



Advising the Congress on Medicare issues

The Medicare Advantage program: Status report

Scott Harrison, Carlos Zarabozo, and Andy Johnson
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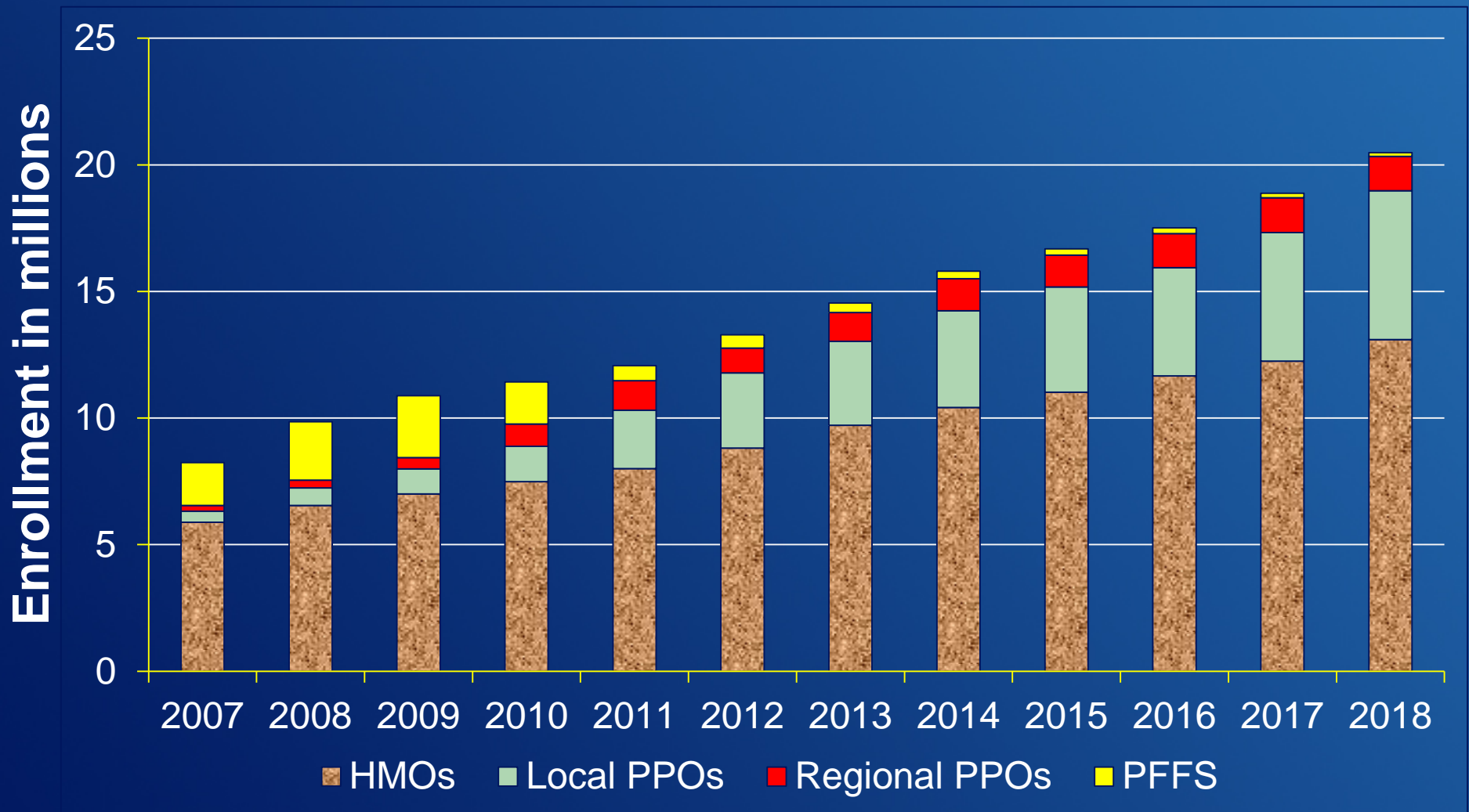
Today's presentation

- Status report on Medicare Advantage (MA) enrollment, availability, benchmarks, bids, and payment
- Update on coding intensity
- Update on quality

MA plan payment policy

- Payments based on plan bids, benchmarks (county-based and risk-adjusted), and quality scores
- Benchmarks range from 115% of FFS in lowest-FFS counties to 95% of FFS in highest-spending counties
- Benchmarks are increased for plans with high quality scores
- If bid < benchmark, plans get a percentage (varies by plan quality score) of the difference as a “rebate” for extra benefits, Medicare keeps the rest of the difference
- If bid > benchmark, program pays benchmark, enrollee pays premium

MA enrollment by plan type, 2007-2018



Source: CMS enrollment data

Draft – subject to change

Percentage of Medicare beneficiaries with an MA plan available, 2015-2019

Type of plan	2015	2016	2017	2018	2019
Any MA	99%	99%	99%	99%	99%
HMO/ Local PPO	95	96	95	96	97
Regional PPO	70	73	74	74	74
Zero-premium plan w/Part D	78	81	81	84	90
Avg. number of choices					
County weighted	9	9	10	10	13
Beneficiary weighted	17	18	18	20	23
Average rebate available for extra-benefits*	\$76	\$81	\$89	\$95	\$107

*for non-employer, non-SNP plans

Note: PFFS (private fee-for-service), MA (Medicare Advantage)

Source: CMS website, landscape file, and plan bid submissions.

Draft – subject to change

Benchmarks, bids, and payments relative to FFS for 2019

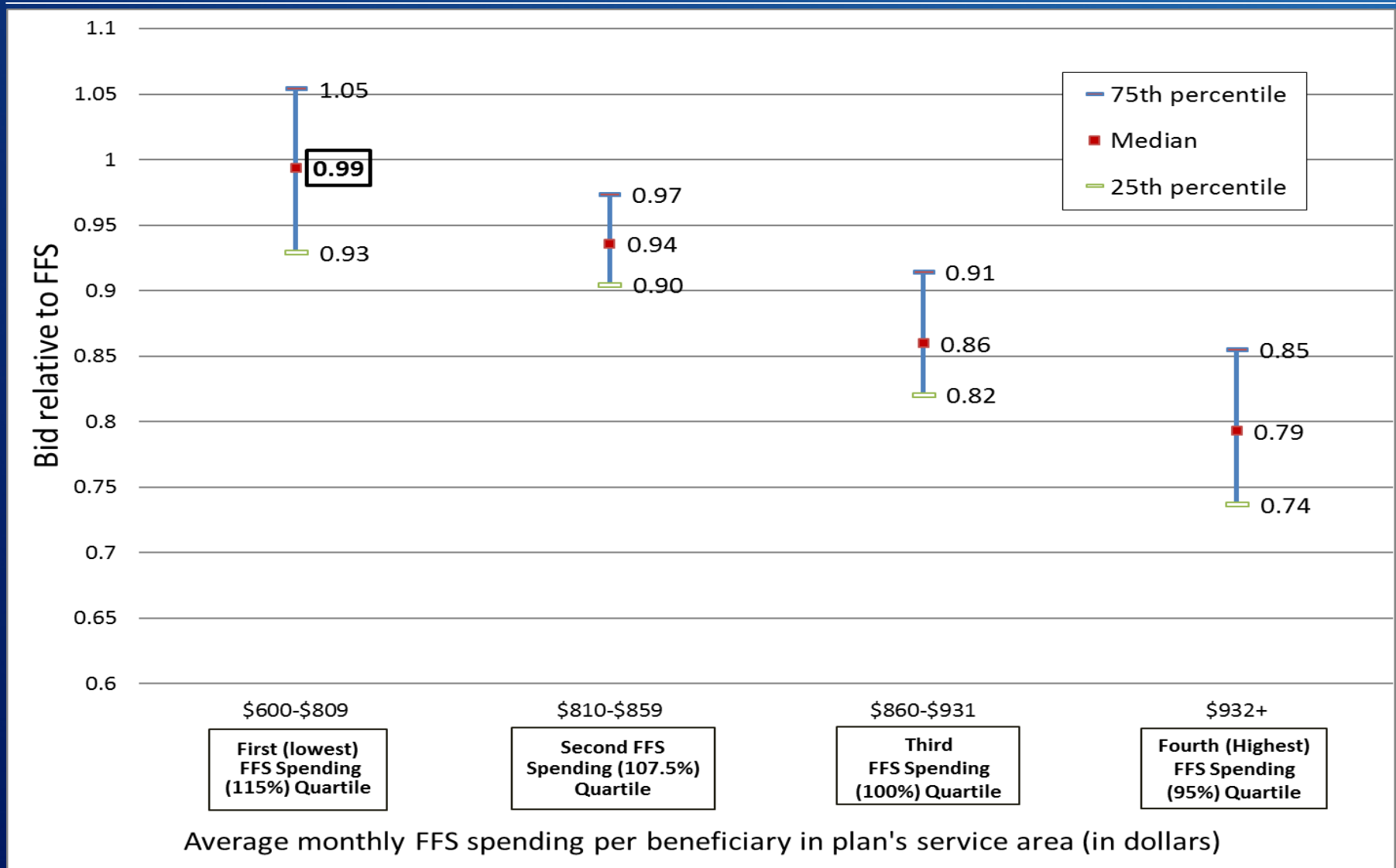
	Benchmarks/ <u>FFS</u>	Bids/ <u>FFS</u>	Payments/ <u>FFS</u>
All MA plans	107%	89%	100%*
HMO	107	88	100
Local PPO	109	96	104
Regional PPO	105	91	97
PFFS	107	104	106

Note: MA (Medicare Advantage), PFFS (private fee-for-service). All numbers reflect quality bonuses, but not coding differences between MA and FFS Medicare.

* Payments would average 101-102 percent of FFS if coding intensity were to be reflected fully.

Source: MedPAC analysis of CMS bid and rate data.

Bids are lower relative to FFS in all areas



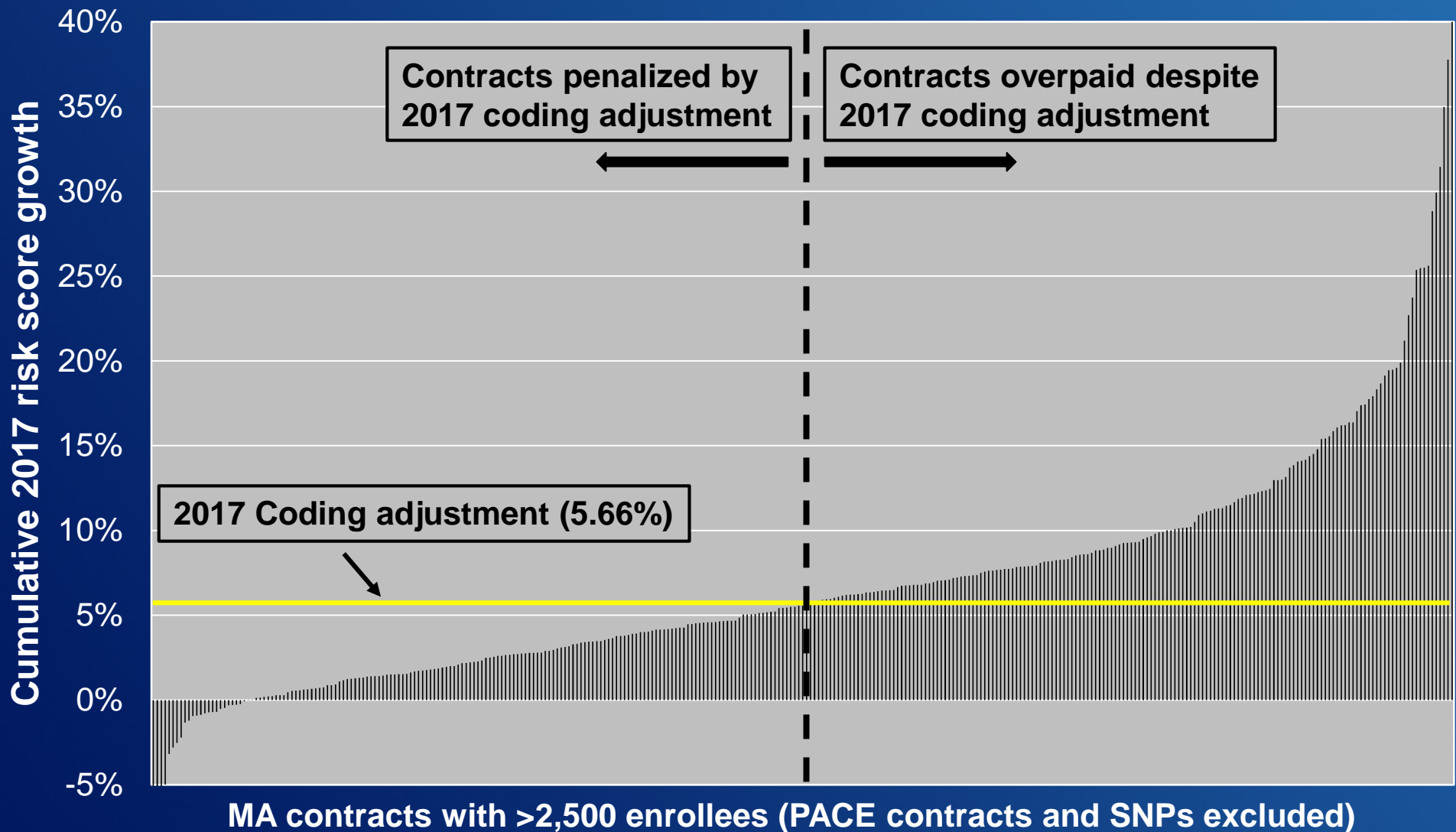
MA risk adjustment

- Medicare pays MA plans a capitated rate:
 - Base \$ amount x beneficiary-specific risk score
- Risk scores adjust payment
 - Increase base rate for more costly beneficiaries
 - Decrease base rate for less costly beneficiaries
- FFS: Little incentive to code diagnoses
- MA: Financial incentive to code diagnoses
 - Higher payment for more HCCs documented
 - Higher MA risk scores for equivalent health status

Diagnostic coding intensity impact on payment

- 2017 MA risk scores were 7% higher than FFS
- After accounting for coding adjustment of 5.66%:
 - MA risk scores in 2017 were 1 to 2% higher than FFS due to coding differences
- Reduction in impact of coding differences
 - New models reduced impact of coding differences
 - FFS scores grew faster, slower relative MA growth
 - Encounter data slightly reduced MA scores

Variation in coding intensity impact across MA contracts



Quality in MA

- Quality bonus program: 5-star rating system with bonuses for contracts at 4 stars or higher
 - Seventy-five percent of enrollees in bonus-level plans (bonus payments of ~\$6 billion for 2019)
- Sponsors use contract consolidations to move enrollees to bonus-level contracts
 - 550,000 enrollees moved at end of 2018 (unwarranted bonus payments of ~\$200 million in 2019)
 - Nearly 5 million enrollees moved over last 5 years
 - Beginning next year, use of averaging method will limit, but not eliminate, consolidation options

Level of quality in MA indeterminate

- Stars not a good basis of judging MA quality because of contract consolidations and large, geographically dispersed, contracts
- Also difficult to judge based on individual quality measures: For many important measures, small samples drawn at the contract level, regardless of the size and geographic reach of the contract

Summary of status of MA

- MA sector is very healthy
 - Growth in enrollment, plan offerings, and extra benefits
 - Reduction in impact of coding differences
- Ongoing issues that we continue to track
 - Determining quality in MA and issues with the quality bonus program
 - Accounting for coding differences between MA and FFS with equitable and complete adjustment policy
 - Ensuring completeness and accuracy of encounter data

Contemplating future MA payment policy

- Fiscal pressure of PPACA payment reforms effective in bringing down MA bids
 - Bids below FFS even in areas thought to be challenging for plans
- MA payments near parity with 100 percent of FFS
- Is 100 percent of FFS the right measure for determining whether MA has reached its maximum level of efficiency?
- Disconnect between current approach in FFS and for MA
 - FFS: Exert fiscal pressure to promote efficiency and program savings
 - MA: If FFS strategies successful, MA benchmarks go down
- Our principle of parity suggests the potential to apply an equal level of pressure on FFS and MA with respect to program costs and quality