

How Medicare Advantage (MA) Supports the Unique Needs Of Older Americans In Rural Communities

OLDER ADULTS IN RURAL COMMUNITIES ARE INCREASINGLY ENROLLING IN MA PLANS OVER TRADITIONAL FFS MEDICARE



MA enrollment among rural beneficiaries has **quadrupled** over the last decade



In recent years growth of MA enrollment in rural areas has outpaced growth in urban areas, with rural enrollment increasing by **13%** in 2022 versus just 7% in urban regions during the same year.

Core elements unique to MA may better position these plans to support the specific needs of rural beneficiaries and may be driving this growth

KEY NEED OR CONSIDERATION



Income & Healthcare Costs

Rural older Americans are more likely than their urban counterpart to face financial barriers to healthcare.

- Urban poverty rate: **11%**
- Rural poverty rate: **15%**
- Of the 318 counties designated as counties experiencing long-term, persistent poverty, **85% are rural**



Access Challenges

Rural residents travel twice as far as urban residents to access medical or dental care.

In 2023, **91.4% of all rural counties** were found to have healthcare workforce shortages.



Health Status & Disparities

Compared to their urban counterparts, rural adults are more likely to live with the following chronic or serious conditions, at higher rates:

- Hypertension: **11%↑**
- Diabetes: **40%↑**
- Heart disease: **40%↑**
- Stroke: **30%↑**
- Chronic obstructive pulmonary disease: **100%↑**

HOW MA PLANS SUPPORT OR ADDRESS



Lower Costs & Higher Savings

MA plans are able to offer more flexible cost and coverage policies, and unlike FFS Medicare are required to place limits of OOP costs. As a result:

Beneficiaries enrolled in MA plans **save an average of \$2,400 annually on out-of-pocket costs and premiums**, compared to their counterparts in FFS Medicare



Plans Designed to Support Integrated, "Whole Patient" Care

Special Needs Plans (SNPs)—a part of Medicare Advantage—are customized MA plans designed to meet the unique health needs of some of Medicare's most vulnerable beneficiaries, enabling better coordination of care.

92% of MA beneficiaries are enrolled in a plan that integrates their prescription drug coverage into one plan, ensuring enhanced management of costs across both medical and drug benefits.



Demonstrated Success in Improving Health Outcomes

Compared to FFS beneficiaries, beneficiaries enrolled in MA have a:

- **43% lower rate** of avoidable hospitalization across all conditions
- **21% higher rate** of seeing a physician within 14 days of hospital discharge

CONGRESS MUST PROTECT THE BENEFITS AND COVERAGE THAT OLDER AMERICANS DEPEND ON

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