITY CARE



Medicare Advantage is leading the way in the transition from volume-based, fragmented care in Medicare to a more integrated, efficient, and outcomes-focused approach that **improves health outcomes and satisfaction with care.**

The transition to person-centered care permeates health care, with innovative collaborations among providers, payers, and community-based organizations coming together to deliver coordinated 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, improve health outcomes for beneficiaries, and lower costs. The LAN's recent APM Measurement Effort found **57.2%** of payments in Medicare Advantage are tied to APMs, the highest across markets.<sup>75</sup>

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 2024:<sup>76</sup>



Access to care and satisfaction with care remains high for Medicare Advantage beneficiaries.<sup>77</sup>



## MEDICARE ADVANTAGE DELIVERS FOR BENEFICIARIES WITH CHRONIC CONDITIONS

Medicare beneficiaries report similar rates and types of chronic conditions whether enrolled in Medicare Advantage or Fee-for-Service Medicare. Many beneficiaries 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 conditions. Beneficiaries report three or more chronic conditions at high rates – 64% of Medicare Advantage beneficiaries and 60% of Fee-for-Service Medicare beneficiaries.<sup>78</sup> By centering coordinated and integrated care, Medicare Advantage is particularly well positioned to manage chronic conditions.



Research examining demographics, utilization, spending, and quality among Medicare Advantage and Fee-for-Service Medicare beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia (high cholesterol), and hypertension (high blood pressure) finds:<sup>79</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.
  - Medicare Advantage beneficiaries with the studied chronic conditions have lower health care utilization with fewer inpatient hospital stays compared to Fee-for-Service Medicare beneficiaries.
  - Visits to the emergency room are also less common for Medicare Advantage beneficiaries compared to Fee-for-Service Medicare beneficiaries.
  - Medicare Advantage beneficiaries have a longer average length of inpatient stay compared to Fee-for-Service Medicare beneficiaries in each of the chronic condition subgroups.
  - Medicare Advantage beneficiaries have slightly higher rates of physician office visits compared to Fee-for-Service Medicare beneficiaries.
- Medicare Advantage beneficiaries, regardless of chronic condition, have lower overall health care spending than Fee-for-Service Medicare beneficiaries across all expenditure types assessed, including acute inpatient, ambulatory outpatient, prescription drug, and all other medical costs.
  - Total spending is consistently higher among Fee-for-Service Medicare beneficiaries, compared to Medicare Advantage beneficiaries.

With diabetes on the rise in the U.S., there is more focus on understanding how Medicare Advantage delivers for beneficiaries with diabetes. A recent analysis examining Medicare Advantage and Fee-for-Service Medicare beneficiaries with prediabetes, incident diabetes, and chronic diabetes finds:<sup>80</sup>

## 5 Months

Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are diagnosed, on average, 5 months earlier than similar Fee-for-Service Medicare beneficiaries.

## 46%

In the first 9 months after a type 2 diabetes diagnosis, 46% of Medicare Advantage beneficiaries fill insulin prescriptions compared to 35% of similar Fee-for-Service Medicare beneficiaries.



Among those with chronic diabetes, Medicare Advantage beneficiaries are more likely than Fee-for-Service Medicare 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 Fee-for-Service Medicare beneficiaries.



## MEDICARE ADVANTAGE SUPPORTS

### PRIMARY AND PREVENTATIVE CARE

Primary and preventative care are at the center of Medicare Advantage, with early screenings and interventions reducing the burden of disease.<sup>81</sup>

# 95%

of Medicare Advantage beneficiaries have a usual source of care

# 72%

of Medicare Advantage beneficiaries received a flu vaccine in the past year

# 85%

of Medicare Advantage beneficiaries received the first COVID vaccine by winter 2021



Medicare Advantage beneficiaries report completing annual wellness visits at higher rates than those in Fee-for-Service Medicare<sup>82</sup>

Medicare Advantage beneficiaries are as or more likely than Fee-for-Service Medicare beneficiaries to have received key cancer screenings within the past year, with higher screening rates among beneficiaries previously diagnosed with cancer.<sup>83</sup>

- Medicare Advantage beneficiaries who 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 Fee-for-Service Medicare beneficiaries.
- Medicare Advantage beneficiaries who have a current or past cancer diagnosis are more likely to receive a prostate specific antigen blood test to help detect prostate cancer compared to similar Fee-for-Service Medicare beneficiaries.

Medicare Advantage excels at connecting beneficiaries to providers, especially ones who meet beneficiaries' language needs if English is not their first language. Language is critical to providing high-quality person-centered care, increasing trust and understanding between beneficiaries and their physicians:<sup>84</sup>

- Among Black and Latino beneficiaries, those in Medicare Advantage were more likely than those in Fee-for-Service Medicare to report having a usual source of care.
- For beneficiaries who spoke a language other than English at home, those in Medicare Advantage were more likely to report having a usual source of care that spoke the same language.

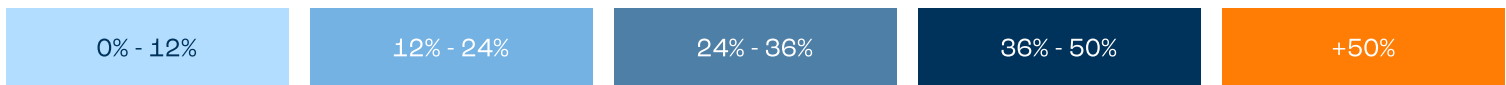
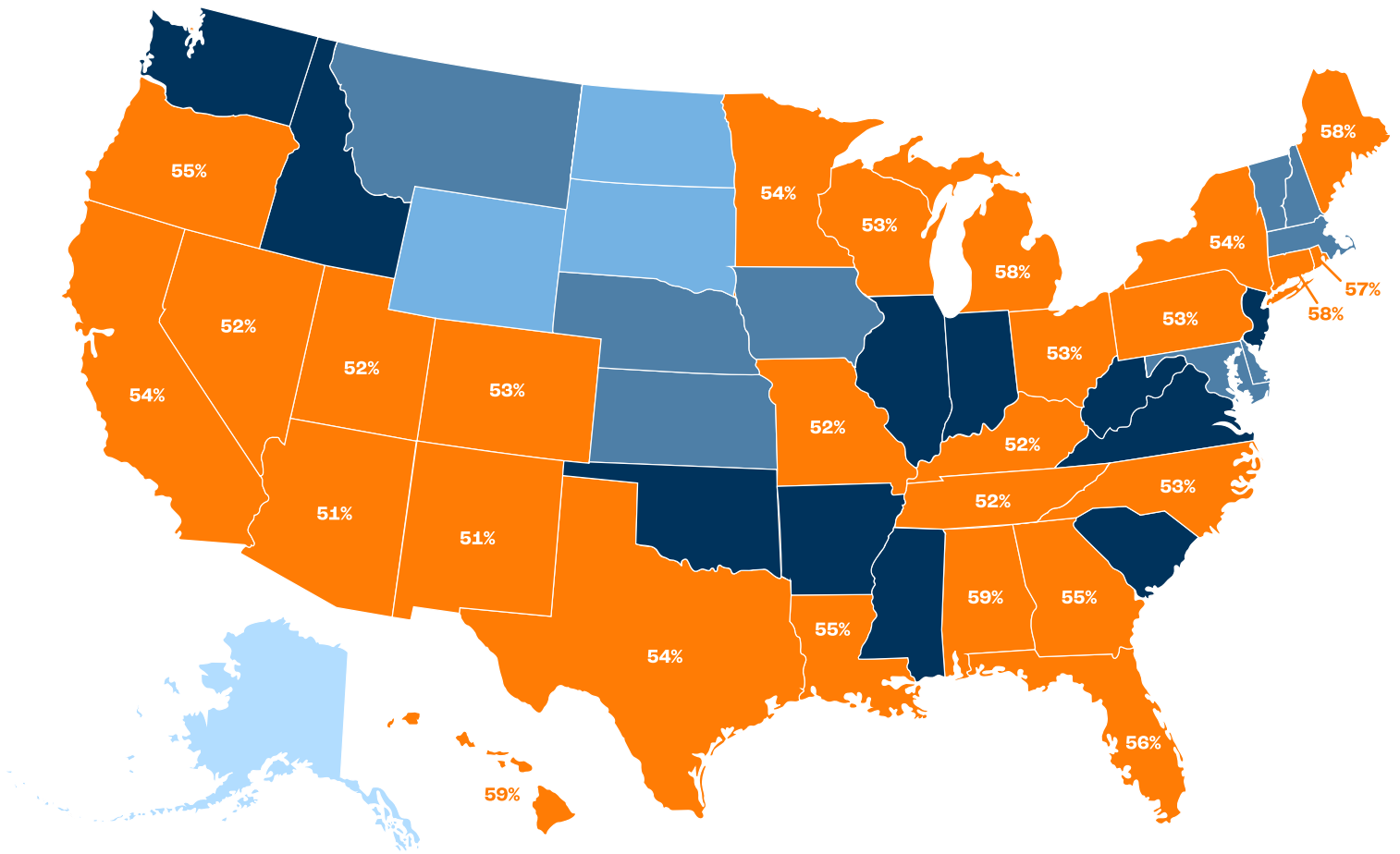


# MEDICARE ADVANTAGE IS ON THE RISE NATIONWIDE

Medicare Advantage enrollment continues to grow in the top 10 states. Meanwhile, **more than half of states** now have Medicare Advantage enrollment over 50% of the Medicare-eligible population. Increasingly, Medicare Advantage is the preferred choice of seniors and people with disabilities across the country.

## Medicare Advantage Enrollment Across The U.S.<sup>85</sup>

In 2024



# NOTES AND CITATIONS

1. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
2. Kaiser Family Foundation, 10 Reasons Why Medicare Advantage Enrollment is Growing and Why It Matters, January 30, 2024. Available at: [https://www.kff.org/medicare/issue-brief/10-reasons-why-medicare-advantage-enrollment-is-growing-and-why-it-matters/#:~:text=Medicare%20Advantage%20enrollment%20has%20more,this%20decade%20\(Figure%201\).](https://www.kff.org/medicare/issue-brief/10-reasons-why-medicare-advantage-enrollment-is-growing-and-why-it-matters/#:~:text=Medicare%20Advantage%20enrollment%20has%20more,this%20decade%20(Figure%201).)
3. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
4. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
5. Kaiser Family Foundation, Medicare Advantage Enrollment, Plan Availability and Premiums in Rural Areas. September 7, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-enrollment-plan-availability-and-premiums-in-rural-areas/>
6. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
7. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
8. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024spotlight-first-look/>; Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
9. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
10. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/publication/medicare-beneficiary-spending-2024/>
11. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
12. Milliman, Value of Medicare Advantage to the Federal Government, April 2024. Available at: [https://www.milliman.com/-/media/milliman/pdfs/2024-articles/4-29-24\\_value-of-ma-to-the-federal-government.ashx](https://www.milliman.com/-/media/milliman/pdfs/2024-articles/4-29-24_value-of-ma-to-the-federal-government.ashx)
13. Avalere Health, Analysis of Medicare Advantage Enrollee Demographics, Utilization, Spending, and Quality Compared to Fee-for-Service Medicare Among Enrollees with Chronic Conditions, June 2023. Available at: <https://avalere.com/wp-content/uploads/2023/06/MA-FFS-Report.pdf>
14. Avalere Health, Comparing Detection, Treatment, Outcomes, and Spending for Patients with Type 2 Diabetes Between Medicare Advantage and Fee-for-Service Medicare, January 2023. Available at: <https://avalere.com/wp-content/uploads/2023/01/Diabetes-Progression-Whitepaper.pdf>
15. Id.
16. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>
17. Centers for Medicare & Medicaid Services, CMS Fast Facts, March 2024. Available at: [https://data.cms.gov/sites/default/files/2024-03/CMSFastFactsMar2024\\_508.pdf](https://data.cms.gov/sites/default/files/2024-03/CMSFastFactsMar2024_508.pdf)
18. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
19. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
20. K. Nguyen, E. Oh, D. Meyers, et. Al, Medicare Advantage Enrollment Among Beneficiaries with End-Stage Renal Disease in the First Year of the 21st Century Cures Act, JAMA, March 14, 2023. Available at: <https://jamanetwork.com/journals/jama/article-abstract/2802316>
21. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
22. Milliman, Chronic Condition Special Needs Plans: 2024 Market Landscape and Future Considerations, April 2024. Available at: <https://www.milliman.com/en/insight/chronic-condition-special-needs-plans-2024-market-landscape>

# NOTES AND CITATIONS

23. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf); K. Nguyen, E. Oh, D. Meyers, et. Al, Medicare Advantage Enrollment Among Beneficiaries with End-Stage Renal Disease in the First Year of the 21st Century Cures Act, JAMA, March 14, 2023. Available at: <https://jamanetwork.com/journals/jama/fullarticle/2802316#:~:text=The%20proportion%20of%20all%20Medicare,and%203%20in%20the%20Supplement>).
24. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
25. Id.
26. Id.
27. Id.
28. Id.
29. Id.
30. Kaiser Family Foundation, Medicare Advantage Enrollment, Plan Availability and Premiums in Rural Areas. September 7, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-enrollment-plan-availability-and-premiums-in-rural-areas/>
31. Id.; MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
32. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
33. R. Aggarwal, S. Gondi & R. Wadhwa, Comparison of Medicare Advantage vs Traditional Medicare for Health Care Access, Affordability, and Use of Preventive Services Among Adults with Low Income, JAMA Network Open, June 7, 2022. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793106>
34. Better Medicare Alliance, Exploring Rural Beneficiary Experiences Across Medicare Advantage and FFS Medicare, May 2024. Available at: <https://bettermedicarealliance.org/publication/exploring-rural-beneficiary-experiences-across-medicare-advantage-and-ffs-medicare/>
35. Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2024.
36. Id.
37. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/publication/medicare-beneficiary-spending-2024/>
38. MedPAC and MacPAC, Databook: Beneficiaries Dually Eligible for Medicare and Medicaid, January 2024. Available at: [https://www.macpac.gov/wp-content/uploads/2024/01/Jan24\\_MedPAC\\_MACPAC\\_DualsDataBook-508.pdf](https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf)
39. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
40. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
41. MedPAC, Health Care Spending and the Medicare Program, July 2024. Available at: [https://www.medpac.gov/wp-content/uploads/2024/07/July2024\\_MedPAC\\_DataBook\\_SEC.pdf](https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf)
42. Better Medicare Alliance, Medicare Advantage Offers High Quality Care and Cost Protections to Racially and Ethnically Diverse Beneficiaries, June 2021. Available at: [https://bettermedicarealliance.org/wp-content/uploads/2021/06/BMA\\_2021-Q2-Data-Brief\\_6.15.21.pdf](https://bettermedicarealliance.org/wp-content/uploads/2021/06/BMA_2021-Q2-Data-Brief_6.15.21.pdf)
43. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/publication/medicare-beneficiary-spending-2024/>
44. Kaiser Family Foundation, A Snapshot of Sources of Coverage Among Medicare Beneficiaries, December 13, 2023. Available at: <https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/>
45. ATI Advisory, Comparing Medicare Advantage and FFS Medicare Beneficiaries Across Race and Ethnicity, July 2023. Available at: <https://atiadvisory.com/resources/comparing-medicare-advantage-and-ffs-medicare-across-race-and-ethnicity/>
46. Better Medicare Alliance, ATI Insight: Geographical Demographics of Medicare Advantage Beneficiaries, February 2023. Available at: <https://bettermedicarealliance.org/publication/ati-insight-geographical-demographics-of-medicare-advantage-beneficiaries/>
47. Id.



# NOTES AND CITATIONS

48. ATI Advisory, Comparing Medicare Advantage and FFS Medicare Beneficiaries Across Race and Ethnicity, July 2023. Available at: <https://atiadvisory.com/resources/comparing-medicare-advantage-and-ffs-medicare-across-race-and-ethnicity/>
49. Id.
50. Id.
51. Kaiser Family Foundation, Medicare Advantage Enrollment, Plan Availability and Premiums in Rural Areas, September 7, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-enrollment-plan-availability-and-premiums-in-rural-areas/>
52. Better Medicare Alliance, Primary Care Strategies and Outcomes in Medicare Advantage, December 2023. Available at: <https://bettermedicarealliance.org/publication/primary-care-strategies-and-outcomes-in-medicare-advantage/>
53. Better Medicare Alliance, Exploring Rural Beneficiary Experiences Across Medicare Advantage and FFS Medicare, May 2024. Available at: <https://bettermedicarealliance.org/publication/exploring-rural-beneficiary-experiences-across-medicare-advantage-and-ffs-medicare/>
54. ATI Advisory, Comparing Medicare Advantage and FFS Medicare Beneficiaries Across Race and Ethnicity, July 2023. Available at: <https://atiadvisory.com/resources/comparing-medicare-advantage-and-ffs-medicare-across-race-and-ethnicity/>
55. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>
56. Id.
57. Better Medicare Alliance, Exploring Rural Beneficiary Experiences Across Medicare Advantage and FFS Medicare, May 2024. Available at: <https://bettermedicarealliance.org/publication/exploring-rural-beneficiary-experiences-across-medicare-advantage-and-ffs-medicare/>
58. Kaiser Family Foundation, Medicare Advantage in 2024: Key Facts About Medicare Part D Enrollment, Premiums and Cost Sharing in 2024, July 2, 2024. Available at: <https://www.kff.org/medicare/issue-brief/key-facts-about-medicare-part-d-enrollment-premiums-and-cost-sharing-in-2024/>
59. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
60. Avalere Health, Comparing Detection, Treatment, Outcomes, and Spending for Patients with Type 2 Diabetes Between Medicare Advantage and Fee-for-Service Medicare, January 2023. Available at: <https://avalere.com/wp-content/uploads/2023/01/Diabetes-Progression-Whitepaper.pdf>
61. Id.
62. Avalere Health, Analysis of Medicare Advantage Enrollee Demographics, Utilization, Spending, and Quality Compared to Fee-for-Service Medicare Among Enrollees with Chronic Conditions, June 2023. Available at: <https://avalere.com/wp-content/uploads/2023/06/MA-FFS-Report.pdf>
63. Better Medicare Alliance, Medicare Advantage Provides High-Quality Care and Cost Protections to Cancer Patients and Survivors, September 2023. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2023/08/BMA-Cancer-Brief-July-2023.pdf>
64. Id.
65. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
66. Id.
67. ATI, New, Non-Medical Supplemental Benefits in Medicare Advantage in 2024, February 2, 2024. Available at: <https://atiadvisory.com/resources/advancing-non-medical-supplemental-benefits-in-medicare-advantage/>; Milliman, Overview of Medicare Advantage Supplemental Healthcare Benefits and Review of Contract Year 2023 Offerings, March 2023. Available at: <https://www.milliman.com/en/insight/ma-supplemental-healthcare-benefits-review-cy2023>
68. ATI Advisory, Nonmedical Supplemental Benefits in Medicare Advantage in 2024, October 2023. Available at: <https://atiadvisory.com/resources/wp-content/uploads/2024/01/PY2024-Nonmedical-Supplemental-Benefits-Chartbook-ATI-Advisory.pdf>
69. Kaiser Family Foundation, Medicare Advantage 2024 Spotlight: First Look, November 15, 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/>
70. ATI Advisory, Nonmedical Supplemental Benefits in Medicare Advantage in 2024, October 2023. Available at: <https://atiadvisory.com/resources/wp-content/uploads/2024/01/PY2024-Nonmedical-Supplemental-Benefits-Chartbook-ATI-Advisory.pdf>

# NOTES AND CITATIONS

71. Centers for Medicare & Medicaid Services, Medicare Advantage Value-Based Insurance Design Model. Available at: [https://www.cms.gov/priorities/innovation/innovation-models/vbid#:~:text=For%20CY%202024%2C%20the%20VBI,plan%20benefit%20packages%20\(PBPs\)](https://www.cms.gov/priorities/innovation/innovation-models/vbid#:~:text=For%20CY%202024%2C%20the%20VBI,plan%20benefit%20packages%20(PBPs)).
72. Milliman, Value of Medicare Advantage to the Federal Government, April 2024. Available at: [https://www.milliman.com/-/media/milliman/pdfs/2024-articles/4-29-24\\_value-of-ma-to-the-federal-government.ashx](https://www.milliman.com/-/media/milliman/pdfs/2024-articles/4-29-24_value-of-ma-to-the-federal-government.ashx)
73. Id.
74. See Avalere Health, Comparing Detection, Treatment, Outcomes, and Spending for Patients with Type 2 Diabetes Between Medicare Advantage and Fee-for-Service Medicare, January 2023. Available at <https://avalere.com/wp-content/uploads/2023/01/Diabetes-Progression-Whitepaper.pdf>; see also Avalere Health, Analysis of Medicare Advantage Enrollee Demographics, Utilization, Spending, and Quality Compared to Fee-for-Service Medicare Among Enrollees with Chronic Conditions, June 2023. Available at <https://avalere.com/wp-content/uploads/2023/06/MA-FFS-Report.pdf>
75. Health Care Payment Learning & Action Network, APM Measurement Effort: Progress of Alternative Payment Models, 2022 Methodology and Results Report, October 30, 2023. Available at: <https://hcp-lan.org/workproducts/apm-methodology-2023.pdf>
76. Centers for Medicare & Medicaid Services, 2024 Medicare Advantage and Part D Star Ratings, October 13, 2023. Available at: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-star-ratings>
77. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>
78. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>
79. Avalere Health, Analysis of Medicare Advantage Enrollee Demographics, Utilization, Spending, and Quality Compared to Fee-for-Service Medicare Among Enrollees with Chronic Conditions, June 2023. Available at: <https://avalere.com/wp-content/uploads/2023/06/MA-FFS-Report.pdf>
80. Avalere Health, Comparing Detection, Treatment, Outcomes, and Spending for Patients with Type 2 Diabetes Between Medicare Advantage and Fee-for-Service Medicare, January 2023. Available at: <https://avalere.com/wp-content/uploads/2023/01/Diabetes-Progression-Whitepaper.pdf>
81. Better Medicare Alliance, Medicare Beneficiary Spending 2024, June 2024. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>
82. Better Medicare Alliance, Primary Care Strategies and Outcomes in Medicare Advantage, December 2023. Available at: <https://bettermedicarealliance.org/publication/primary-care-strategies-and-outcomes-in-medicare-advantage/>
83. Better Medicare Alliance, Medicare Advantage Provides High-Quality Care and Cost Protections to Cancer Patients and Survivors, September 2023. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2023/08/BMA-Cancer-Brief-July-2023.pdf>
84. Better Medicare Alliance, Primary Care Strategies and Outcomes in Medicare Advantage, December 2023. Available at: <https://bettermedicarealliance.org/publication/primary-care-strategies-and-outcomes-in-medicare-advantage/>
85. Better Medicare Alliance, Medicare Advantage Enrollment Map. Available at: <https://medicareadvantageenrollmentmap.com/map/>