



New Survey Compares Experiences of Medicare Advantage and Traditional Medicare Enrollees; Finds Medicare Advantage Enrollees More Likely to Report Care Delays, Undergo Health Assessments

Regardless of Coverage Type, Two in Three Enrollees Say Medicare Is Fully Meeting Expectations

A new survey from the Commonwealth Fund compares the experiences of traditional Medicare and Medicare Advantage enrollees when it comes to access to benefits, services, and providers; care coordination; and overall satisfaction.

The survey of more than 3,000 Medicare beneficiaries found that 65 percent of those with either Medicare Advantage or traditional Medicare said their coverage fully met their expectations. About one in three said they were only somewhat satisfied and pointed to reasons including lack of coverage for needed services, high costs, and uncertainty over covered benefits.

Medicare beneficiaries are now evenly split between traditional Medicare and private Medicare Advantage plans. However, it costs the federal government more to provide coverage through Medicare Advantage than traditional Medicare. This is in part because Medicare Advantage plans typically provide benefits that traditional Medicare doesn't, such as dental and vision. The study aimed to better understand how beneficiaries feel about the value of their coverage.

Among the key findings in the report, *What Do Medicare Beneficiaries Value About Their Coverage?*:

- **Care delays in Medicare Advantage:** A larger share of Medicare Advantage beneficiaries (22%) reported delays in care because of needed insurance approvals compared to traditional Medicare beneficiaries (13%).
- **Wait times to see a doctor:** Beneficiaries with Medicare Advantage and traditional Medicare reported a similar level of access to

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The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

needed health care, with more than a third in both groups (36% in Medicare Advantage vs. 34% in traditional Medicare) reporting they had to wait more than a month to see a doctor.

- **Health assessments:** Three in five beneficiaries in Medicare Advantage plans (62%) and one-quarter in traditional Medicare (27%) said they were asked to undergo a health assessment. These assessments are commonly used to gather information about beneficiaries' health status and develop coordinated care management activities for chronic conditions. While this often resulted in discussions with their doctors, it rarely led to changes in care plans or availability of more services or benefits.
- **Supplemental benefits usage:** Seven in 10 (69%) beneficiaries in Medicare Advantage said they used some of their plan's supplemental benefits in the past year; three in 10 did not use any. Dental and vision care and an allowance for over-the-counter medications were among the most utilized benefits.

The full report will be available after the embargo lifts at: <https://www.commonwealthfund.org/publications/surveys/2024/feb/what-do-medicare-beneficiaries-value-about-their-coverage>

ADDITIONAL PERTINENT RESEARCH

Can Medicare Beneficiaries Afford Their Health Care?

Medicare's Affordability Problem: A Look at the Cost Burdens Faced by Older Enrollees

The Private Plan Pitch: Seniors' Experiences with Medicare Marketing and Advertising

Traditional Medicare or Medicare Advantage: How Older Americans Choose and Why

Gretchen Jacobson, lead study author and Vice President of the Advancing Medicare program at the Commonwealth Fund

"It is critical that people receive the care they need at a cost they can afford, no matter which type of coverage they choose. As more older adults shift into Medicare Advantage plans and its cost to the federal government grows, it is important to ensure that both programs deliver value to Medicare beneficiaries."