

USAging

**Medicare Advantage/Health
Equity: AAAs Meeting the Needs
of Diverse and At-Risk
Populations**

Speakers



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Better Medicare Alliance



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Speakers



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Director, Center of
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ALLIANCE

July 10, 2024

**Medicare Advantage/Health
Equity: AAAs Meeting the
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Populations**

Mary Beth Donahue

President & CEO

BETTER MEDICARE

ALLIANCE

What is the Better Medicare Alliance?

Better Medicare Alliance is the **leading research and advocacy organization supporting Medicare Advantage.**

We are a community of 200+ diverse Ally organizations from across the health care spectrum with over 1 million grassroots beneficiary advocates nationwide.

Together, we work to create a healthier future by growing and strengthening Medicare Advantage.

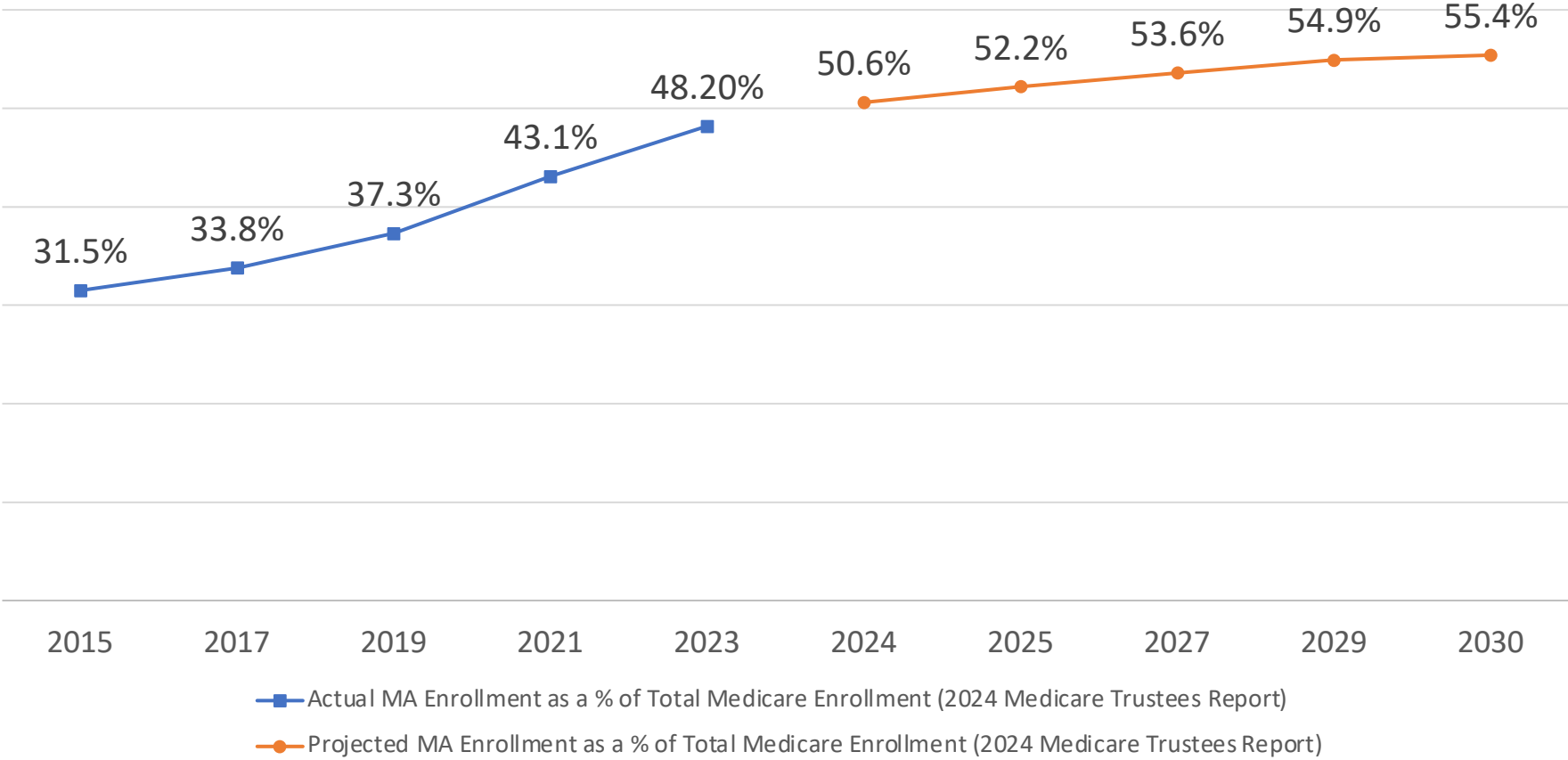
Our Allies

A sampling of the 200+ diverse organizations we partner with to preserve and strengthen Medicare Advantage.

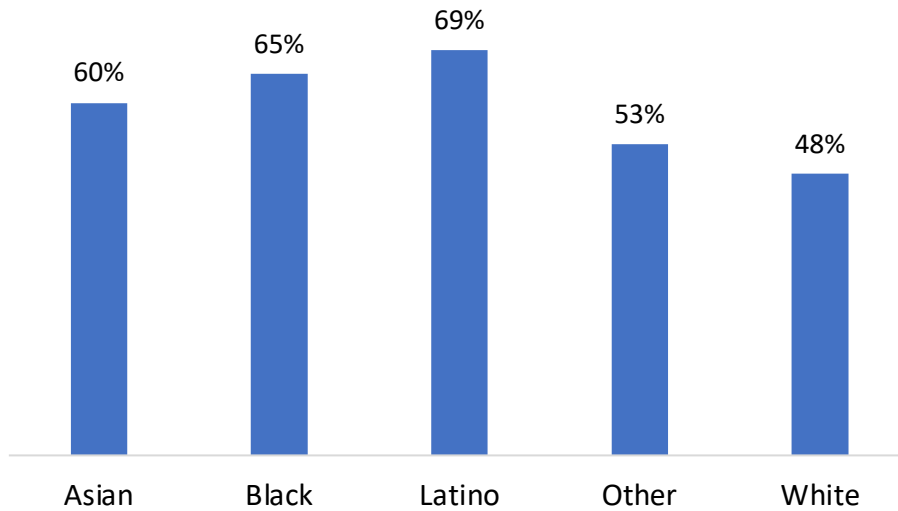


Medicare Advantage Enrollment and Beneficiaries

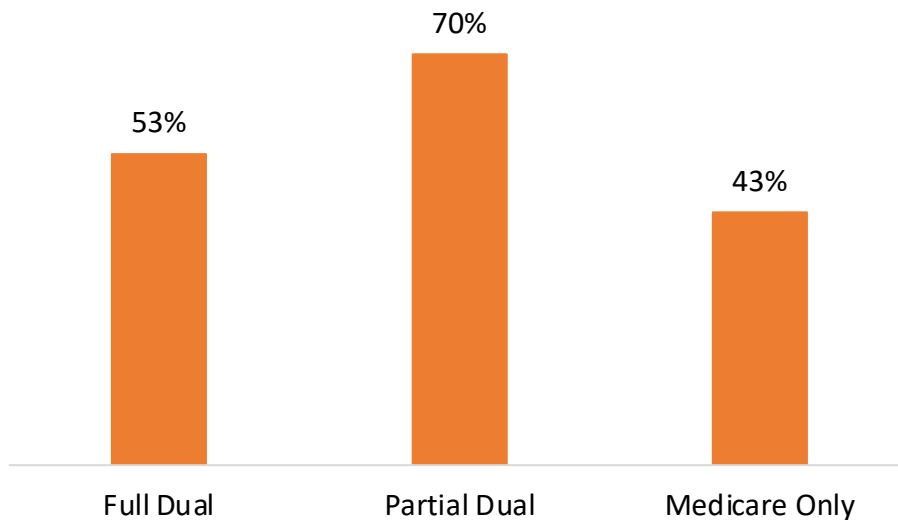
Medicare Advantage Enrollment and Growth Projections, 2015-2029



Source: 2024 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds (Table IV.C1), May 2024.



Medicare Advantage Participation, by Race & Ethnicity

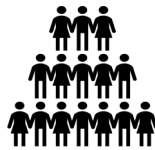


Medicare Advantage Participation, by Dual Eligibility Status

Snapshot of the Medicare Advantage Population



Over 33 million
beneficiaries in MA



53% of all Medicare
beneficiaries choose
MA



52.7% of beneficiaries
live on less than
\$25,000 annually



MA enrollees are
19% more likely than
FFS enrollees to live
in socially vulnerable
counties



27% of MA enrollees
are Black, Latino, or
Asian compared to
17% of FFS enrollees

Supplemental Benefits in Medicare Advantage

- Supplemental benefits are items and services that are not covered by FFS Medicare but may be offered by Medicare Advantage plans. Medicare Advantage plans may:
 - Expand or enhance Medicare items and services
 - Reduce beneficiary cost sharing and/or premiums
- Commonly offered supplemental benefits:
 - Dental coverage
 - Vision services
 - Hearing benefits
 - Fitness and wellness
- Recent legislation and flexibilities have expanded the type of supplemental benefits Medicare Advantage plans are able to offer to include non-medical benefits such as food and produce, non-medical transportation, and housing supports

The Current Environment

Protecting MA & Supplemental Benefits

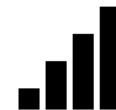
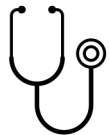
High levels of change in the MA program

Speak with one voice on shared MA & AAA priorities

Support beneficiaries and the importance of supplemental benefits

Ensure Medicare Advantage remains an affordable health care option for seniors and people with disabilities

Leverage MA flexibilities and partnerships to advance health equity and reduce disparities



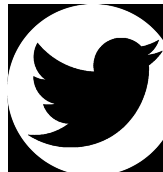
Connect with Better Medicare Alliance



/BetterMedicareAlliance



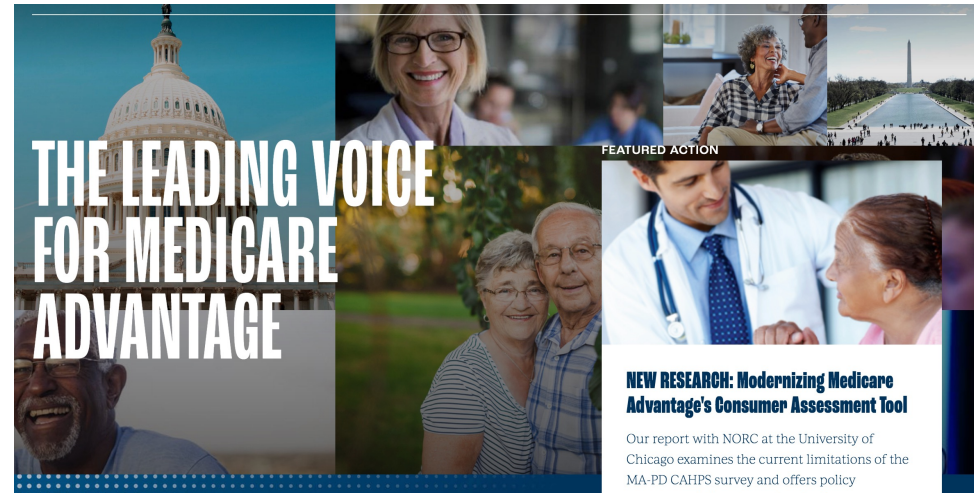
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@BMAlliance



bettermedicarealliance.org



Visit our website and sign up for our Policy Alerts to stay up-to-date on the latest Medicare Advantage rules, guidance, and legislation.



A Current View of Support Benefit Needs in MA

Opportunities for AAAs to Further
Support the Underserved

Dr. Justin Barclay, DBA, CAP
VP, Consumer Insights & Analytics
July 2024





Who We Are

Our mission is to empower people, partners and communities through a shared passion to improve health and support life's journey.

Brands You Trust



The gold standard in senior fitness programs with 19+M eligible lives



Commercial fitness and wellness platform



Physical medicine and integrative health services



Study Methodology

This study was conducted online in May by Morning Consult on behalf of Tivity Health, among a sample of 602 adults age 65+ enrolled in Medicare Advantage.

Results of the survey have a margin of error of $\pm 4\%$.

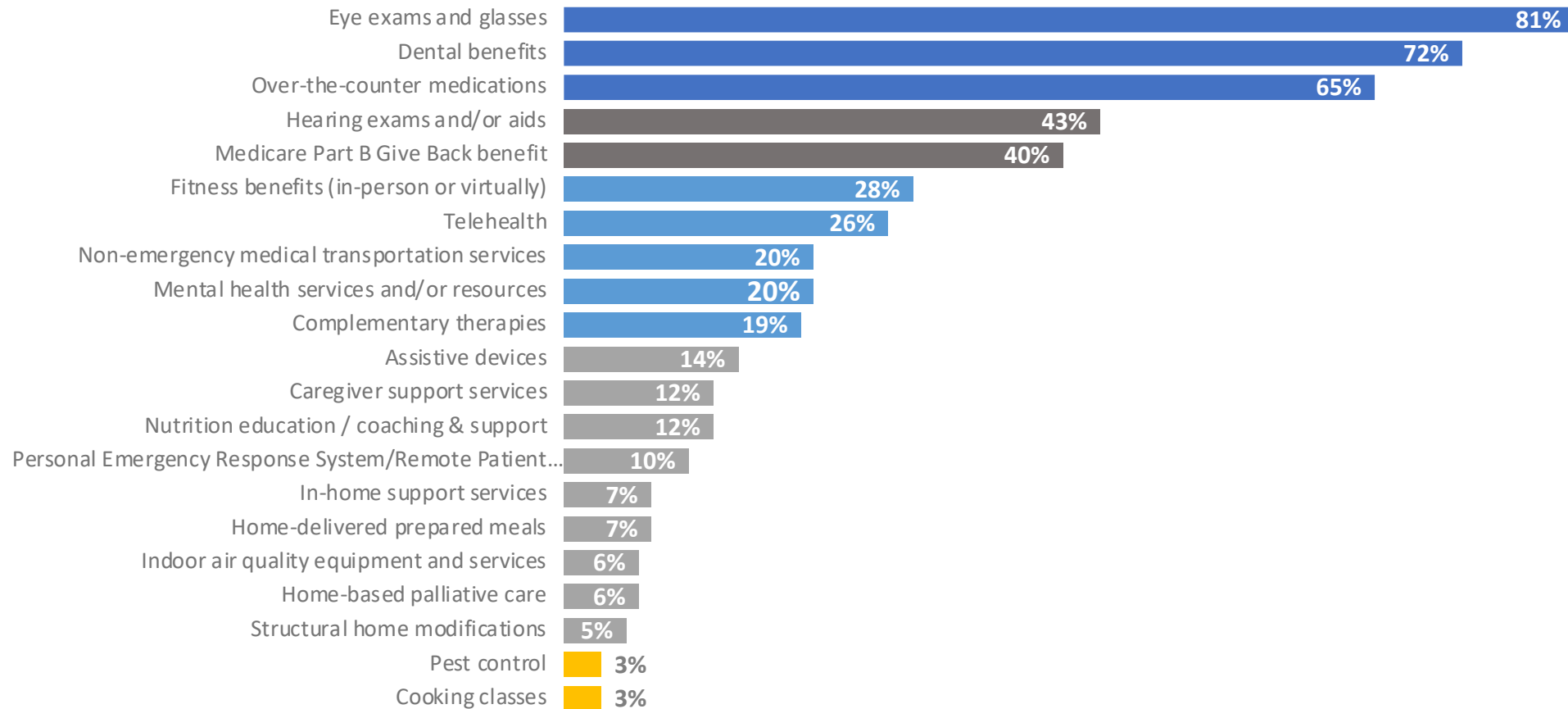
Current Demand for MA Supplemental Benefits

Which benefits were most important when selecting a plan?

Which benefits have actually been used in 2024 as of May?

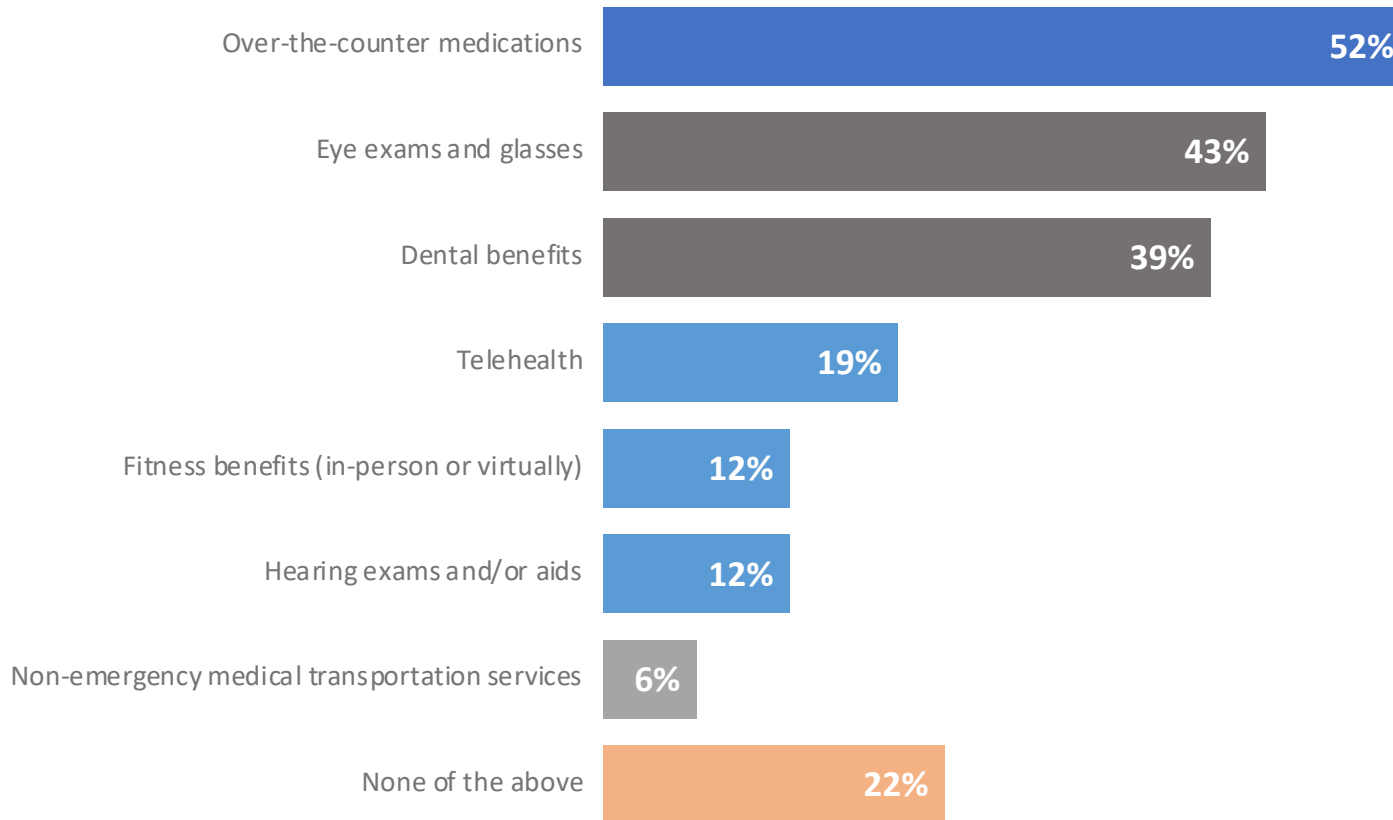
Top Supplemental Benefits When Selecting a Medicare Advantage Plan for 2024

Eye exams and glasses, dental benefits, and over-the-counter medications were most important when selecting a plan in 2024



Use of Supplemental Benefits as of May 2024

About half of have already used for OTC medications, while close to a fifth have not yet used any of their supp benefits so far



Current Availability and Use of Flex Cards Among MA

How widespread is access to a flex card today?

How will and how have flex cards been used in 2024 as of May?

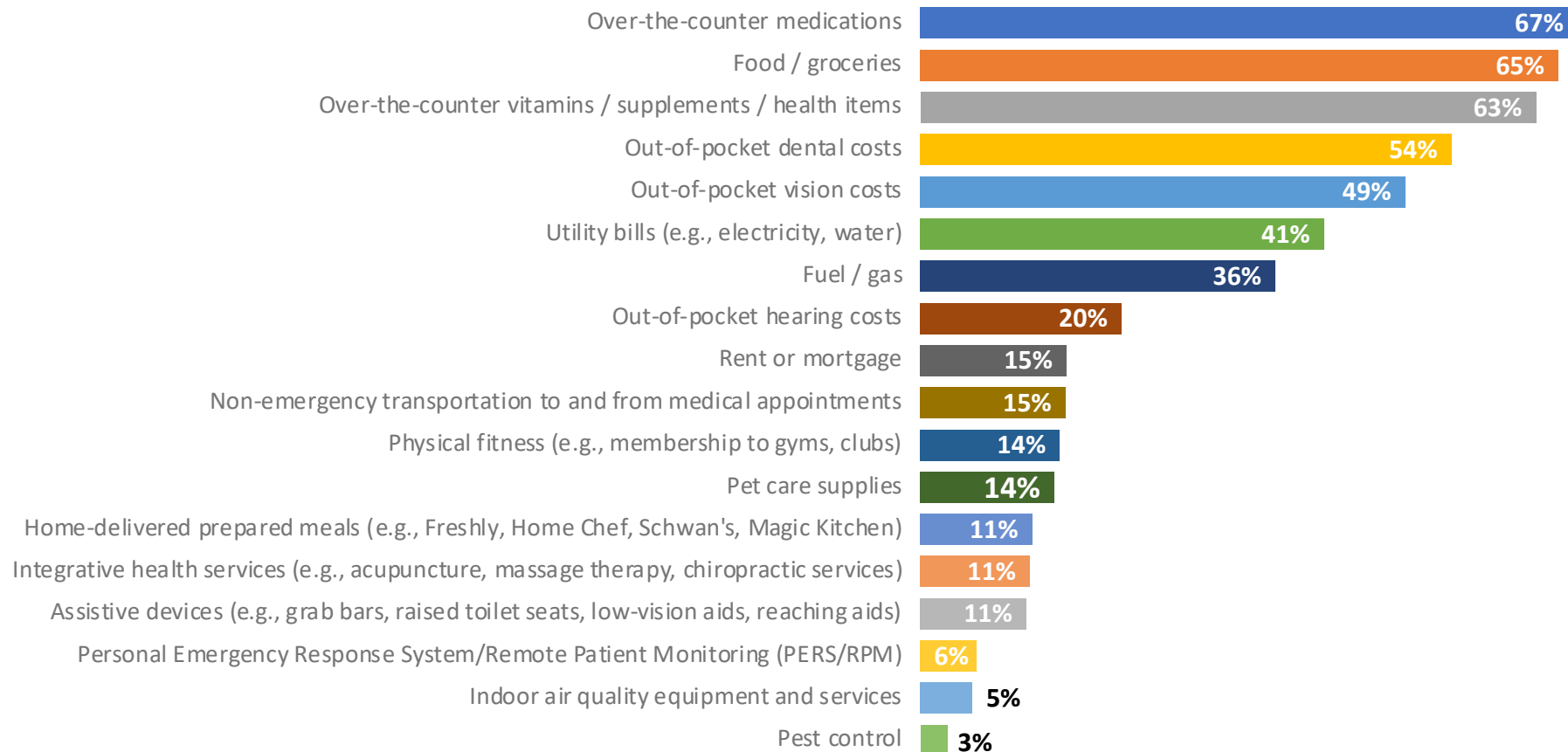
Access to a Flex Card for Supplemental Benefits

Around one-third (32%) of Seniors self-report currently having access to a Medicare flex card



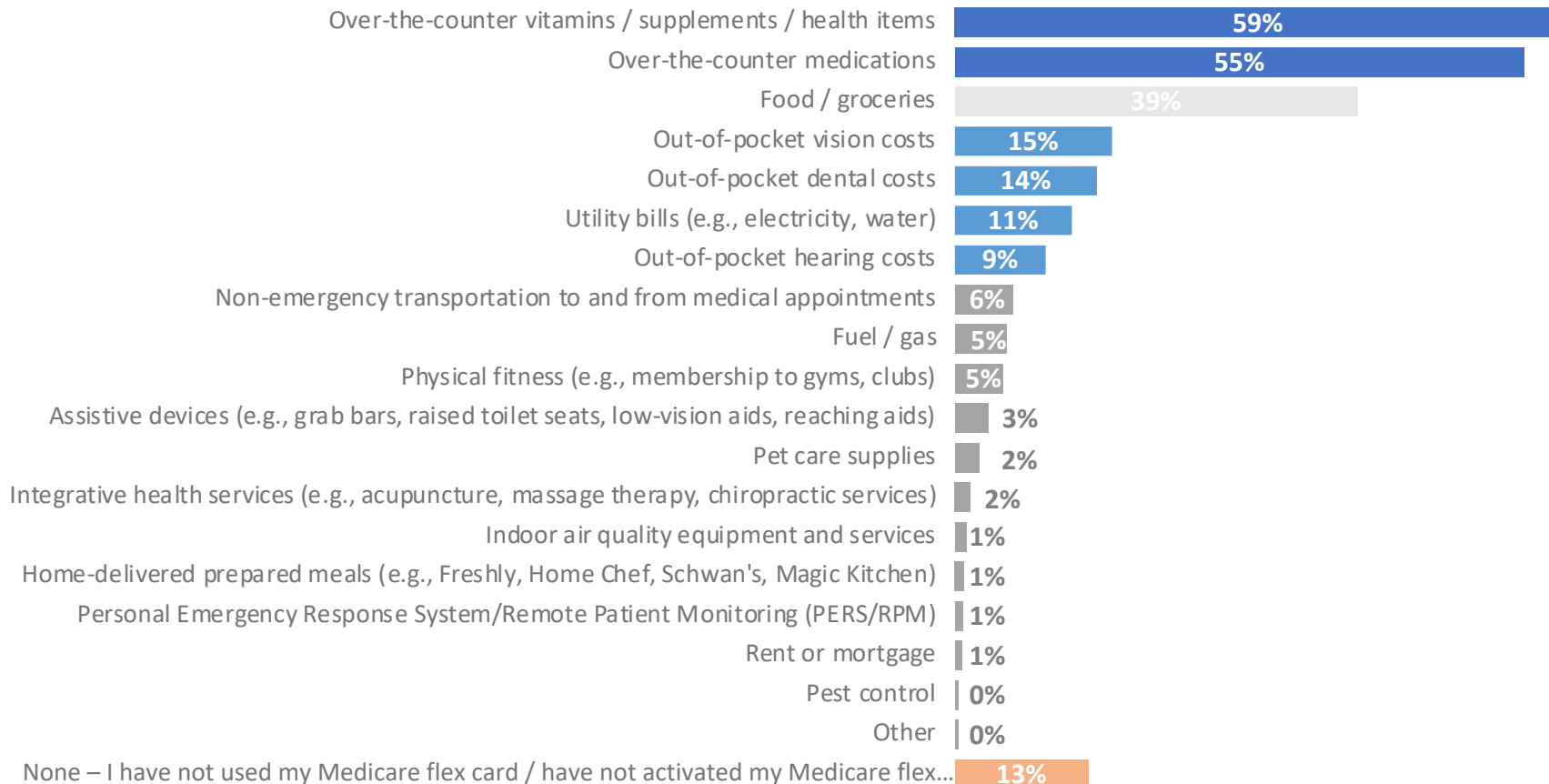
Likelihood to Use a Flex Card in 2024

Over-the-counter medications, vitamins/supplements, and food and groceries are the most likely use for a flex card



Actual Use a Flex Card in 2024

Likewise, OTC meds and vitamins/supplements/health items continue to be top uses of the flex card so far this year



Callouts Specific to the Underserved

How are these data different among minority, low income, and rural?

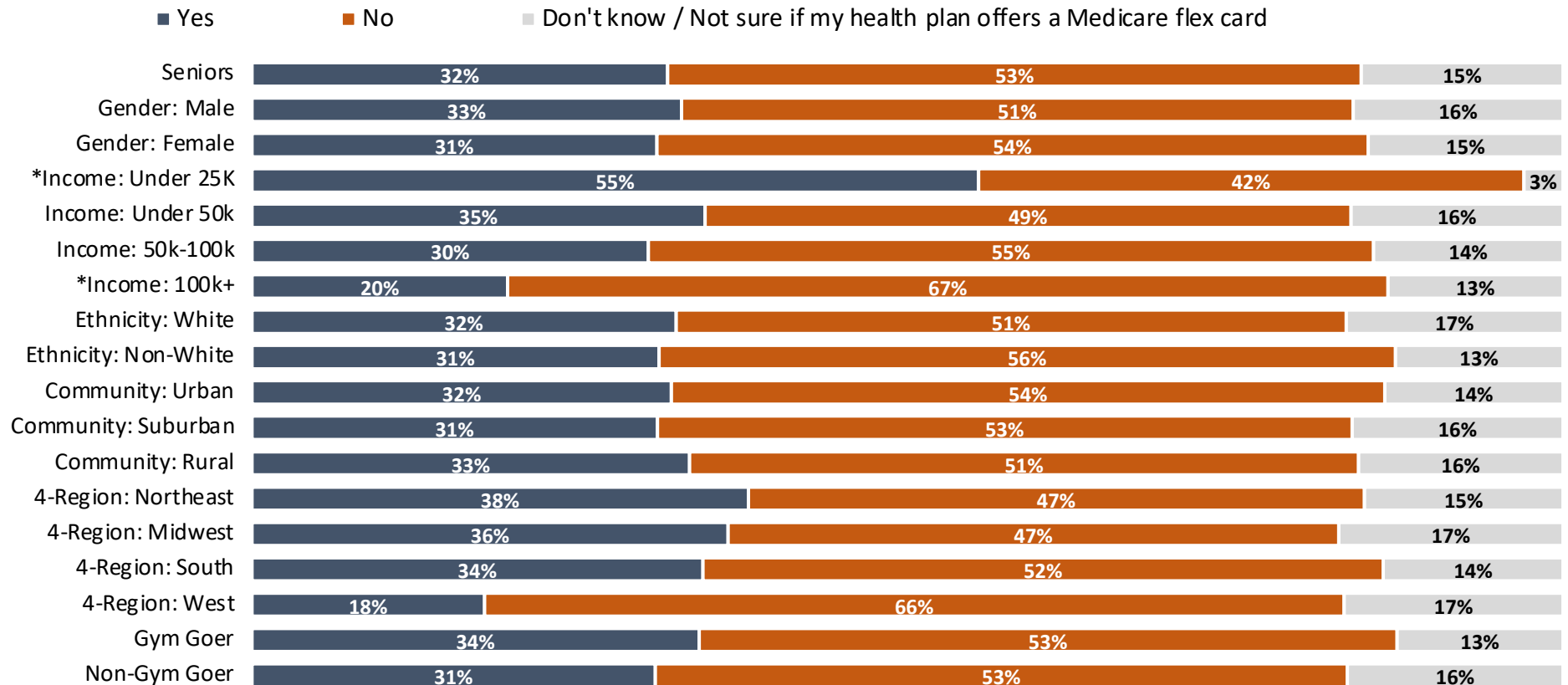
Benefit Use Among the Underserved

Low income and rural enrollees less likely to use any benefits available, and minority more likely to consume vision and telehealth

Demographic	Over-the-counter medications	Eye exams and glasses	Dental benefits	Telehealth	None of the above
Seniors	52%	43%	39%	19%	22%
Gender: Male	53%	41%	40%	22%	20%
Gender: Female	51%	44%	39%	16%	23%
*Income: Under 25K	43%	21%	30%	25%	27%
Income: Under 50k	54%	42%	39%	15%	21%
Income: 50k-100k	51%	48%	39%	24%	21%
*Income: 100k+	45%	32%	40%	28%	28%
Ethnicity: White	54%	41%	39%	17%	22%
Ethnicity: Non-White	47%	51%	34%	35%	19%
Community: Urban	50%	35%	38%	27%	19%
Community: Suburban	53%	45%	41%	18%	22%
Community: Rural	52%	44%	36%	13%	26%
4-Region: Northeast	40%	29%	44%	24%	26%
4-Region: Midwest	61%	50%	43%	13%	15%
4-Region: South	57%	45%	38%	16%	21%
4-Region: West	46%	43%	33%	26%	27%
Gym Goer	60%	47%	40%	26%	12%
Non-Gym Goer	49%	41%	39%	16%	26%

Flex Card Access Among the Underserved

Lower to middle income seniors are more likely to have access to a flex card when compared to higher income seniors



Flex Card Use Among the Underserved

Among the greatest differences in use among segments, low income overindex on use for food and OTC medications

Demographic	Food / groceries	Over-the-counter medications	Out-of-pocket dental costs	Over-the-counter vitamins / supplements / health items	Out-of-pocket vision costs
Seniors	65%	67%	54%	63%	49%
Gender: Male	63%	70%	54%	62%	47%
Gender: Female	66%	64%	41%	63%	51%
*Income: Under 25K	87%	76%	48%	50%	39%
Income: Under 50k	70%	64%	59%	58%	46%
Income: 50k-100k	63%	71%	74%	70%	50%
*Income: 100k+	40%	71%	54%	66%	66%
Ethnicity: White	64%	70%	51%	64%	50%
Ethnicity: Non-White	67%	61%	54%	55%	46%
Community: Urban	63%	67%	57%	51%	48%
Community: Suburban	63%	67%	47%	70%	48%
Community: Rural	71%	66%	56%	57%	54%
4-Region: Northeast	66%	70%	54%	60%	56%
4-Region: Midwest	62%	64%	52%	64%	45%
4-Region: South	69%	66%	57%	65%	46%
4-Region: West	59%	68%	48%	60%	54%
Gym Goer	68%	58%	57%	61%	35%
Non-Gym Goer	64%	70%	54%	63%	55%

Medicare Advantage/Health Equity: AAAs Meeting the Needs of Diverse and At-Risk Populations

Marisa Scala-Foley

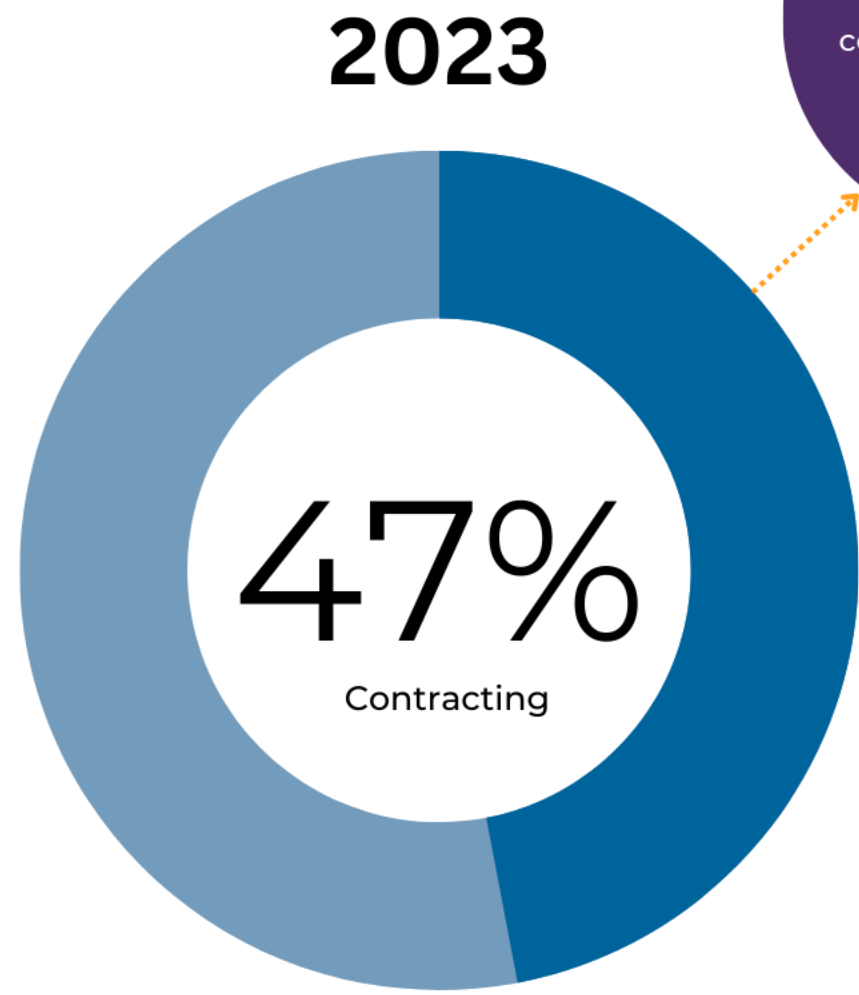
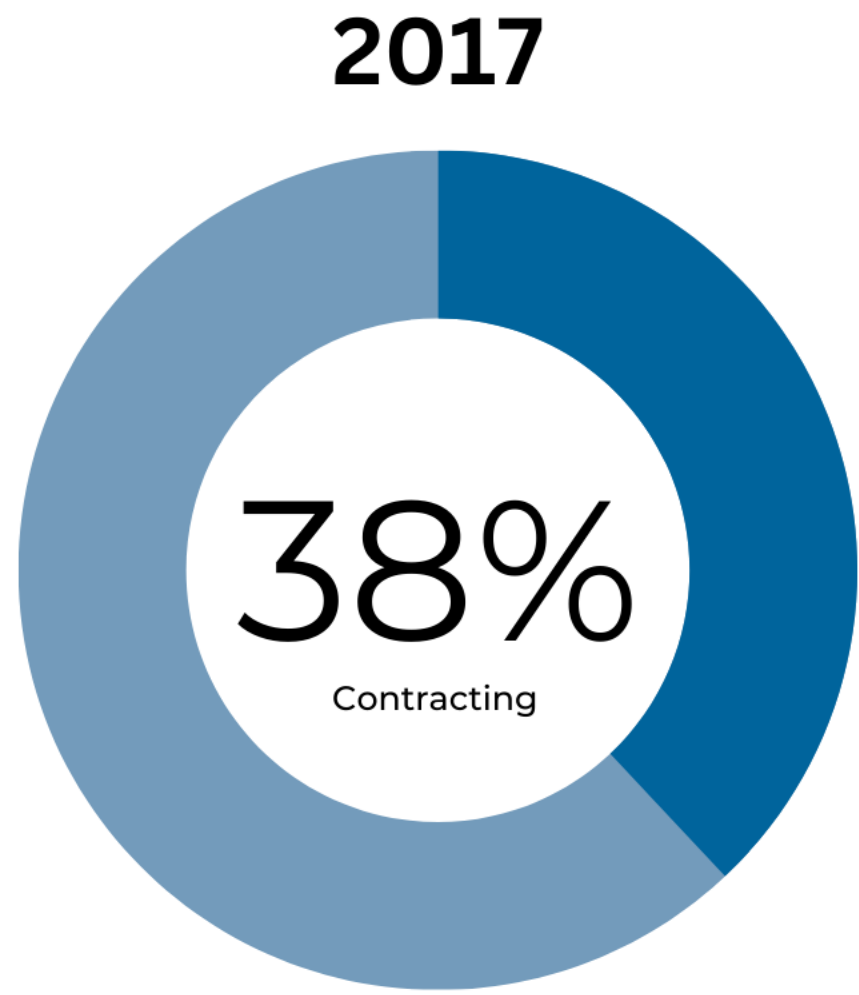
Director, Aging and Disability Business Institute

USAging



**Lee Washington, MD, MPH, Senior Medical Director in Aetna
National Accounts**

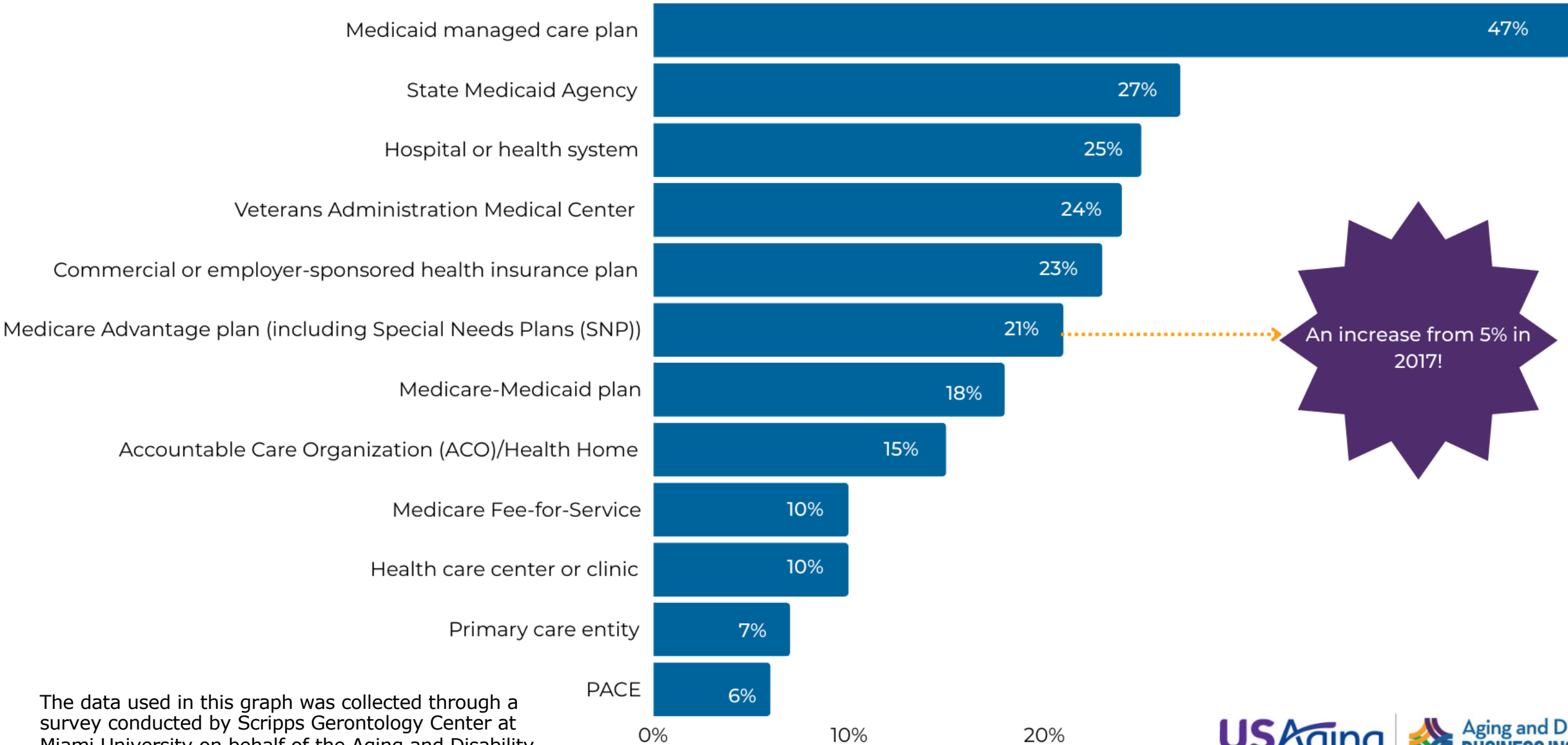
Overall Contracting Status by Year



86% of contracting CBOs have had a contract renewed by a partner!

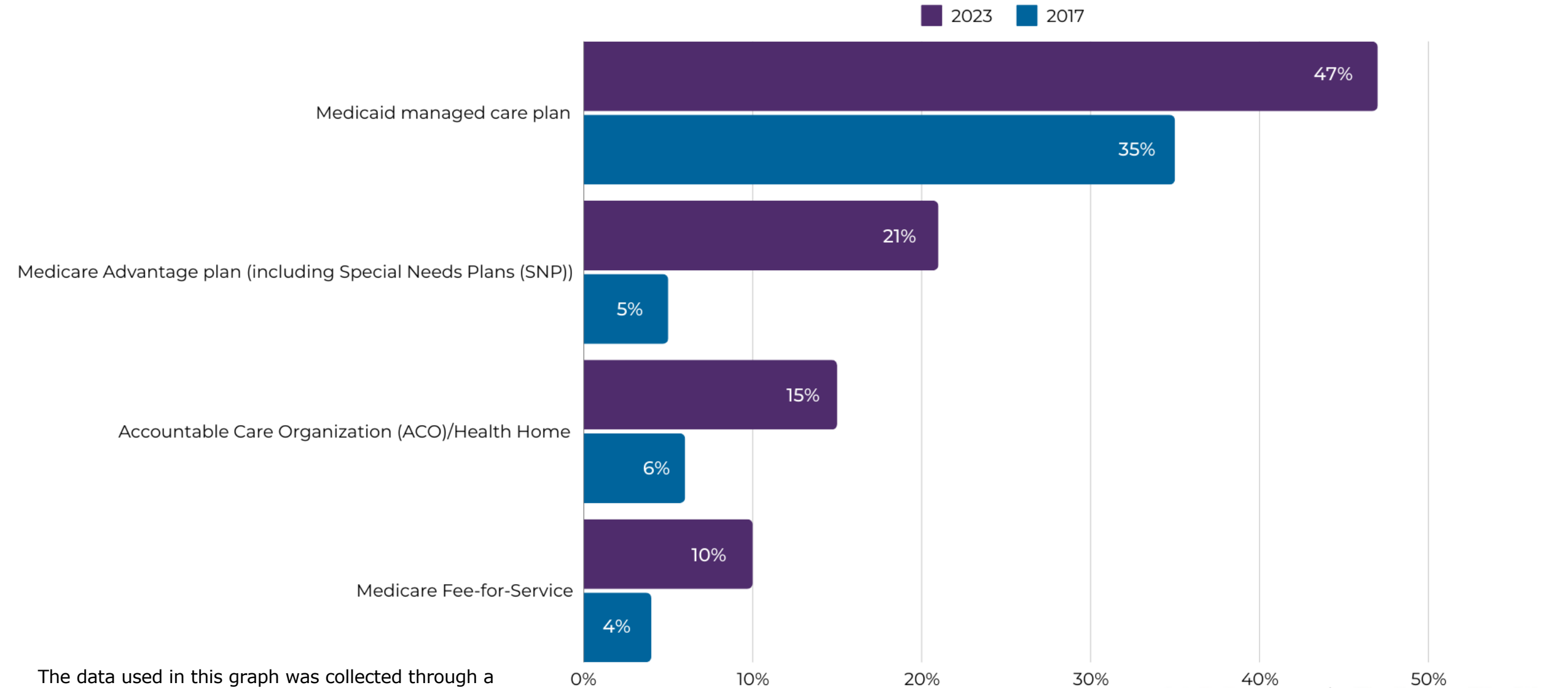
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Common Health Care Partners for CBOs with Contracts



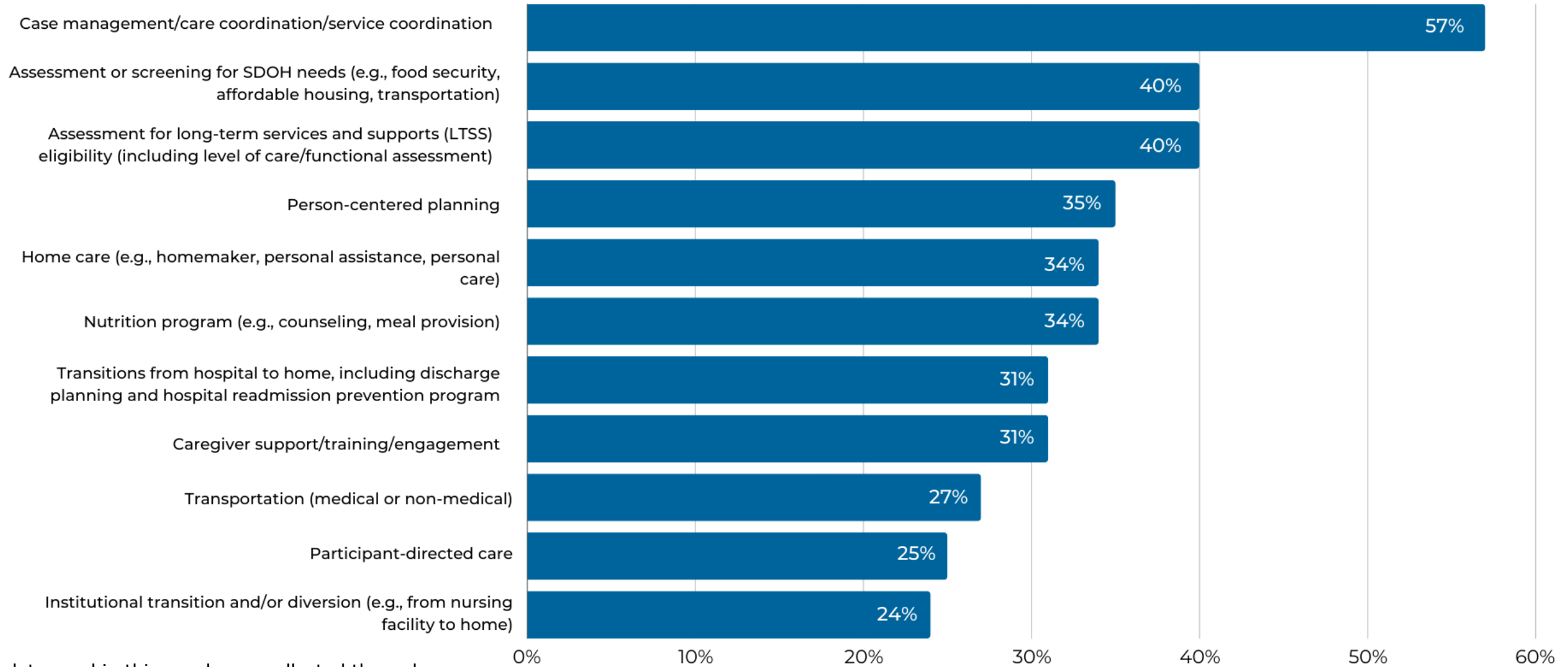
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Contracting Has Increased with Some Partners Over Time



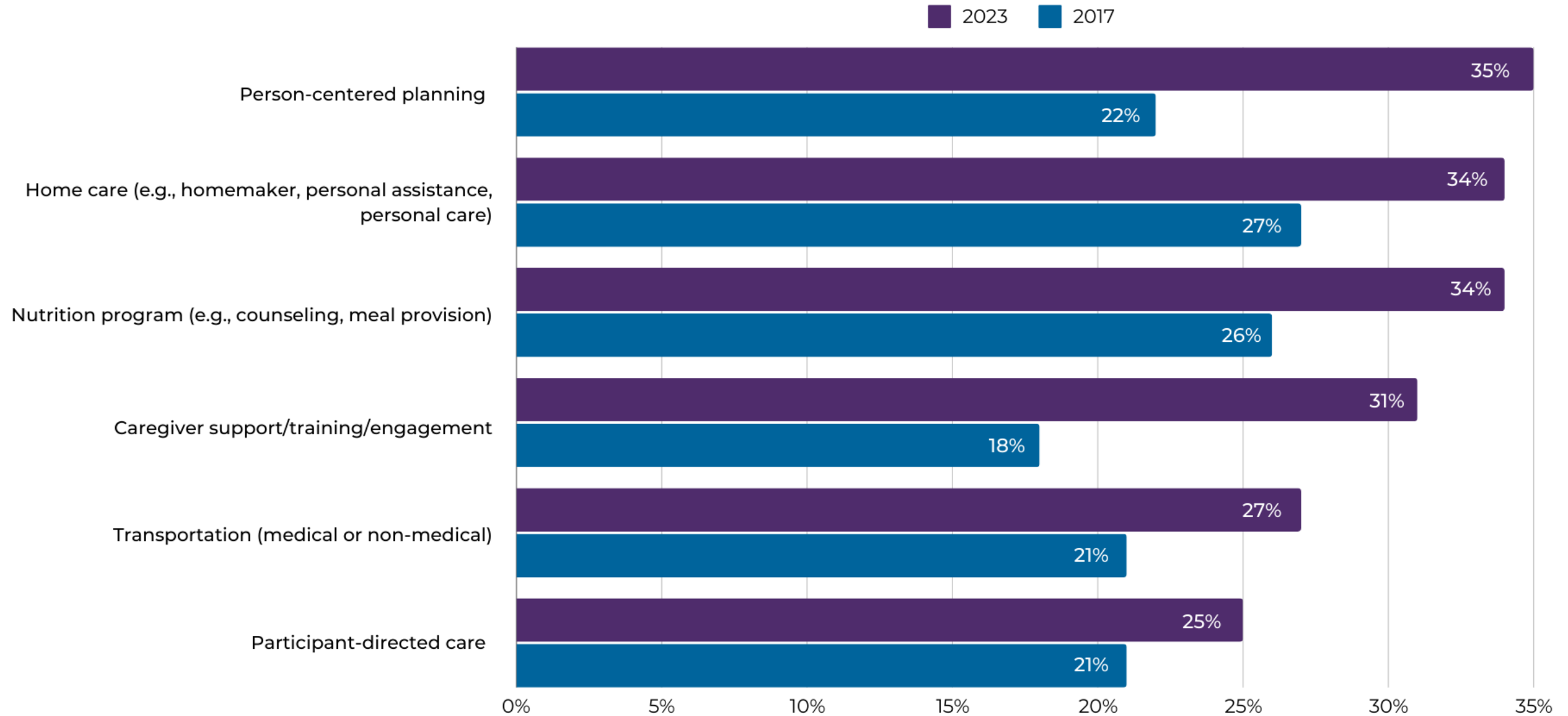
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Most Common Services Provided Through Contracts



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Increases in Select Services Provided Through Contracts



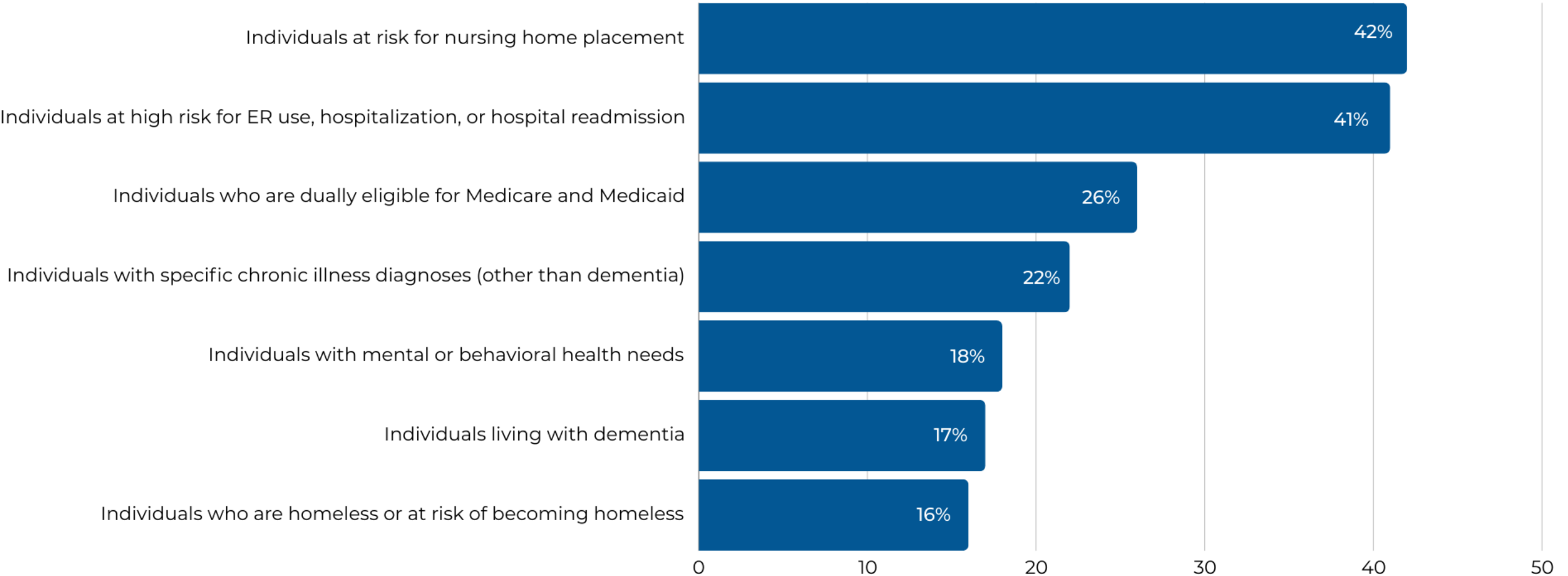
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Top Services by Partner-Payers

Medicare Advantage plans

1. Case management/care coordination/service coordination
2. Transitions from hospital to home
3. Evidence-based programs (e.g., fall prevention, CDSMP, medication reconciliation)
4. Nutrition program (e.g., counseling, meal provision)
5. Assessment or screening for SDOH needs

High-Risk, High-Need Groups Targeted in Contracts



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Role of Health Equity in Contracting

60.7%

Our ability to reach underserved populations is one of the reasons our health care partners contract with us

34.3%

Health equity has been part of our conversations with health care partners

29.6%

Health equity is part of the value proposition we provide to health care partners

12.5%

Health equity goals or initiatives are written into our contract

Connect with Us

- Visit our website to learn more about the Business Institute:
aginganddisabilitybusinessinstitute.org
- Learn about our Center of Excellence to Align Health and Social Care:
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- Learn more about our Consulting Services:
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