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Medicare Advantage 2017 Spotlight: Enrollment Market Update

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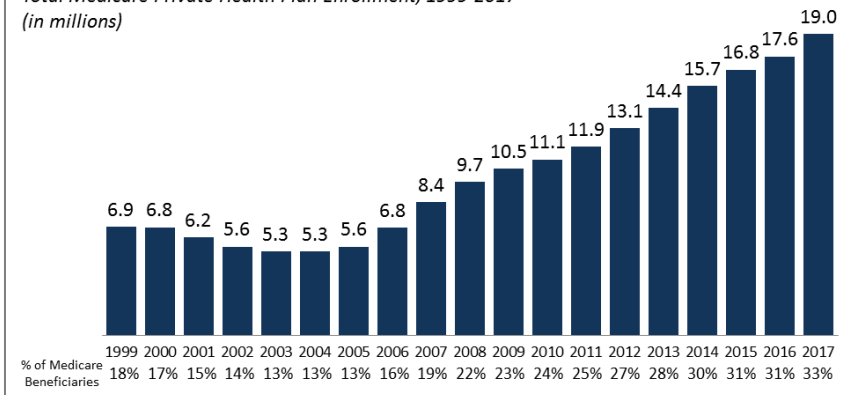
Medicare Advantage plans have played an increasingly larger role in the Medicare program as the share of Medicare beneficiaries enrolled in Medicare Advantage has steadily climbed over the past decade. The trend in enrollment growth is continuing in 2017, and has occurred despite reductions in payments to plans enacted by the Affordable Care Act of 2010 (ACA). This Data Spotlight reviews national and state-level Medicare Advantage enrollment trends as of March 2017 and examines variations in enrollment by plan type and firm. It analyzes the most recent data on premiums, out-of-pocket limits, and quality ratings. Key findings include:

- **Enrollment Growth.** Since the ACA was passed in 2010, Medicare Advantage enrollment has grown 71 percent. As of 2017, one in three people with Medicare (33% or 19.0 million beneficiaries) is enrolled in a Medicare Advantage plan (**Figure 1**).
- **Market Concentration.** UnitedHealthcare and Humana together account for 41 percent of enrollment in 2017; enrollment continues to be highly concentrated among a handful of firms, both nationally and in local markets. In 17 states, one company has more than half of all Medicare Advantage enrollment – an indicator that these markets may not be very competitive.

Figure 1

Enrollment in Medicare Advantage plans has steadily increased since 2004

Total Medicare Private Health Plan Enrollment, 1999-2017 (in millions)



NOTE: Includes MSAs, cost plans, demonstration plans, and Special Needs Plans as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS Medicare Advantage enrollment files, 2008-2017, and MPR, "Tracking Medicare Health and Prescription Drug Plans Monthly Report," 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April.

- **Medicare Advantage Penetration.** At least 40 percent of Medicare beneficiaries are enrolled in Medicare private plans in six states: CA, FL, HI, MN, OR, and PA. In contrast, fewer than 20 percent of Medicare beneficiaries are enrolled in Medicare Advantage plans in 13 states, plus the District of Columbia.
- **Premiums and Cost-Sharing.** While average Medicare Advantage premiums paid by MA-PD enrollees have been relatively stable for the past several years ($36 per month in 2017), enrollees may be liable for more of Medicare's costs, with average out-of-pocket limits increasing 21 percent and average Part D drug deductibles increasing more than 9-fold since 2011; however, there was little change in out-of-pocket limits and Part D drug deductibles from 2016 to 2017.

Medicare Advantage enrollment is projected to continue to grow over the next decade, rising to 41 percent of all Medicare beneficiaries by 2027.[1] As private plans take on an even larger presence in the Medicare program, it will be important to understand the implications for beneficiaries covered under Medicare Advantage plans and traditional Medicare, as well as for plans, health care providers and program spending.

Overall Trends in Enrollment

Nationwide Enrollment

In 2017, one in three (33%) Medicare beneficiaries – 19.0 million people – is enrolled in a Medicare Advantage plan (**Figure 1**). Total Medicare Advantage enrollment grew by about 1.4 million beneficiaries, or 8 percent, between 2016 and 2017. The growth reflects the ongoing expansion of the role of Medicare Advantage plans in the Medicare program.[2]

Trends in Enrollment by Plan Type

As has been the case each year since 2007, about two out of three (63%) Medicare Advantage enrollees are in HMOs in 2017. One-third of enrollees are in PPOs – with more in local PPOs (26%) than regional PPOs (7%) – and the remainder are in Private Fee-For Service (PFFS) plans (1%) and other types of plans (3%), including cost plans and Medicare Medical Savings Accounts (MSAs).

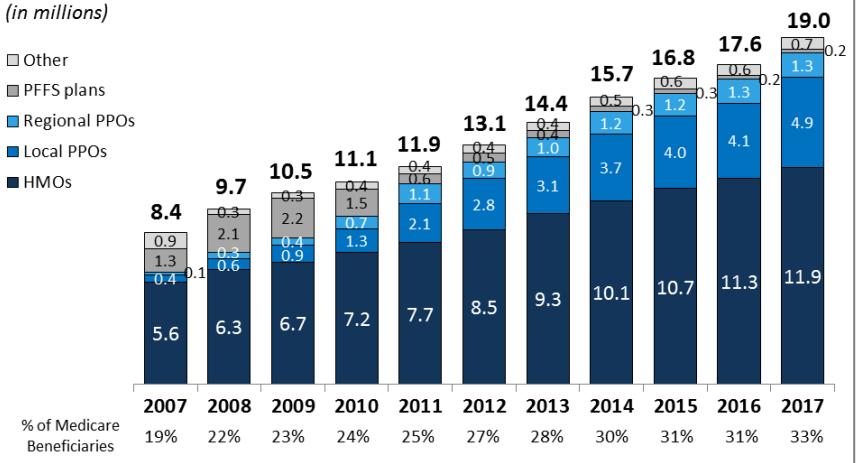
- **HMOs.** Enrollment in HMOs increased by 0.6 million to 11.9 million beneficiaries in 2017 (**Figure 2** and **Table A1**).
- **PPOs.** Enrollment in local PPOs increased by 0.8 million, with 4.9 million beneficiaries in local PPOs. In 2017, 1.3 million beneficiaries are in regional PPOs, similar to 2016.

  A key difference between an HMO and a PPO is that the latter covers part of the cost of care from providers outside of the plan's provider network. Local PPOs, like HMOs, are required to serve areas no smaller than a county, whereas regional PPOs are required to serve areas defined by one or more states.

Figure 2

Most Medicare Advantage enrollees are in HMOs

Total Enrollment in Medicare Private Health Plans, by Plan Type, 2007-2017 (in millions)



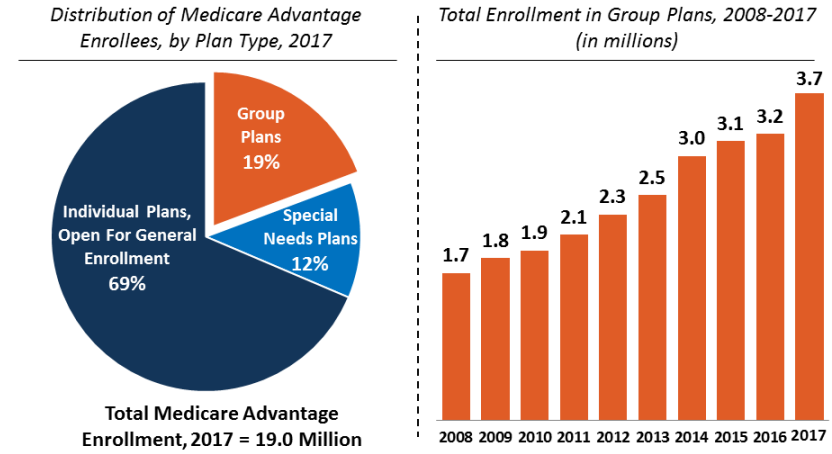
NOTE: Other includes MSAs, cost plans and demonstrations. Includes Special Needs Plans as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS Medicare Advantage enrollment files, 2008-2017, and MPR, "Tracking Medicare Health and Prescription Drug Plans Monthly Report," 2007; enrollment numbers from March of the respective year.

GROUP ENROLLMENT

About 3.7 million of the 19.0 million enrollees (19%) are in a group plan in 2017 (**Figure 3** and **Table A2**). Most Medicare beneficiaries who enroll in Medicare Advantage plans do so as individuals, but some enroll through group plans, comprised largely of plans sponsored by unions and employers for retirees. Under these arrangements, employers or unions contract with an insurer and Medicare pays the insurer a fixed amount per enrollee to provide benefits covered by Medicare, and the employer or union, and sometimes also the retiree as well, pays a premium for any additional benefits or lower cost-sharing. In contrast to the Medicare Advantage individual market where HMOs dominate, more than two-thirds (69%) of group plan enrollees are in local PPOs.

Figure 3

About one in five Medicare Advantage enrollees are in group plans and enrollment in group plans has doubled since 2008



NOTE: Numbers may not sum to total due to rounding. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS Medicare Advantage enrollment files, 2008-2017.

Some states have a much larger than average share of Medicare Advantage enrollees in group plans, including Alaska (100%), West Virginia (53%), Michigan (49%), Illinois (43%), Kentucky (40%), and New Jersey (36%). Between 2016 and 2017, enrollment in Medicare Advantage group plans grew at least as much as enrollment in individual plans in all states except ten (HI, KY, MI, MN, MT, NE, OR, UT, WI, and WV) and the District of Columbia. Over this period, the share of Medicare beneficiaries in group plans increased considerably in Alabama and New Jersey due to changes in the states' benefits for former state employees for the 2017 plan year.

In Alabama, enrollment in group plans increased by almost 90,000 beneficiaries between 2016 and 2017, due in large part to the Public Education Employees' Health Insurance Plan (PEEHIP) automatically enrolling their retirees into a Medicare Advantage group plan operated by UnitedHealthcare for the 2017 plan year. In New Jersey, enrollment in group plans increased by more than 60,000 beneficiaries, mostly due to the State Health Benefits Program only offering coverage to retirees through Medicare Advantage group plans beginning in 2017. These changes reflect a larger trend by large employers and unions to limit their liability for retirees' health costs by contracting with Medicare Advantage plans.

In addition, some employers or unions are addressing cost concerns by ending their group coverage for retiree health – either by terminating coverage altogether, or by offering retirees a defined contribution that could be used to purchase a Medigap policy (to supplement traditional Medicare) or a Medicare Advantage plan. This dynamic, which alters the share and composition of Medicare beneficiaries in the group and individual Medicare Advantage markets, respectively, is not captured in available Medicare Advantage data. This data gap makes it more difficult to understand the reasons behind trends in enrollment in both markets.[3]

Medicare Advantage Enrollment Growth by State

Medicare Advantage enrollment increased in all states in 2017, with the exception of North Dakota where enrollment declined slightly (by 1%) (**Table 1**). In eight states (AK, AL, DE, MD, NH, NJ, VT, and WY) enrollment increased by 20 percent or more. Since the penetration rates in these states were far below the national average and some have relatively few enrollees, their growth rates can be sensitive to small changes in enrollment.

In most states, the majority of enrollees are in HMOs; however, in 12 states (AK, AL, HI, IL, IN, IA, KS, KY, MI, MT, NC, and WV), the majority of enrollees are in local PPOs (**Table A1**). Additionally, in a few states (MN, ND, and SD), the preponderance of private plan enrollees is in cost plans, which are paid differently from Medicare Advantage plans and allow enrollees to see any Medicare provider and pay the cost-sharing they would pay in traditional Medicare. Regional PPOs also play an outsized role in some states, with at least 30 percent of enrollees in regional PPOs in 4 states (AR, MS, SC, and VT).

Enrollment Growth by County, based on Medicare Spending Quartiles

The Affordable Care Act reduced payments to all Medicare Advantage plans, and varied payment policy with the level of traditional Medicare spending in counties, grouped into four quartiles. As of 2017, payments are fully phased-in and range from 95 percent of traditional Medicare spending for counties in the top quartile of Medicare spending to 115 percent of traditional Medicare spending for counties in the bottom quartile.

Between 2011 and 2017, the counties in the middle quartiles saw the largest growth in Medicare Advantage enrollment (65% and 67% for the third and second quartiles, respectively) with the lowest growth in the lowest cost counties (49%; **Table A3**). The relationship between county cost and growth rates appears to vary between HMOs (which have a longer history with the program) and other plan types (mostly PPOs) that are newer. While HMOs showed little relationship between county cost and enrollment growth over the 2011-2017 period, enrollment in other types of plans grew more rapidly in higher than lower-cost counties.

Table 1. Medicare Advantage Enrollment and Penetration Rate, by State, 2016-2017						
State	2016 Total Enrollment	2017 Total Enrollment	Change in Total Enrollment, 2016-2017	Percent Change in Enrollment, 2016-2017	2016 Penetration Rate	2017 Penetration Rate
Total U.S.	**17,625,200**	**18,973,154**	**1,347,954**	**8%**	**31%**	**33%**
Alabama	257,218	358,325	101,107	39%	26%	36%
Alaska	93	655	562	604%	<1%	1%
Arizona	442,282	463,447	21,165	5%	38%	39%
Arkansas	121,543	130,465	8,922	7%	20%	21%
California	2,244,709	2,348,224	103,515	5%	39%	40%
Colorado	293,275	309,369	16,094	5%	36%	37%
Connecticut	165,722	180,612	14,890	9%	26%	28%
Delaware	16,792	20,739	3,947	24%	9%	11%
District of Columbia	12,292	13,914	1,622	13%	14%	15%
Florida	1,670,266	1,793,258	122,992	7%	41%	42%
Georgia	508,161	554,075	45,914	9%	33%	34%
Hawaii	113,451	116,082	2,631	2%	46%	45%
Idaho	90,435	92,580	2,145	2%	31%	31%
Illinois	405,756	454,965	49,209	12%	19%	21%
Indiana	279,338	311,612	32,274	12%	24%	26%
Iowa	98,790	104,458	5,668	6%	17%	18%
Kansas	67,733	75,281	7,548	11%	14%	15%
Kentucky	229,916	245,786	15,870	7%	26%	28%
Louisiana	249,920	271,778	21,858	9%	31%	33%
Maine	75,116	87,548	12,432	17%	24%	27%
Maryland	88,998	106,861	17,863	20%	9%	11%
Massachusetts	246,018	266,741	20,723	8%	20%	21%
Michigan	621,118	673,166	52,048	8%	32%	34%
Minnesota	510,713	542,941	32,228	6%	55%	56%
Mississippi	85,208	93,708	8,500	10%	15%	16%
Missouri	337,119	368,222	31,103	9%	29%	31%
Montana	39,200	42,742	3,542	9%	19%	20%
Nebraska	37,169	39,967	2,798	8%	12%	12%
Nevada	157,379	169,207	11,828	8%	34%	35%
New Hampshire	20,756	27,996	7,240	35%	8%	10%
New Jersey	245,651	326,486	80,835	33%	16%	21%
New Mexico	120,099	129,973	9,874	8%	32%	33%
New York	1,243,714	1,325,900	82,186	7%	37%	38%
North Carolina	547,079	587,632	40,553	7%	30%	32%
North Dakota	21,627	21,353	-274	-1%	18%	17%
Ohio	748,125	787,209	39,084	5%	34%	35%
Oklahoma	116,489	124,677	8,188	7%	17%	18%
Oregon	339,461	355,438	15,977	5%	44%	44%
Pennsylvania	1,022,462	1,065,053	42,591	4%	40%	41%
Rhode Island	72,954	77,285	4,331	6%	35%	37%
South Carolina	224,130	243,030	18,900	8%	23%	24%
South Dakota	31,158	32,694	1,536	5%	20%	20%
Tennessee	440,394	465,345	24,951	6%	35%	36%
Texas	1,174,621	1,284,153	109,532	9%	32%	33%
Utah	120,237	127,850	7,613	6%	34%	35%
Vermont	9,671	11,676	2,005	21%	7%	8%
Virginia	219,382	241,530	22,148	10%	16%	17%
Washington	360,712	382,571	21,859	6%	30%	30%
West Virginia	103,805	107,246	3,441	3%	25%	25%
Wisconsin	410,771	434,584	23,813	6%	38%	39%
Wyoming	2,079	2,596	517	25%	2%	3%

NOTE: Includes employer-sponsored plans, special needs plans, and other private plans. Total U.S. includes Puerto Rico.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2016-2017.

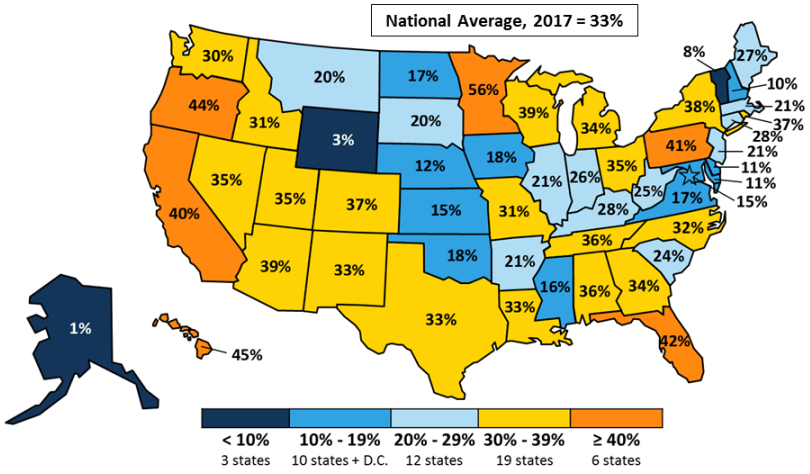
Medicare Advantage Penetration

In half of all states, at least 30 percent of Medicare beneficiaries are enrolled in Medicare private plans, including 6 states (CA, FL, HI, MN, OR, and PA) in which at least 40 percent of beneficiaries are enrolled in Medicare private plans (**Figure 4**). While Medicare Advantage enrollment is increasing in many states, Medicare Advantage enrollment continues to be very low (less than 10 percent of Medicare beneficiaries) in 3 states (AK, VT, and WY). This variation reflects the history of managed care in the state, the uneven prevalence of employer-sponsored insurance for retirees, and growth strategies pursued by various Medicare Advantage sponsors, among other factors.

Figure 4

Enrollment in Medicare Advantage plans varies across states

Share of Medicare Beneficiaries Enrolled in Medicare Private Health Plans, by State, 2017



NOTE: Includes MSAs, cost plans and demonstrations. Includes Special Needs Plans as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS State/County Market Penetration Files, 2017.

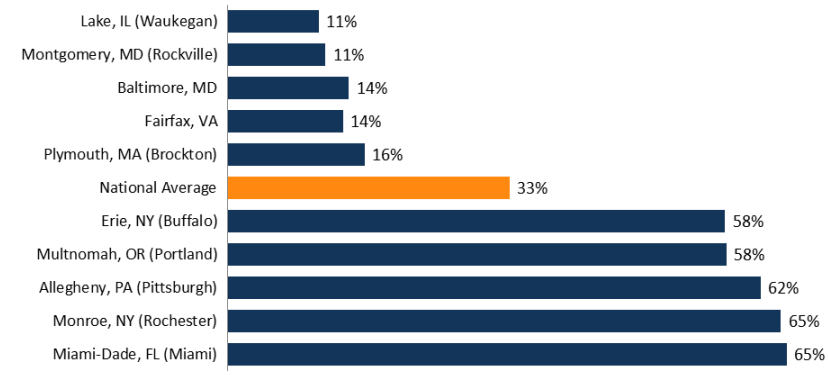
Within states, Medicare Advantage penetration varies across counties. For example, 56 percent of beneficiaries in the Bronx in New York City, New York are enrolled in Medicare Advantage plans whereas only 19 percent of beneficiaries in Suffolk County (Long Island), New York are enrolled (**Table A4**).

Medicare Advantage penetration also varies across metropolitan counties, such that not all metropolitan counties have high Medicare Advantage penetration rates. For example, only 14 percent of Medicare beneficiaries are enrolled in Medicare private plans in Baltimore, Maryland, but 65 percent of Medicare beneficiaries are enrolled in Medicare private plans in Miami-Dade County, Florida (**Figure 5**).

Figure 5

Medicare Advantage penetration varies widely across large metropolitan counties in 2017

Five Counties with the Lowest and Five Counties with the Highest Penetration Rate, among Counties with at least 100,000 Beneficiaries



NOTE: Excludes beneficiaries with unknown county addresses or in territories other than Puerto Rico. 109 counties had at least 100,000 beneficiaries in 2017. Estimates for Baltimore County (13%) and Baltimore City (17%) were averaged. Counties' seats are denoted in parentheses when different from county name.
SOURCE: Authors' analysis of CMS's March Enrollment files for 2017.

Medicare Advantage Enrollment, by Firm and Affiliates

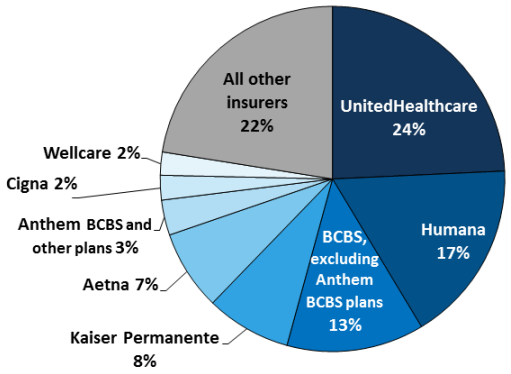
Enrollment by Firm and Affiliates

Medicare Advantage enrollment tends to be highly concentrated among a small number of firms (**Figure 6**). In 2017, UnitedHealthcare, Humana, and the BCBS affiliates (including Anthem BCBS plans) together account for well over half (57%) of Medicare Advantage enrollment. Eight firms or affiliates accounted for about three-quarters (77%) of the market, including UnitedHealthcare, Humana, Blue Cross Blue Shield (BCBS)-affiliated plans (excluding Anthem), Kaiser Permanente, Aetna, Anthem, Cigna, and Wellcare. Enrollment in UnitedHealthcare's plans grew more than any other firm, increasing by more than 800,000 beneficiaries between 2016 and 2017, and the firm's share of the Medicare Advantage market increased from 21 percent in 2016 to 24 percent in 2017 (**Table A5**). In 2016-2017, major mergers were under regulatory review for four of these firms (Humana with Aetna, Anthem with Cigna). It is not clear how the prospect of a merger may have affected each firm's Medicare Advantage market strategy over this period. The mergers were not allowed to proceed due to concerns about the potential effects on market competition.

Figure 6

More than half of all Medicare Advantage enrollees are in plans offered by three firms or affiliates

Medicare Advantage Enrollment, by Firm, 2017



Total Medicare Advantage Enrollment, 2017 = 19.0 Million

NOTE: All other insurers includes firms with less than 2% of total enrollment. BCBS are BlueCross and BlueShield affiliates and excludes Anthem BCBS plans. Anthem includes BCBS plans and other plans. Percentages may not sum to 100% due to rounding.
SOURCE: Authors' analysis of CMS Enrollment files, 2017.

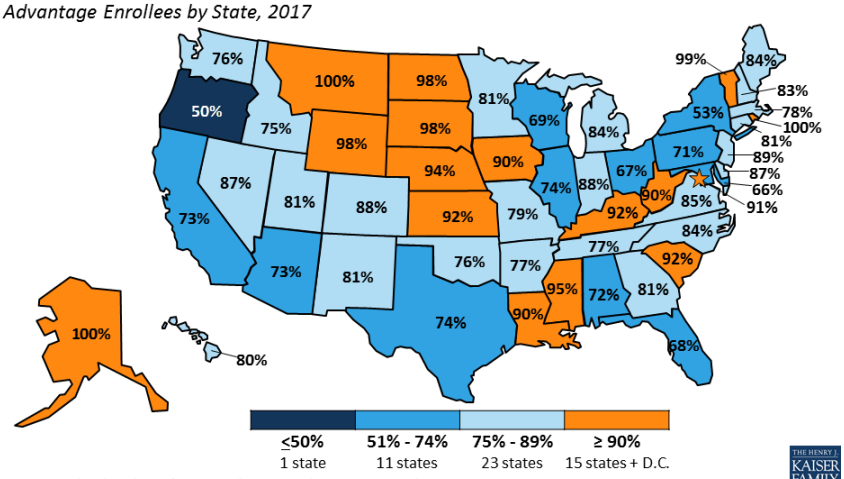
Market Concentration by State

In most states, a few firms dominate Medicare Advantage enrollment (**Figure 7**). Similar to prior years, in every state other than Oregon, the three largest firms or BCBS affiliates account for more than 50 percent of enrollment. In 38 states and the District of Columbia, at least 75 percent of enrollees are in plans offered by one of three firms. In 17 states, one company has more than half of all Medicare Advantage enrollment – an indicator that these markets may not be very competitive (**Table A6**). Except for three states with small enrollments (the Dakotas and Alaska), all of these states are dominated by either

Figure 7

In most states, three firms or affiliates account for more than three-quarters of Medicare Advantage enrollment

Combined Market Share of the Three Firms or Affiliates with the Largest Number of Medicare Advantage Enrollees by State, 2017



SOURCE: Authors' analysis of CMS State/County Market Penetration Files, 2017.

UnitedHealthcare, Humana, or BCBS-affiliated plans. (Medica Holding Company's plans dominate enrollment in the Dakotas and Aetna's plans dominate enrollment in Alaska.)

UnitedHealthcare is a major player in the Medicare Advantage markets of 42 states and the District of Columbia; the firm has the largest share of enrollment in 24 states (up from 19 states in 2016) and is among the top three firms in an additional 18 states and the District of Columbia. Humana has the largest share of enrollment in 7 states (down from 10 states in 2016) and is among the top 3 firms in another 22 states. Plans offered by BCBS affiliates have the most enrollees in 8 states and are among the top firms in another 15 states.

Kaiser Permanente's presence is more geographically focused than other major national firms, with a heavy concentration in California, Colorado, the District of Columbia area, Hawaii, Georgia, and Oregon. Kaiser Permanente also recently added to its presence in Washington with its acquisition of Group Health Cooperative. In some states, locally operated plans play a much larger role than the national firms, and include Martin's Point Health Care (ME), Tufts Associated HMO (MA), Presbyterian Healthcare Services (NM), and Medica Holding Company (ND and SD). New West, which had the most Medicare Advantage enrollees in Montana between 2011 and 2015, announced in 2016 that it is going out of business and did not offer Medicare Advantage plans in 2017 Other firms appear to have offset this loss in plan options as Medicare Advantage enrollment in Montana has continued to grow. EmblemHealth, a New York-based not-for-profit plan, had the most Medicare Advantage enrollees in Connecticut from 2014 to 2016, but UnitedHealthcare replaced it in this position in 2017.

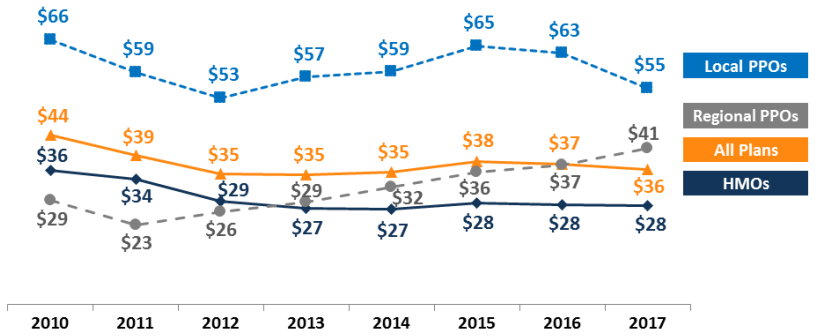
Premiums

Medicare Advantage enrollees are responsible for paying the Part B premium, in addition to any premium charged by the plan. This brief analyzes premiums for Medicare Advantage plans that offer prescription drug benefits (MA-PDs) because the vast majority (89%) of Medicare Advantage enrollees is in MA-PDs and Medicare Advantage enrollees who seek prescription drug benefits are required to get them through their plan if the plan offers prescription drugs.

Figure 8

Premiums for Medicare Advantage Prescription Drug plans have remained relatively flat in recent years

Weighted Average Monthly Premiums for Medicare Advantage Prescription Drug Plans, Total and by Plan Type, 2010-2017



NOTE: Excludes SNPs, employer-sponsored (i.e., group) plans, demonstrations, HCPPs, PACE plans, and plans for special populations. Includes only Medicare Advantage plans that offer Part D benefits. The total includes cost plans and PFFS plans (not shown separately), as well as plans with zero premiums. The premiums for a subset of sanctioned plans were not available in 2011; these plans were excluded from this analysis. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico.
SOURCE: Authors' analysis of CMS's Landscape Files for 2010–2017 and March Enrollment files for 2010-2017.

Average Premium Trends

The average MA-PD enrollee pays a monthly premium of about $36 in 2017, about $1 per month less than in 2016 (**Figure 8**). Actual premiums paid by enrollees vary widely, across and within counties, by plan type and other plan characteristics. Average premiums range from $28 per month for HMO enrollees to $55 per month for local PPO enrollees and $41 per month for regional PPO enrollees. Overall, average premiums at the national level have been relatively steady for plan enrollees since 2012, although premiums for regional PPO enrollees have increased.

ZERO PREMIUM PLANS

In 2017, as in prior years, most Medicare beneficiaries (81%) had a choice of at least one "zero premium" MA-PD,[4] plans that charge no additional premium for coverage of Medicare Part A, B, and D benefits , other than the monthly Part B premium. Plans can offer zero-premium MA-PDs by using their rebate (the difference between the plan bid and the maximum federal payment or benchmark) to reduce the Part D premium.

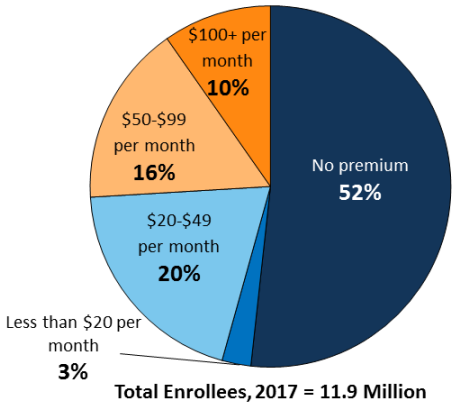
While seniors have said that premiums are important factor in their plan choice,[5] the data indicate that other factors must also play an important role. Among MA-PD enrollees with access to a zero premium plan (97% of all MA-PD enrollees), only about half (52%) are enrolled in such a plan (**Figure 9**). More than one-quarter (26%) of MA-PD enrollees with access to a zero premium plan are in plans with premiums of $50 per month or more, including 10 percent with premiums of $100 per month or more. In total, only half (50%) of MA-PD enrollees are in a zero premium plan in 2017, including about 400,000 MA-PD enrollees (3%) who do not have access to a zero premium plan.

Between 2016 and 2017, the share of enrollees in zero premium MA-PDs remained relatively unchanged (49% in 2016 versus 50% in 2017) (**Figure 10**). Similar to prior years, a larger share of HMO enrollees is enrolled in zero premium plans (59%) than regional PPO enrollees (33%) or local PPO enrollees (30%).

Figure 9

Almost half (48%) of Medicare Advantage Prescription Drug Plan enrollees pay premiums even when a zero-premium plan is available

Distribution of Premiums Paid by Medicare Advantage Prescription Drug Plan Enrollees, in Counties with Zero-Premium Plans Available, 2017

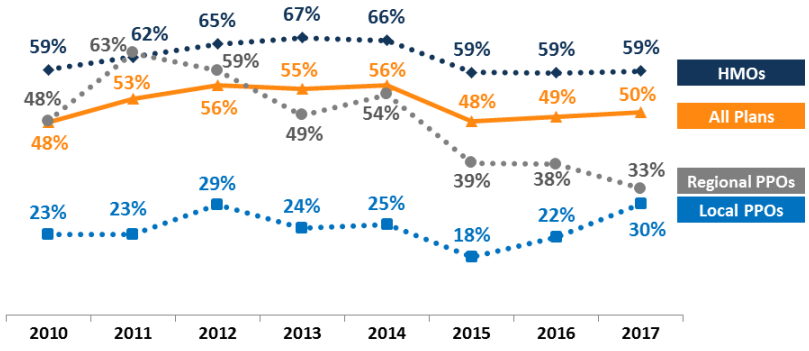


NOTE: Excludes SNPs, employer-sponsored group plans, demonstrations, HCPPs, PACE plans, and plans for special populations. Includes only Medicare Advantage plans that offer Part D benefits. Includes only areas in which zero-premium Medicare Advantage Prescription Drug plans are available. Premiums were missing for less than 1% of enrollees. Percentages do not sum to 100% due to rounding.
SOURCE: Kaiser Family Foundation analysis of CMS's Landscape File and March Enrollment File for 2017.

Figure 10

Half of enrollees in Medicare Advantage Prescription Drug plans are in plans with no premium in 2017

Share of Enrollees in Medicare Advantage Prescription Drug Plans with Zero Premium, Total and by Plan Type, 2010-2017



NOTE: Excludes SNPs, group plans, demonstrations, HCPPs, PACE plans, and plans for special populations. Includes only Medicare Advantage plans that offer Part D benefits. Total includes cost plans, which are not shown separately.
SOURCE: Authors' analysis of CMS's Landscape and Penetration Files for 2010 – 2017.

Premium Variation Across States

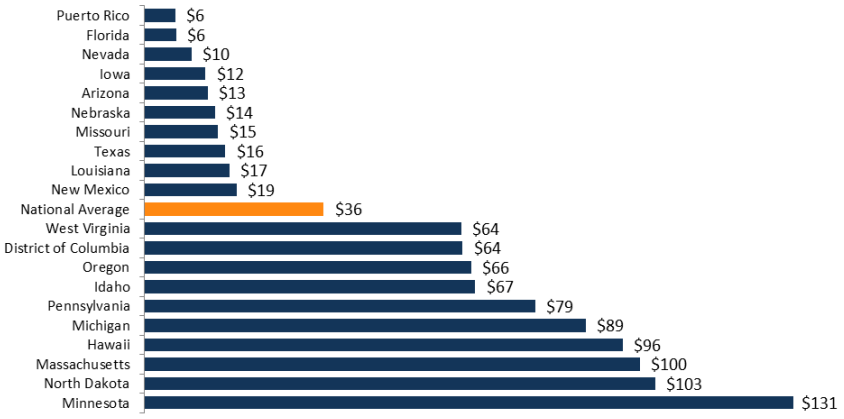
Comparing premiums across states is complicated by the fact that premiums reflect many factors, including the underlying costs of care in a given county relative to the national average, the level of payments to Medicare Advantage plans in the area, and firms' strategy about whether to use plans' rebates to offer extra benefits, reduce cost-sharing, or lower premiums. Additionally, as previously discussed, premiums vary across plan types and enrollment by plan type varies across states.

Average monthly MA-PD premiums paid per enrollee range from $6 (Florida) to $131 (Minnesota, which mainly has cost plans rather than risk-based plans), relative to the $36 per month average premium paid by enrollees in 2017 (**Figure 11**). Average monthly premiums exceed $70 in six states: Hawaii, Massachusetts, Michigan, Minnesota, North Dakota, and Pennsylvania. In contrast, average monthly premiums are less than $20 in nine states: Arizona, Iowa, Florida, Louisiana, Missouri, Nebraska, Nevada, New Mexico, and Texas.

Figure 11

Weighted average monthly premiums for Medicare Advantage Prescription Drug plan enrollees vary across the country

Ten States with the Lowest and Ten States with the Highest Average Monthly Premiums, 2017



NOTE: Excludes SNPs, employer-sponsored group plans, demonstrations, PACE plans, and plans for special populations. Includes only Medicare Advantage plans that offer Part D benefits. Excludes beneficiaries with unknown county addresses and beneficiaries in territories other than Puerto Rico. SOURCE: Authors' analysis of CMS's Landscape Files and March Enrollment files for 2017.

Premiums also vary greatly within a state since plans and federal payments to plans vary by county. For example, MA-PD enrollees pay an average of $4 per month in Los Angeles County, California but $66 per month in San Francisco County, California. Similarly, MA-PD enrollees pay, on average, $20 per month in Queens County, New York (a part of New York City) but $74 per month in Albany, New York.

Cost Sharing

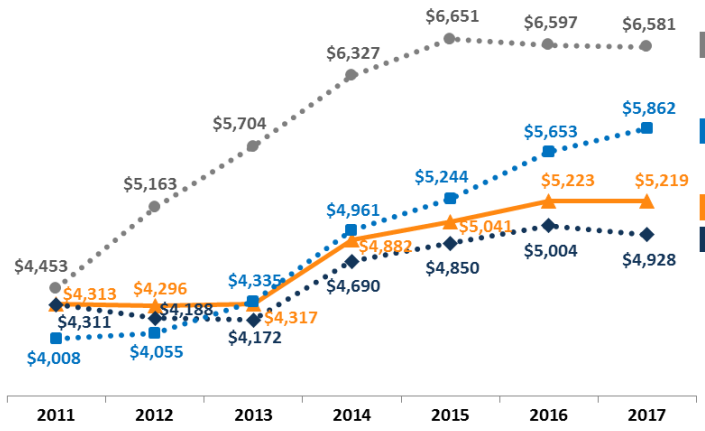
Medicare Advantage plans are required to provide all Medicare covered services, and have some flexibility in setting cost-sharing for specific Medicare-covered services. In addition, since 2011 Medicare Advantage plans have been required to limit enrollees' out-of-pocket expenditures for services covered under Parts A and B – in contrast with traditional Medicare. In 2011, CMS began requiring all Medicare Advantage plans to limit enrollees' out-of-pocket expenditures for Part A and B in-network services to no more than $6,700 annually, and recommended a limit of $3,400 or lower.[6]

Out-of-Pocket Limits

In 2017, the average out-of-pocket limit for MA-PD enrollees is $5,219, about the same as in 2016 ($5,223) and up from $4,313 in 2011 (**Figure 12**). HMO enrollees have generally had lower out-of-pocket limits than enrollees in local PPOs or regional PPOs, and this remains the case in 2017. More than half of all enrollees (52%) are in plans with limits above $5,000 in 2017, similar to 2016. More than one-third of all enrollees in 2017 (36%) are in plans with limits at the $6,700 maximum, similar to 2016 and up from 32 percent in 2015 and 17 percent in 2011 (data not shown). As out-of-pocket limits approach the maximum allowed limit, it is important to look at other dimensions of cost sharing to better understand how beneficiaries with different needs are affected by year-to-year changes and trends in Medicare Advantage cost-sharing for benefits covered under Parts A and B.

Figure 12

Out-of-pocket limits for Medicare Advantage Prescription Drug plan enrollees have increased between 2011 and 2017



NOTE: Excludes special needs plans (SNPs) and employer group health plans. Percentages may not sum to 100% due to rounding. In 2017, plans with 4% of enrollees were missing information about out-of-pocket limits. Includes only Medicare Advantage plans that offer Part D benefits. SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and landscape files, 2011-2017.

Part D Cost Sharing

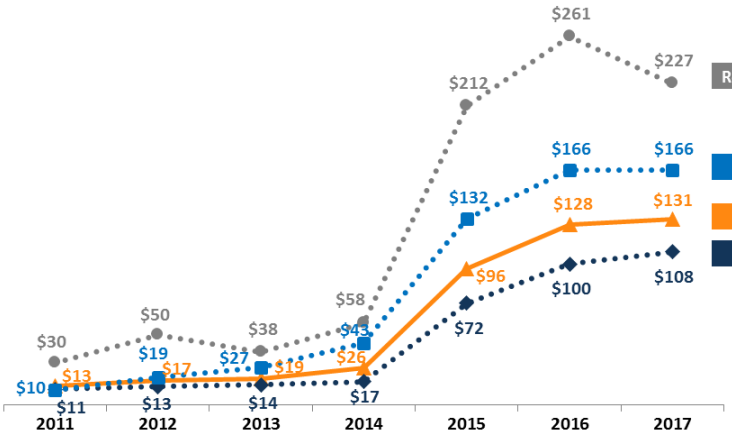
The standard Medicare Part D benefit in 2017, for both stand-alone prescription drug plans (PDPs) and MA-PDs, has a $400 deductible and 25 percent coinsurance up to an initial coverage limit of $3,700 in total drug costs, followed by a coverage gap (the so-called "donut hole") where beneficiaries pay a larger share of total costs until their total out of pocket Part D spending reaches $4,950. After exceeding this catastrophic threshold, beneficiaries pay 5 percent of the cost of drugs. Both stand-alone Medicare prescription drug plans (PDPs) and MA-PDs have the flexibility to vary the cost-sharing design of their Part D benefit; however, CMS limits the plans' deductibles and in 2017 the deductible cannot exceed $400.

Part D Deductibles

Average Part D drug deductibles for MA-PD enrollees have steadily climbed since 2011, with the largest increases between 2014 and 2016 (**Figure 13**). The average Part D deductible for MA-PD enrollees is $131 in 2017, up from $128 in 2016. Enrollees in HMOs continue to have

Figure 13

Average Part D deductibles for Medicare Advantage Prescription Drug plan enrollees have increased, 2011-2017



NOTE: Excludes special needs plans (SNPs) and employer group health plans.
SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and landscape files, 2011-2017.

lower average drug deductibles ($108) than enrollees in local PPOs ($166) or enrollees in regional PPOs ($227) in 2017.

In 2017, just 8 percent of MA-PD enrollees are in a plan with the maximum Part D deductible. Less than half (46%) are in plans with no Part D deductible and an equal share (46%) have deductibles less than $400 (data not shown). Among Medicare Advantage enrollees, those in HMOs (54%), followed by local PPOs (36%), are most likely to be in a plan with no deductible; only 8 percent of regional PPO enrollees are in a plan with no Part D deductible (data not shown).

Star Quality Ratings

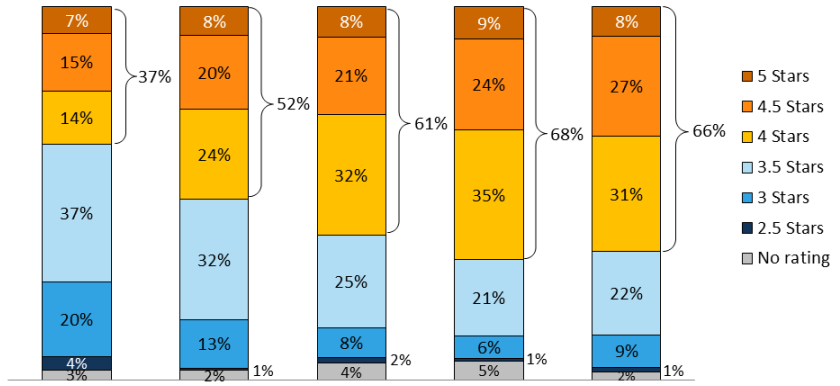
For many years, CMS has posted quality ratings of Medicare Advantage plans to provide beneficiaries with additional information about plans offered in their area. All plans are rated on a 1 to 5-star scale, with 1 star representing poor performance, 3 stars representing average performance, and 5 stars representing excellent performance. CMS assigns quality ratings at the contract level, rather than for each individual plan, meaning that each plan covered under the same contract receives the same quality rating (and most contracts cover multiple plans of the same type). Since 2012, Medicare Advantage plans with 4 or more stars and plans without ratings have been receiving bonus payments based on quality ratings.[7] Beneficiaries can enroll in a plan with 5 stars at any time during the year, not just during the annual open enrollment period.

In 2017, 66 percent of Medicare Advantage enrollees are in plans with 4 or more stars, a slight decrease from 68 percent in 2016 (**Figure 14**). A somewhat larger share of enrollees is in plans with 3 stars in 2017 (9% in 2017 versus 6% in 2016). Overall, enrollment by star quality ratings appears to have been relatively stable since 2015. Much of the increase in enrollment in plans with four or more stars has occurred in the plans with 4 or 4.5 stars, while the share of enrollees in plans with 5 stars has been relatively stable.

Figure 14

Almost two-thirds of Medicare Advantage enrollees are in contracts with ratings of 4 or more stars in 2017

Enrollment in Medicare Advantage Contracts, by Star Quality Rating, 2013-2017



NOTE: Excludes SNPs, employer-sponsored (i.e., group) plans, demonstrations, HCPPs, PACE plans, and plans for special populations. Totals may not add to 100% due to rounding. Less than 1% of enrollees were in plans with 2 stars in 2013 and 2014.
SOURCE: Authors' analysis of CMS's Landscape and Enrollment Files for 2013 – 2017.

Notably, while a larger share of beneficiaries is in a Medicare Advantage plan with relatively high star ratings, seniors have said in focus groups that they do not use the star ratings to select their plan.[8] Nonetheless, the star ratings may be correlated with factors that seniors do use to select their plan, including provider networks, and plan benefits and costs, and thus may be correlated with enrollment.

Discussion

Medicare Advantage enrollment has steadily increased both nationally and across states since 2005, with one-third of Medicare beneficiaries enrolled in Medicare Advantage plans in 2017. Enrollment continues to be highly concentrated among a handful of firms, both nationally and in local markets; UnitedHealthcare and Humana together account for 41 percent of enrollment in 2017. Average premiums paid by enrollees have remained relatively flat since 2011, but out-of-pocket limits have increased 21 percent and Part D drug deductibles have increased more than 9-fold since 2011, suggesting that enrollees have less financial protection in plans than they have in the past. More granular information about benefits and plans' cost-sharing is needed to fully understand costs incurred by beneficiaries with different service needs, how Medicare Advantage enrollees' out-of-pocket costs compare to beneficiaries in traditional Medicare, how they vary across plans, and how out-of-pocket costs in Medicare Advantage plans have changed since the ACA. Additionally, there is a growing but still inconclusive literature on the differences in quality of care between Medicare Advantage and traditional Medicare, particularly with respect to high-need, high cost patients.[9]

Looking to the future, both the Congressional Budget Office and the Health and Human Services (HHS) Office of the Actuary (OACT) project that Medicare Advantage enrollment and penetration rate will continue to grow over the next decade, with CBO projecting that about 41 percent of Medicare beneficiaries will be enrolled in Medicare Advantage in 2027. As this growth continues, it will be increasingly important to assess how well the Medicare's current payment methodology, and the competitive model behind Medicare Advantage is working to enhance efficiency and hold down beneficiary costs and Medicare spending. It will also be important to understand the implications for beneficiaries in both Medicare Advantage plans and traditional Medicare, in terms of costs, benefits, premiums, quality of care, patient outcomes, and access to providers.

As Medicare Advantage takes on an even larger presence in the Medicare program, careful stewardship and oversight by policymakers is needed to make sure that plans provide value to the Medicare program, and the 57 million beneficiaries it covers.

Gretchen Jacobson and Tricia Neuman are with the Kaiser Family Foundation; Anthony Damico is an independent consultant; and Marsha Gold is a Senior Fellow Emeritus with Mathematica Policy Research and independent consultant.

Appendix A: Special Needs Plans

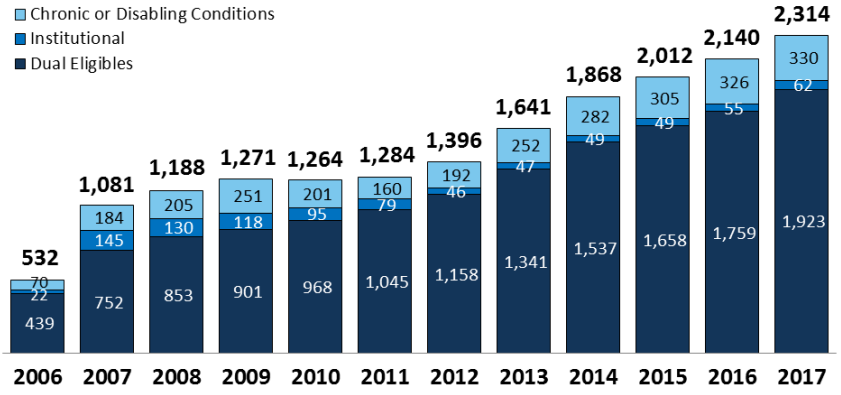
Special Needs Plans (SNPs) restrict enrollment to specific types of beneficiaries with significant or relatively specialized care needs, including beneficiaries: (1) dually eligible for Medicare and Medicaid (D-SNPs); (2) requiring a nursing home or institutional level of care (I-SNPs); or (3) with severe chronic or disabling conditions (C-SNPs.)

Enrollment in SNPs increased from 2.1 million to 2.3 million beneficiaries between 2016 and 2017 (**Figure A1** and **Table A7**). In 2017, SNP enrollees account for about 12 percent of total Medicare Advantage enrollment, but account for a larger share of the Medicare Advantage enrollment in some states. In three states and the District of Columbia, enrollment in SNPs comprises more than one-fifth of Medicare Advantage enrollment (40% in DC, 28% in SC, 22% in AR, and 21% in AZ; data not shown).

Figure A1

Number of Beneficiaries in Special Needs Plans, by Type, 2006 – 2017

Number of Beneficiaries in SNPs, in thousands



NOTE: Numbers may not sum to the total due to rounding. Includes enrollment in Puerto Rico.
SOURCE: Authors' analysis of CMS Medicare Advantage enrollment files, 2006-2017.

The majority of SNP enrollees (81%) are in plans serving those dually eligible for Medicare and Medicaid (D-SNPs). Enrollment of dually eligible beneficiaries in D-SNPs varies greatly by state, and is particularly prevalent in Hawaii (53%) and Arizona (42%) (**Table A7**). In 2017, almost half (46%) of Medicare Advantage enrollees who received Part D Low-Income Subsidies (LIS) were in SNPs; this percentage has been relatively stable since 2008.

Separately, several states are undertaking demonstrations with CMS to improve the alignment of Medicare and Medicaid for dually eligible beneficiaries using a capitated model, with the first state (Washington) beginning enrollment in its demonstration in July 2013. Enrollment in the demonstrations has been relatively low and as of March 2017, more than 392,000 dually eligible beneficiaries were enrolled in the demonstrations.

Appendix B: Tables

Table A1. Medicare Advantage Enrollment by State and Plan Type, 2017							
State	Total	Distribution of Enrollment, by State and Plan Type					
		% in HMOs	% in Local PPOs	% in Regional PPOs	% in PFFS Plans	% in Cost Plans	% in Other Plans
Total U.S.	**18,973,154**	**63%**	**26%**	**7%**	**1%**	**3%**	**<1%**
Alabama	358,325	45%	51%	3%	<1%	0%	<1%
Alaska	655	0%	100%	0%	0%	0%	0%
Arizona	463,447	91%	7%	2%	1%	<1%	0%
Arkansas	130,465	41%	16%	30%	13%	0%	<1%
California	2,348,224	95%	5%	0%	<1%	<1%	<1%
Colorado	309,369	81%	9%	0%	1%	7%	1%
Connecticut	180,612	86%	12%	2%	0%	0%	0%
Delaware	20,739	50%	49%	0%	0%	0%	1%
District of Columbia	13,914	12%	44%	0%	0%	45%	0%
Florida	1,793,258	69%	14%	18%	<1%	<1%	<1%
Georgia	554,075	30%	45%	24%	1%	0%	0%
Hawaii	116,082	39%	58%	3%	0%	0%	0%
Idaho	92,580	60%	40%	0%	0%	0%	0%
Illinois	454,965	46%	51%	2%	1%	<1%	0%
Indiana	311,612	28%	56%	16%	1%	0%	<1%
Iowa	104,458	32%	58%	0%	1%	9%	<1%
Kansas	75,281	41%	51%	2%	6%	0%	<1%
Kentucky	245,786	23%	55%	21%	1%	0%	0%
Louisiana	271,778	86%	7%	7%	<1%	0%	<1%
Maine	87,548	61%	35%	<1%	4%	0%	0%
Maryland	106,861	28%	33%	0%	0%	39%	<1%
Massachusetts	266,741	73%	22%	4%	0%	0%	1%
Michigan	673,166	39%	57%	3%	1%	0%	<1%
Minnesota	542,941	22%	8%	0%	<1%	70%	0%
Mississippi	93,708	53%	15%	30%	2%	0%	0%
Missouri	368,222	63%	23%	12%	2%	0%	0%
Montana	42,742	9%	88%	0%	3%	0%	0%
Nebraska	39,967	62%	22%	0%	15%	<1%	<1%
Nevada	169,207	87%	13%	0%	0%	0%	0%
New Hampshire	27,996	54%	32%	5%	9%	0%	0%
New Jersey	326,486	54%	45%	1%	0%	0%	<1%
New Mexico	129,973	65%	34%	0%	1%	0%	<1%
New York	1,325,900	70%	18%	10%	2%	<1%	<1%
North Carolina	587,632	42%	50%	6%	1%	0%	<1%
North Dakota	21,353	0%	9%	0%	<1%	90%	1%
Ohio	787,209	55%	38%	7%	<1%	0%	<1%
Oklahoma	124,677	64%	29%	4%	3%	0%	<1%
Oregon	355,438	65%	35%	0%	<1%	0%	<1%
Pennsylvania	1,065,053	62%	36%	1%	1%	0%	1%
Rhode Island	77,285	92%	5%	2%	0%	0%	<1%
South Carolina	243,030	27%	20%	51%	2%	0%	<1%
South Dakota	32,694	<1%	22%	0%	1%	77%	0%
Tennessee	465,345	67%	31%	2%	0%	0%	<1%
Texas	1,284,153	56%	28%	13%	1%	2%	<1%
Utah	127,850	83%	17%	0%	0%	0%	0%
Vermont	11,676	19%	23%	45%	13%	0%	0%
Virginia	241,530	41%	28%	13%	9%	9%	1%
Washington	382,571	86%	14%	0%	0%	0%	<1%
West Virginia	107,246	10%	81%	5%	4%	0%	0%
Wisconsin	434,584	50%	31%	4%	2%	12%	1%
Wyoming	2,596	7%	31%	0%	57%	0%	5%

NOTE: Total U.S. includes Puerto Rico. Includes employer-sponsored plans, special needs plans, and other private plans. Other includes MSAs and demonstration plans.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2017.

Table A2. Medicare Advantage Enrollment in the Individual and Group Markets, by State, 2017													
		Individual Plans						Group Plans					
State	Total	All Individual	HMOs	Local PPOs	Regional PPOs	PFFS	Other	All Group	HMOs	Local PPOs	Regional PPOs	Other	% enrollees in group plans
Total U.S.	**18,973,154**	**15,314,557**	**10,818,262**	**2,381,521**	**1,334,655**	**184,595**	**595,524**	**3,658,597**	**1,068,630**	**2,527,460**	**4,770**	**57,737**	**19%**
Alabama	358,325	254,056	160,794	80,114	12,186	797	165	104,269	13	104,192	64	-	29%
Alaska	655	-	-	-	-	-	-	655	-	655	-	-	100%
Arizona	463,447	414,308	393,305	10,395	7,623	2,704	281	49,139	26,874	22,234	17	14	11%
Arkansas	130,465	123,013	53,722	13,093	38,690	17,350	158	7,452	-	7,452	-	-	6%
California	2,348,224	1,809,296	1,790,359	8,996	-	3,859	6,082	538,928	440,937	97,991	-	-	23%
Colorado	309,369	259,480	217,771	16,687	-	3,262	21,760	49,889	33,032	12,503	-	4,354	16%
Connecticut	180,612	164,609	154,259	6,252	4,098	-	-	16,003	1,351	14,652	-	-	9%
Delaware	20,739	13,411	10,178	3,038	-	-	195	7,328	214	7,114	-	-	35%
District of Columbia	13,914	10,289	1,633	5,367	-	-	3,289	3,625	-	714	-	2,911	26%
Florida	1,793,258	1,654,033	1,213,074	121,131	317,419	949	1,460	139,225	16,304	121,955	966	-	8%
Georgia	554,075	407,952	158,108	110,027	132,788	7,029	-	146,123	6,452	139,634	37	-	26%
Hawaii	116,082	88,158	29,618	54,811	3,729	-	-	27,924	15,407	12,517	-	-	24%
Idaho	92,580	90,300	55,175	35,125	-	-	-	2,280	-	2,280	-	-	2%
Illinois	454,965	261,048	195,096	53,547	7,402	3,284	1,719	193,917	15,510	177,903	504	-	43%
Indiana	311,612	245,655	86,806	107,535	48,446	2,751	117	65,957	-	65,630	327	-	21%
Iowa	104,458	83,970	33,232	40,111	-	987	9,640	20,488	65	20,423	-	-	20%
Kansas	75,281	65,439	29,329	29,967	1,511	4,280	352	9,842	1,438	8,404	-	-	13%
Kentucky	245,786	147,694	55,674	37,734	52,578	1,708	-	98,092	94	97,806	192	-	40%
Louisiana	271,778	248,004	222,242	6,813	18,345	229	375	23,774	10,738	12,599	437	-	9%
Maine	87,548	72,618	52,970	15,944	327	3,377	-	14,930	-	14,930	-	-	17%
Maryland	106,861	69,162	29,384	11,483	-	-	28,295	37,699	54	23,734	-	13,911	35%
Massachusetts	266,741	225,090	174,726	36,038	10,487	-	3,839	41,651	19,627	22,024	-	-	16%
Michigan	673,166	345,890	185,150	134,771	17,584	6,641	1,744	327,276	77,574	248,829	873	-	49%
Minnesota	542,941	497,821	115,825	29,402	-	296	352,298	45,120	5,151	12,072	-	27,897	8%
Mississippi	93,708	89,375	49,503	10,130	28,280	1,462	-	4,333	12	4,321	-	-	5%
Missouri	368,222	320,726	221,914	48,460	43,306	7,046	-	47,496	10,431	37,012	53	-	13%
Montana	42,742	41,083	3,654	35,971	-	1,458	-	1,659	-	1,659	-	-	4%
Nebraska	39,967	35,908	24,887	4,792	-	6,090	139	4,059	21	4,038	-	-	10%
Nevada	169,207	159,113	144,587	14,526	-	-	-	10,094	3,011	7,083	-	-	6%
New Hampshire	27,996	20,190	15,030	1,281	1,456	2,423	-	7,806	-	7,806	-	-	28%
New Jersey	326,486	209,552	155,154	50,845	2,710	-	843	116,934	19,610	97,324	-	-	36%
New Mexico	129,973	107,509	68,112	38,172	-	874	351	22,464	16,751	5,713	-	-	17%
New York	1,325,900	1,077,906	813,353	105,420	129,980	23,841	5,312	247,994	120,790	127,019	143	42	19%
North Carolina	587,632	437,073	247,837	146,468	35,000	6,122	1,646	150,559	1,417	149,142	-	-	26%
North Dakota	21,353	20,980	-	1,500	-	70	19,410	373	-	373	-	-	2%
Ohio	787,209	583,607	421,784	105,931	52,493	3,079	320	203,602	11,112	192,274	216	-	26%
Oklahoma	124,677	110,121	75,252	26,173	4,905	3,472	319	14,556	5,023	9,533	-	-	12%
Oregon	355,438	302,233	194,946	105,909	-	272	1,106	53,205	35,812	17,393	-	-	15%
Pennsylvania	1,065,053	848,440	614,927	211,237	5,745	11,039	5,492	216,613	49,201	167,412	-	-	20%
Rhode Island	77,285	70,790	67,525	1,621	1,402	-	242	6,495	3,906	2,589	-	-	8%
South Carolina	243,030	221,771	64,828	27,615	124,109	4,834	385	21,259	-	21,183	76	-	9%
South Dakota	32,694	31,949	131	6,536	-	180	25,102	745	12	733	-	-	2%
Tennessee	465,345	436,077	309,909	116,310	9,599	-	259	29,268	1,583	27,655	30	-	6%
Texas	1,284,153	1,048,703	704,736	133,636	166,258	14,129	29,944	235,450	8,680	226,652	118	-	18%
Utah	127,850	123,863	105,276	18,587	-	-	-	3,987	224	3,763	-	-	3%
Vermont	11,676	9,728	2,073	837	5,250	1,568	-	1,948	102	1,846	-	-	17%
Virginia	241,530	199,777	99,953	32,036	30,706	21,384	15,698	41,753	-	34,387	-	7,366	17%
Washington	382,571	334,433	291,950	41,951	-	-	532	48,138	37,406	10,732	-	-	13%
West Virginia	107,246	49,967	10,532	29,695	5,136	4,604	-	57,279	292	56,900	87	-	53%
Wisconsin	434,584	387,680	216,393	89,978	15,107	9,665	56,537	46,904	39	44,993	630	1,242	11%
Wyoming	2,596	1,787	189	-	-	1,480	118	809	-	809	-	-	31%

NOTE: Total U.S. includes Puerto Rico. Other includes MSAs, cost plans, and demonstration plans. No enrollees in employer sponsored group health plans were in PFFS plans.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2017.

Table A3. Medicare Advantage enrollment and penetration rates in HMOs and other plan types, by counties' costs, 2011-2017																	
		2011		2012		2013		2014		2015		2016		2017		% change enrollment, 2011-2017	Difference in penetration rate, 2011-2017
		Enrollment	Penetration	Enrollment	Penetration	Enrollment	Penetration	Enrollment	Penetration	Enrollment	Penetration	Enrollment	Penetration	Enrollment	Penetration		
Total	Highest cost counties	5,327,009	26%	5,841,874	27%	6,424,806	29%	6,960,471	31%	7,405,680	32%	7,776,616	32%	8,412,081	34%	58%	8%
	Third quartile	2,597,314	23%	2,860,238	25%	3,153,687	26%	3,490,111	28%	3,741,407	29%	3,948,433	30%	4,287,269	32%	65%	8%
	Second quartile	1,780,554	21%	1,979,929	23%	2,188,981	24%	2,460,406	27%	2,634,441	28%	2,769,759	28%	2,974,118	29%	67%	8%
	Lowest cost counties	2,213,450	29%	2,407,614	31%	2,594,141	32%	2,821,093	34%	2,980,145	35%	3,130,392	35%	3,299,686	36%	49%	7%
HMOs	Highest cost counties	4,143,823	20%	4,448,435	21%	4,864,646	22%	5,171,382	23%	5,482,057	23%	5,750,414	24%	5,985,793	24%	44%	4%
	Third quartile	1,536,786	14%	1,683,128	14%	1,877,124	16%	2,027,660	16%	2,151,469	17%	2,315,023	17%	2,439,795	18%	59%	4%
	Second quartile	838,808	10%	977,524	11%	1,114,918	12%	1,243,714	13%	1,342,806	14%	1,442,932	15%	1,537,300	15%	83%	5%
	Lowest cost counties	1,222,611	16%	1,355,503	17%	1,493,211	18%	1,612,992	19%	1,738,779	20%	1,838,618	21%	1,924,004	21%	57%	5%
Non-HMOs	Highest cost counties	1,183,186	6%	1,393,439	7%	1,560,160	7%	1,789,089	8%	1,923,623	8%	2,026,202	8%	2,426,288	10%	105%	4%
	Third quartile	1,060,528	9%	1,177,110	10%	1,276,563	11%	1,462,451	12%	1,589,938	12%	1,633,410	12%	1,847,474	14%	74%	4%
	Second quartile	941,746	11%	1,002,405	12%	1,074,063	12%	1,216,692	13%	1,291,635	14%	1,326,827	13%	1,436,818	14%	53%	3%
	Lowest cost counties	990,839	13%	1,052,111	13%	1,100,930	14%	1,208,101	15%	1,241,366	15%	1,291,774	15%	1,375,682	15%	39%	2%

NOTE: Includes employer-sponsored plans, special needs plans, and other private plans. Includes Puerto Rico.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2011-2017.

Table A4. Medicare Advantage Enrollment and Penetration Rate in Large Metropolitan Counties (100,000 Medicare Beneficiaries or More), by County, 2017			
State	County	Total Enrollment	Penetration Rate
Alabama	Jefferson	65,759	51%
Arizona	Maricopa	268,891	42%
Arizona	Pima	97,124	47%
California	Alameda	97,869	42%
California	Contra Costa	88,458	48%
California	Fresno	41,137	31%
California	Kern	40,813	37%
California	Los Angeles	639,520	45%
California	Orange	219,249	46%
California	Riverside	181,277	52%
California	Sacramento	116,798	48%
California	San Bernardino	146,628	53%
California	San Diego	217,053	44%
California	San Francisco	56,527	40%
California	San Joaquin	38,980	37%
California	San Mateo	44,608	37%
California	Santa Clara	100,245	39%
California	Sonoma	44,545	44%
California	Ventura	43,504	31%
Colorado	Jefferson	53,376	53%
Connecticut	Fairfield	35,151	23%
Connecticut	Hartford	54,412	33%
Connecticut	New Haven	48,292	30%
Florida	Brevard	55,313	38%
Florida	Broward	166,180	54%
Florida	Duval	53,480	35%
Florida	Hillsborough	104,666	48%
Florida	Lee	58,106	33%
Florida	Marion	45,816	42%
Florida	Miami-Dade	290,857	65%
Florida	Orange	80,947	47%
Florida	Palm Beach	115,630	38%
Florida	Pasco	66,884	54%
Florida	Pinellas	110,150	47%
Florida	Polk	71,220	49%
Florida	Sarasota	36,151	27%
Florida	Volusia	66,489	48%
Georgia	Fulton	50,473	39%
Hawaii	Honolulu	83,398	48%
Illinois	Cook	171,918	22%
Illinois	DuPage	27,705	19%
Illinois	Lake	11,084	11%
Indiana	Marion	42,489	30%
Kentucky	Jefferson	46,993	33%
Maryland	Baltimore	19,402	13%
Maryland	Baltimore City	16,821	17%
Maryland	Montgomery	17,547	11%
Maryland	Prince George's	20,040	16%
Massachusetts	Bristol	20,334	18%
Massachusetts	Essex	30,072	20%
Massachusetts	Middlesex	60,732	23%
Massachusetts	Norfolk	24,673	20%
Massachusetts	Plymouth	16,614	16%
Massachusetts	Suffolk	21,779	21%
Massachusetts	Worcester	47,120	32%

SOURCE: Authors' analysis of CMS Medicare Advantage Enrollment files, 2017.

Table A4. Medicare Advantage Enrollment and Penetration Rate in Large Metropolitan Counties (100,000 Medicare Beneficiaries or More), by County, 2017 (Continued)			
State	County	Total Enrollment	Penetration Rate
Michigan	Kent	53,086	52%
Michigan	Macomb	56,213	34%
Michigan	Oakland	77,577	34%
Michigan	Wayne	102,845	32%
Minnesota	Hennepin	108,361	58%
Missouri	Jackson	47,282	39%
Missouri	St. Louis	76,796	39%
Nevada	Clark	131,003	40%
New Jersey	Bergen	29,458	18%
New Jersey	Essex	33,149	29%
New Jersey	Middlesex	27,018	21%
New Jersey	Monmouth	19,712	17%
New Jersey	Ocean	34,291	23%
New Mexico	Bernalillo	60,277	50%
New York	Bronx	110,278	56%
New York	Erie	110,904	58%
New York	Kings	149,430	42%
New York	Monroe	96,445	65%
New York	Nassau	57,919	23%
New York	New York	98,022	36%
New York	Queens	154,052	45%
New York	Suffolk	51,613	19%
New York	Westchester	44,012	26%
North Carolina	Mecklenburg	44,127	34%
North Carolina	Wake	43,123	33%
Ohio	Cuyahoga	87,214	35%
Ohio	Franklin	65,479	38%
Ohio	Hamilton	50,705	36%
Ohio	Montgomery	45,788	42%
Ohio	Summit	48,913	46%
Oklahoma	Oklahoma	29,151	24%
Oklahoma	Tulsa	33,382	31%
Oregon	Multnomah	69,679	58%
Pennsylvania	Allegheny	159,008	62%
Pennsylvania	Bucks	43,020	33%
Pennsylvania	Delaware	28,842	28%
Pennsylvania	Lancaster	40,192	38%
Pennsylvania	Montgomery	43,756	28%
Pennsylvania	Philadelphia	109,904	43%
Rhode Island	Providence	44,163	38%
Tennessee	Shelby	41,251	29%
Texas	Bexar	114,372	42%
Texas	Collin	28,562	28%
Texas	Dallas	100,954	33%
Texas	El Paso	61,792	51%
Texas	Harris	207,140	41%
Texas	Tarrant	102,386	41%
Texas	Travis	35,645	29%
Utah	Salt Lake	55,961	42%
Virginia	Fairfax	19,360	14%
Washington	King	109,340	36%
Washington	Pierce	43,582	31%
Washington	Snohomish	53,518	46%
Wisconsin	Milwaukee	68,712	46%

SOURCE: Authors' analysis of CMS Medicare Advantage Enrollment files, 2017.

Table A5. Medicare Advantage Enrollment by Firm, 2016-2017														
Firm or Affiliate	Total enrollment		HMOs		Local PPOs		Regional PPOs		PFFS		Cost		Other	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Total Enrollment														
UnitedHealthcare	3,769,025	4,604,408	2,147,613	2,491,947	943,794	1,330,657	638,913	751,372	38,705	30,432	-	-	0	0
Humana	3,122,540	3,243,030	1,620,324	1,643,842	847,505	1,048,074	513,223	439,183	141,488	111,931	-	-	0	0
BCBS	2,679,984	2,903,985	1,240,009	1,319,807	1,086,333	1,186,260	146,586	144,963	16,527	15,014	190,468	237,941	61	0
Anthem BCBS	410,169	456,871	260,112	310,584	50,232	50,963	99,825	95,324	-	-	-	-	0	0
Other BCBS plans	2,269,815	2,447,114	979,897	1,009,223	1,036,101	1,135,297	46,761	49,639	16,527	15,014	190,468	237,941	61	0
Kaiser Permanente	1,357,110	1,513,811	1,289,209	1,442,957	-	-	-	-	-	-	66,353	70,854	1,548	0
Aetna	1,313,694	1,422,469	427,825	426,756	884,093	991,806	1,776	3,907	-	-	-	-	0	0
WellCare	324,371	409,971	324,371	409,971	-	-	-	-	-	-	-	-	0	0
CIGNA	547,975	438,189	541,105	435,458	6,870	2,731	-	-	-	-	-	-	0	0
Other national insurers	517,489	531,747	434,031	448,080	51,369	56,449	-	-	32,089	27,218	-	-	0	0
All others	3,993,012	3,905,544	3,322,500	3,268,074	299,675	293,004	-	-	2,952	-	333,764	303,259	34,121	41,207
Total	**17,625,200**	**18,973,154**	**11,346,987**	**11,807,094**	**4,119,639**	**4,908,981**	**1,300,498**	**1,339,425**	**231,761**	**184,595**	**590,585**	**612,054**	**35,730**	**41,207**
Individual Plans														
UnitedHealthcare	2,996,212	3,456,498	2,077,074	2,422,410	241,652	252,427	638,781	751,229	38,705	30,432	-	-	0	0
Humana	2,787,219	2,824,962	1,596,160	1,618,708	549,203	659,767	500,368	434,556	141,488	111,931	-	-	0	0
BCBS	2,117,967	2,274,197	1,130,189	1,215,220	634,136	661,059	146,586	144,963	16,527	15,014	190,468	237,941	61	0
Anthem BCBS	395,014	439,536	258,730	309,321	36,459	34,891	99,825	95,324	-	-	-	-	0	0
Other BCBS plans	1,722,953	1,834,661	871,459	905,899	597,677	626,168	46,761	49,639	16,527	15,014	190,468	237,941	61	0
Kaiser Permanente	884,288	1,002,198	839,759	955,532	-	-	-	-	-	-	42,981	46,666	1,548	0
Aetna	756,622	878,432	387,348	385,622	367,498	488,903	1,776	3,907	-	-	-	-	0	0
WellCare	324,371	409,971	324,371	409,971	-	-	-	-	-	-	-	-	0	0
CIGNA	544,766	435,204	537,896	432,473	6,870	2,731	-	-	-	-	-	-	0	0
Other national insurers	484,583	505,207	401,125	421,540	51,369	56,449	-	-	32,089	27,218	-	-	0	0
All others	3,577,560	3,527,888	2,984,214	2,956,786	260,788	260,185	-	-	2,952	-	295,526	269,752	34,080	41,165
Total	**14,473,588**	**15,314,557**	**10,278,136**	**10,818,262**	**2,111,516**	**2,381,521**	**1,287,511**	**1,334,655**	**231,761**	**184,595**	**528,975**	**554,359**	**35,689**	**41,165**
Group Plans														
UnitedHealthcare	772,813	1,147,910	70,539	69,537	702,142	1,078,230	132	143	-	-	-	-	0	0
Humana	335,321	418,068	24,164	25,134	298,302	388,307	12,855	4,627	-	-	-	-	0	0
BCBS	562,017	629,788	109,820	104,587	452,197	525,201	-	-	-	-	-	-	0	0
Anthem BCBS	15,155	17,335	1,382	1,263	13,773	16,072	-	-	-	-	-	-	0	0
Other BCBS plans	546,862	612,453	108,438	103,324	438,424	509,129	-	-	-	-	-	-	0	0
Kaiser Permanente	472,822	511,613	449,450	487,425	-	-	-	-	-	-	23,372	24,188	0	0
Aetna	557,072	544,037	40,477	41,134	516,595	502,903	-	-	-	-	-	-	0	0
WellCare	-	-	-	-	-	-	-	-	-	-	-	-	0	0
CIGNA	3,209	2,985	3,209	2,985	-	-	-	-	-	-	-	-	0	0
Other national insurers	32,906	26,540	32,906	26,540	-	-	-	-	-	-	-	-	0	0
All others	415,452	377,656	338,286	311,288	38,887	32,819	-	-	-	-	38,238	33,507	41	42
Total	**3,151,612**	**3,658,597**	**1,068,851**	**1,073,863**	**2,008,123**	**2,527,460**	**12,987**	**4,770**	**0**	**0**	**61,610**	**57,695**	**41**	**42**

NOTE: BCBS is BlueCross BlueShield affiliates. Other national insurers include Health Net, Universal American, and Anthem non-BCBS plans. Includes Puerto Rico.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2016-2017.

Table A6. Market Share of the Top Three Medicare Advantage Firms, by State, 2017									
State	Total		Firm 1		Firm 2		Firm 3		Other Firms
	Enrollment	Share for 3 Firms	Name	Share	Name	Share	Name	Share	Share
Alabama	358,325	72%	UnitedHealth Group, Inc.	32%	BCBS	24%	Humana Inc.	15%	28%
Alaska	655	100%	Aetna Inc.	85%	UnitedHealth Group, Inc.	15%	N/A	N/A	0%
Arizona	463,447	73%	UnitedHealth Group, Inc.	45%	BCBS	15%	Humana Inc.	13%	27%
Arkansas	130,465	77%	UnitedHealth Group, Inc.	33%	Humana Inc.	31%	BCBS	12%	23%
California	2,348,224	73%	Kaiser Foundation Health Plan, Inc.	47%	UnitedHealth Group, Inc.	18%	SCAN Health Plan	8%	27%
Colorado	309,369	88%	UnitedHealth Group, Inc.	41%	Kaiser Foundation Health Plan, Inc.	34%	Humana Inc.	13%	12%
Connecticut	180,612	81%	UnitedHealth Group, Inc.	34%	EmblemHealth, Inc.	27%	Aetna Inc.	20%	19%
Delaware	20,739	87%	Aetna Inc.	46%	CIGNA	21%	UnitedHealth Group, Inc.	20%	13%
District of Columbia	13,914	91%	Kaiser Foundation Health Plan, Inc.	45%	UnitedHealth Group, Inc.	40%	Aetna Inc.	6%	9%
Florida	1,793,258	68%	Humana Inc.	34%	UnitedHealth Group, Inc.	26%	BCBS	8%	32%
Georgia	554,075	81%	UnitedHealth Group, Inc.	47%	Humana Inc.	20%	Aetna Inc.	13%	19%
Hawaii	116,082	80%	BCBS	31%	Kaiser Foundation Health Plan, Inc.	27%	UnitedHealth Group, Inc.	23%	20%
Idaho	92,580	75%	BCBS	33%	PacificSource Health Plans	22%	UnitedHealth Group, Inc.	21%	25%
Illinois	454,965	74%	UnitedHealth Group, Inc.	37%	Humana Inc.	24%	Aetna Inc.	13%	26%
Indiana	311,612	88%	UnitedHealth Group, Inc.	34%	Humana Inc.	33%	BCBS	21%	12%
Iowa	104,458	90%	UnitedHealth Group, Inc.	36%	Aetna Inc.	36%	Humana Inc.	18%	10%
Kansas	75,281	92%	Aetna Inc.	45%	Humana Inc.	33%	UnitedHealth Group, Inc.	14%	8%
Kentucky	245,786	92%	Humana Inc.	59%	BCBS	18%	UnitedHealth Group, Inc.	15%	8%
Louisiana	271,778	90%	Humana Inc.	62%	PH Holdings, LLC	22%	Vantage Holdings, Inc.	6%	10%
Maine	87,548	84%	Martin's Point Health Care, Inc.	46%	Aetna Inc.	20%	UnitedHealth Group, Inc.	19%	16%
Maryland	106,861	66%	Kaiser Foundation Health Plan, Inc.	39%	UnitedHealth Group, Inc.	17%	CIGNA	10%	34%
Massachusetts	266,741	78%	Tufts Associated HMO, Inc.	37%	UnitedHealth Group, Inc.	22%	BCBS	18%	22%
Michigan	673,166	84%	BCBS	56%	Spectrum Health System	19%	Henry Ford Health System	10%	16%
Minnesota	542,941	81%	BCBS	45%	Medica Holding Company	19%	UCare Minnesota	17%	19%
Mississippi	93,708	95%	Humana Inc.	61%	WellCare Health Plans, Inc.	25%	CIGNA	10%	5%
Missouri	368,222	79%	UnitedHealth Group, Inc.	36%	Aetna Inc.	27%	Humana Inc.	16%	21%
Montana	42,742	100%	BCBS	81%	Humana Inc.	16%	UnitedHealth Group, Inc.	3%	<1%
Nebraska	39,967	94%	UnitedHealth Group, Inc.	53%	Aetna Inc.	27%	Humana Inc.	14%	6%
Nevada	169,207	87%	UnitedHealth Group, Inc.	46%	Humana Inc.	31%	Renown Health	10%	13%
New Hampshire	27,996	83%	UnitedHealth Group, Inc.	57%	Harvard Pilgrim Health Care, Inc.	14%	Humana Inc.	12%	17%
New Jersey	326,486	89%	UnitedHealth Group, Inc.	40%	Aetna Inc.	26%	BCBS	22%	11%
New Mexico	129,973	81%	Presbyterian Healthcare Services	36%	BCBS	24%	UnitedHealth Group, Inc.	21%	19%
New York	1,325,900	53%	UnitedHealth Group, Inc.	25%	BCBS	17%	Healthfirst, Inc.	11%	47%
North Carolina	587,632	84%	UnitedHealth Group, Inc.	43%	Humana Inc.	24%	BCBS	17%	16%
North Dakota	21,353	98%	Medica Holding Company	90%	Humana Inc.	8%	UnitedHealth Group, Inc.	1%	2%
Ohio	787,209	67%	BCBS	26%	Aetna Inc.	25%	Humana Inc.	16%	33%
Oklahoma	124,677	76%	UnitedHealth Group, Inc.	27%	Humana Inc.	26%	CommunityCare Managed Healthcare Plans of OK, Inc.	23%	24%
Oregon	355,438	50%	Health Net, Inc.	19%	Kaiser Foundation Health Plan, Inc.	17%	UnitedHealth Group, Inc.	14%	50%
Pennsylvania	1,065,053	71%	BCBS	33%	Aetna Inc.	22%	UPMC Health System	15%	29%
Rhode Island	77,285	100%	BCBS	69%	UnitedHealth Group, Inc.	30%	PACE Organization of Rhode Island	<1%	0%
South Carolina	243,030	92%	UnitedHealth Group, Inc.	51%	Humana Inc.	38%	Aetna Inc.	3%	8%
South Dakota	32,694	98%	Medica Holding Company	77%	Humana Inc.	15%	Aetna Inc.	6%	2%
Tennessee	465,345	77%	Humana Inc.	29%	BCBS	28%	UnitedHealth Group, Inc.	20%	23%
Texas	1,284,153	74%	UnitedHealth Group, Inc.	35%	Humana Inc.	31%	CIGNA	7%	26%
Utah	127,850	81%	UnitedHealth Group, Inc.	54%	Intermountain Health Care, Inc.	18%	Aetna Inc.	9%	19%
Vermont	11,676	99%	UnitedHealth Group, Inc.	85%	MVP Health Care, Inc.	13%	Aetna Inc.	2%	1%
Virginia	241,530	85%	Humana Inc.	55%	UnitedHealth Group, Inc.	21%	Kaiser Foundation Health Plan, Inc.	9%	15%
Washington	382,571	76%	UnitedHealth Group, Inc.	32%	Kaiser Foundation Health Plan, Inc.	31%	BCBS	14%	24%
West Virginia	107,246	90%	Humana Inc.	70%	Aetna Inc.	15%	BCBS	5%	10%
Wisconsin	434,584	69%	UnitedHealth Group, Inc.	38%	Humana Inc.	16%	Ministry Health Care, Inc.	15%	31%
Wyoming	2,596	98%	UnitedHealth Group, Inc.	67%	Aetna Inc.	26%	Memorial Hospital of Laramie County	5%	2%

NOTE: Territories are excluded. BCBS is Blue Cross and Blue Shield affiliated health plans.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2017.

Table A7. Enrollment in Special Needs Plans (SNPs), by Plan Type and State, 2017						
State	Enrollment in Special Needs Plans				Total Dual Eligibles (in 2014)	% of Dual Eligibles in D-SNPs
	Total	Dual eligibles (D-SNPs)	Chronic or disabling conditions (C-SNPs)	Institutional (I-SNPs)		
Total U.S.	**2,022,154**	**1,642,039**	**318,421**	**61,694**	**11,063,740**	**15%**
Alabama	51,525	51,003	0	522	222,740	23%
Alaska	0	0	0	0	17,420	<1%
Arizona	98,451	84,530	11,453	2,468	199,180	42%
Arkansas	28,377	14,497	13,880	0	138,480	10%
California	183,920	135,606	45,825	2,489	1,424,500	10%
Colorado	13,380	10,227	110	3,043	112,220	9%
Connecticut	24,477	21,493	0	2,984	181,120	12%
Delaware	2,342	1,273	529	540	30,440	4%
District of Columbia	5,524	5,322	135	67	32,580	16%
Florida	335,927	262,979	68,601	4,347	819,220	32%
Georgia	106,934	58,201	45,665	3,068	330,800	18%
Hawaii	21,020	21,020	0	0	39,860	53%
Idaho	2,245	2,245	0	0	45,980	5%
Illinois	15,162	10,831	3,607	724	402,620	3%
Indiana	6,462	4,678	819	965	205,580	2%
Iowa	0	0	0	0	91,920	<1%
Kansas	1,078	1,027	51	0	71,540	1%
Kentucky	9,633	8,338	1,174	121	198,640	4%
Louisiana	38,907	37,393	1,514	0	218,100	17%
Maine	3,747	3,559	144	44	96,480	4%
Maryland	13,538	6,352	4,118	3,068	148,480	4%
Massachusetts	42,875	42,575	181	119	320,920	13%
Michigan	13,022	12,915	87	20	330,840	4%
Minnesota	39,147	39,147	0	0	149,660	26%
Mississippi	16,413	16,413	0	0	172,020	10%
Missouri	27,673	14,620	12,548	505	199,400	7%
Montana	219	219	0	0	27,420	1%
Nebraska	33	33	0	0	45,340	<1%
Nevada	10,745	11	10,133	601	60,200	<1%
New Hampshire	200	31	0	169	35,120	<1%
New Jersey	24,092	21,662	229	2,201	229,660	9%
New Mexico	18,044	18,044	0	0	86,000	21%
New York	248,436	230,153	755	17,528	900,480	26%
North Carolina	24,691	21,828	112	2,751	345,240	6%
North Dakota	0	0	0	0	17,540	<1%
Ohio	23,397	19,826	2,141	1,430	376,040	5%
Oklahoma	163	0	0	163	124,120	<1%
Oregon	26,878	21,871	3,952	1,055	128,180	17%
Pennsylvania	126,713	119,049	3,636	4,028	469,580	25%
Rhode Island	2,494	873	0	1,621	43,360	2%
South Carolina	68,425	24,364	44,061	0	164,720	15%
South Dakota	0	0	0	0	22,880	<1%
Tennessee	89,215	89,215	0	0	285,100	31%
Texas	181,104	142,846	38,028	230	740,940	19%
Utah	8,159	8,159	0	0	39,620	21%
Vermont	0	0	0	0	30,880	<1%
Virginia	6,076	2,340	3,147	589	204,900	1%
Washington	31,575	29,801	0	1,774	200,040	15%
West Virginia	1,008	581	0	427	93,240	1%
Wisconsin	28,708	24,889	1,786	2,033	180,020	14%
Wyoming	0	0	0	0	12,380	<1%

NOTE: Territories are excluded.

SOURCE: Authors' analysis of CMS Medicare Advantage enrollment and Landscape files, 2017. Number of dual eligibles by state is derived from the CMS Chronic Conditions Data Warehouse standard analytic files for 2014.

Endnotes

[1] Congressional Budget Office, "Medicare – Congressional Budget Office's January 2017 Baseline," January 24, 2017. Available at: https://www.cbo.gov/sites/default/files/recurringdata/51302-2017-01-medicare.pdf.

[2] G. Jacobson, P. Neuman, and A. Damico. "At Least Half of New Medicare Advantage Enrollees Had Switched From Traditional Medicare During 2006-11," Health Affairs, vol. 34 no. 1, p. 48-55, January 2015. Also see G. Jacobson, T. Neuman, and A. Damico. "Medigap Enrollment Among New Medicare Beneficiaries: How Many 65-Year Olds Enroll In Plans With First-Dollar Coverage?" Washington DC: Kaiser Family Foundation, April 2015. Available at: http://kff.org/medicare/issue-brief/medigap-enrollment-among-new-medicare-beneficiaries/, last accessed June 5, 2015.

[3] For example, General Electric moved its hourly retirees who turn 65 by January 2018 to a health exchange where they can purchase a subsidized Medigap or Medicare Advantage policy (the policy already applied to salaried workers). See James Passeri, "GE Saves $3.3 Billion With Cuts to Retirees' Life, Health Benefits," The Street, August 4, 2015, available at: https://www.thestreet.com/story/13239214/1/ge-saves-33-billion-with-cuts-to-retirees-life-health-benefits.html.

[4] G. Jacobson, M. Gold, A. Damico, T. Neuman, and G. Casillas. "Medicare Advantage 2016 Data Spotlight: Overview of Plan Changes," Washington DC: Henry J. Kaiser Family Foundation, December 2015. Available at: http://kff.org/medicare/issue-brief/medicare-advantage-2016-data-spotlight-overview-of-plan-changes/.

[5] G. Jacobson, C. Swoope, M. Perry, and M.C. Slosar. "How are Seniors Choosing and Changing Health Insurance Plans?" Kaiser Family Foundation, May 2014. Available at: http://kff.org/medicare/report/how-are-seniors-choosing-and-changing-health-insurance-plans/.

[6] Limits were required for regional PPOs since they were first authorized in 2006.

[7] CMS conducted a demonstration between 2012 and 2014 that provided bonus payments to the vast majority of plans. For more information, see G. Jacobson, T. Neuman, A. Damico and J. Huang, "Medicare Advantage Plan Star Ratings and Bonus Payments in 2012," Kaiser Family Foundation, November 2011. Available at: http://kff.org/medicare/report/medicare-advantage-2012-star-ratings-and-bonuses/.

[8] G. Jacobson, C. Swoope, M. Perry, and M.C. Slosar. "How are Seniors Choosing and Changing Health Insurance Plans?" Kaiser Family Foundation, May 2014. Available at: http://kff.org/medicare/report/how-are-seniors-choosing-and-changing-health-insurance-plans/.

[9] Marsha Gold and Giselle Casillas. "What Do We Know About Health Care Access and Quality in Medicare Advantage Versus the Traditional Medicare Program?" Kaiser Family Foundation, November 2014. Available at: http://kff.org/medicare/report/what-do-we-know-about-health-care-access-and-quality-in-medicare-advantage-versus-the-traditional-medicare-program/.