Medicare Advantage = Integral Coverage for a Diverse Beneficiary Population

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Our aging population is becoming more racially and ethnically diverse. Racial and ethnic minority populations increased from 6.3 million in 2003 (17.5% of older adults) to 9.5 million in 2013 (21.2% of older adults) & are projected to increase to 21.1 million in 2030 (28.5% of older adults).
Medicare Advantage (MA) provides seniors with the choice of obtaining their Medicare benefits from a private plan. **18 million** -one third- of Medicare eligible beneficiaries choose MA.

<table>
<thead>
<tr>
<th><strong>Traditional Medicare</strong></th>
<th><strong>Medicare Advantage</strong></th>
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<tbody>
<tr>
<td>Coverage</td>
<td>Covers medical and hospital costs only.</td>
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<tr>
<td>Cost</td>
<td>No cap on what you pay out of pocket. Medicare only pays for a certain number of days in the hospital or in a skilled nursing facility.</td>
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<tr>
<td>Travel</td>
<td>Except in very rare cases, Medicare doesn't cover care you get when you're out of the country, even in an emergency.</td>
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Medicare Advantage by the Numbers

- **37%** of MA beneficiaries live on less than $20,000 per year.
- **44%** of Hispanic seniors choose MA.
- **31%** of African-American seniors choose MA.
- **26%** of all individuals dually eligible for Medicaid and Medicare are enrolled in Medicare Advantage plans.
- **57%** of individuals dually eligible for Medicaid and Medicare in Medicare Advantage represent racial or ethnic minority populations compared to 47% in the Traditional FFS Medicare.
Improved Health Outcomes

✓ The flexibility of Medicare Advantage offers the minority populations better quality care, better management of chronic conditions, additional benefits and more affordability.

✓ Unlike Traditional Fee-For-Service Medicare, Medicare Advantage enables disease management programs and care coordination services that are particularly important for low-income beneficiaries of diverse origins, who are more likely to have multiple chronic diseases.

✓ Research has repeatedly shown that these Medicare Advantage programs have significantly improved health outcomes for seniors.
How Medicare Advantage Is Innovating Care
Medicare Advantage & Primary Care

- MA beneficiaries are 20% more likely to have an annual preventive care visit compared to Traditional Medicare.

- MA beneficiaries have primary care physicians, health coaches and/or care managers.

- Primary care teams, disease management, home visits, and supportive services ensure patient engagement.

- These teams have contact between visits and patient outreach is done electronically, by phone or through home visits to improve health.
Early identification of illness is a priority and early intervention a goal.

Most MA plans, utilize Health Risk Assessments by nurse clinicians to identify early illnesses, social and environmental factors that affect health.

In-home and community based care is essential to patient centered, high value care.

MA is changing the interaction between providers, building new partnerships, and engaging patients where they are.

With flexibility and accountability the incentives shift, enabling care to be provided in the right setting, with the right provider, at the right time.
Medicare Advantage & Chronic Disease

- 26% of people dually eligible for Medicare and Medicaid, are enrolled in MA plans.

- Data shows a 19% reduction in hospital inpatient days and a 28% reduction in hospital admissions for chronically ill diabetes patients.

- Average length of stay for individuals under 65 with a disability is 12.4% shorter for those on MA.

- Recent study showed 10% reduction in avoidable hospital admissions for MA beneficiaries.
Medicare Advantage & Enhanced Benefits

- Over **97%** of Medicare Advantage plans offer at least a vision, hearing, or dental benefit.

- **50%** of Medicare Advantage plans offer all three benefits. Traditional Fee-for-Service Medicare does not cover any of these benefits.

- Many MA plans offer Part D prescription coverage as well.

- Annual oral health, eye, and hearing exams improve the well-being, socialization of seniors, and can reduce risks, and identify illnesses early.

- Fitness programs offer significant health benefits, particularly for those who have diabetes, cardiac conditions, or hypertension.
Closing the Gap

Health disparities in both Traditional Medicare and Medicare Advantage remains a serious challenge for our nation today.

There are signs of success:
A recent study found that though disparities in diabetes have not improved nationally for African Americans in Medicare Advantage plans, these disparities related to blood pressure, cholesterol, and glucose were eliminated in Western states from 2006 through 2011 as a result of disease management programs.

The study's authors noted that chronic disease management programs focused on developing targeted interventions to improve patient care and outcomes led to better overall outcomes for patients including:
• 62% reduction in serious heart attacks
• 42% decline in stroke mortality
Fulfilling the Promise of Medicare

The promise of Medicare requires:

- Moving from volume to value
- High satisfaction among beneficiaries
- Higher patient engagement
- Enabling primary care, care coordination, affordability
- Use of technology and innovation
- Strong, bipartisan support

Medicare Advantage is meeting these challenges!
Better Medicare Alliance is the leading coalition advocating for Medicare Advantage. We are a coalition of 50 ally organizations and over 100,000 beneficiaries representing a wide range of stakeholders, including nurses, doctors, plans and employers.
BMA Allies
Minority Organizations in BMA

LESSONS FROM MEDICARE ADVANTAGE ON EFFECTIVE TREATMENT OF DIABETES
Dr. Gery Puckrin, President & CEO, National Minority Quality Forum
February 19, 2015
The scourge of diabetes is well known to all of us in the health care community, especially among those of us who work with minority populations.

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PRIMARY CARE IN MEDICARE ADVANTAGE AND ITS IMPORTANCE TO HISPANIC SENIORS AND PHYSICIANS
Elene Rios, M.D., M.S.P.H., President and CEO, National Hispanic Medical Association
July 31, 2015
As a primary care physician, Medicare’s transition to value-based care is especially important to my community and the 55,000 Hispanic physicians I represent.

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LATINO COALITION PARTICIPATES IN MEDICARE ADVANTAGE HILL BRIEFING
Allen Gutierrez, Executive Director, The Latino Coalition
February 19, 2015
I recently had the privilege of representing the Latino Coalition and the Better Medicare Alliance at a Medicare Advantage briefing sponsored by the Healthcare Leadership Council.

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