DATA BRIEF

Medicare Advantage Sees Fewer Covid-19 Hospitalizations In Beneficiaries And Offers Greater Access To In-Person And Telehealth Non-Covid Care During Pandemic

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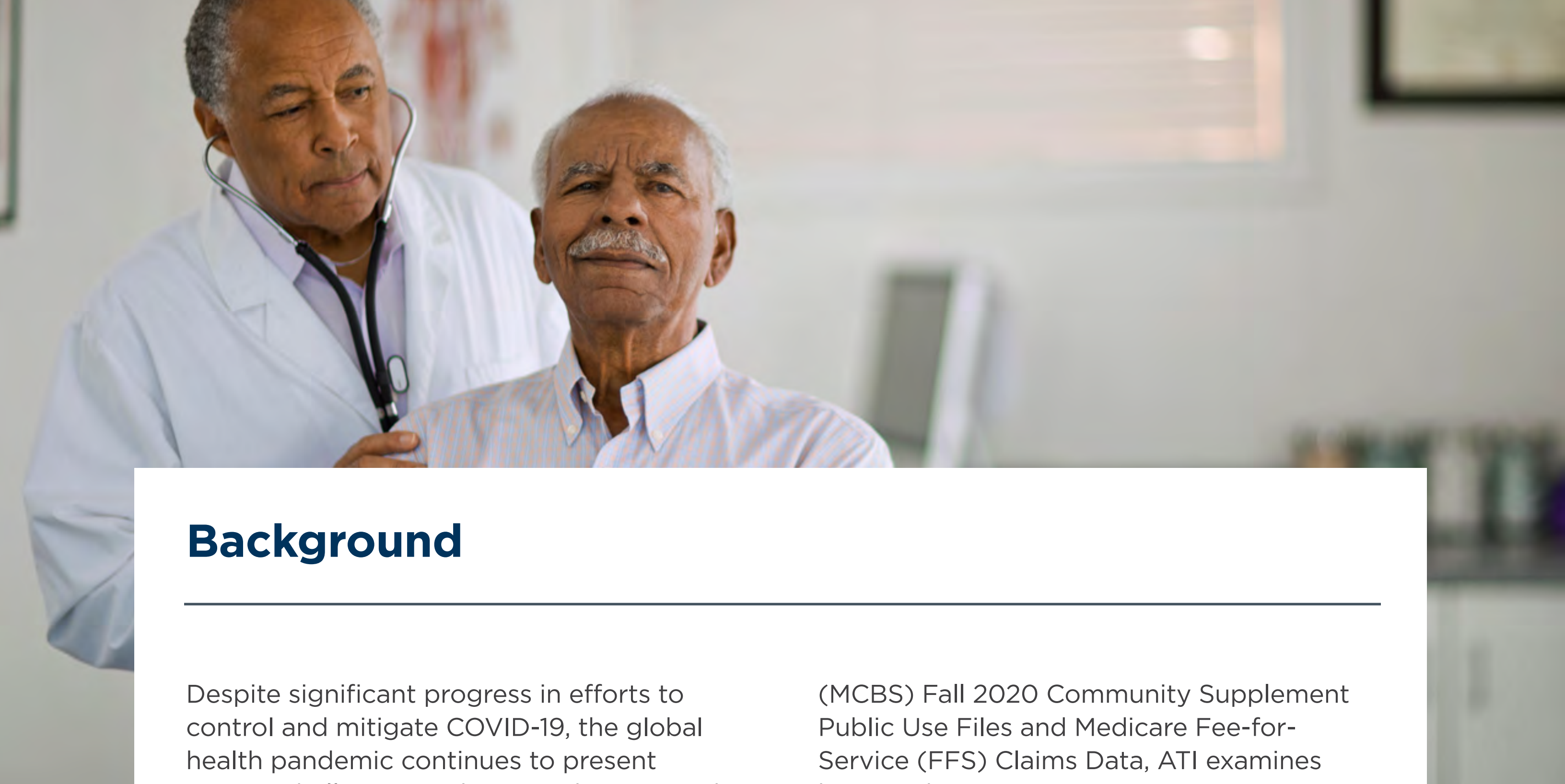
Analysis by ATI Advisory for:

BETTER MEDICARE ALLIANCE



Background

Despite significant progress in efforts to control and mitigate COVID-19, the global health pandemic continues to present serious challenges in the United States and around the world. The rise of the highly contagious delta variant has significantly increased disease transmission, and lower-than-anticipated vaccination rates have led to a renewed wave of spikes in severe COVID-19 cases, hospitalizations, and deaths, largely among the unvaccinated population. Older adults were amongst the earliest Americans to be vaccinated in the United States, and conversations about waning effects of the vaccination over time and need for boosters have reintroduced the risk COVID-19 presents for older adults into the national conversation.[1] Factors such as vaccine hesitancy and resistance, and the rise of the delta variant, revitalized conversations about the importance of engaging in prevention behaviors to protect oneself. They have also highlighted the importance of having access to and acting upon the knowledge and care opportunities that are most likely to keep individuals safe and healthy.

This analysis is the third in a series of data briefs prepared by ATI Advisory for Better Medicare Alliance during 2021. Using the Medicare Current Beneficiary Survey (MCBS) Fall 2020 Community Supplement Public Use Files and Medicare Fee-for-Service (FFS) Claims Data, ATI examines how Medicare coverage arrangements relate to COVID-19 outcomes, access to in-person and telehealth care, and prevention behaviors of Medicare beneficiaries during the pandemic. This analysis demonstrates that Medicare Advantage beneficiaries were hospitalized less for COVID-19 and had lower mortality rates. It also demonstrates that while Medicare Advantage and FFS Medicare beneficiaries report the same likelihood of being able to access care during the pandemic, Medicare Advantage outperformed FFS Medicare on certain metrics in non-COVID-19 care for Medicare beneficiaries, both in person and through telehealth. It shows that Medicare Advantage beneficiaries had greater access to treatment for ongoing conditions and engaged in a higher number of COVID-19 prevention behaviors compared with FFS Medicare beneficiaries. These insights contribute to important discussions among policymakers as they seek to integrate lessons from the pandemic about how to understand the needs of and protect Medicare beneficiaries, and opportunities to maximize Medicare Advantage performance, especially during times of crisis.

[1] https://www.hhs.gov/about/news/2021/08/18/joint-statement-hhs-public-health-and-medical-experts-covid-19-booster-shots.html.

Overview and Implications

From January through November 2020, Medicare Advantage beneficiaries were hospitalized for COVID-19 at a lower rate than FFS Medicare beneficiaries. The hospitalization rate for Medicare Advantage beneficiaries was 664 hospitalizations per 100,000 Medicare Advantage beneficiaries, compared with 788 hospitalizations per 100,000 beneficiaries in FFS Medicare. A greater percentage of FFS Medicare beneficiaries also died during their hospitalization, despite the population hospitalized being of similar age to Medicare Advantage. Medicare Advantage beneficiaries reported similar or slightly less likelihood of having received a COVID-19 test at the time of the survey, and of those who received a test, Medicare Advantage beneficiaries reported more positive results.

Generally, Medicare Advantage and FFS Medicare beneficiaries reported similar likelihood of being able to receive care during the pandemic. However, Medicare Advantage beneficiaries reported a greater likelihood of being able to access certain care unrelated to COVID-19 during the pandemic, such as treatment for ongoing conditions. Medicare Advantage beneficiaries were also less likely to cancel a healthcare appointment due to lack of transportation. Medicare Advantage also had the ability to meet the non-COVID-19 ongoing care needs of individuals dually-eligible for Medicare and Medicaid.

While fewer Medicare Advantage beneficiaries have access to internet or internet-connected devices, more of them had access to telehealth during the pandemic, especially audio-only telehealth, which provides flexibility in the performance of virtual care by using a telephone. Certain Medicare Advantage beneficiaries also outpaced FFS Medicare beneficiaries in their likelihood to practice the greatest number of COVID-19 prevention behaviors. Black and Latinx beneficiaries, low-income beneficiaries, and beneficiaries dually-eligible for Medicare and Medicaid were more likely to report engaging in 11-15 prevention behaviors when enrolled in Medicare Advantage as compared with those enrolled in FFS Medicare.

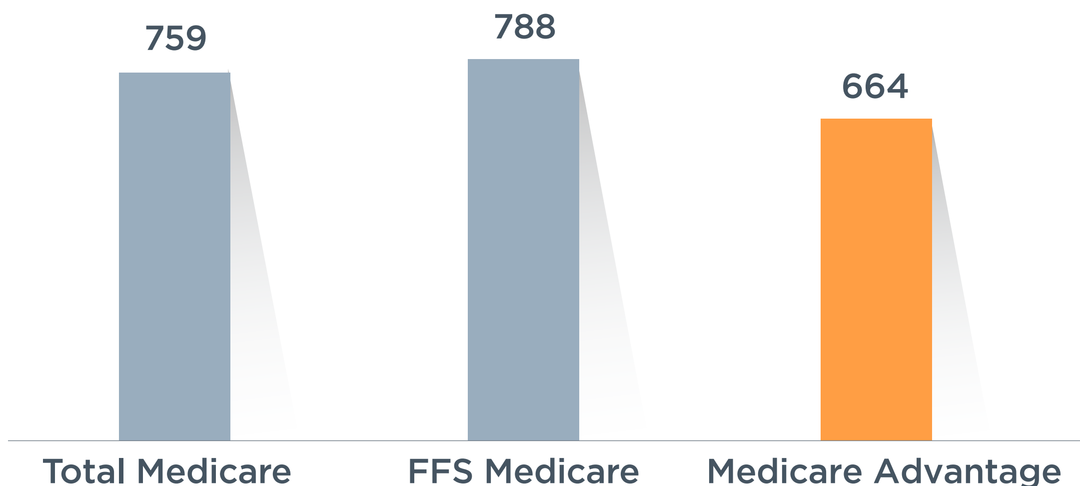
Protecting the health of older adults during the pandemic has been a nationwide effort in which many stakeholders have taken part – from the federal government, healthcare providers, health plans, and friends and neighbors. Remaining in good health during the pandemic has required that (1) an individual have sufficient knowledge and awareness of how to do so, (2) the individual act upon that knowledge to engage in preventive behaviors, and (3) the individual have access to care and protections to remain healthy, or to seek treatment when necessary. The findings of this report demonstrate differences in the rates at which Medicare Advantage and FFS Medicare may have equipped beneficiaries to confront those three factors. For specific sub-populations, the research findings shed light on the additional protections that may have been afforded to Medicare Advantage beneficiaries during the height of the pandemic, from access to ongoing care for non-COVID related concerns, access to telehealth in the most accessible format, and access to information that motivated prevention behaviors. The findings identify opportunities for improvement in the Medicare Advantage program, but also suggest that Medicare Advantage has had a meaningful impact on identifying and meeting the needs of its beneficiaries during a national emergency. Policymakers should consider using Medicare Advantage's experience as a guide for future improvements for Medicare beneficiaries.

Findings

Medicare Advantage Beneficiaries Were Hospitalized for COVID-19 in 2020 at a Lower Rate Than FFS Beneficiaries

Medicare beneficiaries in general were hospitalized for COVID-19 at a rate of 759 per 100,000 beneficiaries from January through November 2020 (see **Methods** for more on data sources and calculations). Beneficiaries in FFS Medicare experienced a higher hospitalization rate of 788 hospitalizations per 100,000 FFS Medicare beneficiaries compared with 664 hospitalizations per 100,000 Medicare Advantage beneficiaries in the Medicare Advantage program (**Figure 1**). Comparatively, according to the CDC, individuals 65 years and older had been hospitalized at a rate of 736 per 100,000 individuals as of November 2020.[2] CDC reported a hospitalization rate for all individuals of 256 per 100,000, as of the same time period.

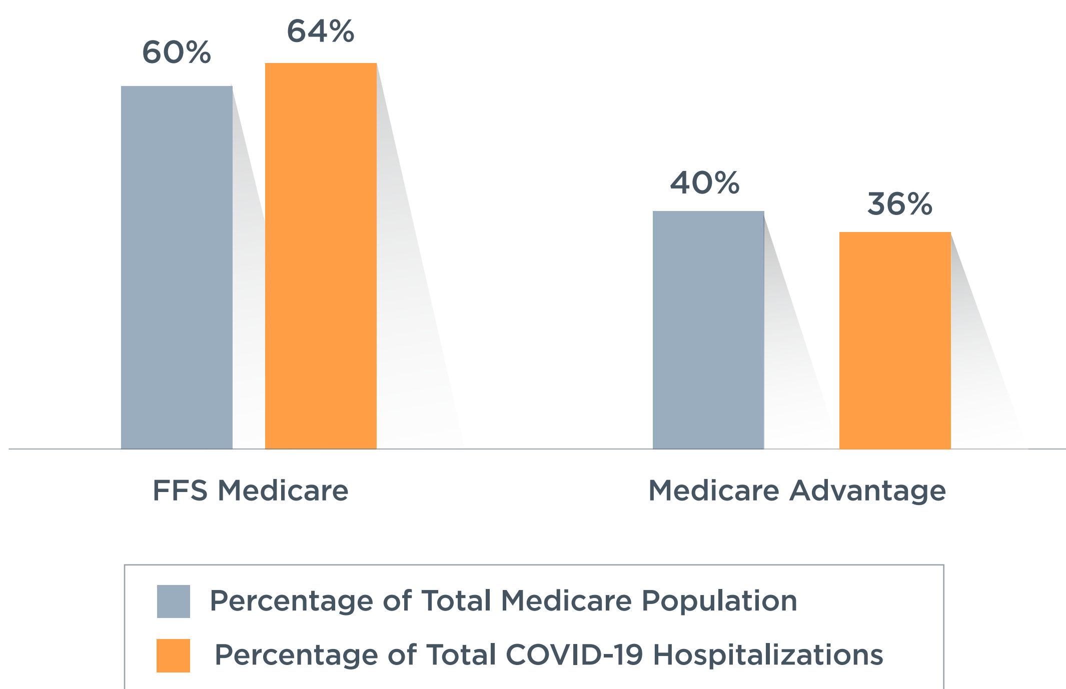
Figure 1 COVID-19 Inpatient Hospitalization Rates Per 100,000 Beneficiaries by Medicare Program. *Source: 2020 Medicare FFS Claims Data.*



[2] https://gis.cdc.gov/grasp/covidnet/covid19_3.html

While a greater percentage of Medicare beneficiaries enroll in FFS Medicare than Medicare Advantage, FFS Medicare beneficiaries made up an even greater percentage of COVID-19 hospitalizations. FFS Medicare beneficiaries comprised 60 percent of the Medicare population in November 2020 and 64 percent of all Medicare beneficiaries hospitalized with COVID-19 from January to November 2020. In comparison, Medicare Advantage beneficiaries comprised 40 percent of the Medicare population in November 2020 and 36 percent of hospitalizations from January to November 2020 **(Figure 2)**.

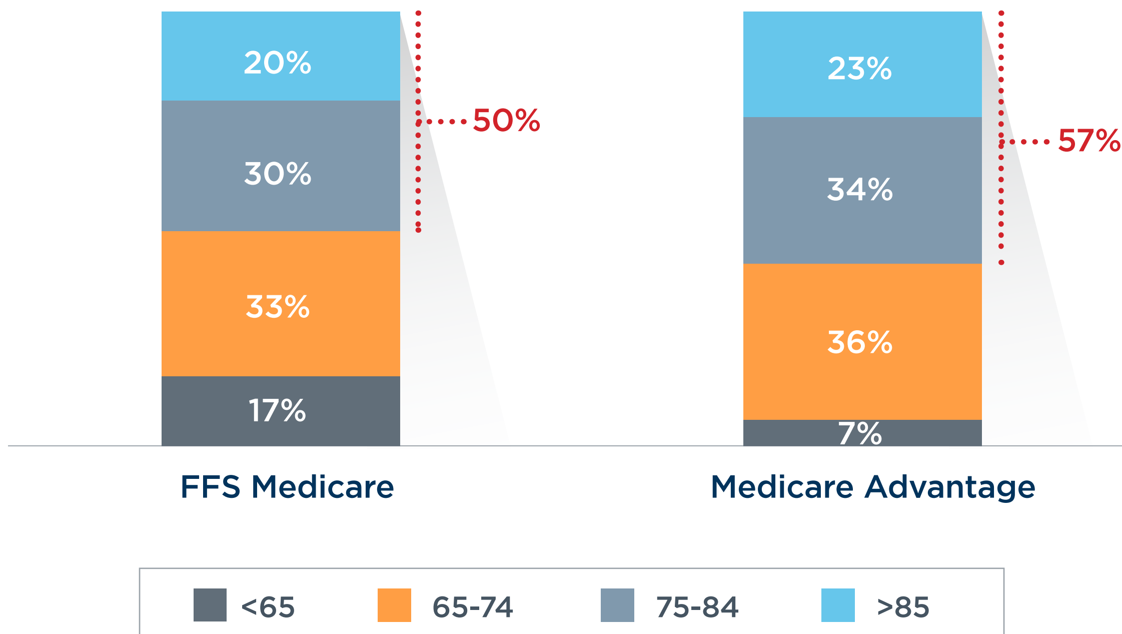
Figure 2 Percentage of Medicare Enrollment and Percentage of Total COVID-19 Hospitalizations by Medicare Program. *Source: 2020 Medicare FFS Claims Data.*



Moreover, the FFS Medicare population experienced a higher mortality rate from January to November of 2020. Twenty-two percent of FFS Medicare beneficiaries who were hospitalized with COVID-19 died during their hospitalization between January and November 2020, compared with 15 percent of Medicare Advantage beneficiaries hospitalized with COVID-19 during the same period (data not shown).

Beneficiaries in FFS Medicare experienced a higher mortality rate despite a comparatively similar average age to Medicare Advantage beneficiaries hospitalized between January to November 2020. Fifty percent of FFS Medicare beneficiaries hospitalized with COVID-19 were over 75 years old compared to 57 percent of Medicare Advantage beneficiaries **(Figure 3)**.[3] In general, the age distribution of all individuals in Medicare Advantage is slightly higher than FFS Medicare, with 34 percent and 30 percent of beneficiaries aged 75 or older, respectively (data not shown).

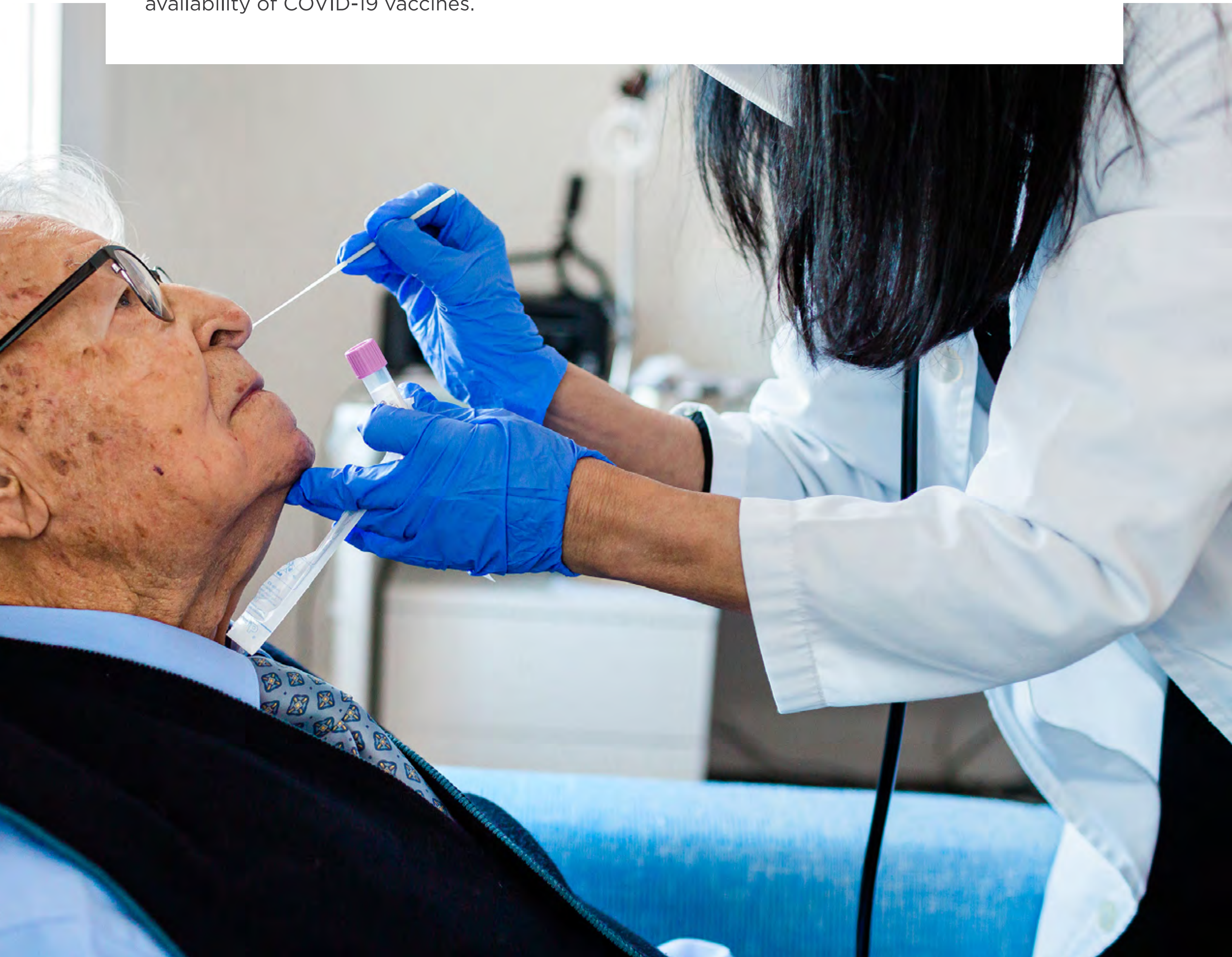
Figure 3 Age of Beneficiaries Hospitalized for COVID-19 by Medicare Program. *Source: 2020 Medicare FFS Claims Data.*



[3] Difference is statistically significant at 90% confidence interval using two-way ANOVA analysis.

Despite lower hospitalization rates and mortality rates, a greater percentage of Medicare Advantage beneficiaries who received a COVID-19 test reported having received a positive test for COVID-19 by November 2020 (7 percent compared with 3 percent, respectively) (data not shown). This trend held in both rural and urban areas (data not shown). Medicare Advantage and FFS Medicare beneficiaries were equally likely to have ever gotten a COVID-19 test. Twenty-three percent of Medicare Advantage and FFS Medicare beneficiaries reported receiving a COVID-19 test (data not shown); however, rates among Black and Latinx Medicare beneficiaries enrolled in Medicare Advantage were lower than those enrolled in FFS Medicare. Twenty-six percent of Black beneficiaries enrolled in Medicare Advantage had ever gotten a COVID-19 test at the time of the survey, compared with 30 percent of FFS Medicare beneficiaries; 24 percent of Latinx Medicare Advantage beneficiaries compared with 29 percent of Latinx FFS Medicare beneficiaries had ever gotten a test (data not shown).

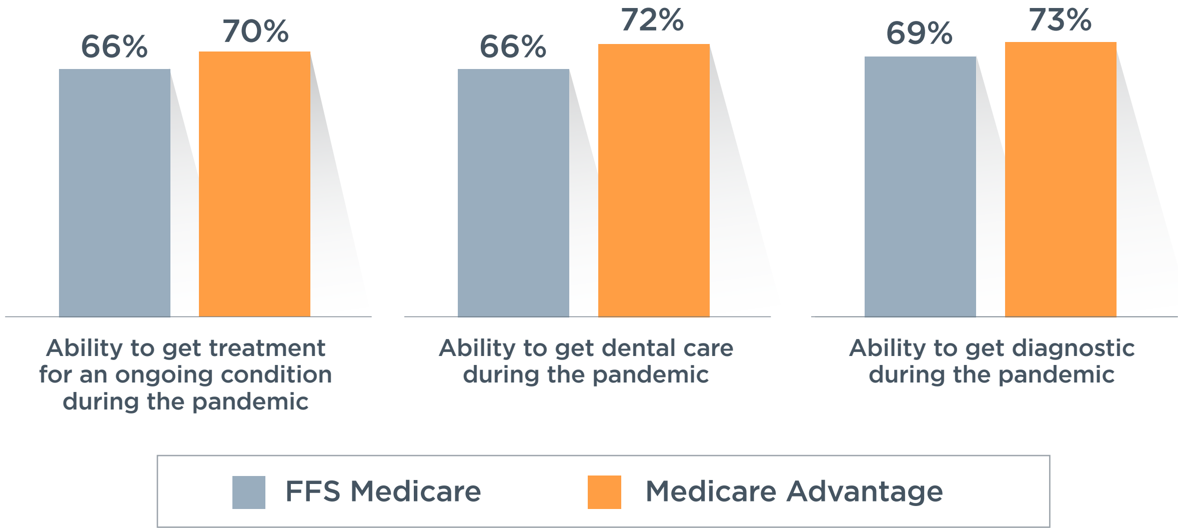
Further, Medicare Advantage beneficiaries reported at least the same amount of vaccine hesitancy prior to availability of the COVID-19 vaccine. Forty-three percent of Medicare Advantage beneficiaries reported vaccine hesitancy compared with 40 percent of FFS Medicare beneficiaries. Importantly, this survey was largely conducted before the widespread availability of COVID-19 vaccines.



Medicare Advantage Beneficiaries Report Greater Access to Care Unrelated to COVID-19 During the Pandemic

Medicare Advantage and FFS Medicare beneficiaries reported the same likelihood of generally being able to get care during the pandemic (92 percent of beneficiaries) (data not shown). Medicare Advantage outperformed FFS Medicare, however, on certain types of care. Seventy percent of Medicare Advantage beneficiaries reported being able to access treatment for an ongoing condition during the pandemic compared with 66 percent of FFS Medicare beneficiaries. Seventy-two percent of Medicare Advantage beneficiaries reported being able to get dental care compared with 66 percent of FFS Medicare beneficiaries. Seventy-three percent of Medicare Advantage beneficiaries reported receiving diagnostics[4] during the pandemic compared with 69 percent of FFS Medicare beneficiaries **(Figure 4)**.

Figure 4 Percentage of Medicare Beneficiaries Reporting Ability to Get Care for Select Services. *Source: 2020 MCBS Data.*

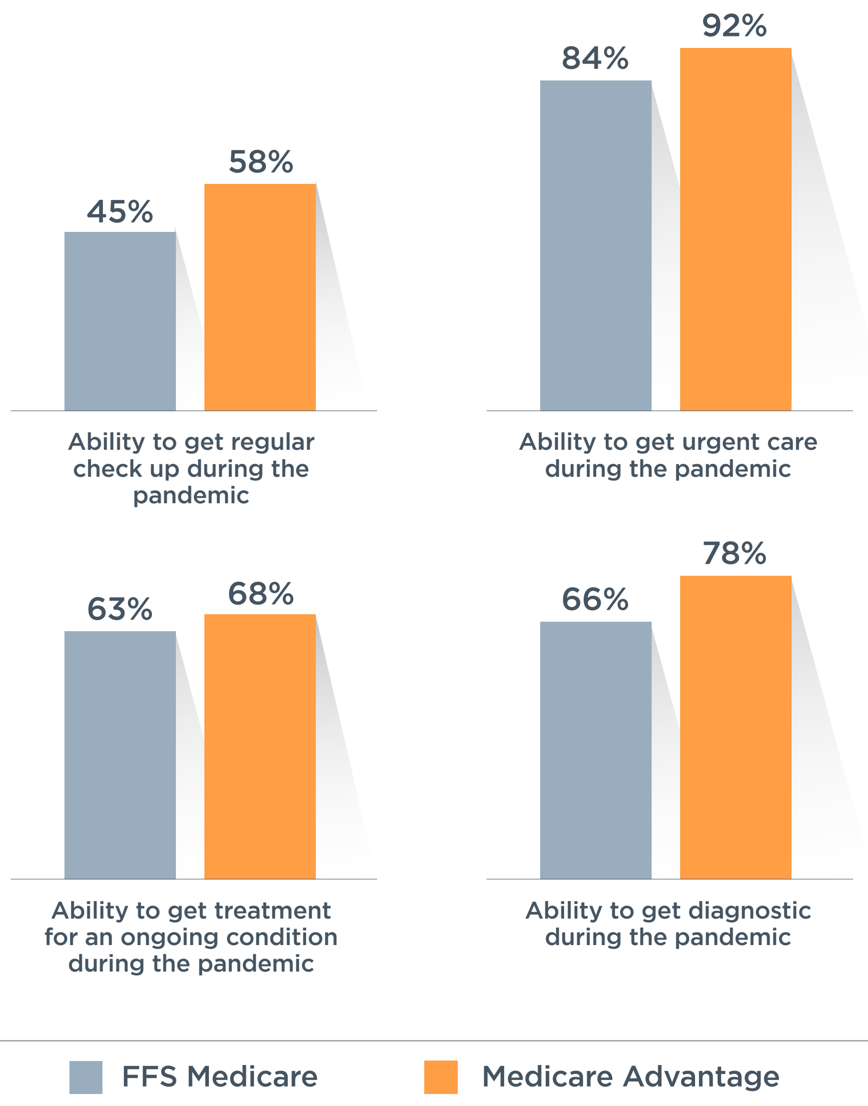


A higher percentage of FFS Medicare beneficiaries also canceled health care appointments during the pandemic compared with Medicare Advantage beneficiaries. Lack of transportation caused 12 percent of FFS Medicare beneficiaries to cancel a health care appointment compared with 8 percent of Medicare Advantage beneficiaries, and this trend held in both rural and urban areas (data not shown).

[4] "Diagnostics" include medical testing and preventative medical screening tests like mammograms and colonoscopies.

When narrowing in on beneficiaries dually-eligible for Medicare and Medicaid, Medicare Advantage outpaced FFS Medicare on the ability to meet non-COVID-19 care needs of its beneficiaries. Fifty-eight percent of dual-eligible beneficiaries enrolled in Medicare Advantage reported being able to get a regular checkup during the pandemic compared with 45 percent of dual-eligible beneficiaries enrolled in FFS Medicare. Sixty-eight percent of those enrolled in Medicare Advantage reported being able to get treatment for an ongoing condition compared with 63 percent of those enrolled in FFS Medicare. Dual eligible beneficiaries enrolled in Medicare Advantage also reported greater access to urgent care (92 percent of Medicare Advantage enrollees compared with 84 percent of FFS Medicare enrollees), and greater ability to receive diagnostics (78 percent compared with 66 percent) **(Figure 5)**.

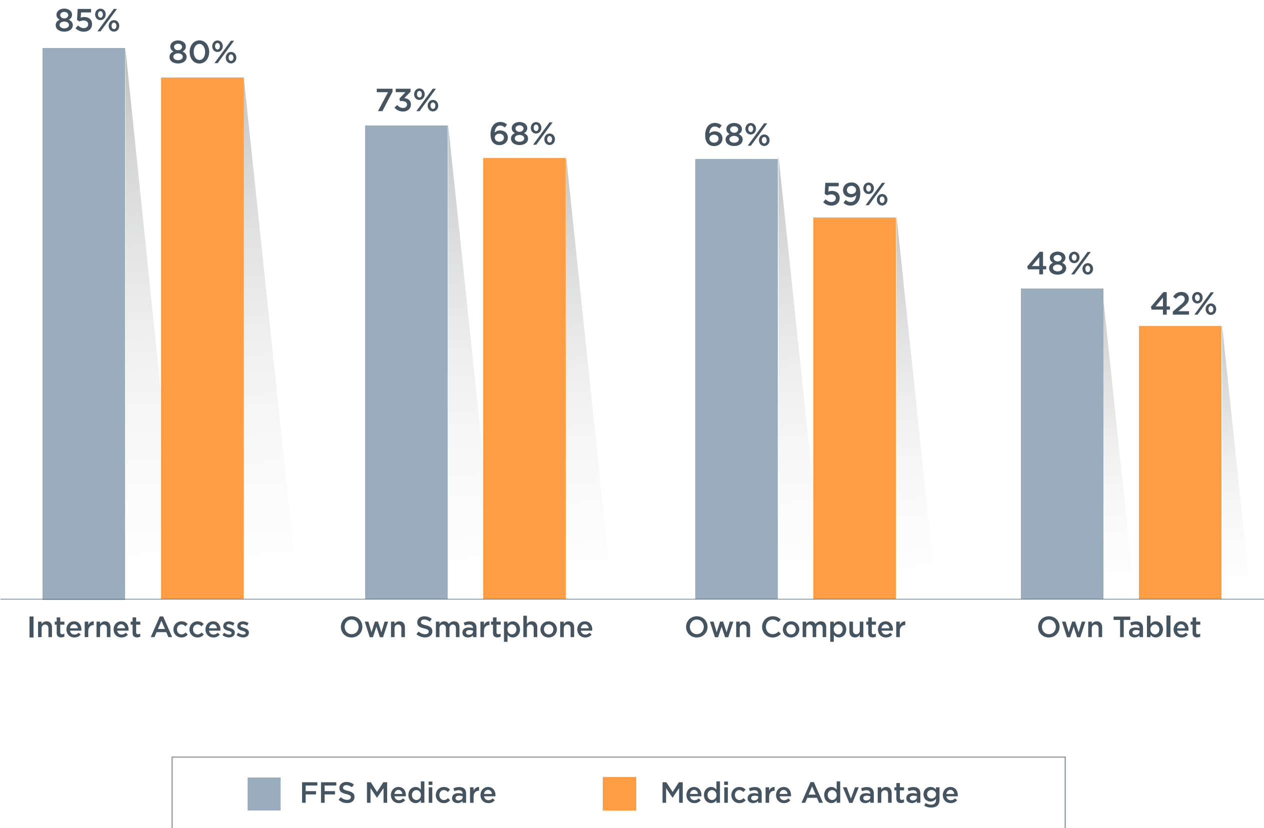
Figure 5 **Percentage of Dual Eligible Beneficiaries Reporting Being Able to Get Care for Select Services by Program Eligibility.** *Source: 2020 MCBS Data.*



Medicare Advantage Beneficiaries Report Greater Access to Telehealth During the Pandemic Despite Less Access to Internet or Internet-Connected Devices

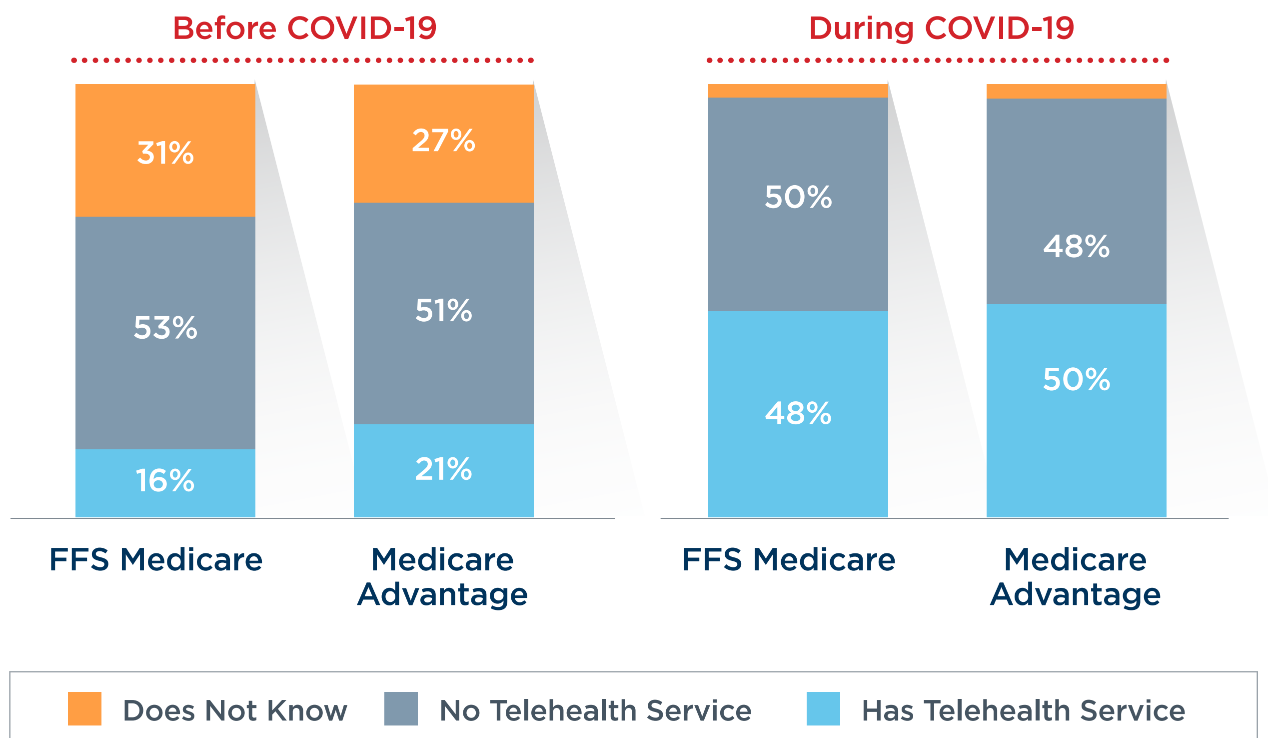
Internet access between Medicare Advantage and FFS Medicare beneficiaries differs. Of beneficiaries enrolled in Medicare Advantage, 80 percent have internet access, compared with 85 percent of FFS Medicare beneficiaries. Medicare Advantage beneficiaries are also less likely to own devices that connect to the internet: 68 percent of Medicare Advantage beneficiaries report owning a smartphone compared with 73 percent in FFS Medicare, 59 percent report owning a computer compared with 68 percent in FFS Medicare, and 42 percent report owning a tablet compared with 48 percent in FFS Medicare **(Figure 6)**.

Figure 6 Percentage of Medicare Beneficiaries with Internet Access and Internet-Accessing Device Ownership by Medicare Program. *Source: 2020 MCBS Data.*



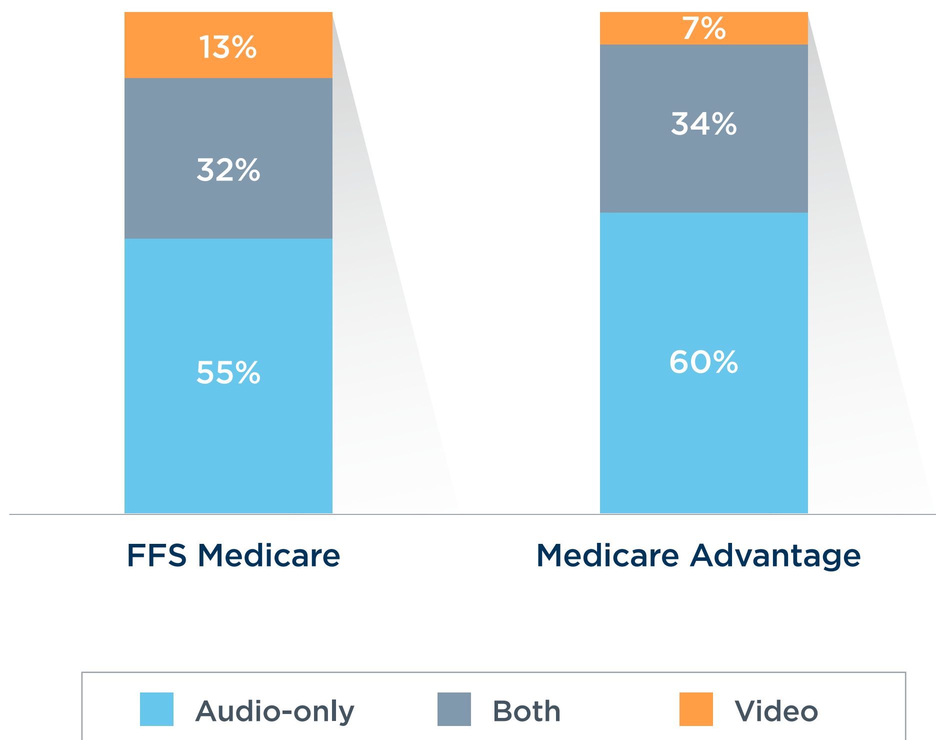
Despite having less access to the internet and lower ownership of devices that access the internet, Medicare Advantage beneficiaries were more likely to report that they had access to telehealth compared to FFS Medicare beneficiaries before the pandemic. (Regardless of actual access to telehealth services, these numbers reflect beneficiary knowledge of telehealth service availability). Pre-pandemic, 28 percent of Medicare Advantage beneficiaries reported having had access to telehealth compared with 16 percent of FFS Medicare beneficiaries. By the time of the survey (conducted between October and November 2020), knowledge of telehealth availability grew sizably in both groups. Medicare Advantage beneficiaries reported similar telehealth access (50 percent of beneficiaries) compared to FFS Medicare beneficiaries (48 percent of beneficiaries) **(Figure 7)**.

Figure 7 **Percentage of Medicare Beneficiaries Reporting Access to Telehealth Services Before COVID-19 and Since July 2020 (during COVID-19) by Medicare Program.** *Source: 2020 MCBS Data.*



Lacking access to internet connectivity can increase the vulnerability of Medicare beneficiaries, and Medicare Advantage outperforms FFS Medicare with respect to serving the telehealth needs of those without internet or smart devices. Of those who have had access to telehealth since July 2020 but do not own or use a smartphone or computer, Medicare Advantage beneficiaries are more likely to report access to audio-only telehealth. Ninety-four percent of Medicare Advantage beneficiaries with telehealth access and without a smartphone or computer reported access to phone-based, audio-only telehealth, or both video and audio-only telehealth, compared with 87 percent of FFS Medicare beneficiaries **(Figure 8)**.

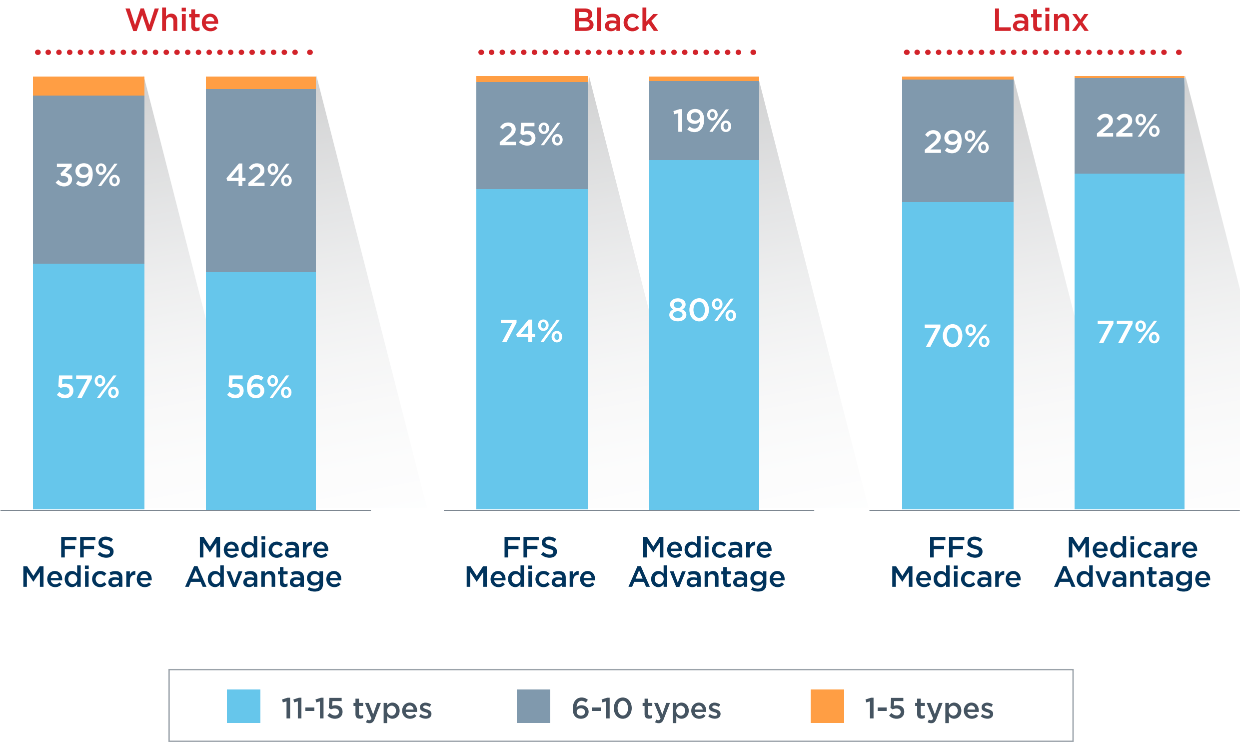
Figure 8 **Types of Telehealth Offered Since July 2020 (During the Pandemic) to Beneficiaries Who Do Not Own or Use a Computer or Smartphone.** *Source: 2020 MCBS Data.*



Within Specific Populations, Medicare Advantage Beneficiaries Are More Likely to Engage in More COVID-19 Prevention Behaviors

Medicare Advantage beneficiaries were more likely to agree that COVID-19 was deadlier than the flu and were at least as likely to engage in behaviors to prevent infections (data not shown). Within specific populations, Medicare Advantage beneficiaries outpaced FFS Medicare beneficiaries in their likelihood to practice the greatest number of COVID-19 prevention behaviors.[5] Black and Latinx Medicare Advantage beneficiaries were more likely to report practicing 11-15 types of COVID-19 prevention behaviors (11 – 15 reflecting the greatest number of preventive behaviors surveyed). Eighty percent and 77 percent of Black and Latinx Medicare Advantage beneficiaries reported practicing 11-15 prevention behaviors, respectively, compared with 74 percent and 70 percent of FFS Medicare beneficiaries. Between FFS Medicare and Medicare Advantage, white beneficiaries were similarly likely to report engaging in high numbers of COVID-19 prevention behaviors. Fifty-six percent of white Medicare Advantage beneficiaries reported engaging in 11-15 prevention behaviors, compared to 57 percent of white FFS Medicare beneficiaries **(Figure 9)**.

Figure 9 Number of COVID-19 Prevention Behaviors by Race/Ethnicity.
Source: 2020 MCBS Data.

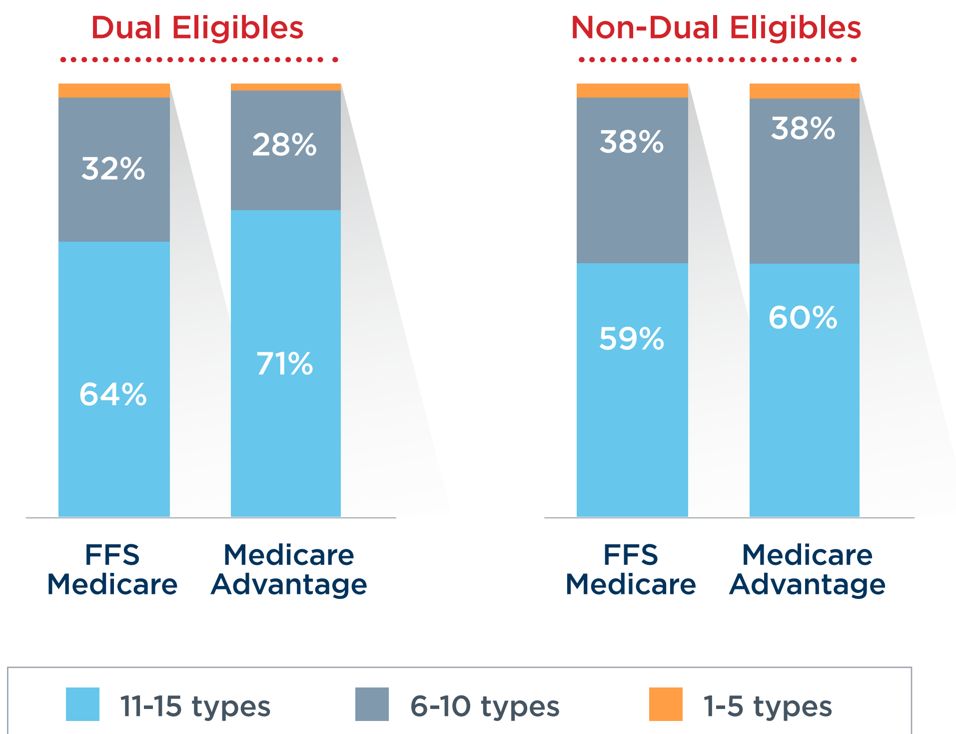


[5] COVID-19 prevention behaviors include practicing the following activities to decrease chance of infection: (1) washing hands, (2) using sanitizer, (3) avoiding touching the face, (4) coughing/sneezing into tissue, sleeve, (5) wearing a facemask, (6) cleaning common areas, (7) avoiding contact with sick people, (8) keeping 6-foot distance, (9) avoiding large groups, (10) sheltering in place, (11) buying extra food, (12) buying extra cleaning supplies, (13) buying extra medicines, (14) consulting with a medical provider, and (15) avoiding other people.

Lower income Medicare Advantage beneficiaries were also more likely to engage in prevention behaviors. Within individuals with incomes under $25,000, 65 percent of Medicare Advantage beneficiaries engaged in 11-15 prevention behaviors compared with 60 percent of FFS Medicare beneficiaries. Those making over $25,000 a year were similarly likely to engage in high numbers of COVID-19 prevention behaviors across program types (data not shown).

Beneficiaries dually eligible for Medicare and Medicaid – an eligibility representative of lower socioeconomic status – and enrolled in Medicare Advantage were more likely to engage in 11-15 COVID-19 prevention behaviors compared with those enrolled in FFS Medicare (71 percent and 64 percent, respectively). Those not dually eligible for Medicare and Medicaid were similarly likely to engage in high numbers of COVID-19 prevention behaviors across program types **(Figure 10)**.

Figure 10 Number of COVID-19 Prevention Behaviors by Dual Eligibility.
Source: 2020 MCBS Data.



Medicare Advantage and FFS Medicare beneficiaries reported similar rates of engaging in 11-15 prevention behaviors for individuals aged 75 and older (56 percent and 54 percent, respectively), as well as for individuals living in rural areas (62 percent and 60 percent, respectively) (data not shown

Conclusion and Looking Forward

The COVID-19 pandemic has illuminated the importance of securing reliable pathways to the knowledge, access, and protections that are most likely to keep Medicare beneficiaries safe during a national emergency. Our research suggests that Medicare Advantage was more successful than FFS Medicare in creating these pathways for beneficiaries, but opportunities for improvement remain.

Prevention behaviors are critical to maximizing the number of individuals who remain safe and healthy during the pandemic. The data suggest that Medicare Advantage may have had greater success in reaching its most at-risk enrollees with the education necessary to equip them with the knowledge required to engage in proper prevention techniques. As hospitals became overwhelmed with COVID-19 patients in 2020, and once again become overwhelmed in 2021, experts anticipate an unfortunate surge in deaths and serious disease from non-COVID-related issues that continue to go unaddressed during the pandemic.[6] The data suggest that Medicare Advantage outperformed FFS Medicare in its ability to ensure beneficiaries access to treatment for non-COVID related concerns, both in-person and virtually, and Medicare Advantage performed similarly to FFS Medicare in its ability to protect access to care generally for its beneficiaries during the pandemic. For the Medicare beneficiaries with COVID-19, the data show that Medicare Advantage beneficiaries were less likely to be hospitalized and less likely to die during hospitalization at the height of the pandemic in 2020. Medicare Advantage and FFS Medicare beneficiaries reported similar rates of COVID-19 testing, as well as rates of vaccine hesitancy, which provides additional education opportunities for program members.

Policymakers should ensure that the Medicare Advantage program continues to be equipped with the tools and resources necessary to be flexible in educating and meeting the needs of its beneficiaries during a national health crisis. Likewise, Medicare Advantage organizations should consider additional opportunities to maximize the use of those tools and resources to meet beneficiary needs. As we integrate lessons from the COVID-19 pandemic and equip ourselves for future health crises, policymakers should consider whether there are lessons that can be drawn from the ability of Medicare Advantage to meet certain needs of its program populations and applied to the Medicare program generally

[6] https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext.

Methods

ATI Advisory used the MCBS Fall 2020 Community Supplement Public Use Files, and Medicare Claims Data to examine how Medicare coverage arrangements have affected beneficiary COVID-19 outcomes, access to in-person and telehealth care during the pandemic, and beneficiary prevention behaviors.

Medicare Fee-for-Service Claims-Based Analysis

Figures from this data brief include analysis of 100% Medicare FFS claims incurred from January through November 2020. Analysis compared FFS claims data to the Centers for Medicare and Medicaid's (CMS) publicly available "Preliminary Medicare COVID-19 Data Snapshot," which includes both FFS claims data and Medicare Advantage encounter data. Claims-based analysis mirrored methods applied by CMS.

To align with CMS' methods, a "COVID-19 Hospitalization" is considered an inpatient hospitalization claim or encounter record with a primary or secondary diagnosis code of 97.29 (1/1/2020-3/31/2020) or U07.1 (beginning 4/1/2020) for the settings identified as "inpatient" by CMS. Analysis includes claims incurred through November 21, 2020. "Hospitalization rate per 100,000" followed CMS' methods by using an "Ever-enrolled population," calculating number of Medicare COVID-19 hospitalizations per number of unique beneficiaries ever enrolled in either Medicare Part A or Part B from January 1, 2020, to November 21, 2020. For the full methods used by CMS, see https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-methodology.pdf.

2020 Medicare Current Beneficiary Survey

Using the MCBS Fall 2020 Community Supplement Public Use Files, ATI Advisory examined how Medicare coverage arrangements affect beneficiaries' access to care during the pandemic, access to technology, and COVID-19 beliefs and prevention behaviors. Due to sample size concerns, analyses generally were limited to individuals living in the community and comparisons were limited to white, Black, and Latinx beneficiaries.