



# **The State of Medicare Advantage 2017**

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# 2017 – A Year of Growth & Stability

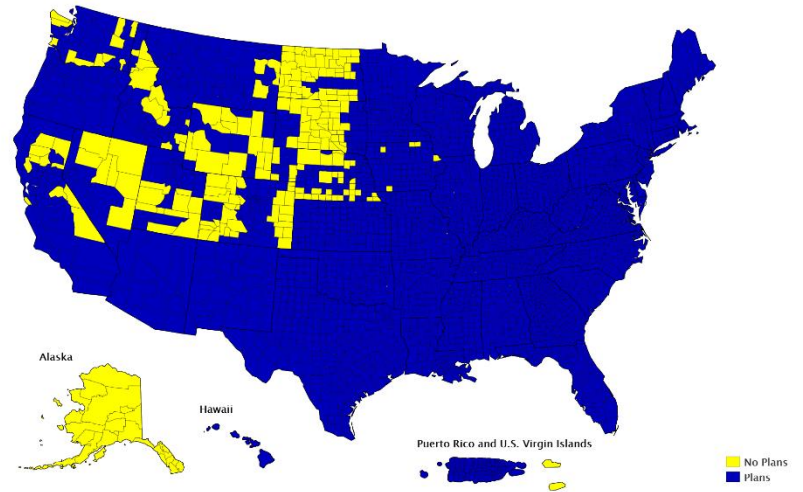
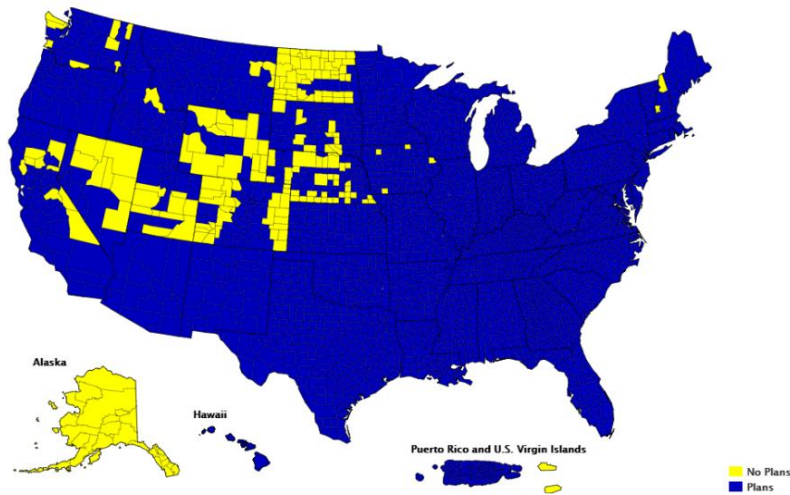
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- Access is strong and stable
- Enrollment is Increasing
- Supplemental Benefits are Growing

# Access to MA Nationwide Remains Strong

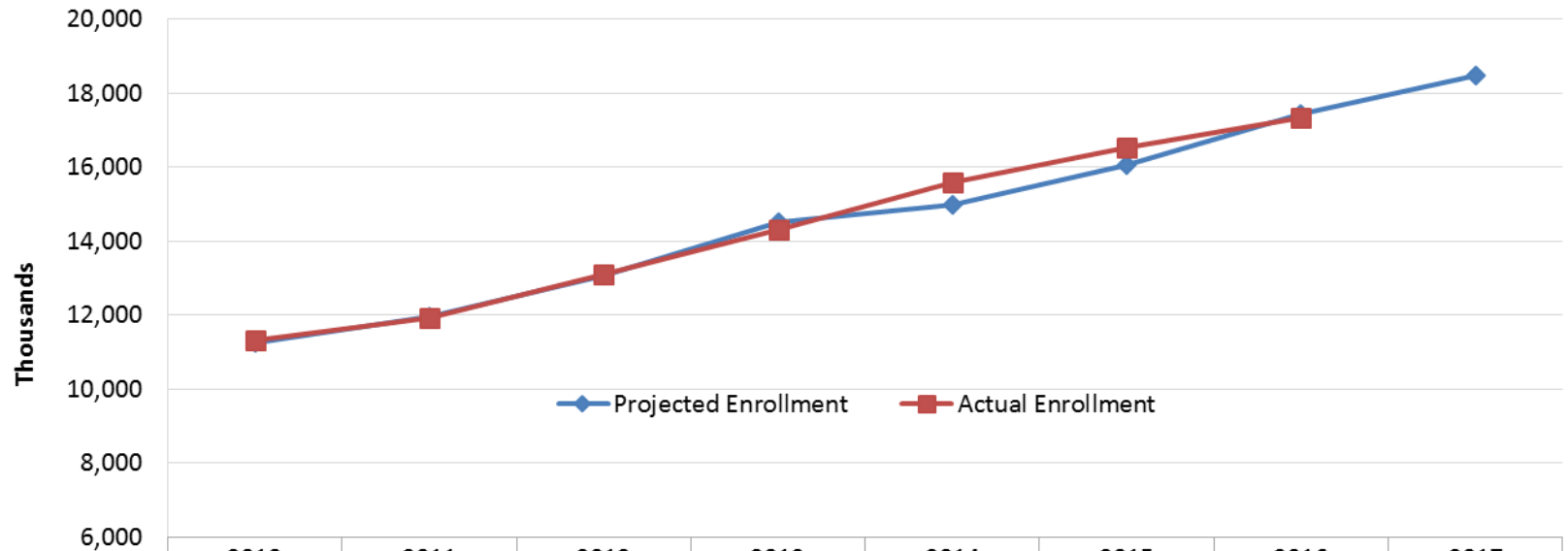
2016

2017



# MA Enrollment Projected to Increase

## Projected vs. Actual Enrollment

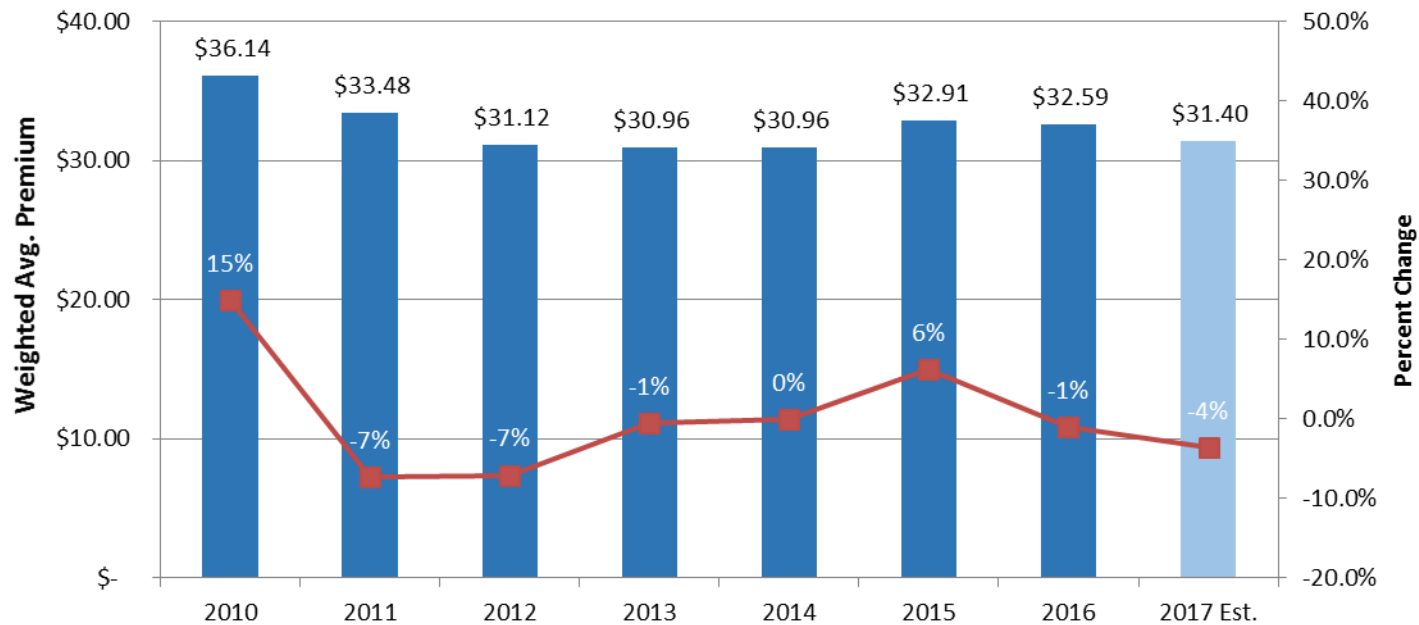


	2010	2011	2012	2013	2014	2015	2016	2017
Projected Enrollment	11,266	11,973	13,079	14,521	14,995	16,065	17,441	18,485
Actual Enrollment	11,318	11,913	13,105	14,322	15,572	16,521	17,338	—
Growth Percentage*	5.54%	5.26%	10.01%	9.29%	8.73%	6.09%	4.95%	6.61%

\* Growth percentage is based on actual enrollment with the exception of CY 2017 which is based on projected enrollment.  
 Note: July enrollment of the plan year is used for actual enrollment for 2010-2016.

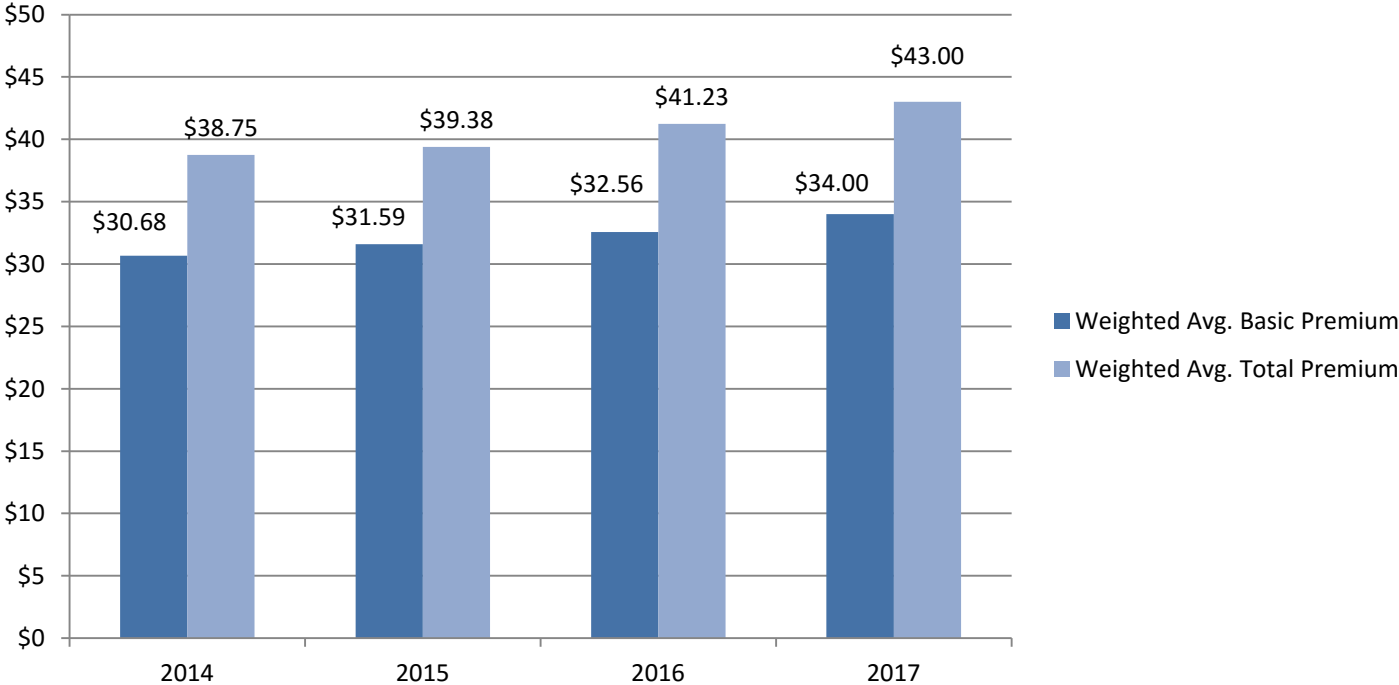
# MA Premiums are Projected to Remain Stable

## MA Premium Changes Over Time



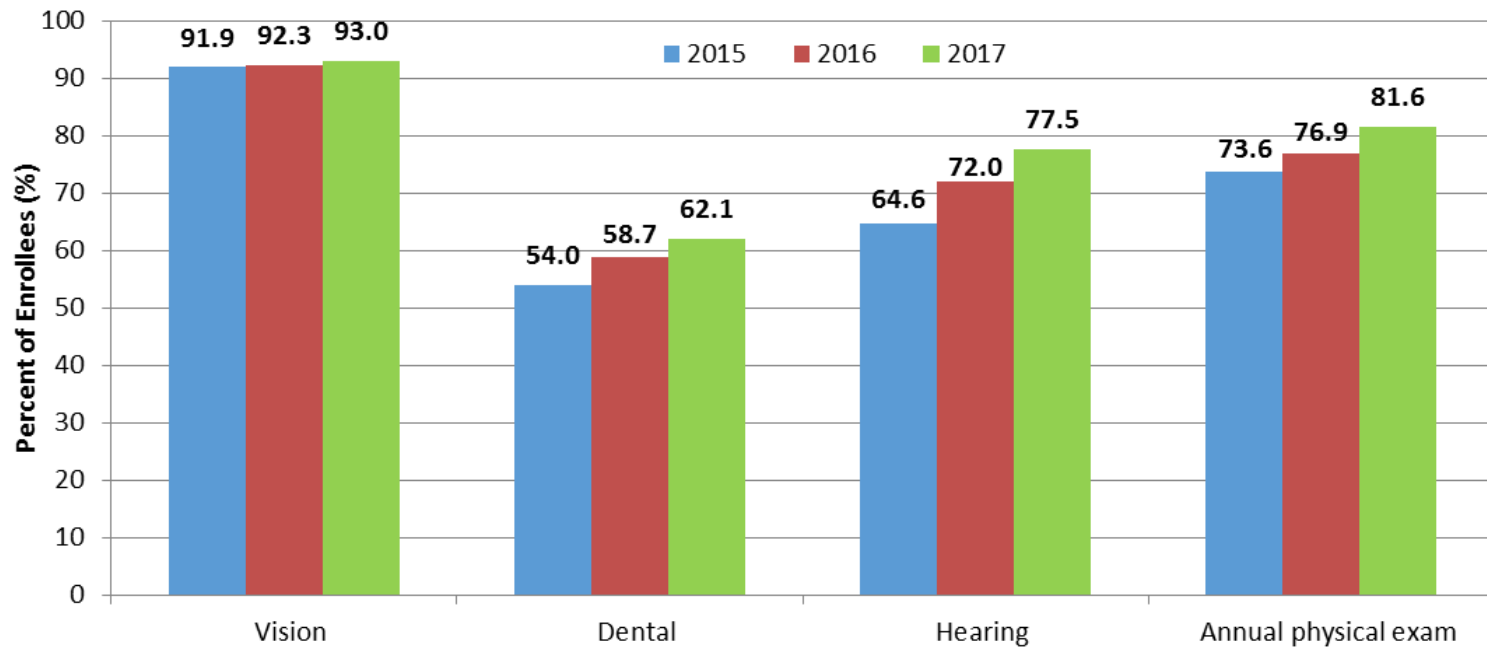
Note: 2010-2016 averages are weighted by July enrollment. 2017 value is estimated based on weighted plan projected enrollment.

# 2017 Part D Premium Will Increase Slightly



Note: 2014-2016 data are weighted by actual enrollment, 2017 data are estimated. The basic Part D premium is the premium charged for basic drug coverage. The total Part D premium includes the basic premium and any applicable supplemental premium for plans offering enhanced drug coverage.

# Mandatory Supplemental Benefits



Note: Data are based on projected enrollment, SNP plans are excluded from physical exam statistics because they are required to offer this benefit, mandatory supplemental benefits are available to all enrollees at no additional charge while optional supplemental benefits can be purchased by an enrollee for an additional premium.

# Preparing for the Year Ahead

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- CY 2017 Medicare Marketing Guidelines
- Revamped CY 2017 Summary of Benefits
- CY 2017 Annual Notice of Change and Evidence of Coverage



# Protecting Beneficiaries Thru Surveillance & Compliance

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- Annual ANOC/EOC Timeliness and Accuracy Review – October 2016-May 2017
- CY2017 Summary of Benefits Retrospective Review – November 2016
- Website Monitoring: January–March 2017
- Accuracy & Completeness of Provider Directories

# Take-Aways & Lessons Learned – Provider Directories

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- List providers once for each location
- Review number of locations for each provider
- Make sure group practices tell you what locations a provider practices rather than listing every provider at every location
- Use claims data based on location and provider, not just based on provider
- Notate providers who only see a subset of members
- List providers once they are active or notate active date

*Audit Your Data!*

*Audit It Again!*

# Significant Provider Network Changes

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- Since 2015, CMS has deemed about 30 provider terminations to be significant, across seventeen 17 parent organizations and 27 contracts.
- CMS has issued 7 significant network change SEPs, across 7 parent organizations and 11 contracts.

# Improving Access to Services

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- Changes Medicare Advantage Application Process in 2016 (*for 2017 Contracts*)
  - Expansion applicants had to submit *entire* network for review, not just their expansion counties
  - Addressing MAOs with network deficiencies through compliance action
  - Denied expansion applications when their were deficiencies in existing counties
  - Centralized review of exceptions

# Improving Access to Services

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- CY2018 Application
  - Continue to promote consistency and streamline network review process
  - Improve training and awareness among industry partners of new and changing processes
  - Eye on transparency and equity
- Take advantage of the Network Management Module

# Promoting Care Coordination

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- Actively developing care coordination measures
  - Supports the Agency's Overall Quality Strategy
  - Closely aligns with CMS' objectives to enable successful transitions between all settings of care and to reduce readmissions across all lines of business, including Medicare Advantage
  - Provides comparative information on care coordination services provided to Medicare beneficiaries enrolled in MA plans

# Promoting Care Coordination (continued)

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- We are currently testing & validating measures in two care coordination domains
  - Transitions of care and multiple chronic conditions
- The proposed measures focus on
  - Critical elements of evidenced-based transitions model of care
  - Communications between clinicians
  - Assessment and care planning

# Promoting Care Coordination (continued)

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- QIPs and CCIPs
  - Mandatory QIP Topic
  - Mandatory CCIP Topic
  - Both focus on chronic conditions, and
  - Promote care coordination, enrollee & provider engagement, disease management & addressing health disparities
- Recent changes
  - QIP Annual Update submission window
  - Enhancements to the Module
  - Reporting on CCIPs



# Educating & Protecting Medicare Beneficiaries

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- Section 1557 of the Affordable Care Act
  - HHS Office for Civil Rights responsible for implementation.
  - Prohibits discrimination based on race, color, national origin, sex, age or disability in covered health programs and activities.
  - Covered entities (including MAOs and PDPs) are required to include notices of nondiscrimination as well as taglines in the top 15 languages of the state/service areas on significant member and marketing materials.

# Questions

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