The State of Medicare Advantage 2018

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2018 – A Year of Growth & Stability

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

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Access to MA Nationwide Remains Strong

2017

2018

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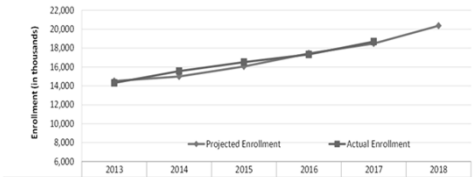
MA Enrollment Projected to Increase

Projected vs. Actual Enrollment



	2013	2014	2015	2016	2017	2018
Projected Enrollment	14,521	14,995	16,065	17,441	18,485	20,364
Actual Enrollment	14,322	15,572	16,521	17,338	18,689	
Growth Percentage*	9.29%	8.73%	6.09%	4.95%	7.79%	8.97%

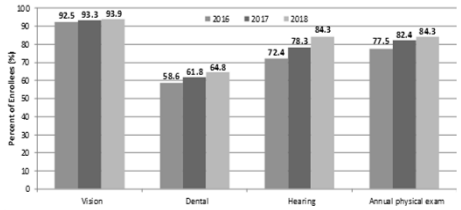
Note: Growth percentage is based on actual enrollment with the exception of CY 2018, which is based on projected enrollment. July enrollment of the plan year is used for actual enrollment for 2013-2017.

MA Premiums are Projected to Decrease

Weighted Average Monthly Premiums Over Time

Note: 2013-2017 averages are weighted by July enrollment. 2018 value is weighted by projected enrollment.

Mandatory Supplemental Benefits



Note: Data are based on July enrollment for 2016 and 2017 and projected enrollment for 2018, 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.

Protecting Beneficiaries Thru Surveillance & Compliance

- Annual ANOC/EOC Timeliness and Accuracy Review – October 2017-May 2018
- CY2018 Summary of Benefits Retrospective Review – November 2017 – January 2018
- Website Monitoring: January–March 2018
- Accuracy of Online Provider Directories

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Take-Aways & Lessons Learned – Provider Directories

- 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!

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Significant CY 2017 Marketing Changes

- Reorganized Marketing Guidelines for easier navigation
- Permitted unsolicited electronic communications, consistent with direct mail policy
- Permitted distribution of one identical material (e.g., EOC) to related members of the same plan per household
- Removed elements to be less prescriptive on what must be documented/captured for enrollment verifications (OEV)
- Removed event upload requirement in HPMS

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Significant CY 2017 Marketing Changes (continued)

- Permitted plans to delivery formularies electronically, consistent with existing provider/pharmacy directories policy
- Removed submission requirement of third-party marketing websites in HPMS that do not have any plan-specific information or a contract with the plan
- Added flexibility to the Summary of Benefits instructions, with the goal to obviate the plans' need to produce separate Snapshots/Benefits-at-a-Glance
- Expanded examples of acceptable common areas when marketing in a healthcare setting

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Improving Access to Services

- Triennial Review of Networks (pending OMB approval)
  - CMS proposes to review an organization's contract-level network at least once every three years.
    - The triennial review process does not impact network reviews based on triggering events (e.g., provider termination or service area expansion application).
  - CMS will publish formal guidance on the triennial network review process upon OMB approval.
- PRA Package (CMS-10636, OMB 0938-New)
  - The 30-day PRA package posted on July 19, 2017, and closed on August 18, 2017.
  - CMS submitted its final PRA package to OMB for approval this Fall.

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Improving Access to Services

- Changes to Medicare Advantage Application Process for CY 2019 Contracts
  - Networks are no longer part of the Medicare Advantage and Cost Plan application process.
    - Applications will be a triggering event for a network review.
    - CMS will publish additional guidance on the timing and details of network reviews upon OMB approval of the triennial review.
  - Attestations and uploads streamlined to more effectively evaluate an organization's qualifications per Subpart K.
- PRA Package (CMS-10237, OMB 0938-0935)
  - The 60-day PRA package posted on August 2, 2017, and closed on October 2, 2017.
  - CMS is responding to comments received on the 60-day package.

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Promoting Care Coordination

- 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

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Promoting Care Coordination (continued)

- 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

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Promoting Care Coordination (continued)

- 2018 changes to QIPs and CCIPs
  - Current QIP becomes newly designated CCIP
  - Newly designated CCIP: Promote Effective Management of Chronic Disease
  - New QIP: improve health outcomes and/or enrollee satisfaction and address one or more of the CMS Quality Strategy Goals
- Reporting changes
  - Annual attestations of ongoing QIP/CCIP
    - 11/9/17 - 12/31/17
  - Uploads only upon request by CMS

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Proposed Regulation (CMS-4182-P)

- Proposes policy changes and updates for Medicare Advantage and the Prescription Drug Benefit Program for Contract Year 2019
- Rule displayed at the Federal Register on November 15, 2017
- Comment period closes on January 16, 2018
- Results in savings of over $195 million a year over 5 years (2019-2023)

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Questions

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