Trends in Medicare Advantage Enrollment and Disenrollment Among Persons with Alzheimer's Disease and Related Dementias, 2013-2018

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Overview

In this repeated cross-sectional study including Medicare beneficiaries who have post-acute or acute care utilization, we identified an 8.3 percentage point (33% relative) increase in Medicare Advantage enrollment among persons with ADRD. Despite this growth, beneficiaries with ADRD are less likely to remain enrolled in MA.

Background

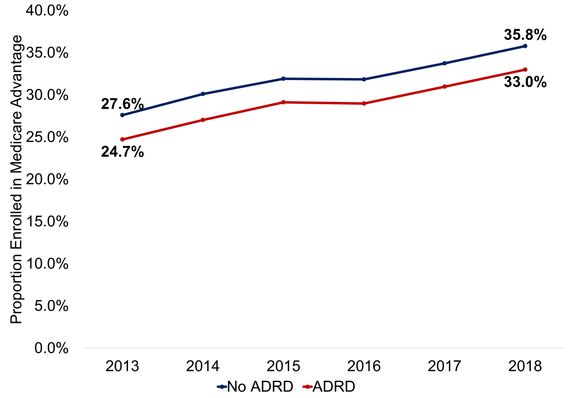
- Persons with Alzheimer's Disease and Related Dementias (ADRD) face greater out-of-pocket costs and have health expenditures that are more three times those of persons without ADRD
- MA may present opportunities to improve efficiency and value of care for persons with ADRD.
- Little is known about the enrollment and disenrollment trends over time for beneficiaries living with ADRD.

Study Design

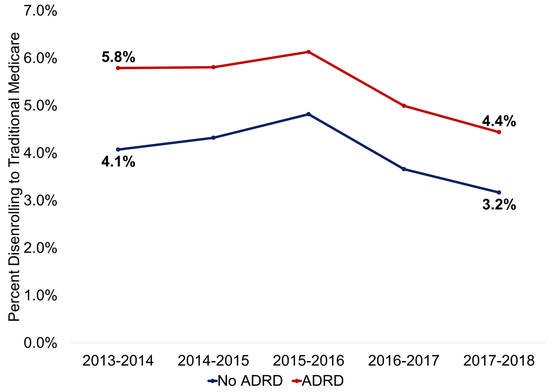
- **Data**:
  - Medicare Beneficiary Summary Files (MBSF)
  - Utilization assessment data sources (inpatient: MedPAR; or post-acute care: MDS, OASIS)
- **Population**:
  - Enrolled in Medicare for 3-years with at least one utilization record from either MedPAR, MDS, or OASIS. CCW definition of ADRD using diagnosis code variables, with a 3-year lookback.
  - Each study year included ~16.5 million Medicare beneficiaries meeting our eligibility criteria; 14.5% with evidence of ADRD.
  - For disenrollment/contract exit outcomes, eligible population is further restricted to those enrolled in MA in the baseline year, are alive in December of the following year, and did not move to a different county.
- **Outcome:** Enrollment in and disenrollment from Medicare Advantage; Secondary outcome: Contract exit (disenroll to TM or change contract)
- **Statistical Analysis**: Multivariate logistic regression and multinomial logistic regression
- **Covariates**: age, sex, dual status, race/ethnicity, additional health status indicators (diabetes, heart failure, COPD, AMI, Schizophrenia and other mental illness), and binary indicators for utilization by source in each year of the study period

Principal Findings

Adjusted MA Enrollment by ADRD Status, 2013-2018

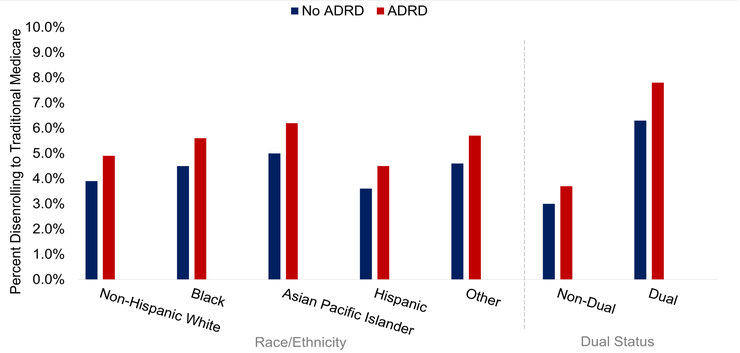


Adjusted MA Disenrollment by ADRD Status, 2013-2018



- **Growth in MA enrollment**: Among beneficiaries with ADRD, unadjusted MA enrollment rates increased from 22.6% in 2013 to 32.1% in 2018. Adjusted enrollment in MA increased by 33.4% (8.3 p.p.) among those with ADRD, and 29.7% (8.2 p.p.) among beneficiaries without ADRD.
- **Higher rates of disenrollment among beneficiaries with ADRD:** Beneficiaries with ADRD were 1.4 times as likely to disenroll from their MA contract to TM (4.4% vs. 3.2% in 2017-18, p<0.0001) in adjusted analyses, with variation observed by race/ethnicity and dual status in stratified analyses.
- **Variation in disenrollment rates stratified by race/ethnicity and dual status:**
  - Disenrollment rates were higher for beneficiaries with ADRD, by about 1 percentage point across all race/ethnicity categories.
  - Beneficiaries who were dually enrolled in Medicaid have disenrollment rates 2.1 times higher than beneficiaries who are not dually enrolled, across beneficiaries with and without ADRD.

Adjusted MA Disenrollment by ADRD Status, Race/Ethnicity, and Dual Status



Conclusion

- Enrollment in MA among beneficiaries with ADRD has increased significantly since 2013, and largely mirrors increasing enrollment trends identified among beneficiaries without ADRD for those with evidence of some acute or post-acute care utilization.
- Across all study years, beneficiaries with ADRD were consistently more likely to disenroll from MA compared to their counterparts without ADRD.
- More research is needed to understand the factors responsible for higher disenrollment rates for people with ADRD and to determine if higher disenrollment rates reflect challenges with access to care or quality for this high-cost, high-need population.

Limitations

- The data sources used in this study are available for beneficiaries enrolled in either MA or TM, but the identification strategy using these data sources requires that beneficiaries have some utilization over a 3-year period. As a result, our study population is likely in poorer health status on average, compared to the broader Medicare population.
- We lack information at the beneficiary level indicating the reason(s) why a beneficiary may choose to leave their MA contract.

Relevance to Policy and Care Delivery

- Enrollment in MA is growing rapidly, with over 50% of Medicare beneficiaries expected to enroll by 2025, yet it remains unclear if MA plans provide high-quality and efficient care for beneficiaries with complex health conditions, including ADRD.
- Higher rates of disenrollment to TM suggest that for some portion of beneficiaries, their MA contract did not meet their needs. Importantly, almost 1 in 5 beneficiaries who were enrolled in MA either disenrolled to TM or enrolled in a different MA contract; this large amount of churn may cause disruptions in care for beneficiaries and their caregivers.

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