

Medicare Data Hub

October 2020



The
Commonwealth
Fund

Table of Contents



Traditional Medicare

- Enrollment
- Financing, Spending, and Affordability



Medicare Part D

- Enrollment
- Benefits
- Low Income Subsidy



Medicare Advantage

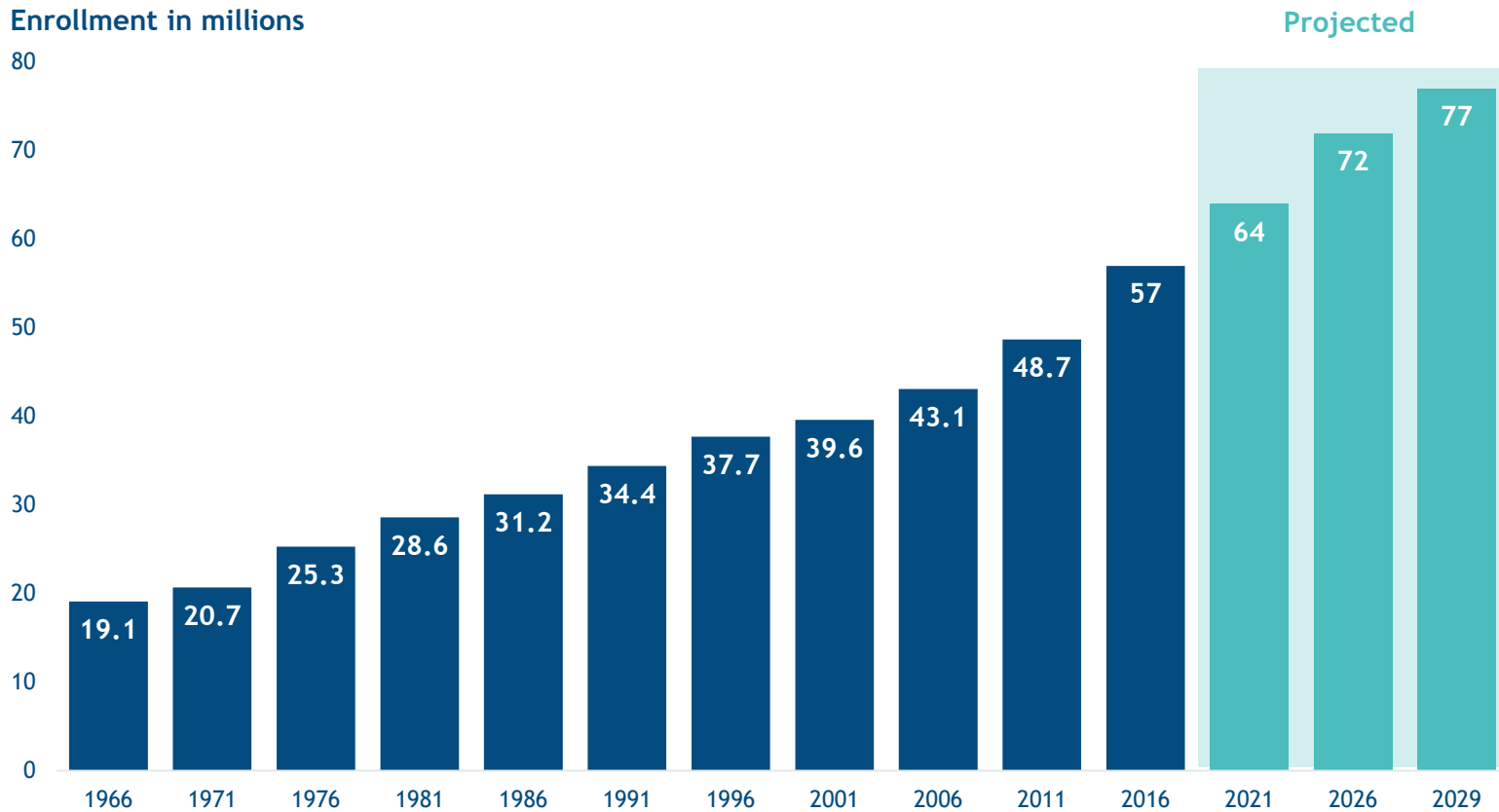
- Enrollment
- Benefits
- Plan Availability
- Special Needs Plans



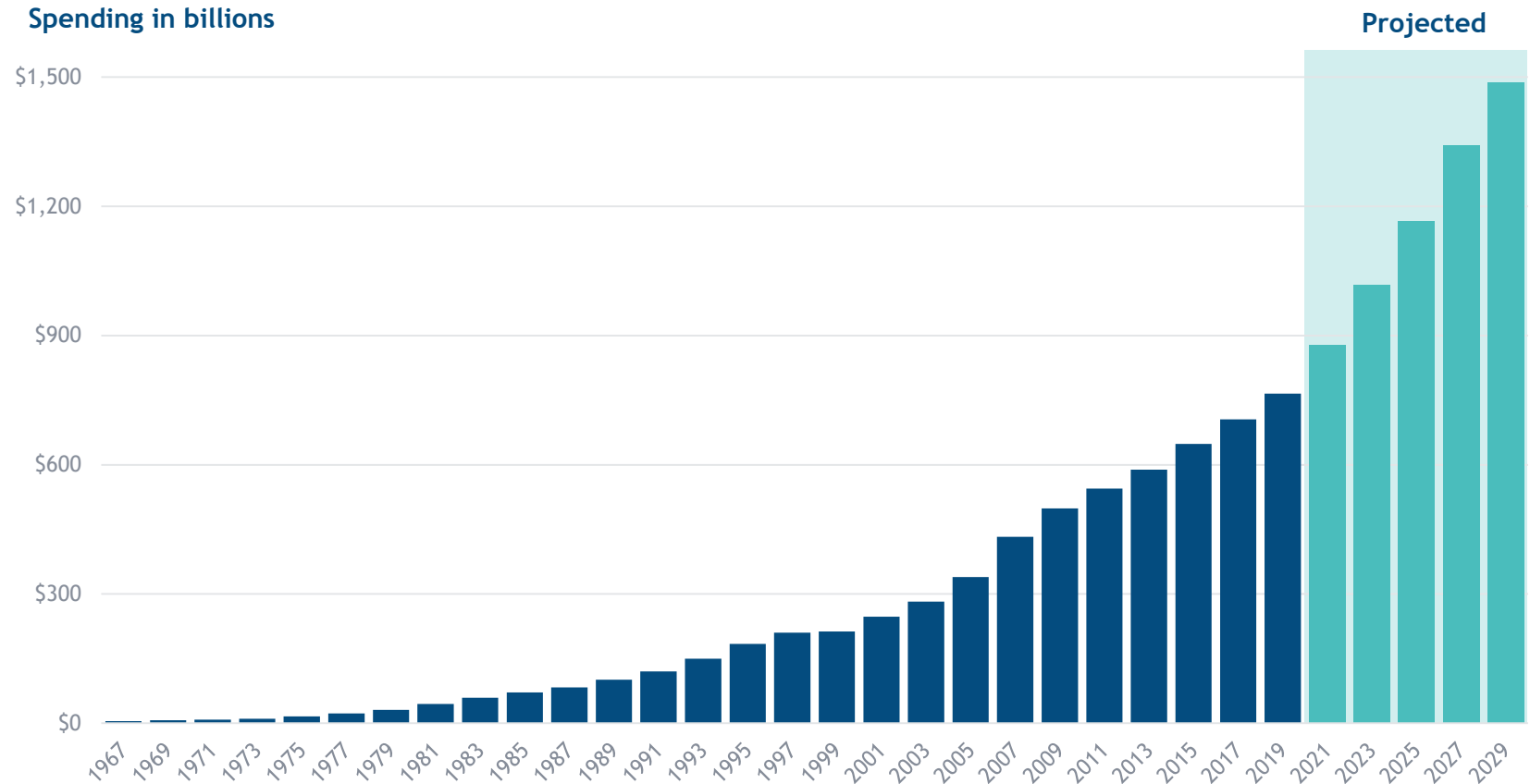
International Comparisons

- Private Plans

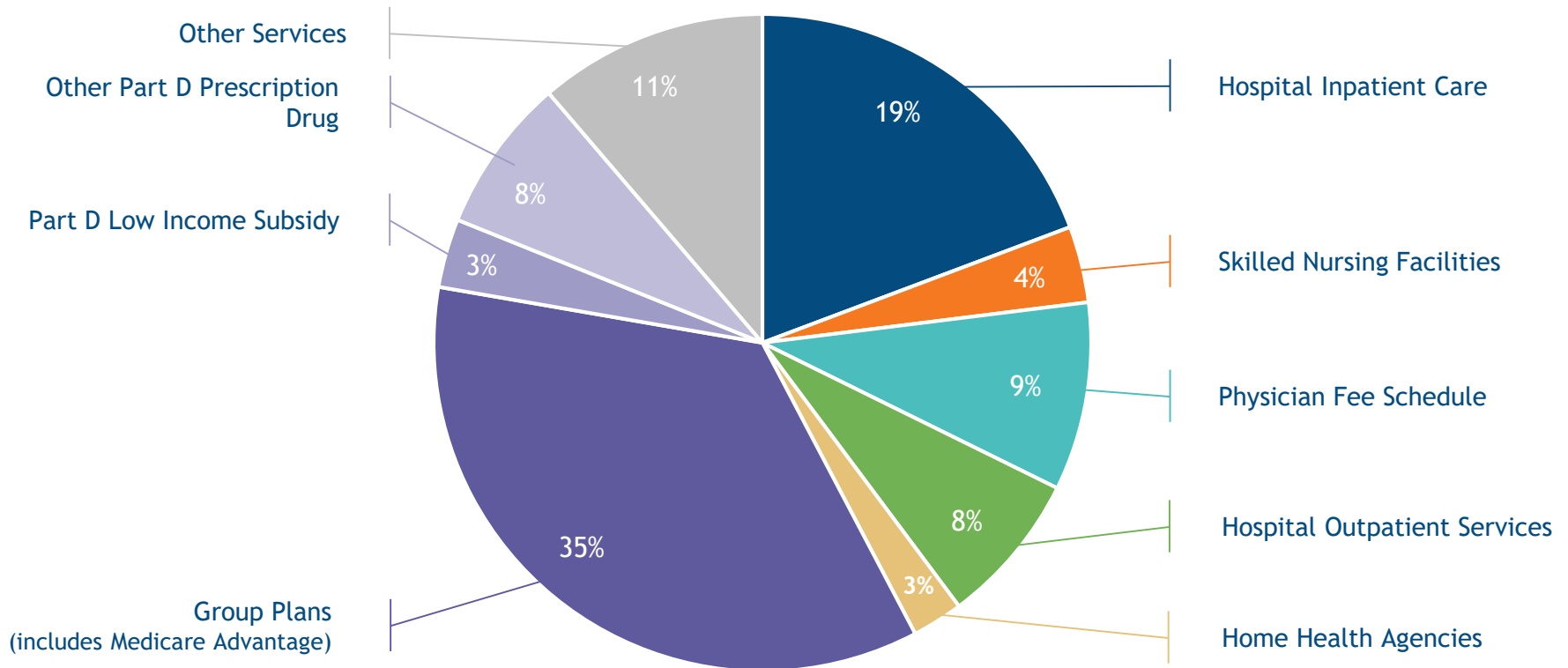
Enrollment in Medicare is projected to increase an average of 1.5 million beneficiaries per year from 2021 to 2029.



Medicare spending is projected to nearly double between 2019 and 2029.

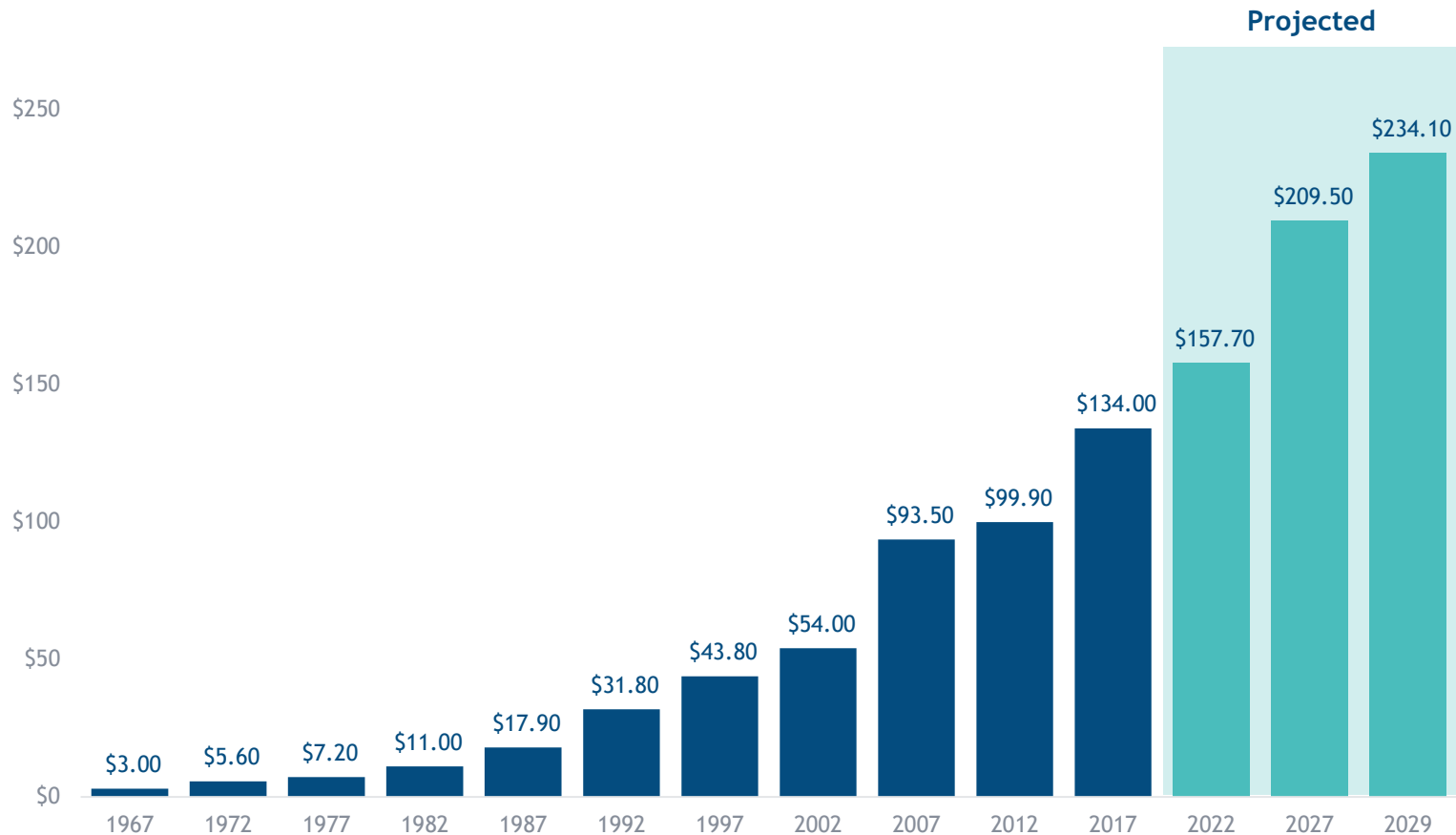


Capitated payments to Medicare Advantage and Part D plans comprise more than two-fifths of federal spending for Medicare



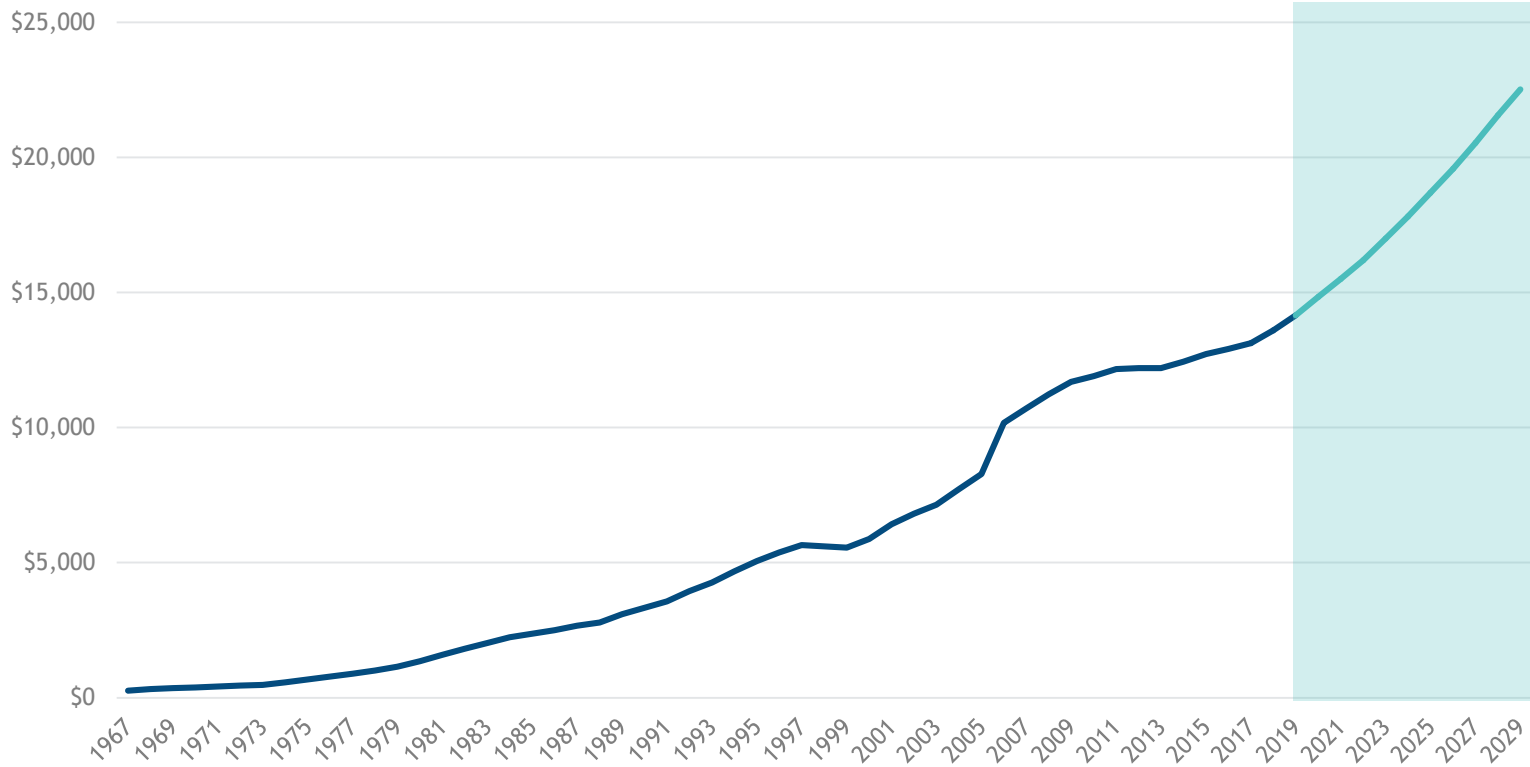
Total Medicare Benefits, 2020: \$814 Billion

All Medicare beneficiaries are required to pay the Part B premium, in addition to any premium for their Medicare Advantage or Part D plan.

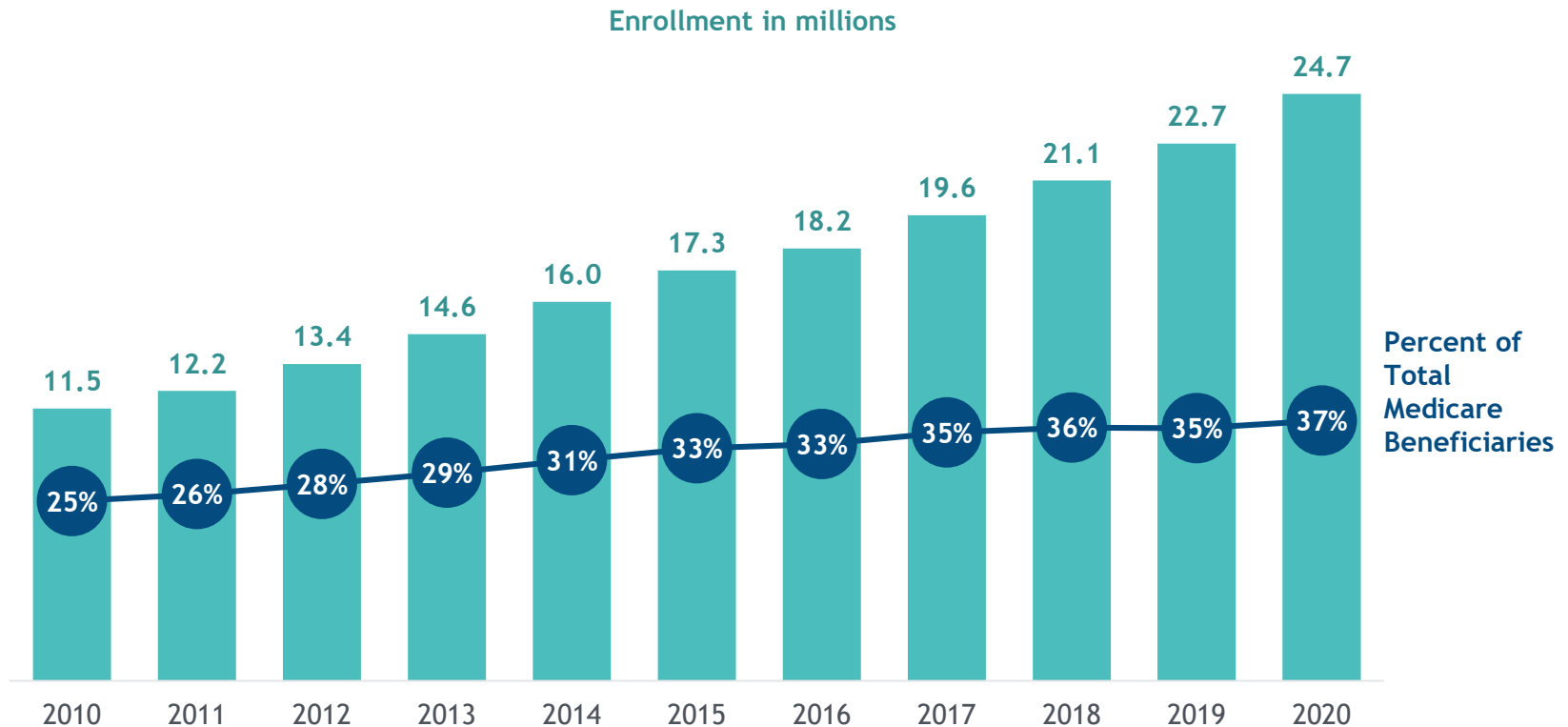


Federal Medicare spending per beneficiary is projected to increase nearly 60 percent from 2019 to 2029.

Total cost per beneficiary

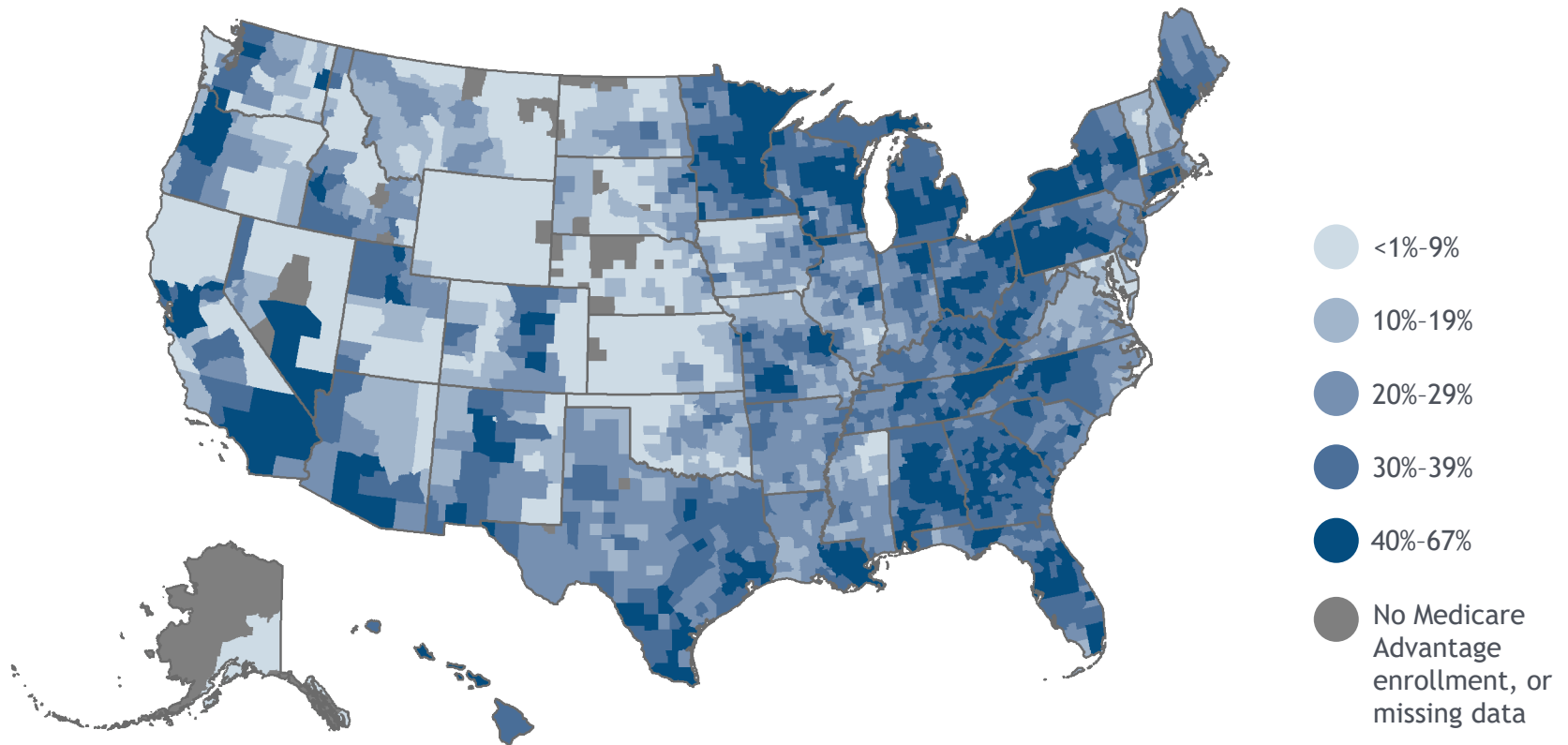


Enrollment in private Medicare Advantage plans more than doubled between 2010 and 2020.



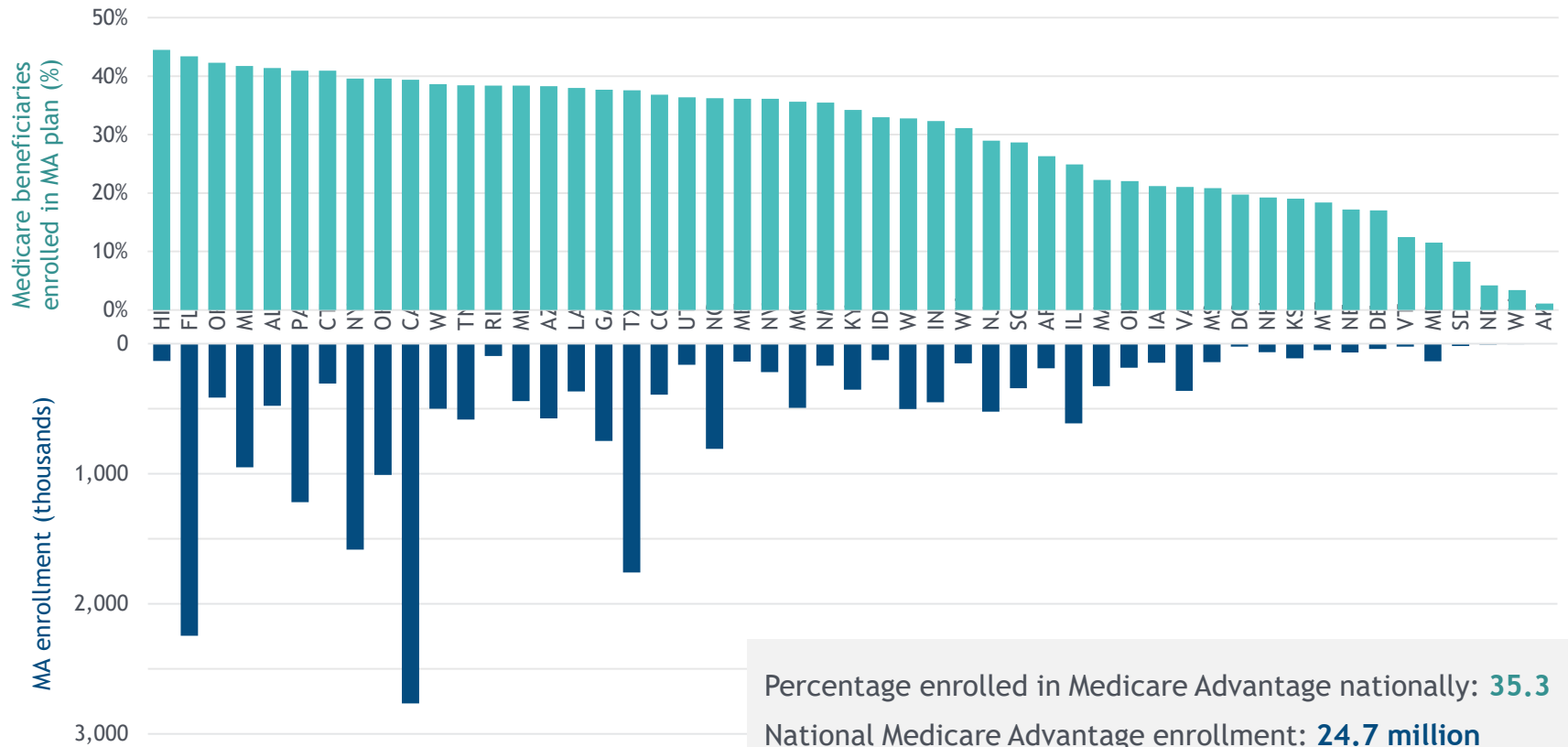
Medicare Advantage Enrollment

Enrollment in Medicare Advantage plans varies widely, with rates lowest in the midwestern and western counties.



Medicare Advantage Enrollment

The percentage of Medicare beneficiaries enrolled in a Medicare Advantage plan varies from 45 percent in Hawaii to 1 percent in Alaska.



Enrollment in HMOs has doubled over the past decade.

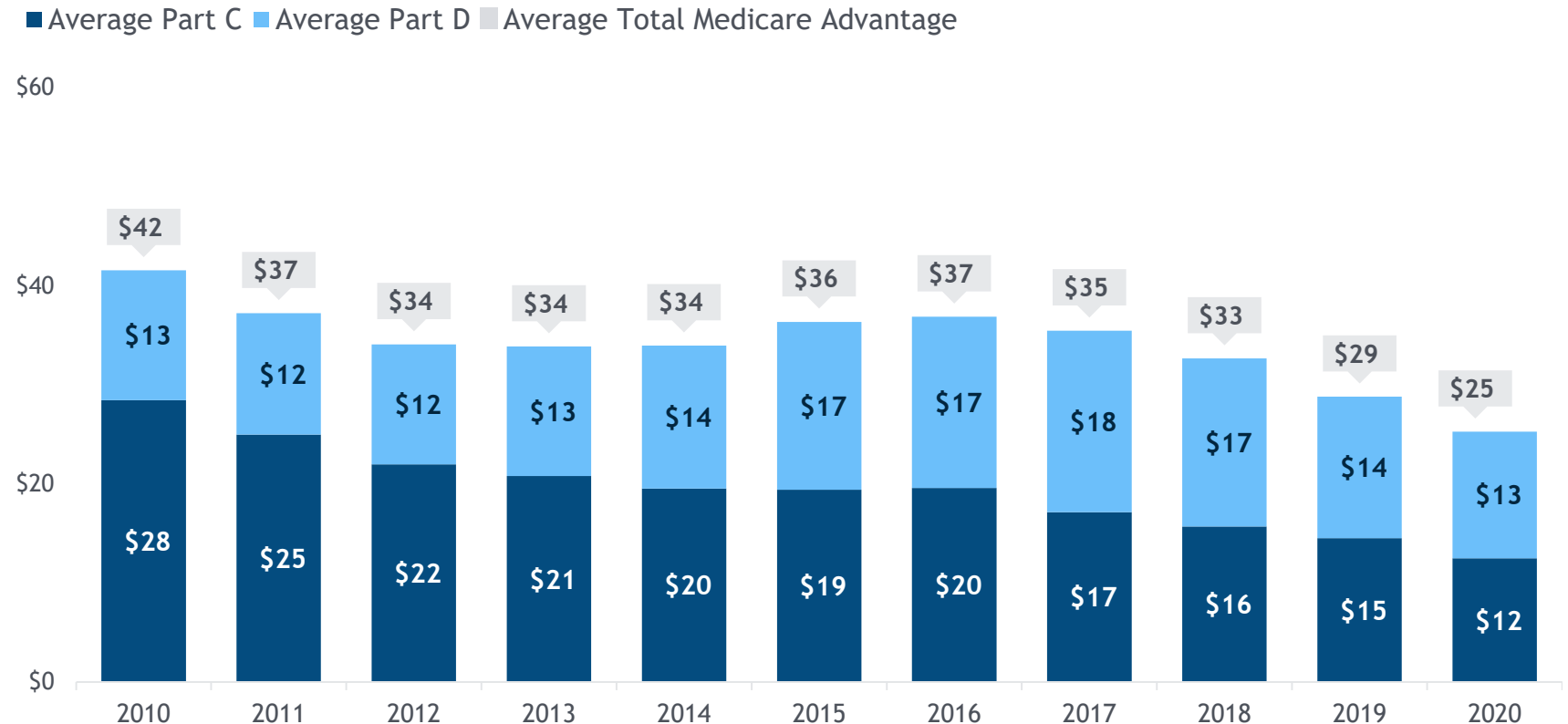
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
(Enrollment in millions)											
HMO	7.3	7.8	8.5	9.4	10.1	11.1	11.8	12.4	13.1	14.0	15.2
PPO	1.3	2.2	2.8	3.2	3.7	4.1	4.2	5.0	5.7	6.9	8.0
Private Fee-for Service	1.7	0.6	0.5	0.4	0.3	0.3	0.2	0.2	0.2	0.1	0.1
Regional PPO	0.8	1.1	0.9	1.1	1.2	1.2	1.3	1.4	1.3	1.3	1.2
Total	11.0	11.7	12.8	14.1	15.4	16.7	17.5	18.9	20.3	22.3	24.4

Source: CMS Monthly Contract and Summary Enrollment Reports, March 2009-2020.

Note: Enrollment estimates do not include records denoted as pending state or county designation; totals include beneficiaries enrolled in employer/union-only group plans. Total does not include all Medicare Advantage plan types; actual enrollment is higher than shown in this table.

Average Medicare Advantage premiums fell by approximately 40 percent between 2010 and 2020.

Weighted by plan enrollment



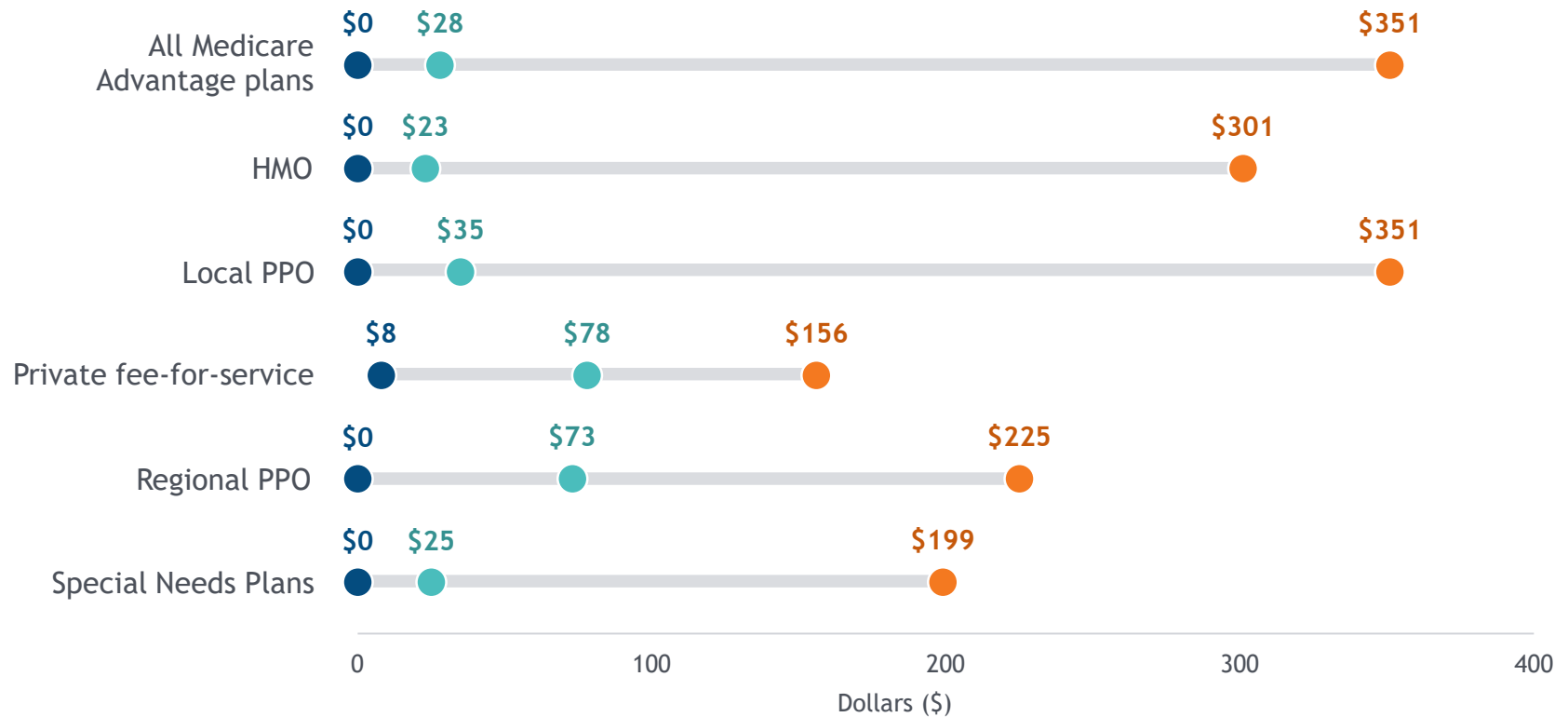
Source: CMS Plan and Premium Information for Medicare Plans Offering Part D Coverage, 2010-2020.

Notes: Data represent average plan premiums weighted by plan enrollment and are not adjusted by inflation. Data do not include Special Needs Plans, employer-sponsored plans, Part B-only plans, or plans not offering a Part D drug benefit. The Part C premium covers Medicare medical and hospital care; the Part D premium is a total (basic and supplemental) premium.

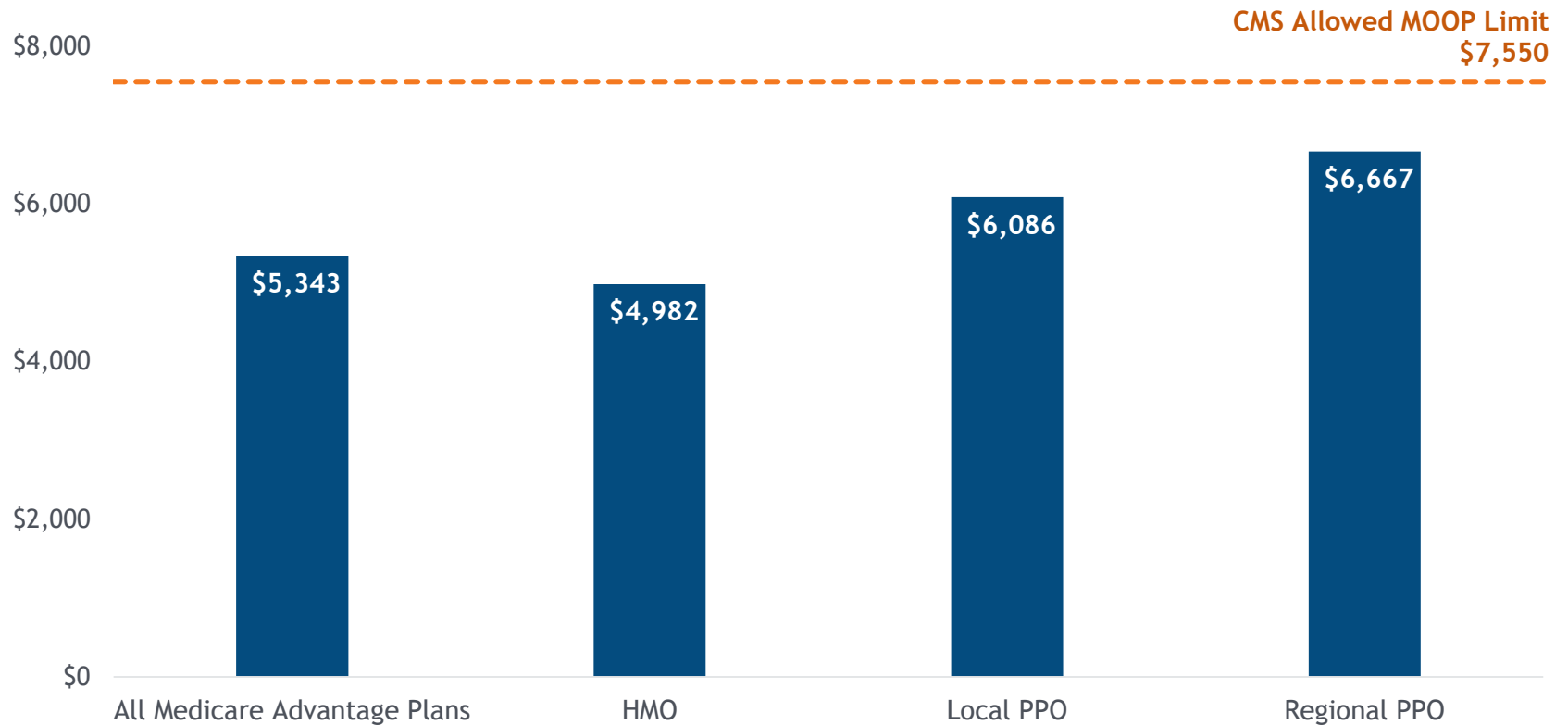
Medicare Advantage Benefits

Among Medicare Advantage plan types, average 2021 premiums are lowest for HMOs and Special Needs Plans.

● Minimum \$ ● Mean \$ ● Maximum \$ — Range



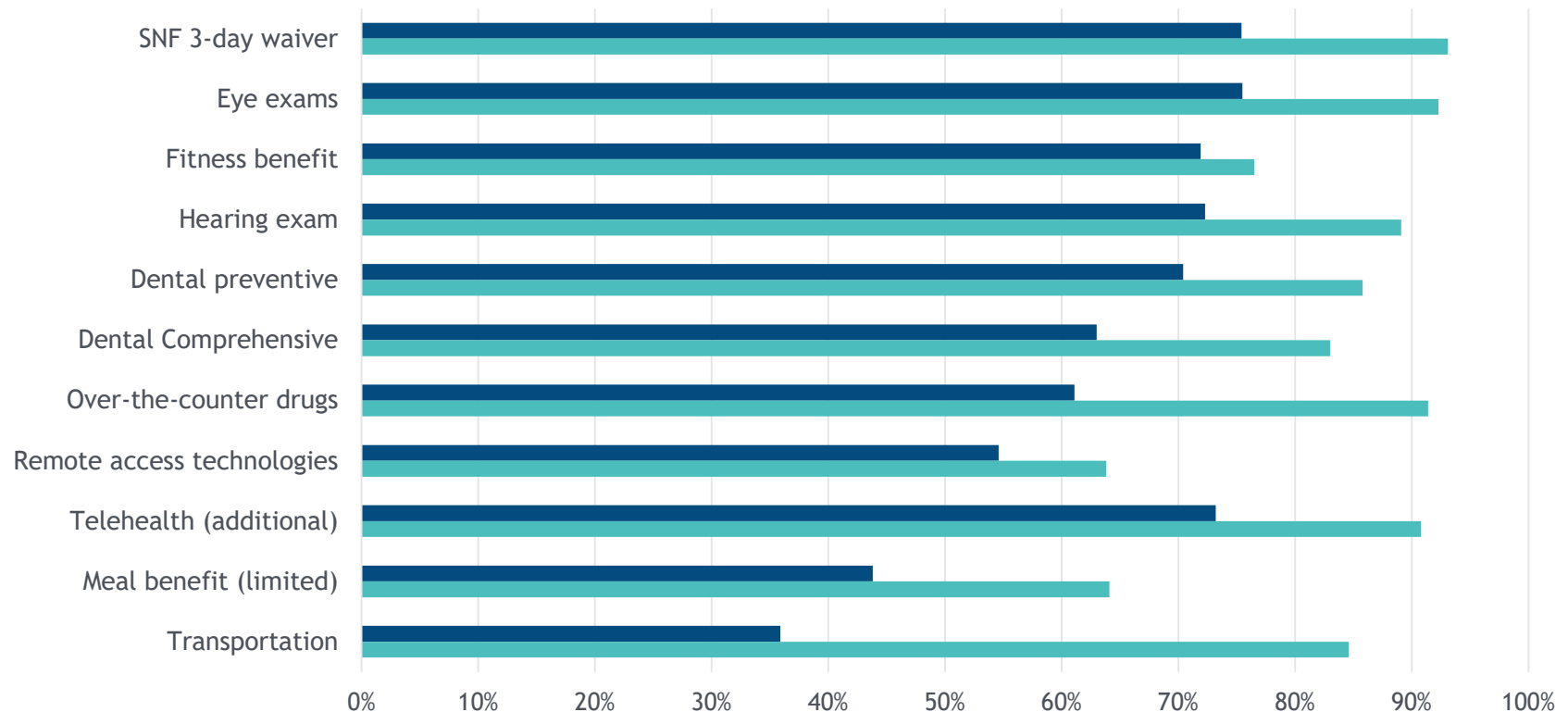
HMOs' average in-network maximum out-of-pocket (MOOP) amount is about one-third less than the Medicare limit for 2021.



Medicare Advantage Benefits

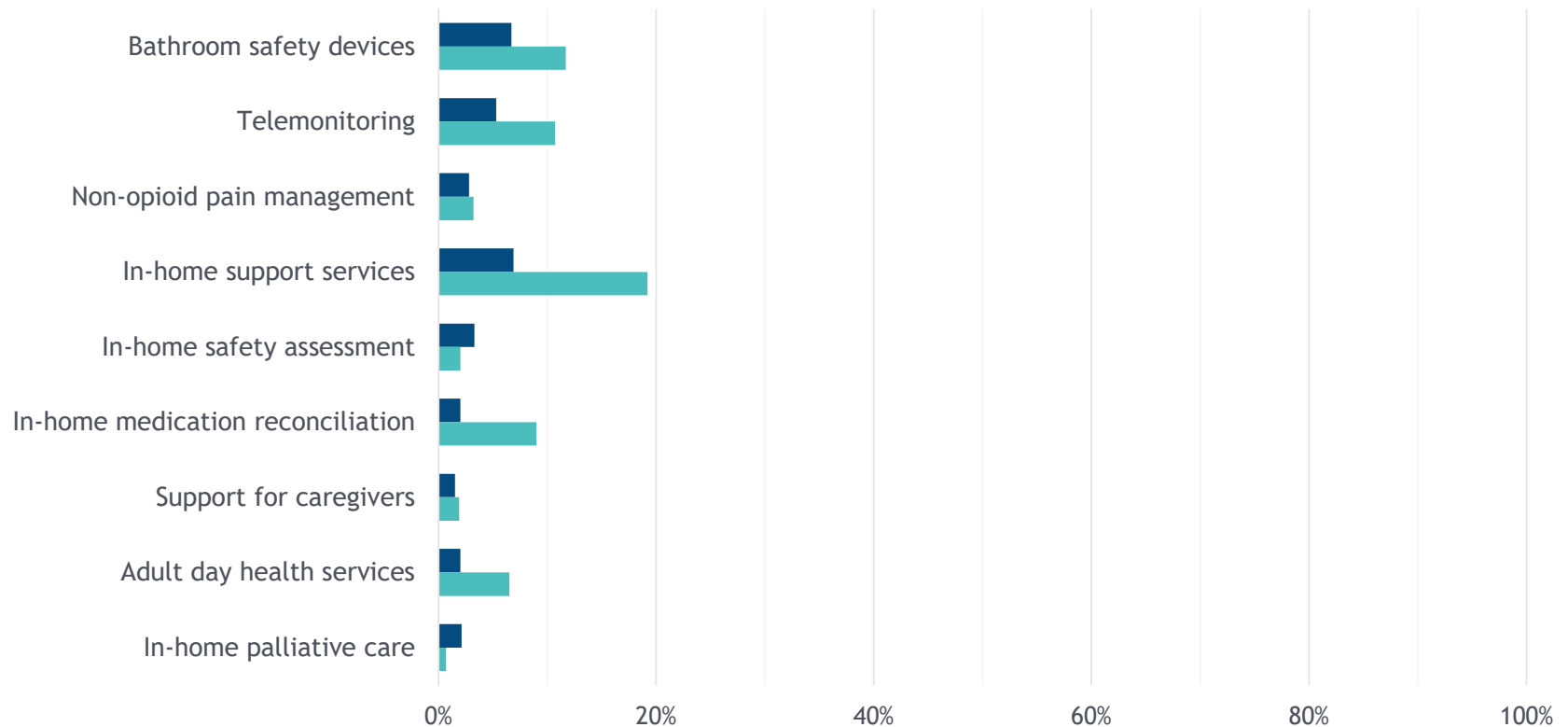
In 2021, more Special Needs Plans than other Medicare Advantage plans offer popular supplemental benefits, such as eye exams, hearing exams, over-the-counter drugs, and transportation.

■ All Other Medicare Advantage Plans ■ Special Needs Plans



Fewer than one in ten Medicare Advantage plans offer support for caregivers, in-home safety assessments, or other services that help people live independently in their homes.

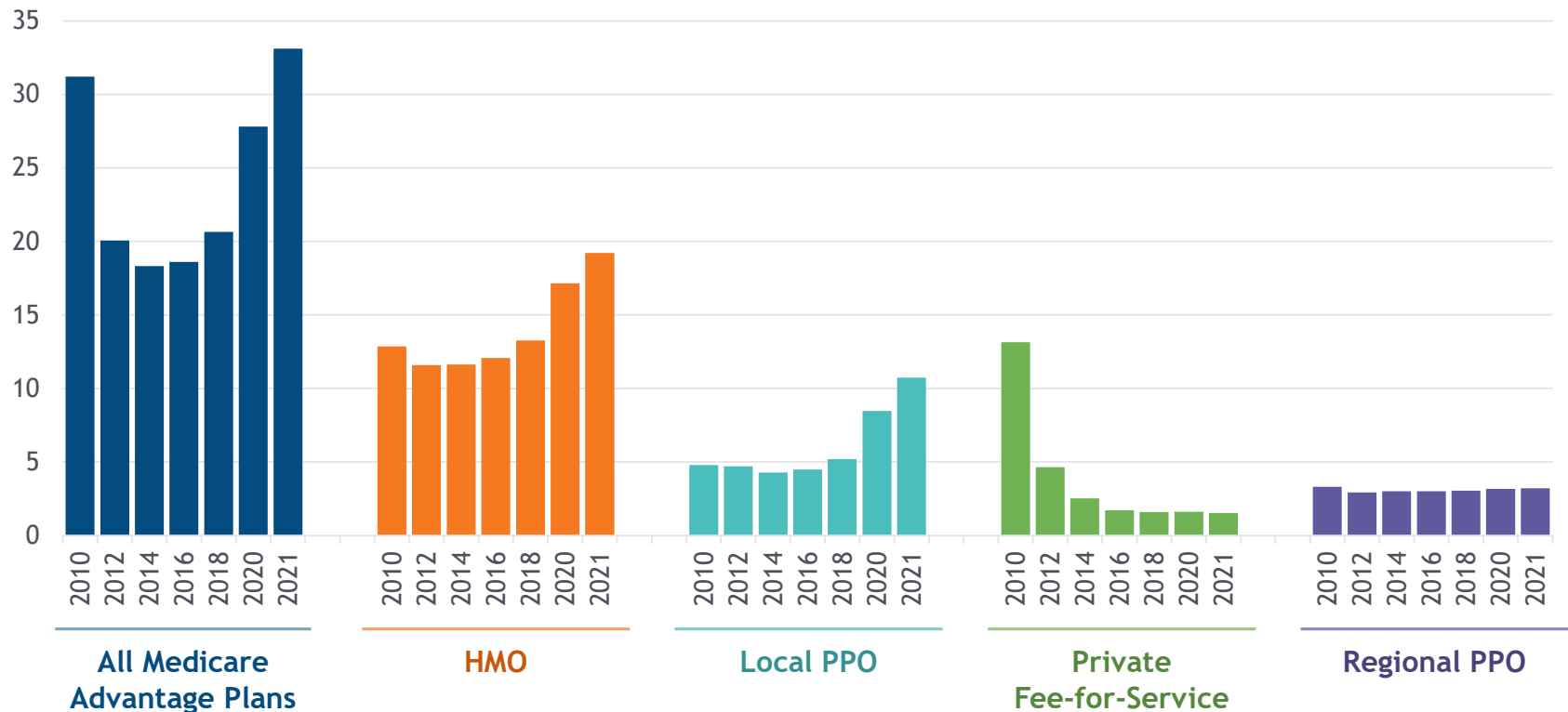
■ All Other Medicare Advantage Plans ■ Special Needs Plans



Medicare Advantage Plan Availability

The number of Medicare Advantage plans available to Medicare beneficiaries has increased over the past decade, with 33 plans available, on average, in 2021.

Average number of plans

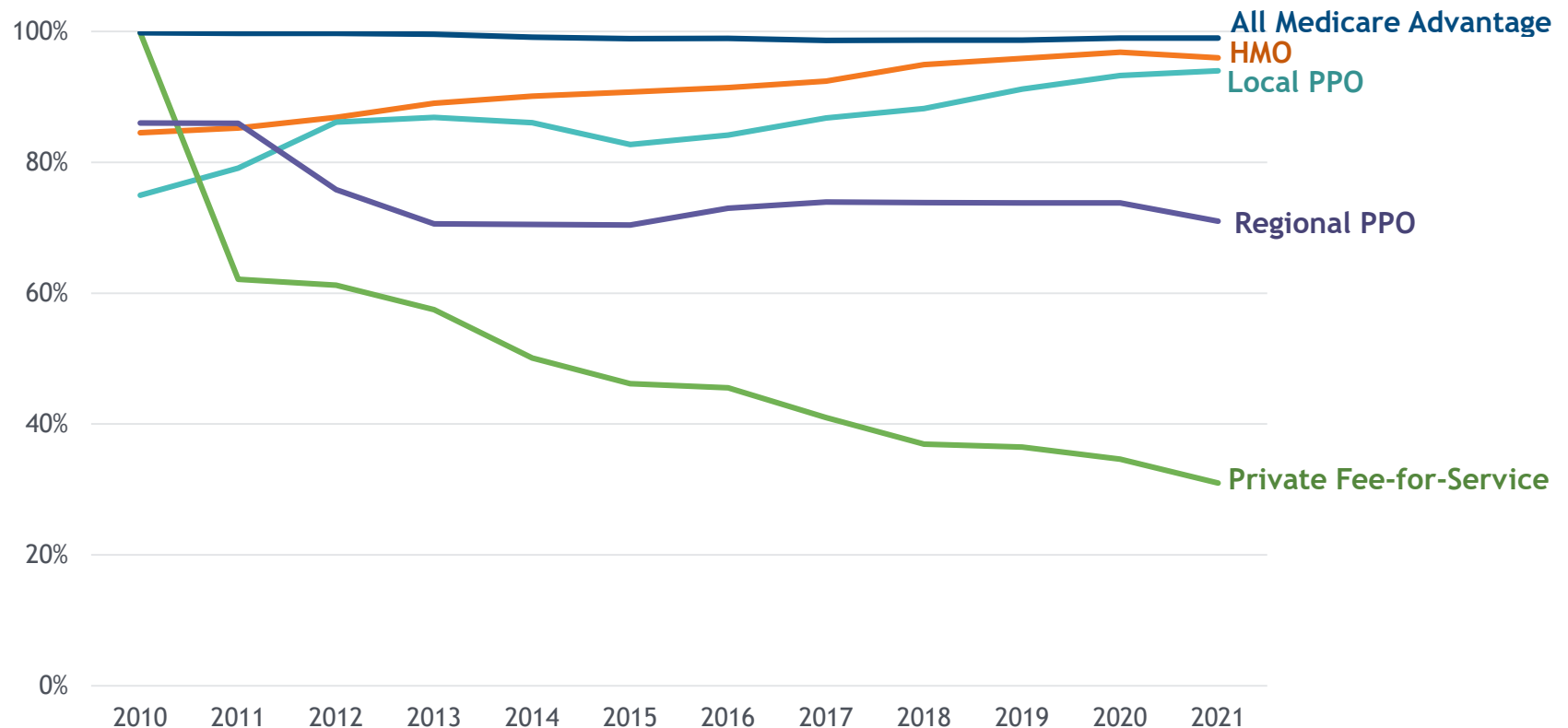


Source: CMS MA Landscape Source Files, 2010-2021.

Note: Data represent the average number of plans operating in counties across the U.S. and Puerto Rico, weighted by the number of Medicare beneficiaries in each year. (Data for 2021 are weighted by September 2020 beneficiaries.) PACE, Special Needs Plans, Part B-only plans, employer-sponsored plans, plans under sanction, and records denoted as pending state or county designation are excluded.

Medicare Advantage Plan Availability

Nearly all Medicare beneficiaries have access to at least one Medicare Advantage plan for 2021, typically an HMO or local PPO.

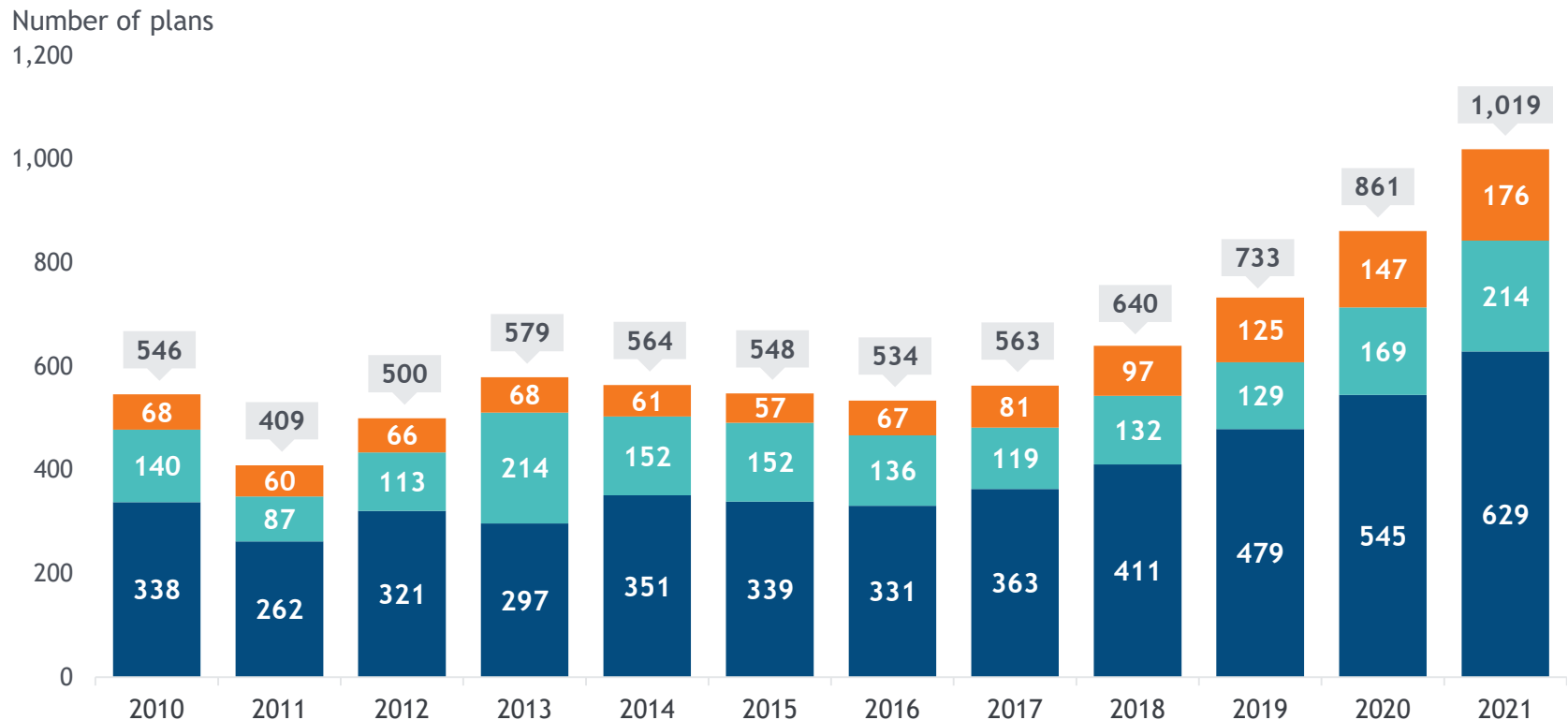


Sources: CMS MA Landscape Source File, 2010-2021.

Notes: Data for the following organization types are included: local Coordinated Care Plans (CCP); Regional CCP; Medical Savings Accounts (MSA); Private Fee-for-Service (PFFS); Demonstrations; National PACE; 1976 Cost; HCPP - 1933 Cost; Employer Direct PFFS.

The number of Special Needs Plans (SNPs) has increased steadily in the past six years, totaling 1,019 in 2021.

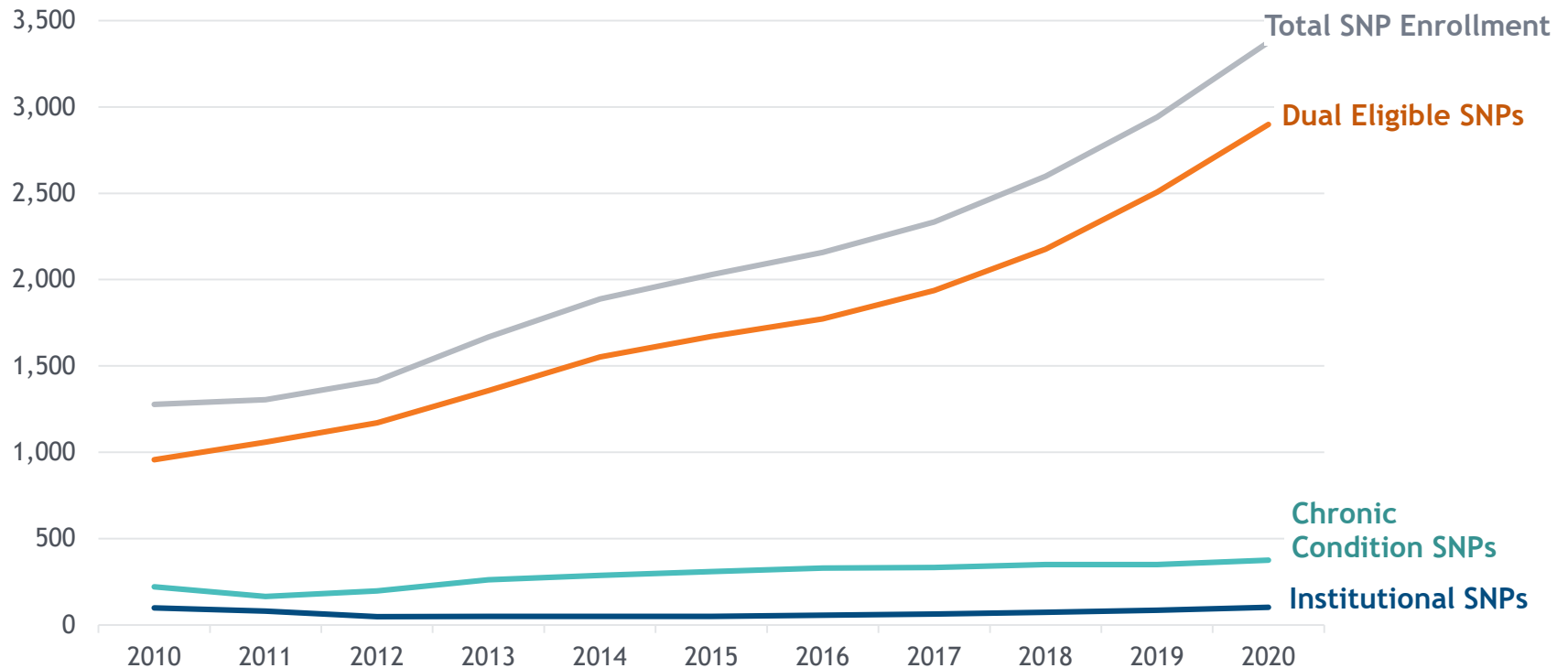
■ Dual Eligible SNPs ■ Chronic Condition SNPs ■ Institutional SNPs ■ Total Number of SNPs



Enrollment in Special Needs Plans (SNPs) has more than doubled in the past decade.

Most growth occurred in Dual Eligible SNPs

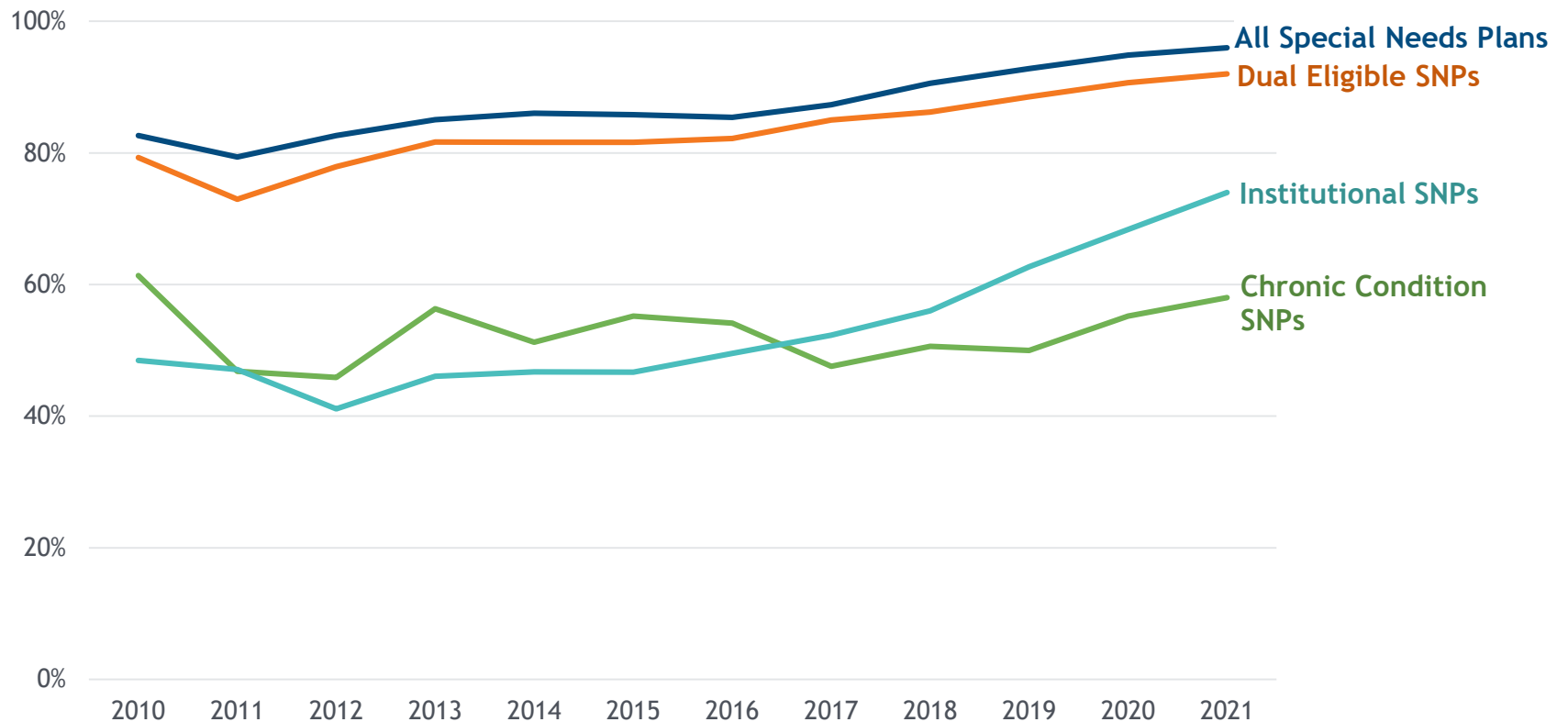
Enrollment in thousands



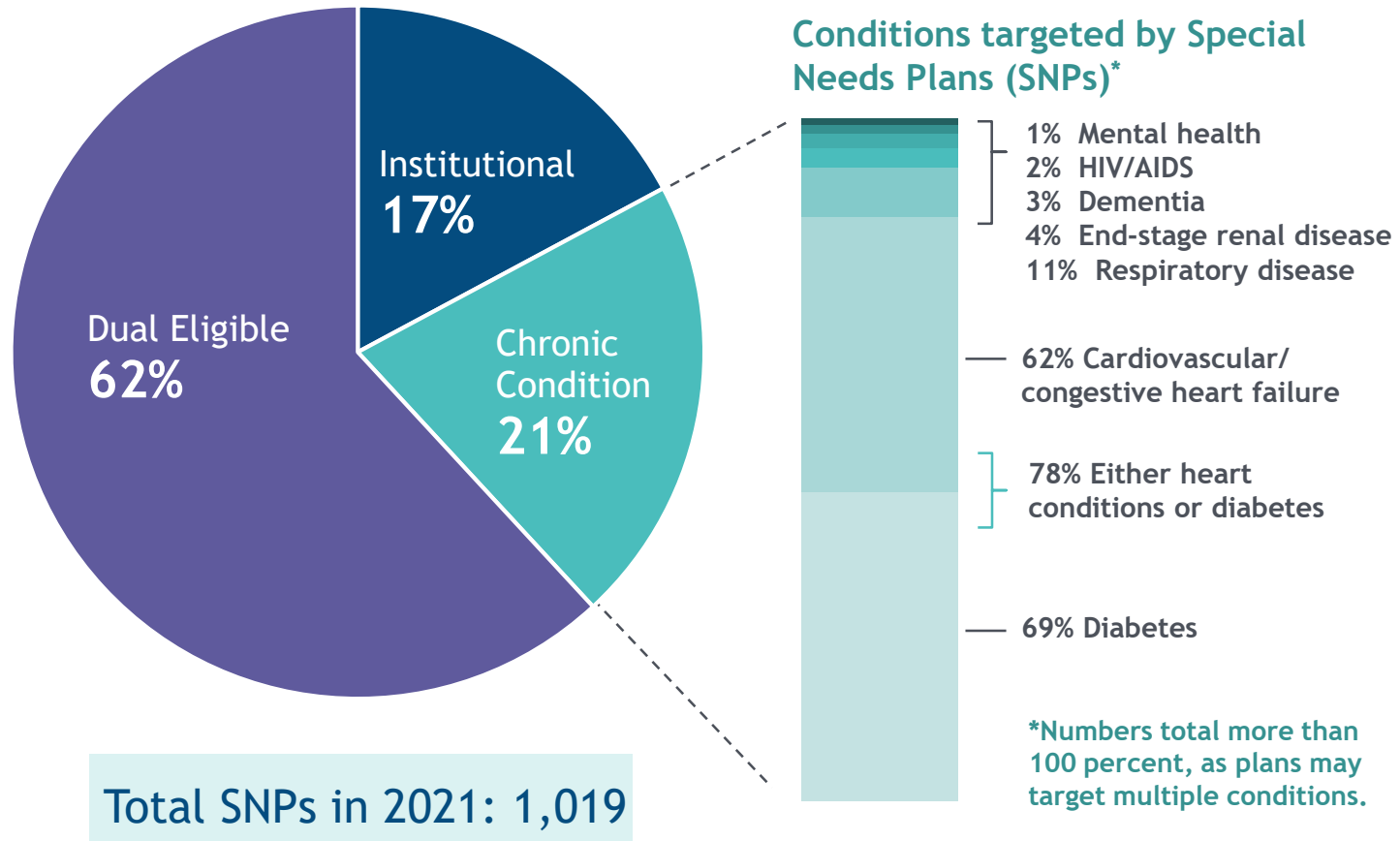
Source: CMS SNP Comprehensive Report, 2020 (March version).

Note: Dual eligibles describes individuals who receive both Medicare and Medicaid benefits. Medicare acts as the primary payer for most services, while Medicaid may help pay for premiums, cost-sharing, and benefits not covered by Medicare. Beneficiaries must be dually eligible for Medicare and Medicaid to enroll in a dual SNP (D-SNP).

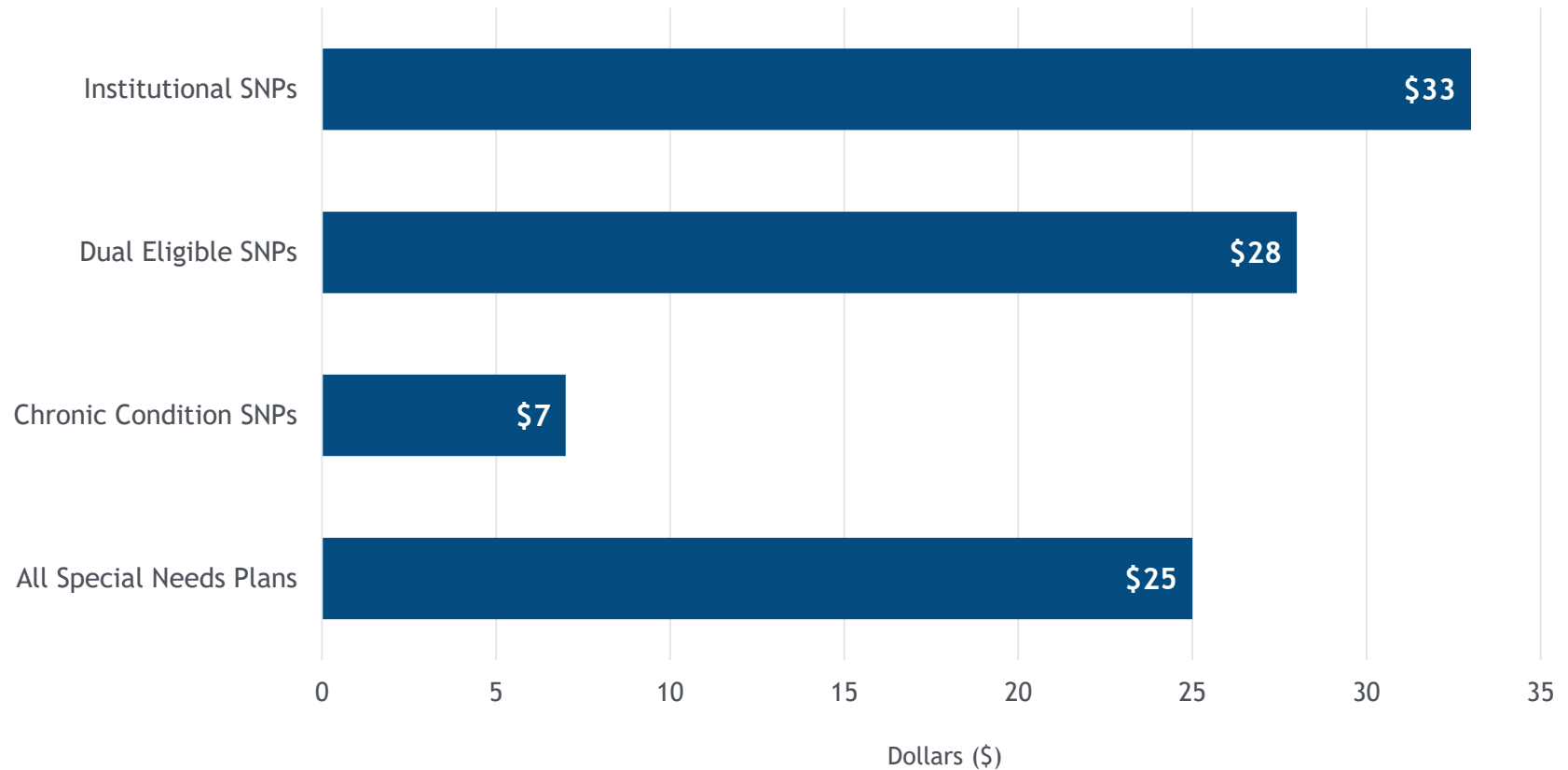
Ninety-six percent of Medicare beneficiaries have access to Special Needs Plans (SNPs) in 2021.



Few Chronic Condition Special Needs Plans focus on mental health conditions, HIV/AIDS, dementia, or end-stage renal disease.

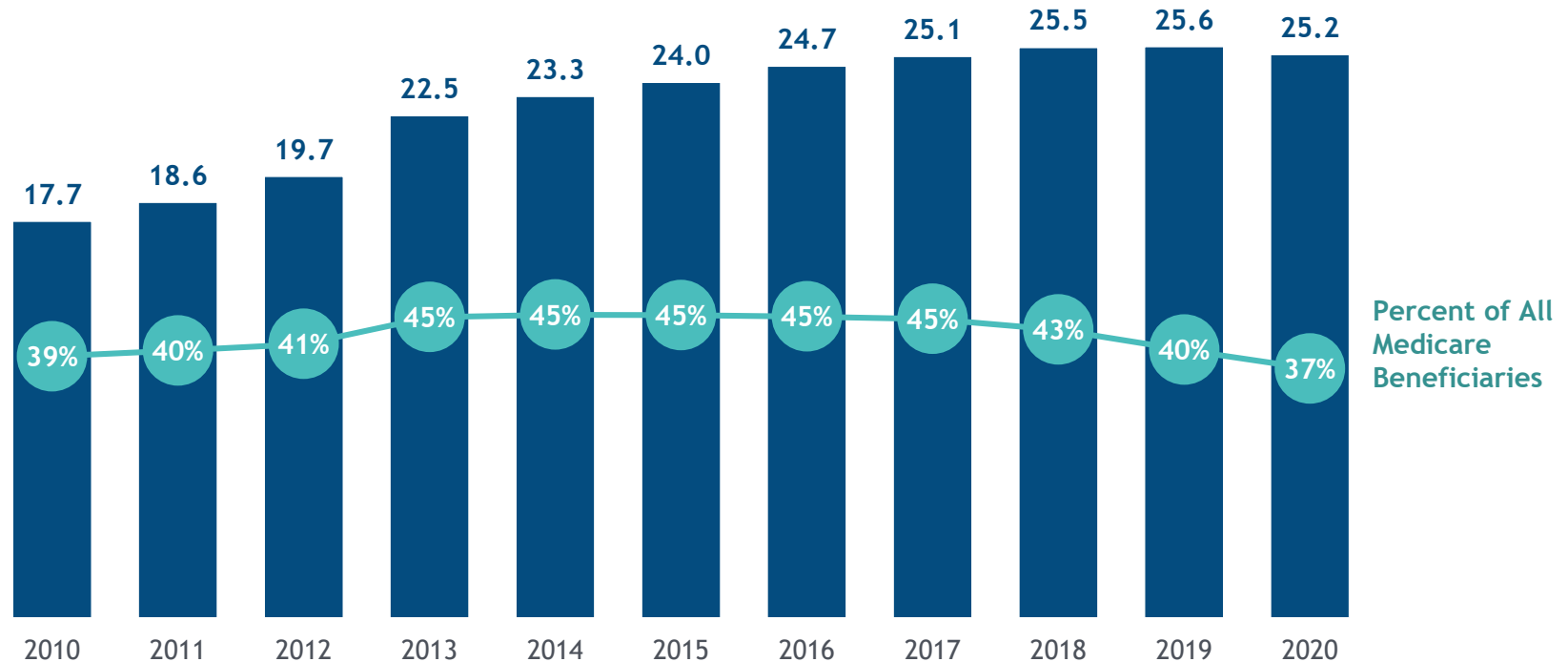


Average monthly premiums for Chronic Condition Special Needs Plans (SNPs) are one-fourth that of Dual Eligible SNPs in 2021.



Enrollment in Medicare stand-alone prescription drug plans has changed relatively little since 2015.

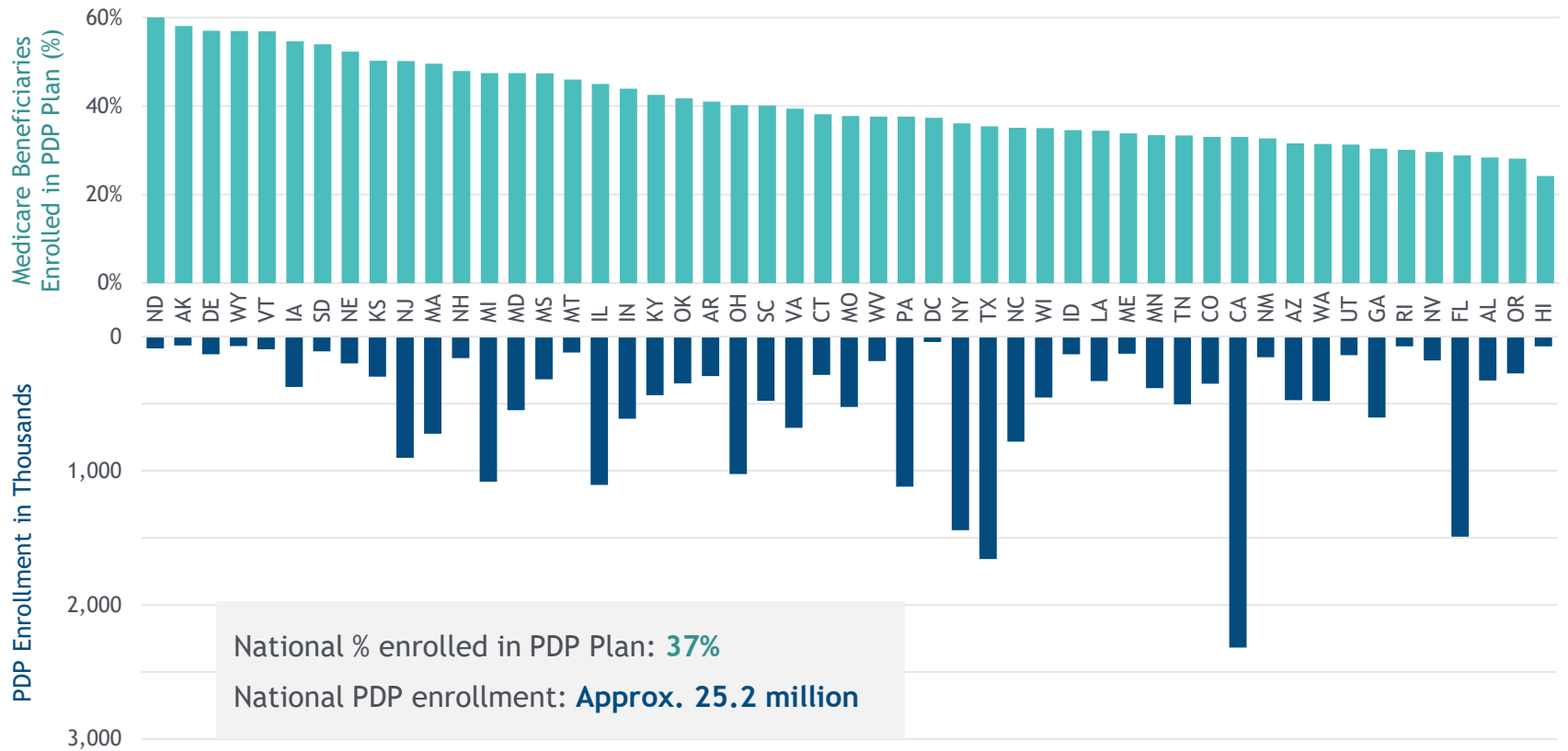
Prescription Drug Plan (PDP) Enrollment in Millions



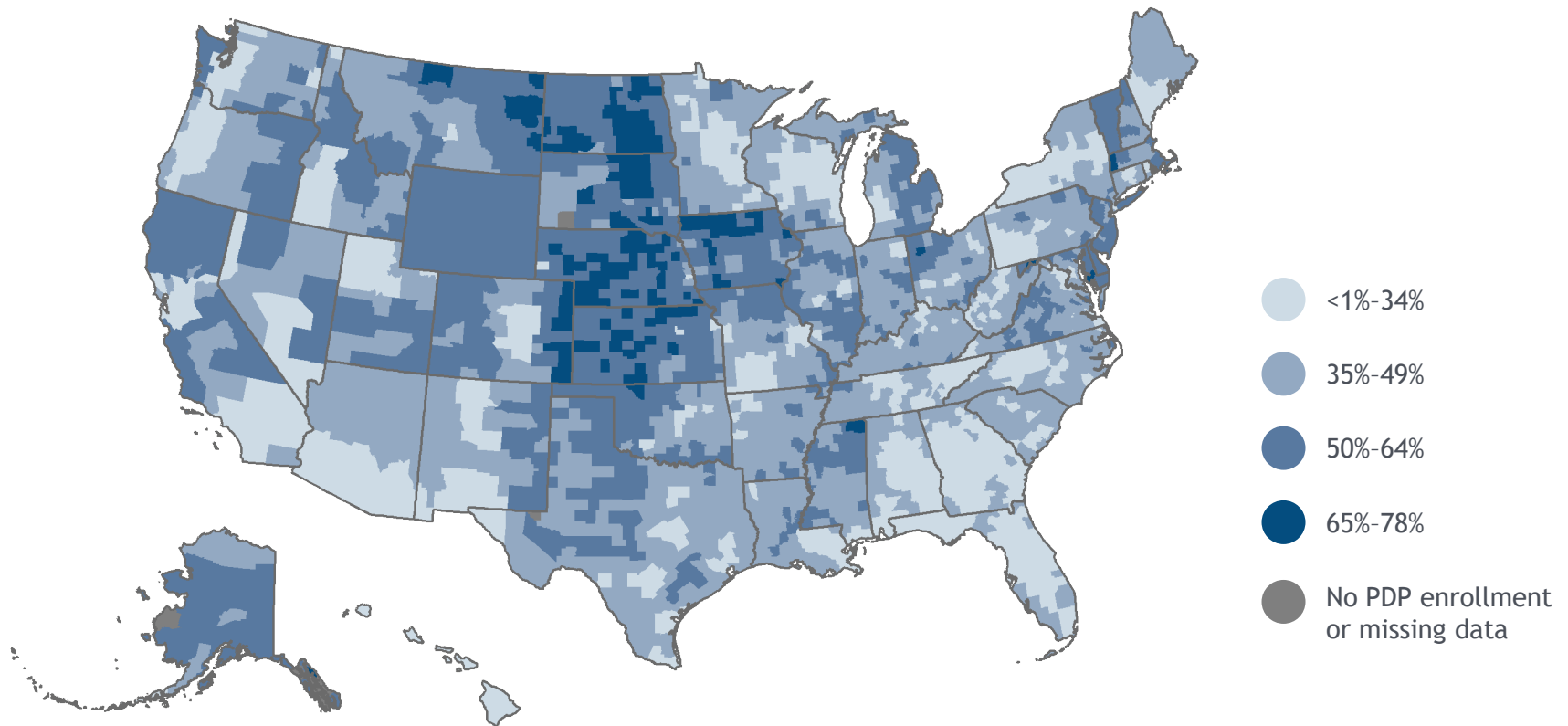
Source: CMS PDP State/County Penetration File, March 2020.

Note: Enrollment estimates do not include records denoted as pending state or county designation. This file contains data for the following organization types (where there are active contracts): PDP; employer/union-only direct-contract PDP.

Enrollment in Medicare stand-alone prescription drug plans (PDPs) is highest in rural states with low Medicare Advantage enrollment rates.

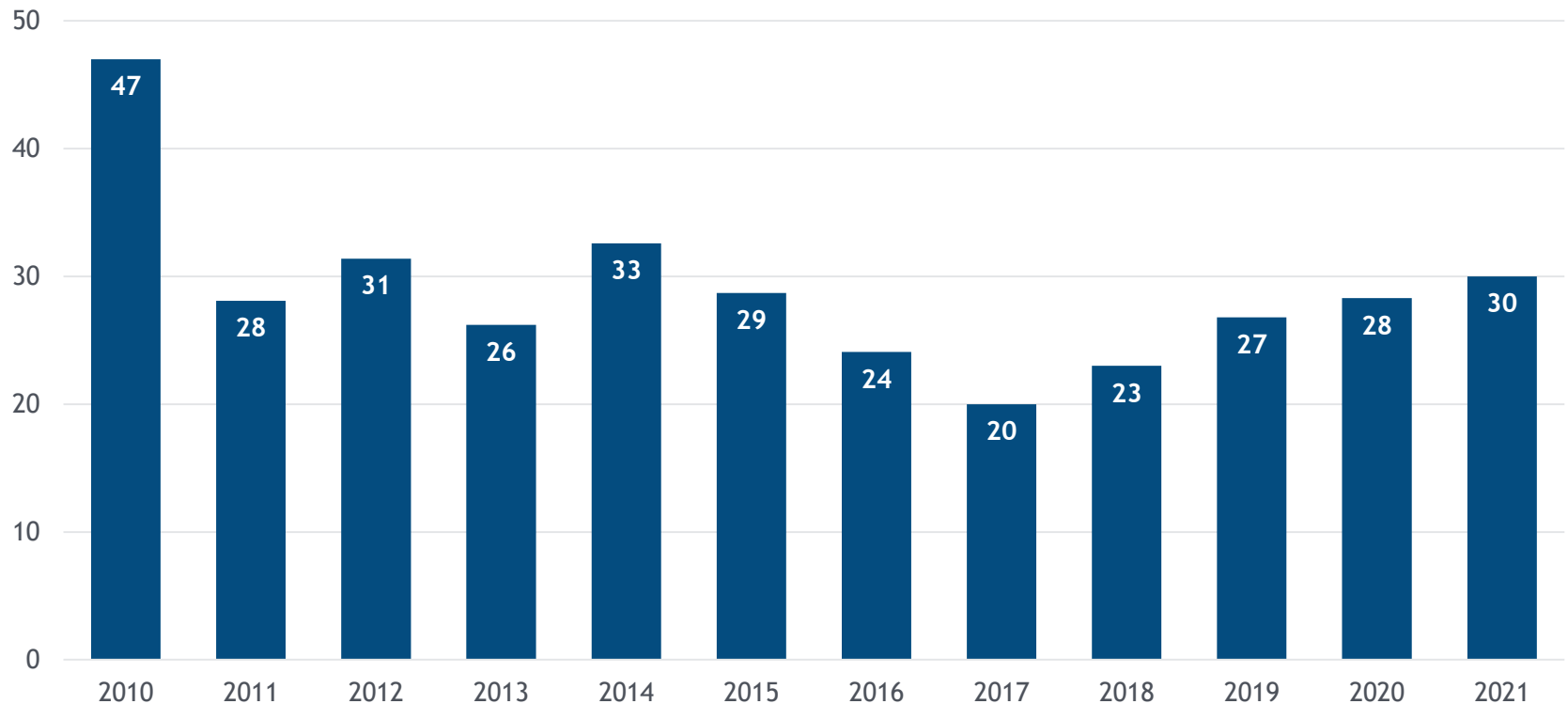


Across counties, enrollment in stand-alone prescription drug plans (PDPs) ranges from less than 1 percent to 78 percent of Medicare beneficiaries.



Many stand-alone prescription drug plans (PDPs) are available to Medicare beneficiaries, with the average number of plans on the rise since 2017.

Average number of prescription drug plans

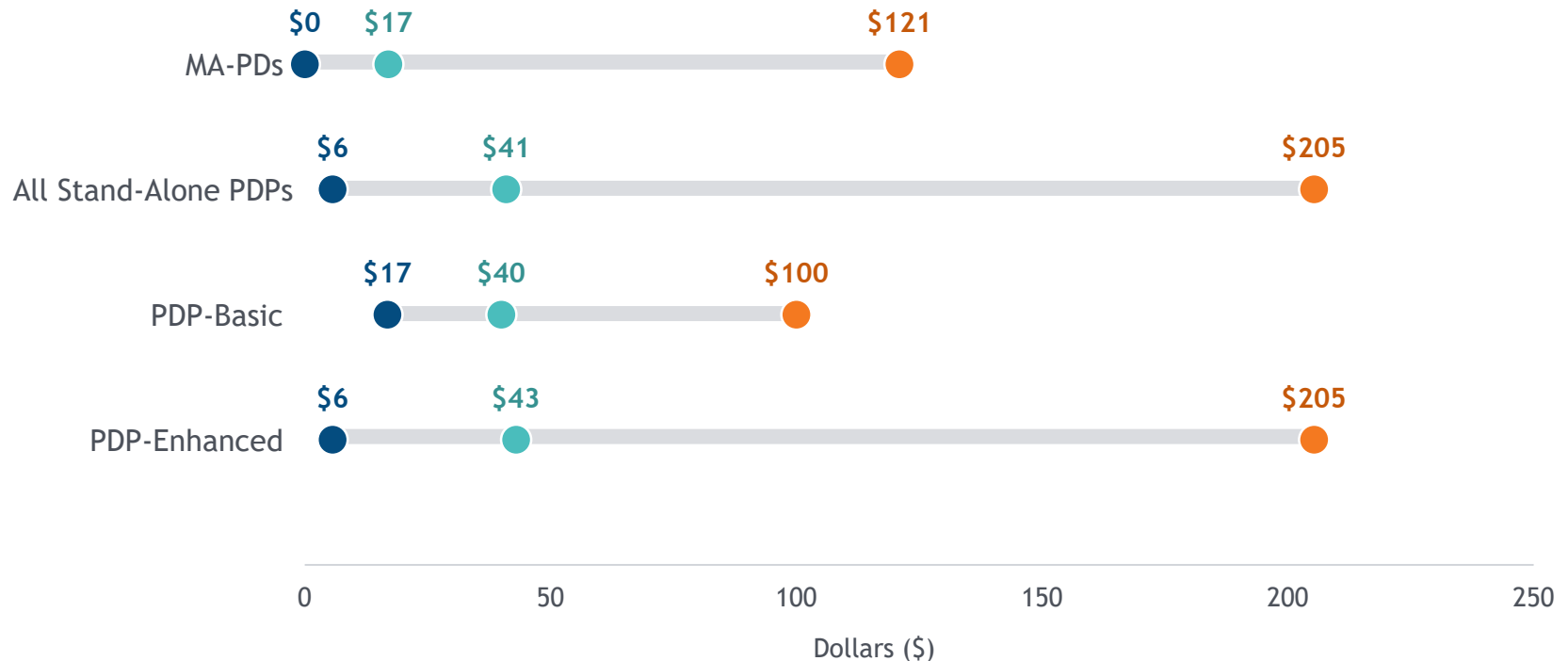


Source: CMS State/County Penetration, and PDP Landscape Source Files, 2010-2021.

Note: Data represent the average number of plans operating in counties across the U.S., weighted by the number of Medicare beneficiaries in each year. (Data for 2021 are weighted by September 2020 beneficiaries.) Employer-sponsored plans and plans under sanction are excluded. Estimates do not include records denoted as pending state or county designation.

Average premiums for stand-alone prescription drug plans (PDP) in 2021 are nearly 2.5 times those for Medicare Advantage prescription drug plans (MA-PDs).

● Minimum \$ ● Mean \$ ● Maximum \$ — Range



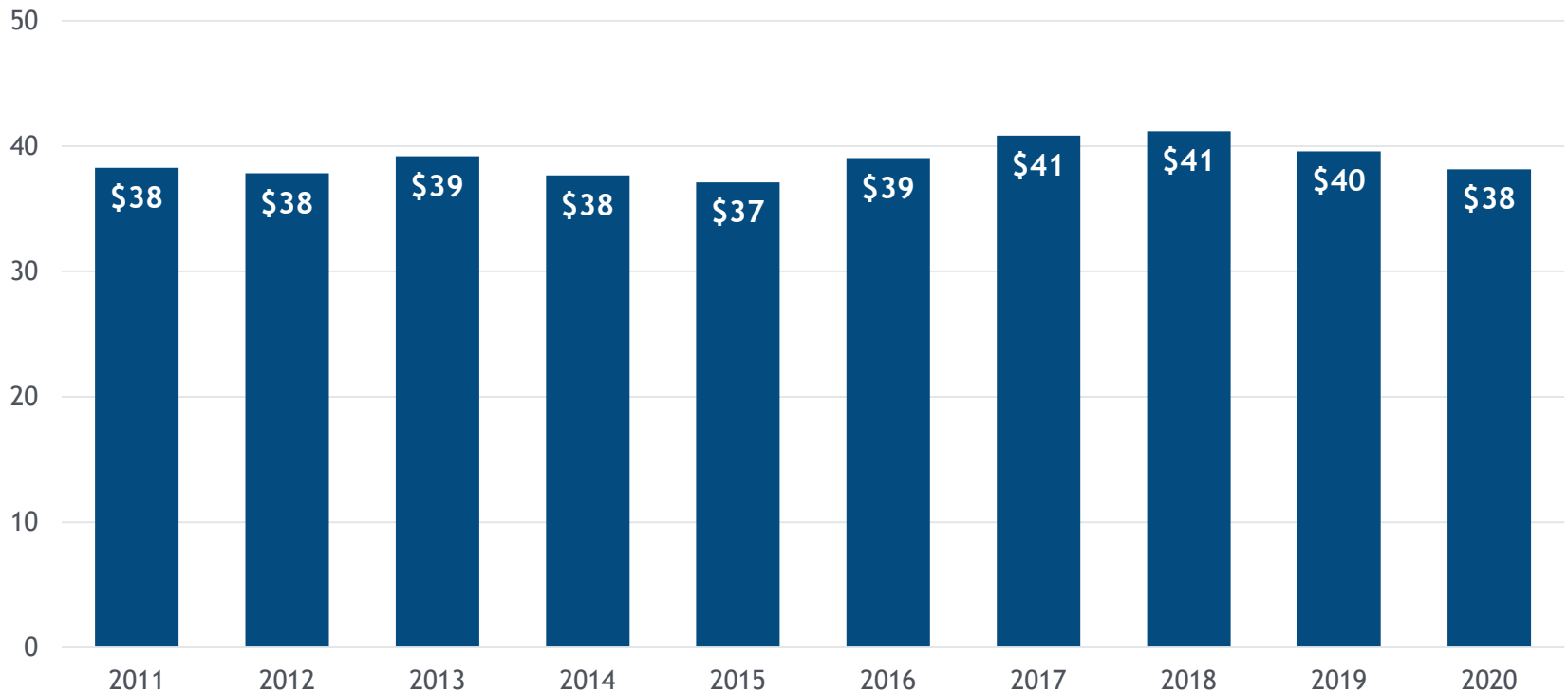
Source: CMS Plan and Premium Information for Plans Offering Part D Coverage, 2021.

Notes: Amounts represent total Part D premiums, which are the sum of the Basic and Supplemental Premiums. Total premium may be lower than the sum of the basic and supplemental premiums because of negative basic or supplemental premiums. MA-PD average excludes employer-sponsored plans, Part B-only plans, demonstration, cost plans, and plans not offering Part D benefits.

During the past decade, premiums for Part D stand-alone prescription drug plans declined modestly.

Weighted by plan enrollment

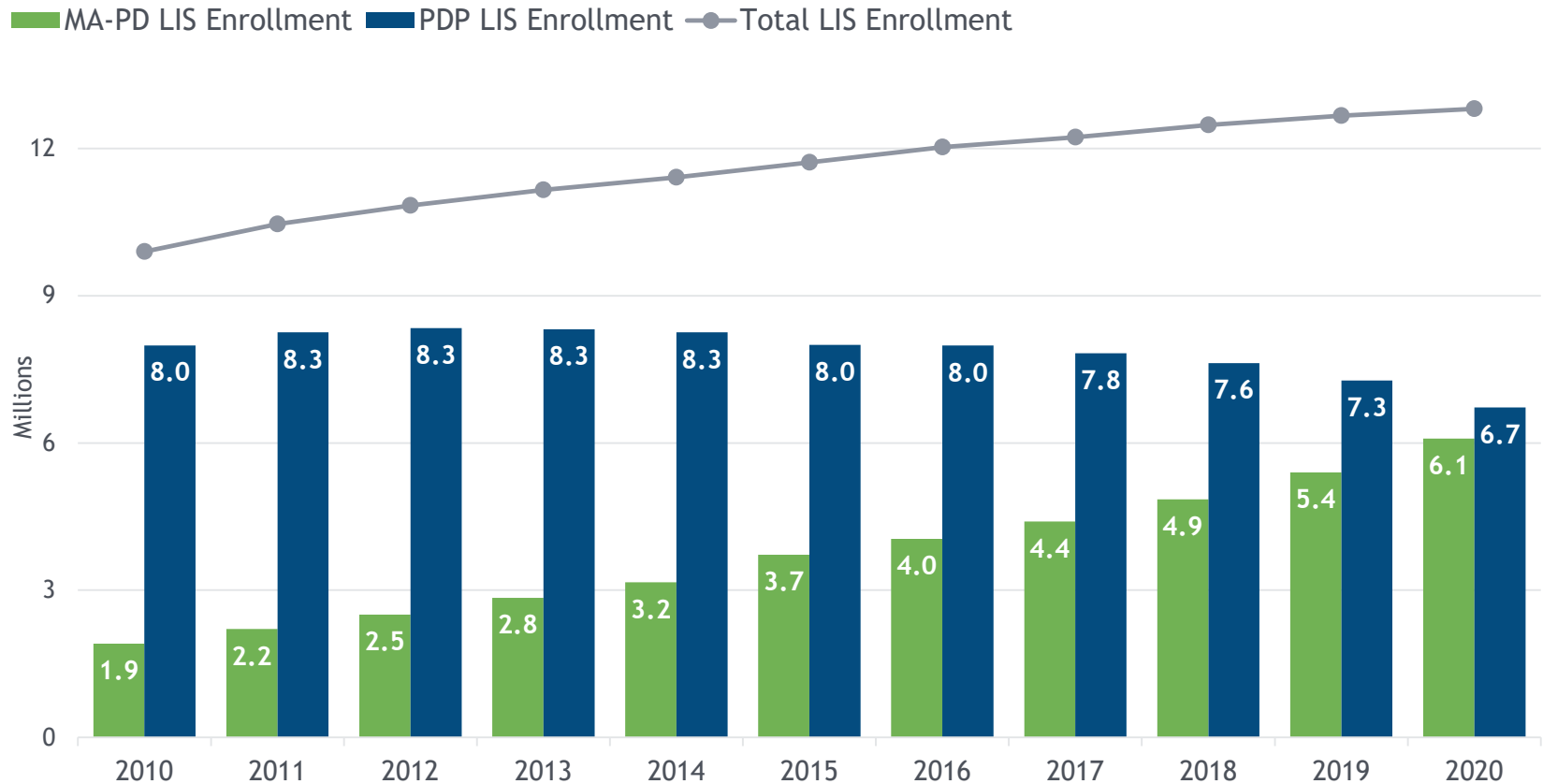
Dollars (\$)



Source: CMS Plan and Premium Information for Plans Offering Part D Coverage, 2011-2020.

Notes: Data represent average plan premiums weighted by plan enrollment and are not adjusted for inflation. Amounts represent total Part D premiums, which are the sum of the basic and supplemental premiums. Total premium may be lower than the sum of the basic and supplemental premiums because of negative basic or supplemental premiums. Employer-sponsored plans and plans under sanction are excluded.

The number of Medicare Advantage enrollees receiving a low income subsidy (LIS) tripled in the past decade.



In the U.S. Medicare program, private plans offer primary, supplemental, and prescription drug-only coverage, similar to models of private plans in other countries.

