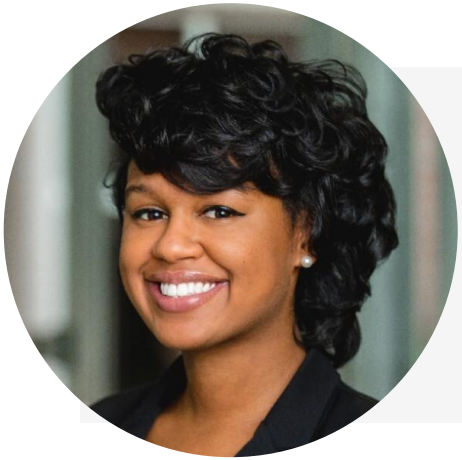
ALLIANCE FOR HEALTH POLICY

Medicare Advantage: Past, Present, and Future

Thursday, October 23, 2025

Welcome Remarks



Sydney Shepherd
Senior Educational Program Manager
Alliance for Health Policy

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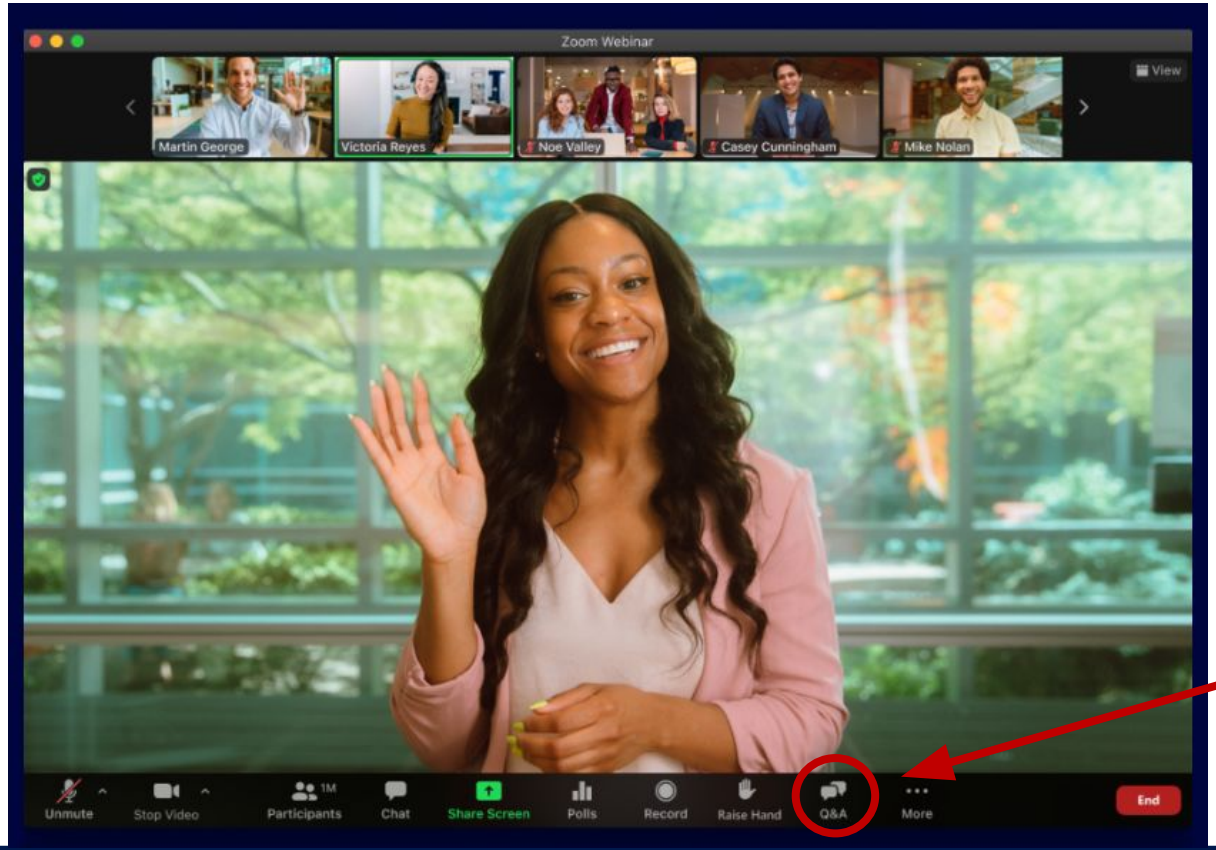
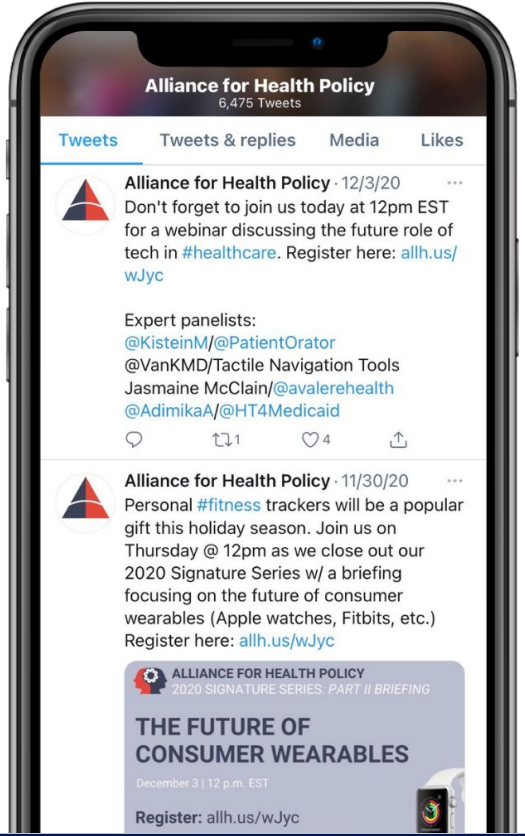


To ask a question click the Q&A button and enter your text in the chat box.

Join the Conversation

Alliance for Health Policy

@AllianceforHealthPolicy



Today's Moderator

Carrie Graham. Ph.D
Director of the Medicare Policy Initiative
Georgetown's Center on Health Insurance Reform (CHIR)

Panelists

Jonathan Blum, MPP
Non-resident Senior Scholar, *USC Schaeffer Center*, and Managing Partner, *Health Transformation Strategies*

Shawn Bishop, MPP
Senior Advisor
Akin

Brian Miller, MD, MBA, MPH
Associate Professor of Medicine, *Johns Hopkins University*, and Nonresident Fellow, *American Enterprise Institute*

Carrie Graham. Ph.D
Director of the Medicare Policy Initiative
Georgetown's Center on Health Insurance Reform (CHIR)

Medicare Policy Initiative

What we do…

We take an honest look at traditional Medicare and Medicare Advantage to see what is working and how to improve coverage, reduce costs, and provide meaningful choices for beneficiaries.


Research & Translation


Policy Analysis


Technical Assistance


Expert Convening

Arnold Ventures

westhealth

GEORGETOWN UNIVERSITY
McCourt School of Public Policy
CENTER ON HEALTH INSURANCE REFORMS

Medicare Policy Initiative

Lunch provided!

Join us next week for a briefing on MA Legislation:

Medicare Advantage Policies on the Horizon

When: Monday, October 27 @ 12:30 PM

Where: Georgetown Capitol Hill Campus
125 E St. NW, Washington DC
Room M340

Register for in person or virtual: bit.ly/42KYh7M

Check out MPI's publications and events:

www.medicare.chir.Georgetown.edu

Ciannah Correa
Georgetown University MPI

David Meyers
Brown University CAHPR

Neil Patil
Georgetown University MPI

Jackson Thein
Waxman Strategies

Namrata Uberoi
West Health Policy Center

Jonathan Blum, MPP
Non-resident Senior Scholar, *USC Schaeffer Center*, and Managing Partner, *Health Transformation Strategies*

HEALTH TRANSFORMATION STRATEGIES

MEDICARE ADVANTAGE

Why do beneficiaries enroll, conflicting policy goals, and questions for the future

Jonathan Blum

October 23, 2025

Why Do Medicare Beneficiaries Consider Medicare Advantage?

Traditional Medicare

Medicare A/B Benefits $185/Monthly Part B Premium	+	**Medicare D Benefits** $40/Monthly Part D Premium	+	**Supplemental Coverage** $217/Monthly Premium	=	**Total** $5,304/Year

Must pay out of pocket for hearing, vision, dental coverage; no out-of-pocket protection

Medicare Advantage

Medicare Advantage Plan $185/Monthly Part B Premium*	+	**Medicare D Benefits** (included)	+	**Supplemental Coverage** (included)	=	**Total** $2,220/Year*

Medicare Advantage plans generally include coverage for hearing, vision, dental. Must provide out-of-pocket protection

HEALTH TRANSFORMATION STRATEGIES

* Some Medicare Advantage plans provide rebates for Part B premiums

Policy Makers Have Set Many (And Often Conflicting) Goals for the Medicare Advantage Program

- Provide choices for how Medicare beneficiaries receive their benefits
- Provide coverage of benefits not covered by Traditional Medicare
- Provide access to Medicare Advantage plans in all part of the country
- Foster competition
- Improve access to primary care
- Improve care coordination
- Create incentives to reduce unnecessary care
- Improve quality of care
- Promote innovation in benefit design
- Promote coverage of non-traditional benefits to reduce health spending
- Reduce federal expenditures
- Integrate care for dual-eligible beneficiaries
- Provide coverage options for retiree benefits
- Promote value-based contracts with health care providers

Prior Legislative Efforts Have Emphasized Different Policy Goals Over Time

Balanced Budget Act of 1997

- Reduced plan payments
- Promoted stronger risk adjustment
- Incented plan offerings in rural areas

Medicare Modernization Act of 2003

- Increased payments to reverse program decline
- Added payments for Part D benefits
- Promoted new benefit designs (e.g., Special Needs Plans)

Affordable Care Act of 2010

- Reduced plan payments
- Created quality bonus program

Future Policy Questions

- Should the benefits and beneficiary costs be so materially different between Traditional Medicare and Medicare Advantage?
    - Should policy makers accept the fact that Traditional Medicare is becoming unaffordable for many beneficiaries?
- Should Medicare beneficiaries be presented with so many choices?
- Should Medicare Advantage plans be restricted from employing cost-management tools (e.g., prior authorization)?
- Should the Medicare Advantage payment system continue to be benchmarked to Traditional Medicare?
- How can the Medicare program deliver more value?

Shawn Bishop, MPP
Senior Advisor
Akin

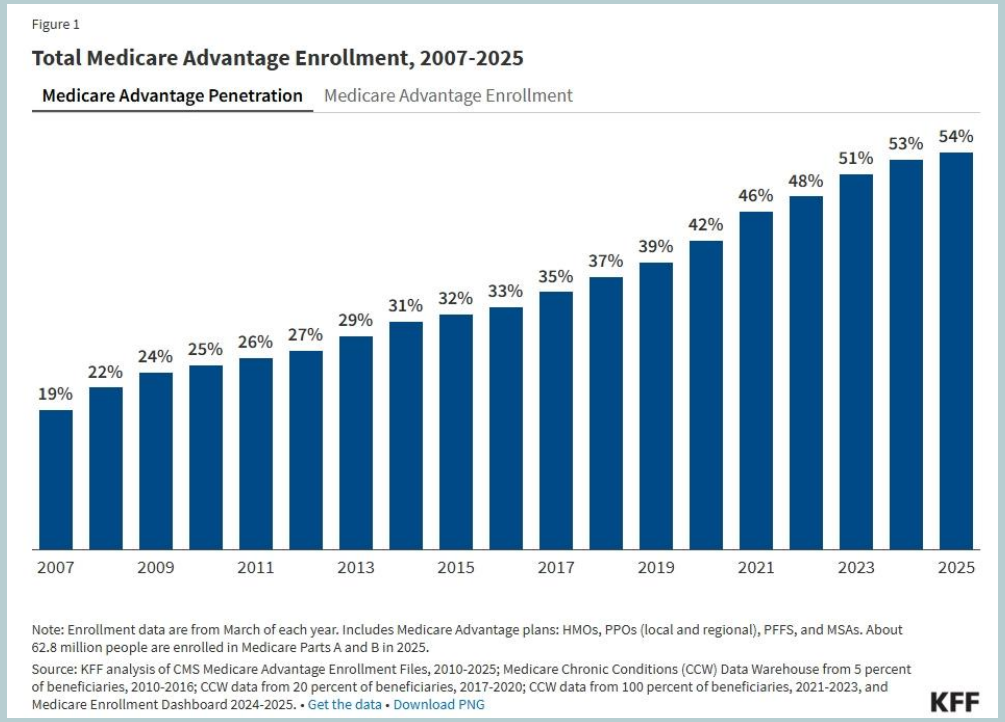
AHP Webinar on Medicare Advantage:

Past, Present, and Future

October 23, 2025

Akin

Medicare Advantage, Enrollment Growth



54% of Medicare beneficiaries enroll in MA - triple the share enrolled in 2007

Medicare Advantage - Present

- In 2025, 54% of eligible Medicare beneficiaries are enrolled in MA.
- One in five MA enrollees is in a Special Needs Plan (SNP), continuing a steady growth trend.
- Nearly half (48%) of MA enrollment increase from 2024 to 2025 is in SNPs.
- MA enrollment remains highly concentrated, with UnitedHealth Group and Humana together covering 46% of all enrollees.

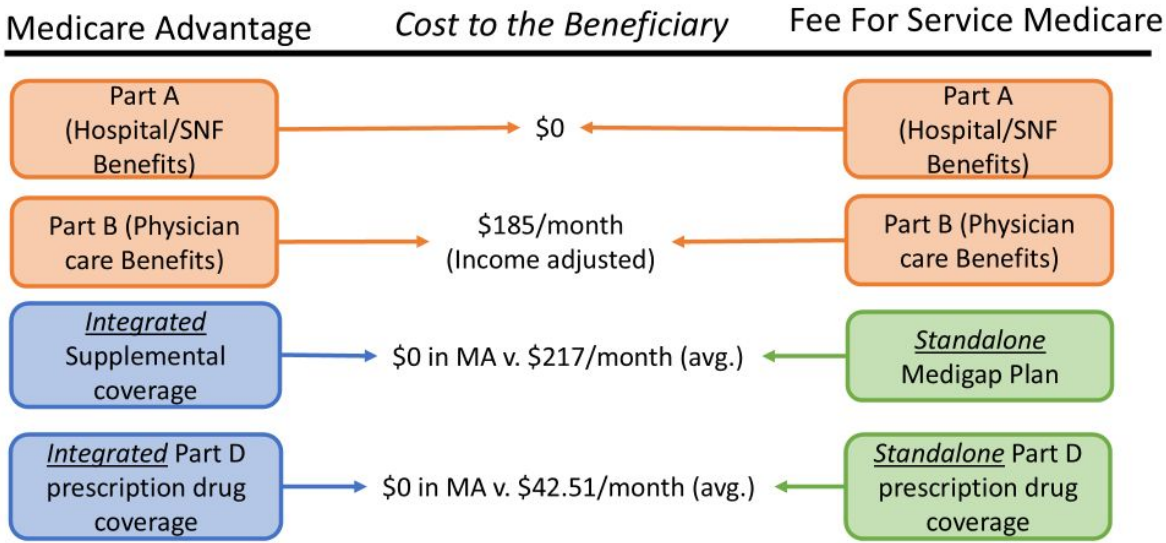
MA Enrollment Snapshot

MA Present - Key Issues for Congress

- Enrollment – Growth and Stability
- Plan Operations – Marketing, Directories, Prior Auth, Networks
- Plan Benefits - Supplemental and $0 Premium
- Consolidation – National, Vertical
- Federal 10-Year Spending is >$8 Trillion

Brian Miller, MD, MBA, MPH
Associate Professor of Medicine, *Johns Hopkins University*, and Nonresident Fellow, *American Enterprise Institute*

Beneficiary Tradeoffs



Total premium cost to the beneficiary

$185/month in MA v. $444.51/month

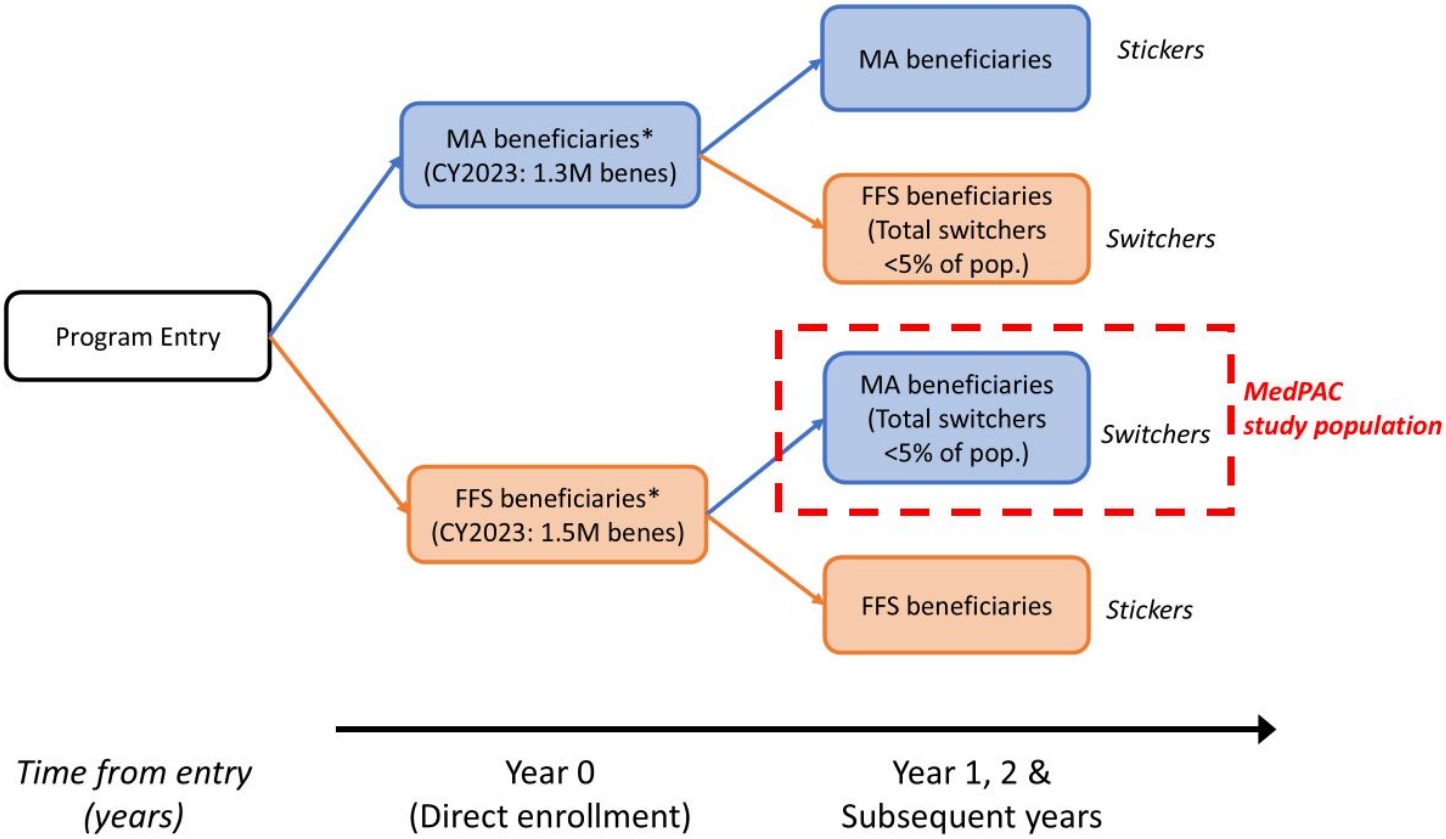
Or

$2,220/year in MA v. $5,334.12/year

Provider Improvements *_Desperately_* Needed

- Transmit information to the point of clinical service and facilitate patient-clinician conversation on value
  - If PA req'd or not
  - Formulary tiering
  - Real-time benefit info
- EHRs and plans must work together to automate data submission to plans + PBMs
- Plans should automate approval to accelerate access to therapy
- Drive automation of diagnosis coding across Medicare at the point of care with clinician oversight (ensure complete coding)

Taxpayers Need a More Complete Evaluation



Future Directions

1. Better Evaluation
   - Compare FFS and MA for 3 critical populations of enrollment, stickers, and switchers
   - Use a control group
   - Compare 3 critical spending questions

2. Recognize the Medicare program as a population of populations
   - Institutionalized populations, chronic disease families, duals
   - Need more customization of benefits and care delivery with better filters
   - Benes have agency

3. CMS needs to be a stronger regulator
   - Mission of contracting for an FFS plan and setting prices in conflict with pragmatic regulation over MA
   - Look at FDA as an example of best practices

4. FFS Medicare operational reforms to make program beneficiary-centric, more affordable, and support health systems
   - Reintegrate UPICs into MACs
   - Let MACs use F/W/A savings to rebate Part B premiums to benes or pay certain provider more

Moderated Q&A

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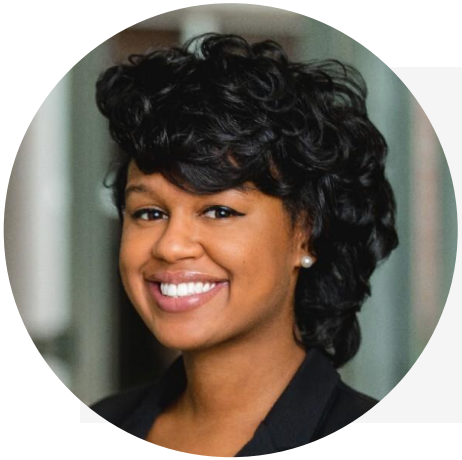
Closing Remarks



Sydney Shepherd
Senior Educational Program Manager
Alliance for Health Policy

Take Our Survey!

Please fill out the evaluation survey by using the QR code, link in the chat or via email this afternoon!

ALLIANCE FOR HEALTH POLICY

Upcoming Events

allh.us/events

Thank you for attending!

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