

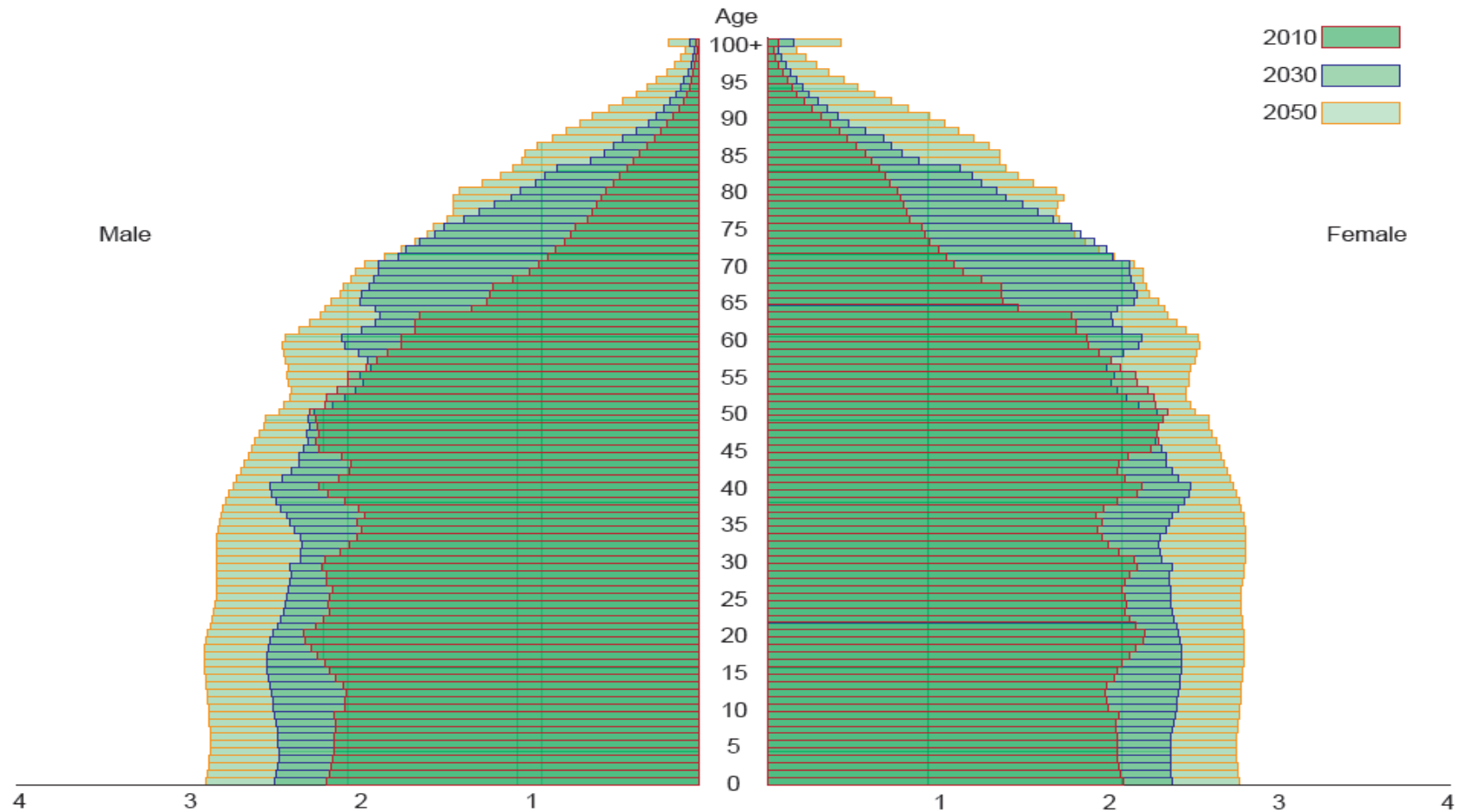
# The 2023 Medicare Marketplace

Presented By:

L. Craig Taylor MA, CLTC, DIA, CLF  
Asst. VP of Med Solutions  
Senior Market Sales, Inc.

# US Population Projections

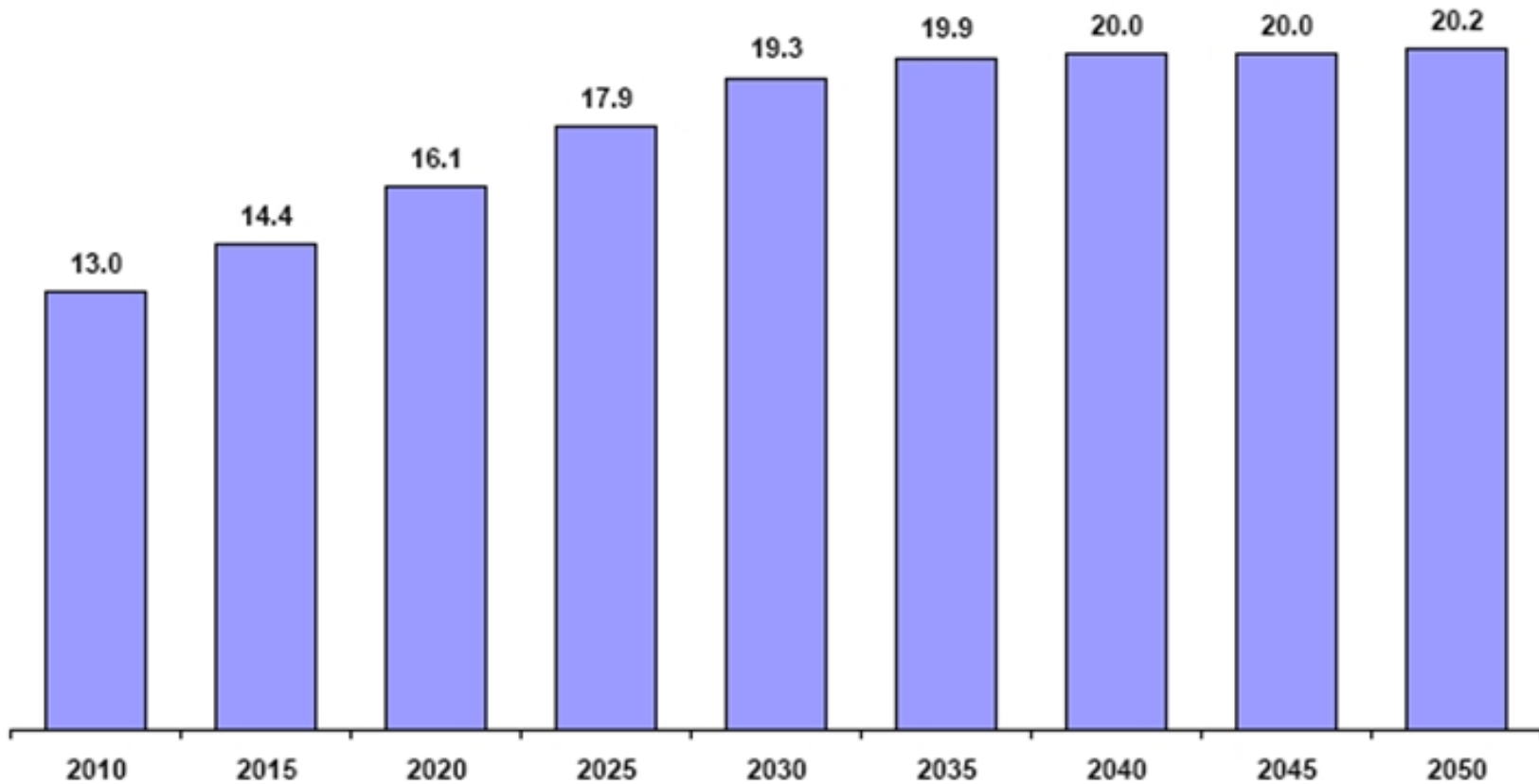
**Figure 6. Age and Sex Structure of the Population for the United States: 2010, 2030, and 2050**  
*2008 National Projections*  
(In millions)



Source: U.S. Census Bureau, 2008.

# US Population Projections

Projected Percent of the U.S. Population Aged 65 and Older: 2010 to 2050



**DID YOU  
KNOW?**

# FIRST BABY BOOMER



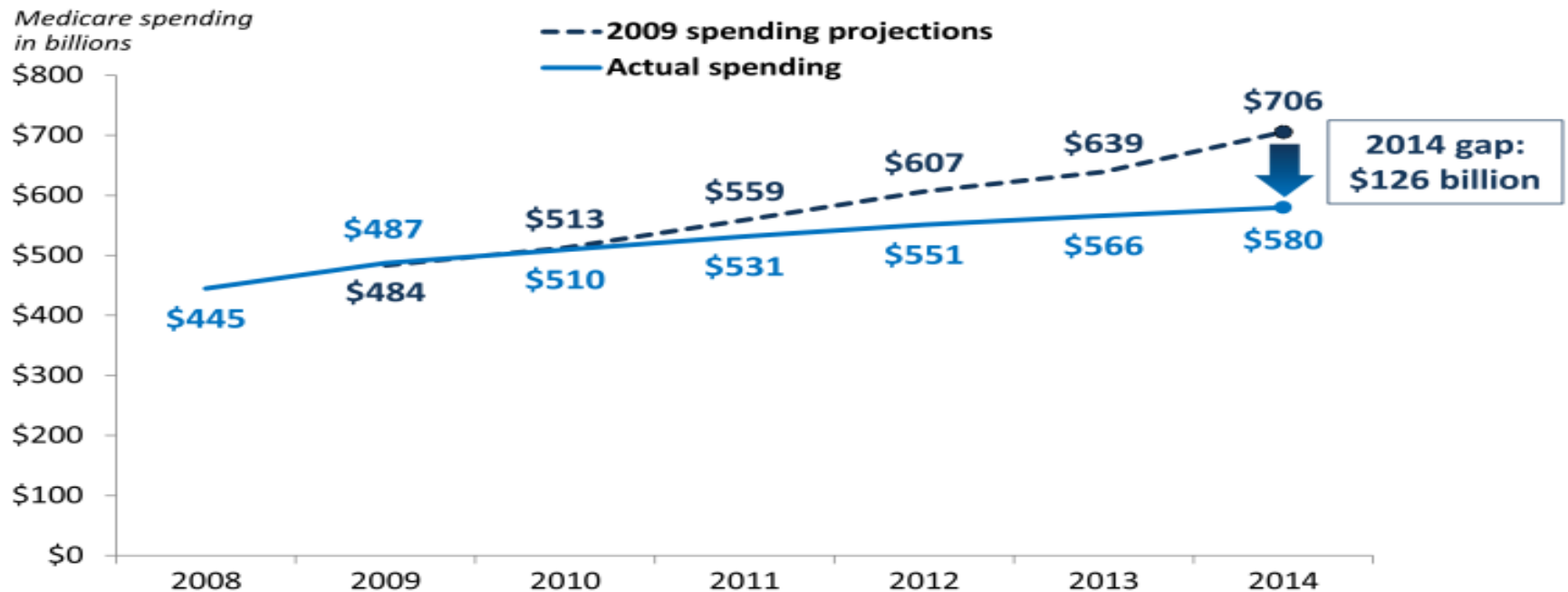
- **Kathleen Casey-Kirschling** was born a second past the stroke of midnight on Jan. 1, 1946 in Philadelphia.
- The timing of her birth was significant because it made Kathy the nation's **first Baby Boomer**.
- Whenever her generation reaches an age-related milestone, Kathy is the first to experience it.

- In **October 2007**, **Kathy** became the **first Baby Boomer to file for Social Security**, applying online for early benefits at age 62.
- In **October 2010**, **Kathy** became the **first Boomer eligible for Medicare**, kicking off a two-decade span in which nearly **80 million Americans** will begin relying primarily on the government to pay for their health coverage.

# Medicare Spending: Projections vs. Reality

Exhibit 2

**The Medicare spending trajectory flattened beginning in 2010; 2014 spending is \$126 billion lower than was projected in 2009**



NOTE: Medicare spending equals payments for benefits, net of recoveries from providers for improper payments, adjusted for shifts in the timing of capitated payments. Years are federal fiscal years, which run from October through September.  
SOURCE: RAND/Kaiser Family Foundation analysis of Congressional Budget Office, baseline projection and actual Medicare benefit payments, various years.



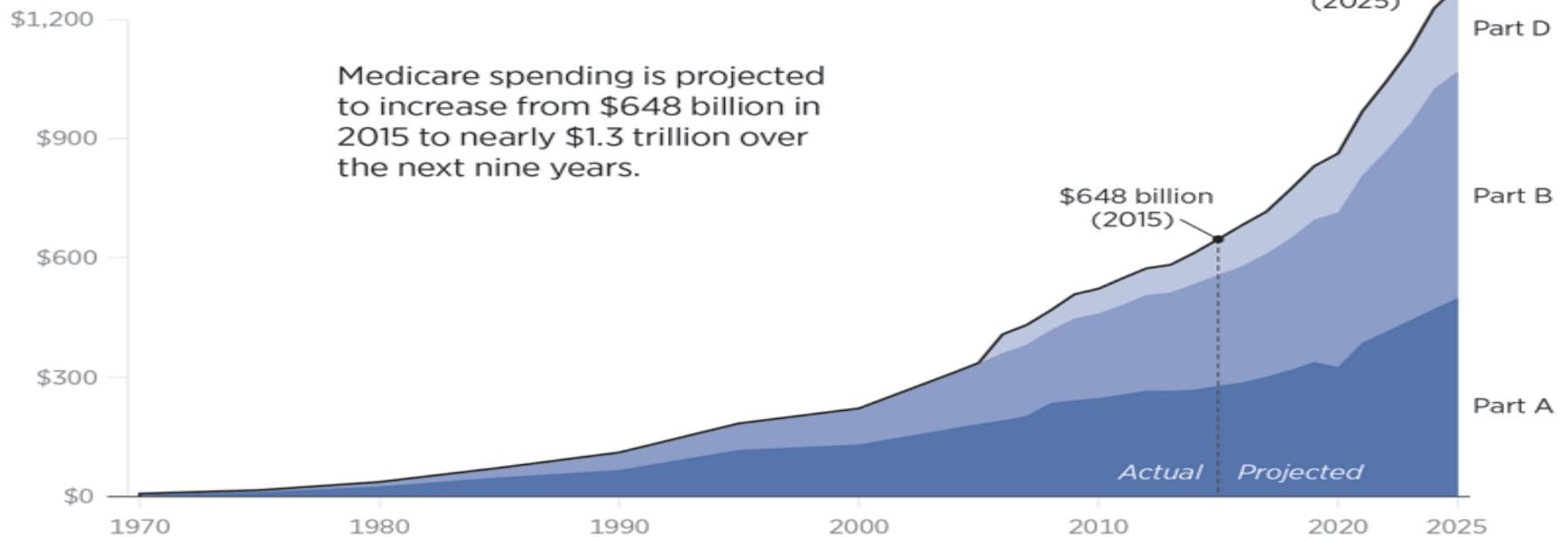
Exhibit 2: The Medicare spending trajectory flattened beginning in 2010; 2014 spending is \$126 billion lower than was projected in 2009

# Medicare Spending: Projections vs. Reality

CHART 3

## Medicare Spending: \$1.3 Trillion in 2025

SPENDING IN BILLIONS OF NOMINAL DOLLARS



**SOURCE:** Centers for Medicare and Medicaid Services, "2016 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds," Table III.B4, p. 56, Table III.C4, p.88, Table III.D3, p. 107, and Table V.B1, p. 180, June 22, 2016, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2016.pdf> (accessed July 20, 2016).

# Building Blocks and Associated Trends



# Part B



## IRMAA Chart in 2017

### Individual Income

\$85,000 or Less

\$85,000 to \$107,000

\$107,000 to \$160,000

\$160,000 to \$214,000

\$214,000 +

### You Pay

**\$109.00 OR \$134.00**

\$187.50

\$267.90

\$348.30

\$428.60

\* Who paid \$109.00 in 2017?

Beneficiaries who:

- Are enrolled in Medicare Part B but are not collecting Social Security benefits in 2016
- Enroll in Part B for the first time in 2017.

# Part B



Medicare Part B & Part D IRMAA				
2020 Individual tax return	2020 Joint tax return	2020 Married and separate tax return	2022 Part B premium	2022 Part D premium
\$91,000 or less	\$182,000 or less	\$91,000 or less	<b>\$170.10</b>	Your plan premium
More than \$91,000 and up to \$114,000	More than \$182,000 and up to \$228,000	N/A	<b>\$238.10</b>	Your plan premium + \$12.40
More than \$114,000 up to \$142,000	More than \$228,000 up to \$284,000	N/A	<b>\$340.20</b>	Your plan premium + \$32.10
More than \$142,000 up to \$170,000	More than \$284,000 up to \$340,000	N/A	<b>\$442.30</b>	Your plan premium + \$51.70
More than \$170,000 up to \$500,000	More than \$340,000 up to \$750,000	More than \$91,000 up to \$409,000	<b>\$544.30</b>	Your plan premium + \$71.30
More than \$500,000	More than \$750,000	More than \$409,000	<b>\$578.30</b>	Your plan premium + \$77.90

# Hold Harmless Rule

As the Social Security Administration announced, there was no Social Security cost of living increase for 2017.

As a result, by law, most people with Medicare Part B will be “held harmless” from any increase in premiums in 2017 and will pay the same monthly premium as last year, which is \$109.00

Medicare Part B beneficiaries not subject to the “hold-harmless” provision are those (the ones who pay 134.00 in this example)

- 1) *Not collecting Social Security benefits,*
- 2) *Those who will enroll in Part B for the first time in 2017,*
- 3) *Dual eligible beneficiaries who have their premiums paid by Medicaid,*
- 4) *Beneficiaries who pay an additional income-related premium.*

These groups account for about 30 percent of the 52 million Americans expected to be enrolled in Medicare Part B in 2017.

# Is there a Hold Harmless Adjustment in 2022?

- The Medicare hold harmless provision ensures that Medicare B premiums cannot rise more than the previous year's cost of living increase in Social Security benefits
- Social Security benefits and Supplemental Security Income (SSI) payments will increase by 8.7% in 2023. This is the annual cost-of-living adjustment (COLA) required by law. The increase will begin with benefits that Social Security beneficiaries receive in January 2023.
- Dec 29, 2022

# The Hoop Exercise





- **Home Health Services**

- Limited to medically-necessary and must be homebound to receive skilled nursing care, physical and occupational therapy as well as speech-language pathology. It includes Durable Medical Equipment and intermittent home health aide services. *You must be homebound.*

- **Hospice**

- Drugs for pain, medical, nursing, social services, as well as grief counseling and respite care.

- **Skilled Nursing Facility Care**

- After 3-day minimum inpatient hospital stay for related illness or injury. It must be skilled care and condition must continue to improve.

NAHU and recent legislative efforts to change this (next slide)

# Skilled Nursing Facility Care

- Rep. Jim Renacci (OH) introduced a bill to amend title XVIII of the Social Security Act to eliminate the 3-day prior hospitalization requirement for Medicare coverage of skilled nursing facility services in qualified skilled nursing facilities, and for other purposes..
- H.R. 290 **Creating Access to Rehabilitation for Every Senior (CARES) Act.**
- The CARES Act will enhance access to quality care for our nation's seniors by protecting the doctor-patient relationship and removing barriers to their health care." **Seniors many times are unaware of their inpatient or outpatient status while in the hospital and, as a result, are often left on the hook for thousands of dollars in medical bills after their SNF stay.**
- Eliminating the three-day stay requirement is not only supported by seniors, it is also supported by medical professionals throughout the country

# C.A.R.E.S. Act Status update

## H.R.1215 - Protecting Access to Care Act of 2017

115th Congress (2017-2018) | [Get alerts](#)

**BILL** [Hide Overview](#) ✕

**Sponsor:** [Rep. King, Steve \[R-IA-4\]](#) (Introduced 02/24/2017)

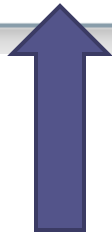
**Committees:** House - Judiciary; Energy and Commerce | Senate - Judiciary

**Committee Reports:** [H. Rept. 115-55](#)

**Latest Action:** Senate - 06/29/2017 Received in the Senate and Read twice and referred to the Committee on the Judiciary. ([All Actions](#))

**Roll Call Votes:** There have been [4 roll call votes](#)

### Tracker:



No movement since June 2017 – up to date as of June 2021

<https://www.congress.gov/bill/115th-congress/house-bill/1215>

# OBSERVATION STATUS

- Bipartisan Bill H.R. 3650
- Relief for those not hitting two midnight rule on Skilled Nursing/Rehabilitation

**H.R.3650** - To amend title XVIII of the Social Security Act to count a period of receipt of outpatient observation services in a hospital toward satisfying the 3-day inpatient hospital stay requirement for coverage of skilled nursing facility services under Medicare, and for other purposes.

117th Congress (2021-2022) | [Get alerts](#)

## H.R.3650 - Improving Access to Medicare Coverage Act of 2021

117th Congress (2021-2022)

**BILL** [Hide Overview](#) ✕

**Sponsor:** [Rep. Courtney, Joe \[D-CT-2\]](#) (Introduced 06/01/2021)

**Committees:** House - Ways and Means; Energy and Commerce


**Latest Action:** House - 06/01/2021 Referred to the Subcommittee on Health. ([All Actions](#))

**Tracker:** ⓘ **Introduced**

# H.R.3650 - Improving Access to Medicare Coverage Act of 2021

117th Congress (2021-2022)

**BILL** Hide Overview ✕

**Sponsor:** [Rep. Courtney, Joe \[D-CT-2\]](#) (Introduced 06/01/2021)  
**Committees:** House - Ways and Means; Energy and Commerce  
**Latest Action:** House - 06/01/2021 Referred to the Subcommittee on Health. ([All Actions](#))  
**Tracker:**  **Introduced**


## All Actions: H.R.3650 — 117th Congress (2021-2022)

[All Information](#) (Except Text)

[Bill History – Congressional Record References](#)

Hide Filters 

5 results for All Actions | [Compact View](#)

Sort by **Newest to Oldest** 

Actions Overview [1]

All Actions Except Amendments [5]

All Actions [5]

**Action By** 

[Check all](#)

House [5]

**House Committees** 

[Check all](#)

Energy and Commerce [1]

Ways and Means [1]

Date	All Actions
06/01/2021	Referred to the Subcommittee on Health. Action By: Committee on Ways and Means
06/01/2021	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Action By: House of Representatives
06/01/2021	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned. Action By: House of Representatives
06/01/2021	Referred to the Subcommittee on Health. Action By: Committee on Energy and Commerce
06/01/2021	Introduced in House Action By: House of Representatives

# 21<sup>st</sup> Century Cures Act

- Amended the Social Security Act to allow all Medicare-eligible individuals with ESRD to enroll in MA plans beginning January 1, 2021.
- *Medicare Advantage plans will continue not using the two-midnight rule with respect to inpatient services. This keeps providers in a poor position and places upon them a large burden in respect to patient status designation. While it is improper for providers to make medical decisions or render services to similarly situated beneficiaries based on financial or insurance consequences, there is the question of how CMS expects providers to comply with the objective time-based two-midnight rule under Original Medicare and the subjective Medicare Advantage plans' "reasonable and medically necessary" standard.*
- *This is an issue that has been ongoing since the implementation of the two-midnight rule and is something that CMS should address.*

<https://www.cms.gov/newsroom/fact-sheets/2021-medicare-advantage-and-part-d-advance-notice-part-ii-fact-sheet-o>

<https://acdis.org/articles/news-2021-opps-proposed-rule-eliminates-inpatient-only-list>

# New in 2021 MA ESRD Coverage Requirements

- Overall, more than 500,000 Medicare beneficiaries have End-Stage Renal Disease (ESRD)
- Most Medicare beneficiaries with ESRD currently are required to receive coverage through Traditional Fee-for Service (FFS) Medicare.
- Medicare spends considerably more on beneficiaries with ESRD compared to other enrollees.

## Medicare Advantage Plans Proliferation in 2022, Increasing Competition

- Since 2006, the role of Medicare Advantage, the private plan alternative to traditional Medicare, has steadily grown.
- In 2022, more than 28 million people are enrolled in a Medicare Advantage plan, accounting for nearly half or 48 percent of the eligible Medicare population, and \$427 billion (or 55%) of total federal Medicare spending (net of premiums).
- The average Medicare beneficiary in 2022 has access to 39 Medicare Advantage plans, the largest number of options available in more than a decade.

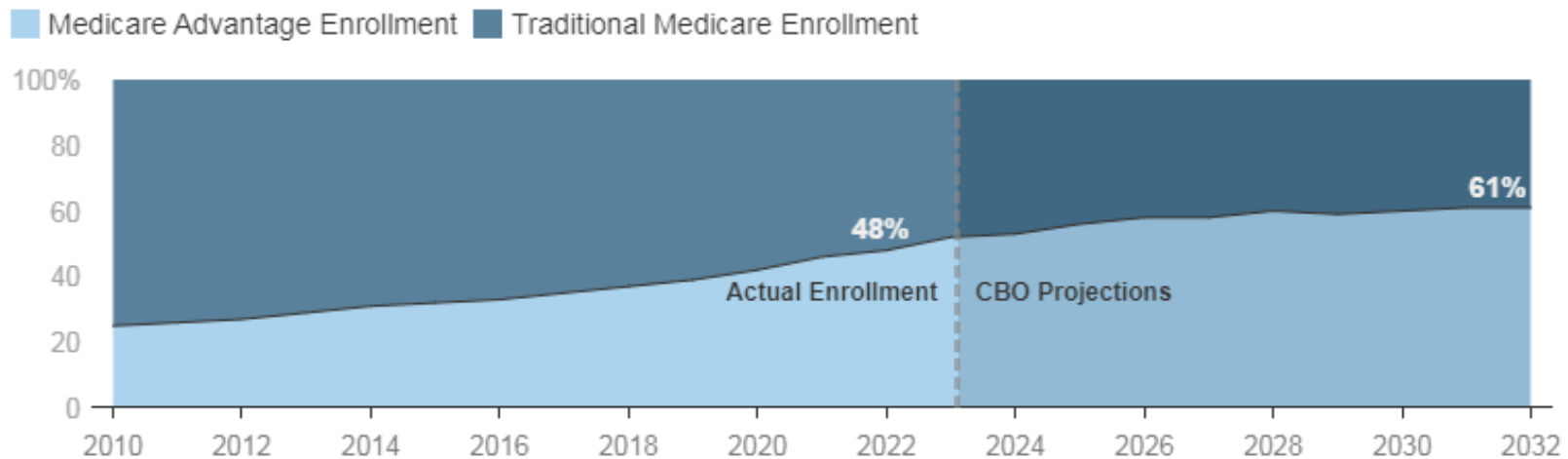
## Medicare Advantage Plans Proliferation in 2022, Increasing Competition

- In 2022, nearly half of (48%) eligible Medicare beneficiaries – 28.4 million people out of 58.6 million Medicare beneficiaries overall – are enrolled in Medicare Advantage plans.
- Medicare Advantage enrollment as a share of the eligible Medicare population has more than doubled from 2007 to 2022 (19% to 48%). KFF now calculates the share of eligible Medicare beneficiaries enrolled in Medicare Advantage, meaning they must have both Part A and B coverage. This affects both 2022 data as well as trends over time.
- The share would be somewhat smaller if based on the total Medicare population that includes 5.7 million beneficiaries with Part A only or Part B only who are not generally eligible to enroll in a Medicare Advantage plan. See methods for more details.
- Between 2021 and 2022, total Medicare Advantage enrollment grew by about 2.2 million beneficiaries, or 8 percent – a slightly slower growth rate than the prior year (10%). The Congressional Budget Office (CBO) projects that the share of all Medicare beneficiaries enrolled in Medicare Advantage plans will rise to 61 percent by 2032

# Medicare Advantage and Traditional Medicare Enrollment, Past and Projected

Figure 2

## Medicare Advantage and Traditional Medicare Enrollment, Past and Projected



NOTE: Medicare enrollment is based on individuals who are enrolled in Part B, according to the CBO baseline. This is designed to include only individuals who are eligible for Medicare Advantage and exclude those who only have Part A only (~5 million people in 2023) and cannot enroll in Medicare Advantage. However, it may include some individuals who have Part B only and also are not eligible for Medicare Advantage.

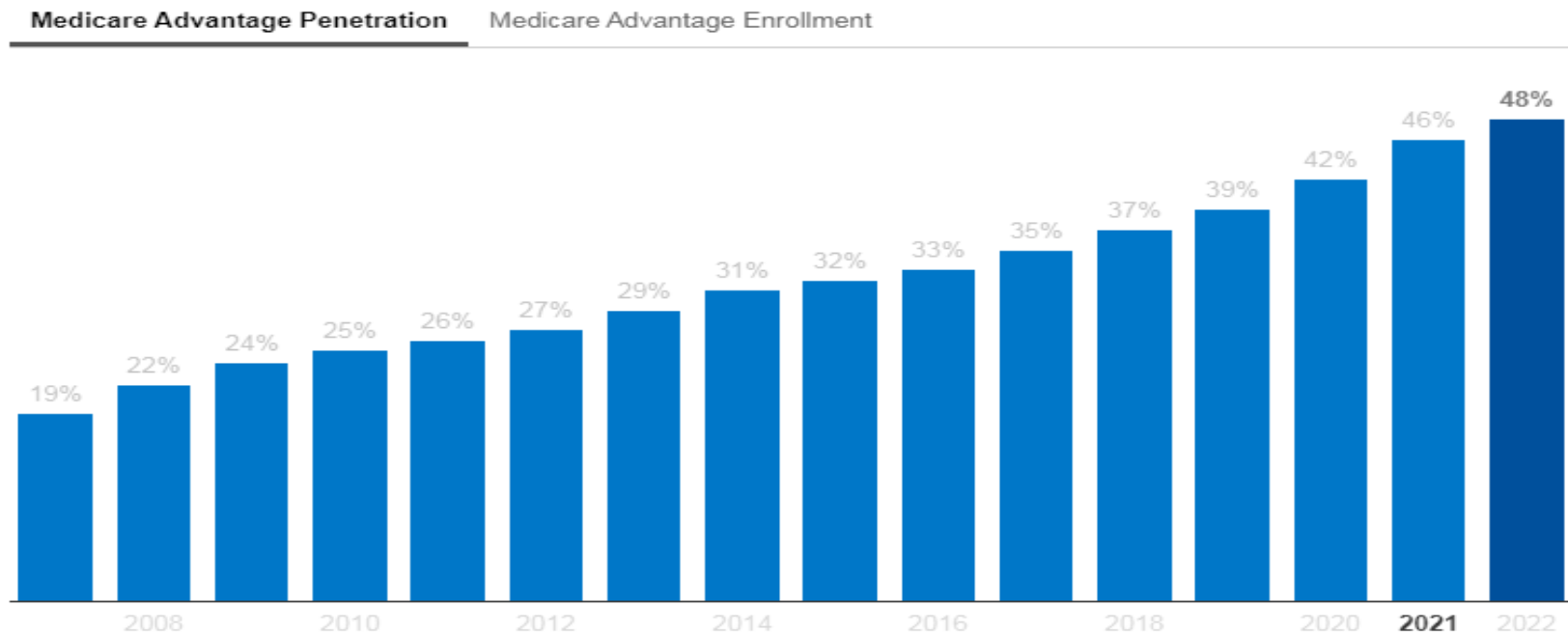
SOURCE: KFF analysis Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018; and Medicare Enrollment Dashboard 2019-2022. Enrollment numbers from March of the respective year. Projections for 2023 to 2030 are from the May Congressional Budget Office (CBO) Medicare Baseline for 2022. • [PNG](#)



# The share of eligible Medicare beneficiaries enrolled in Medicare Advantage has more than doubled since 2007

Figure 1

## Total Medicare Advantage Enrollment, 2007-2022



NOTE: Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 58.6 million people are enrolled in Medicare Parts A and B in 2022.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2017; CCW data from 20 percent of beneficiaries, 2018-2020; and Medicare Enrollment Dashboard 2021-2022. • [PNG](#)



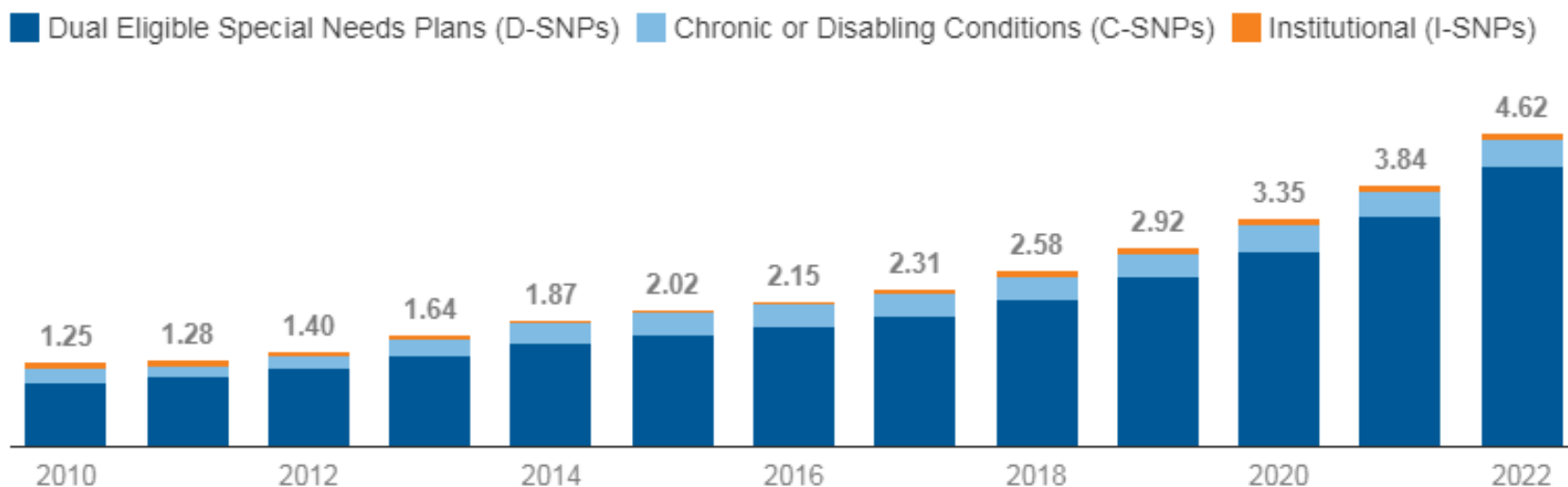
# D-SNP Expansion

More than 4.6 million Medicare beneficiaries are enrolled in Special Needs Plans in 2022

Figure 5

## Number of Beneficiaries in Special Needs Plans, 2010-2022

*In millions*



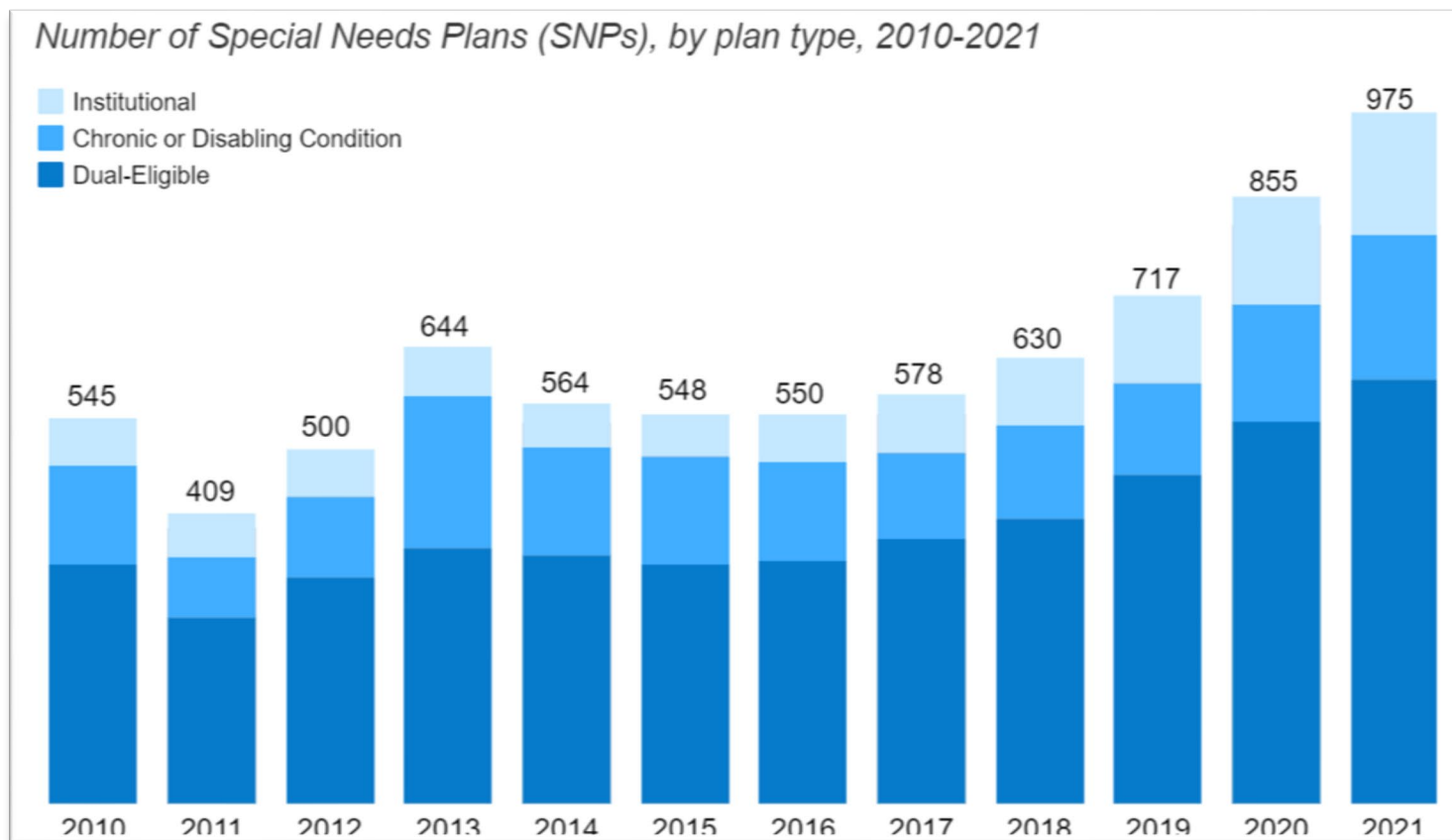
NOTE: Numbers may not sum to the total due to rounding.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2022. • [PNG](#)



# D-SNP Expansion

Enrollment in SNPs increased from 3.8 million beneficiaries in 2021 to 4.6 million beneficiaries in 2022 (20% increase), and accounts for about 16% of total Medicare Advantage enrollment in 2022, up from 11% in 2011, with some variation across states.

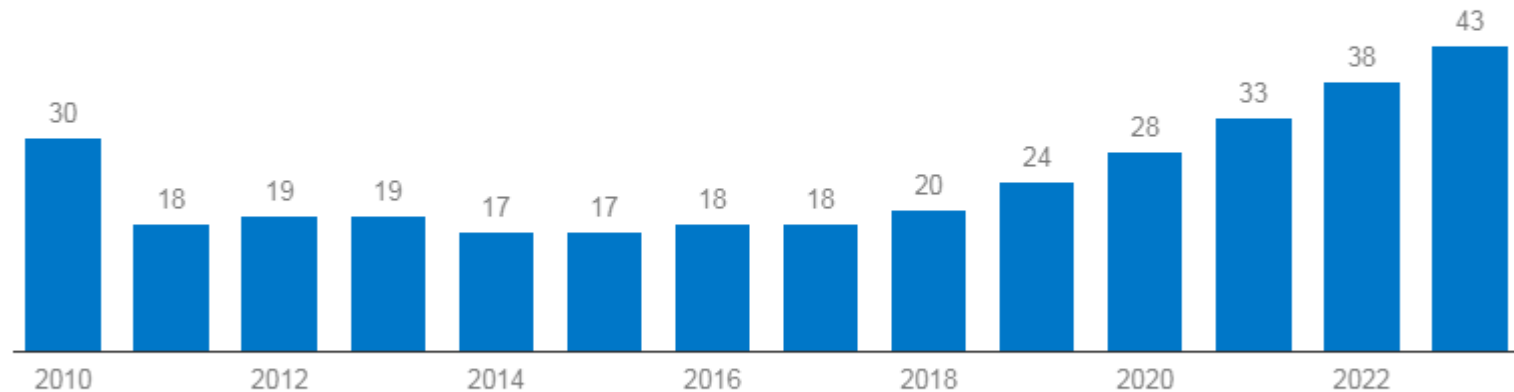


# Medicare Advantage Plans Proliferation in 2022, Increasing Competition

Figure 1

The average Medicare beneficiary can choose from 43 Medicare Advantage plans in 2023, an increase from prior years

*Average Number of Medicare Advantage Plans Available to Beneficiaries, 2010-2023*



NOTE: Excludes SNPs, EGHPs, HCPPs, PACE plans, cost plans, and MMPs.

SOURCE: KFF analysis of CMS Landscape files for 2010-2023. • PNG

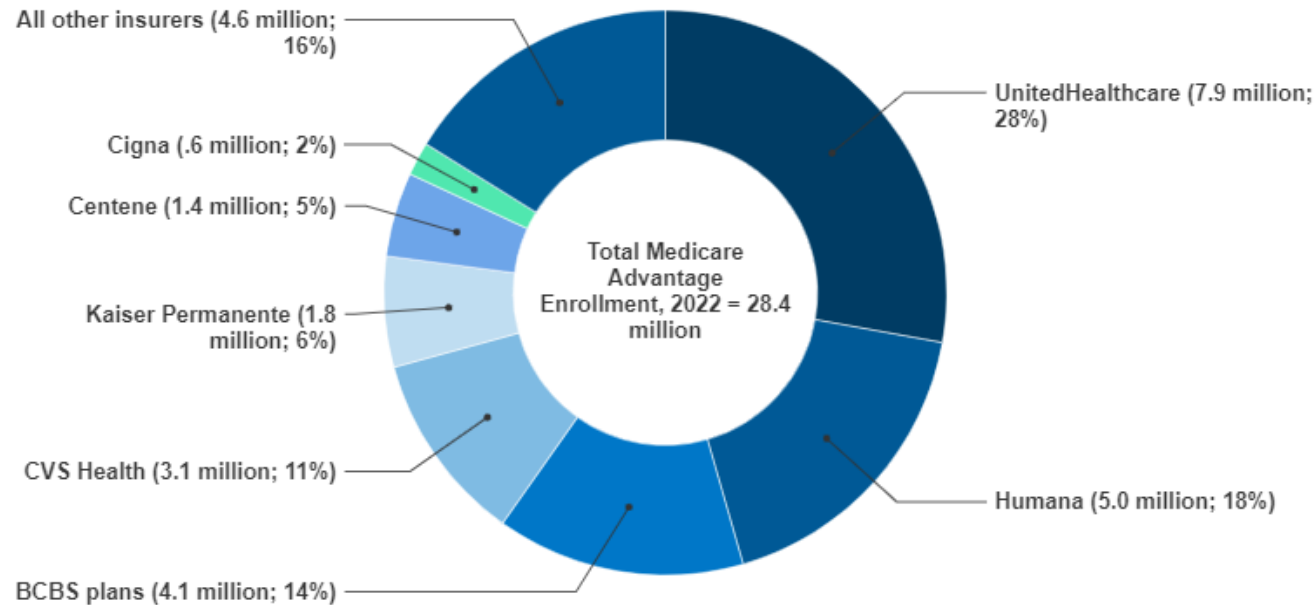
**KFF**

# Medicare Advantage Plans Proliferation in 2022, Increasing Competition

## UnitedHealthcare and Humana account for nearly half of all Medicare Advantage enrollees nationwide in 2022

Figure 8

### Medicare Advantage Enrollment by Firm or Affiliate, 2022



NOTE: All other insurers includes firms with less than 2% of total enrollment. BCBS are BlueCross and BlueShield affiliates and includes Anthem BCBS plans. Anthem non-BCBS plans are about 2% of total enrollment.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2022. • PNG



# Medicare Advantage Plans Proliferation in 2022, Increasing Competition

Figure 10

## Medicare Advantage Enrollment by Firm or Affiliate, 2021-2022

Year	March 2021 Enrollment	March 2022 Enrollment	Change in Number of Enrollees from 2021 to 2022
UnitedHealthcare	7.16M	7.9M	749K
Centene	1.07M	1.37M	306K
BCBS plans	3.76M	4.06M	293K
CVS Health	2.82M	3.11M	282K
All other insurers	4.32M	4.59M	270K
Humana	4.78M	5.03M	250K
Kaiser Permanente	1.73M	1.8M	62K
Cigna	561.9K	550.14K	-12K

NOTE: All other insurers includes firms with less than 2% of total enrollment. BCBS are BlueCross and BlueShield affiliates and includes Anthem BCBS plans. Anthem non-BCBS plans are about 2% of total enrollment.

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2021-2022. • PNG



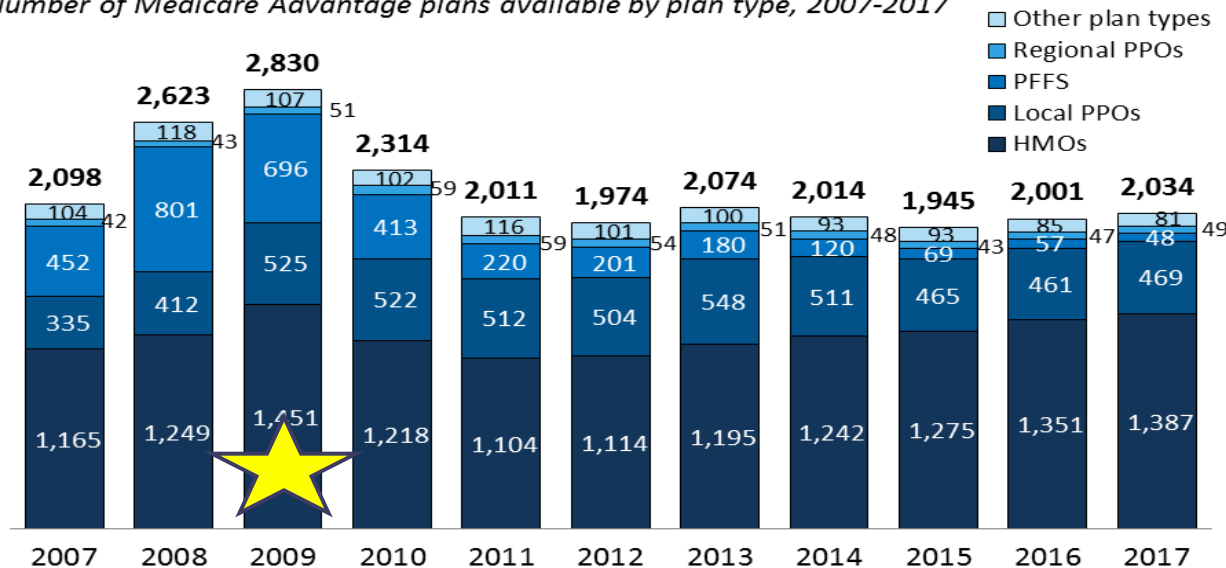
# Medicare Advantage (MA)

**2,034** plans were available nationwide in 2017  
**2,700** were available in 2019

Figure 1

**Since 2011, the total number of Medicare Advantage plans available has been relatively stable**

*Number of Medicare Advantage plans available by plan type, 2007-2017*



2,700 in 2019

**NOTE:** Excludes SNPs, employer-sponsored (i.e., group) plans, demonstrations, HCPPs, PACE plans, and plans for special populations. Other category includes cost plans and Medicare MSAs.

**SOURCE:** Authors' analysis of CMS's Landscape Files for 2007 – 2017.

# Medicare Advantage (MA)

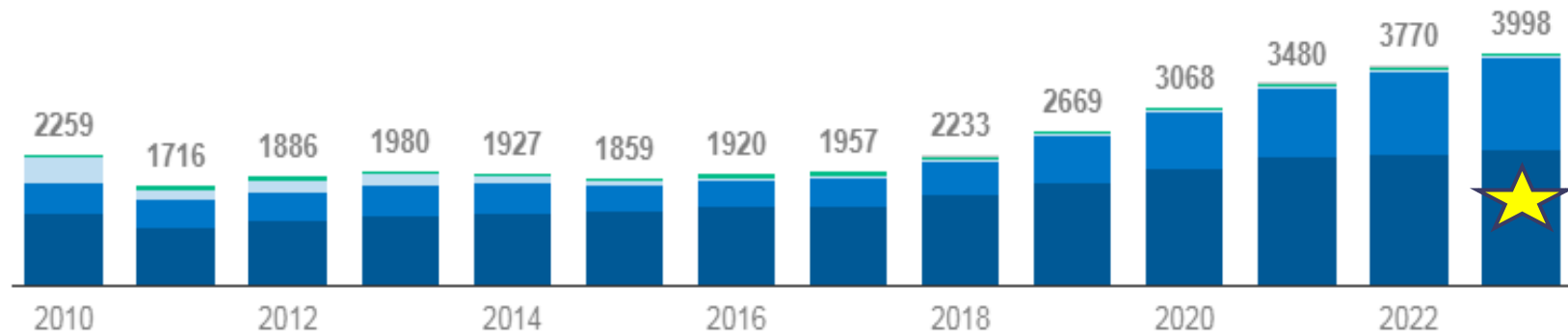
3,998 are available in 2023 –  
That's more MA plans than in ANY other Year!

Figure 2

More Medicare Advantage plans are available in 2023 than in any other year going back to 2010

*Number of Medicare Advantage plans generally available by plan type, 2010-2023*

■ HMO ■ Local PPO ■ PFFS ■ Regional PPO ■ MSAs





# Medicare Advantage (MA)

In total, 3,998 Medicare Advantage plans are available nationwide for individual enrollment in 2023 – a 6 percent increase in the number of plans (228 more plans) offered in 2022 and the largest number of plans available over the period examined, which goes back to 2010 (Figure 2; Appendix Table 1).

The vast majority (89 percent) of all Medicare Advantage plans offered include prescription drug coverage in 2023.



# Carrier Adoption of the HRA



The HRA is really an essential first step in getting health costs under control, It gives you information about the kinds of services or support different beneficiaries need, so you can avoid bigger problems down the line.

Half the battle is diagnosing diseases and matching patients with programs that can help them. For example, a great diabetes management program doesn't do you any good if your diabetic beneficiaries aren't in it."

- A health risk assessment (is used to collect health information, typically coupled with a process that includes testing to assess an individual's health status, risks, and habits.
- Alone, an HRA can do little to improve health or cut costs. But, as part of a broader program to engage beneficiaries in their health,, lifestyle choices, and promote prevention, HRAs can be enormously effective.

# What Changes Have We Already Seen?

- Major focus on Plans G and N
- Continued focus on Underwritten business being the Battleground for the lowest Rates
  - Fast Start Promotions and Cash for apps promotions are much more heavily weighed to reward UW business rather than OE or GI
- Shift in Rate structures
  - No more shooting for #1 lowest rate in the quoting tools, now its be just a little lower than the **“lowest named”** competitor.
- Plan Innovations – next slide

# Innovative Plan F - Plan F Extra - Innovative F HDG, HDF, Innovative G etc....

- The Medicare Supplement Innovative Plan F does not change the standardization of the Plan F, but simply offers - Additional benefits and services AKA “Value Adds”
- It covers all the benefits offered by traditional Plan F but also includes Vision and Hearing benefits, Gym memberships, discounts and more.
- An example of what I think is one of the most noteworthy addition to Innovative F is a \$750 hearing aid benefit. Lets look on the next slide.

# Everything including the Kitchen Sink...

Medicare Supplement Innovative Plan F benefits can include, but not limited to:

- 24 hour Nurse Hotline
- Annual Physical Exam
- Dental Care
- Vision Care
- Annual Hearing Exam
- Drug Discount Card
- Gym Memberships
- Chiropractor discounts
- Acupuncture Discounts



# Actual Innovative Plan F available now.

## **Vision Details**

Here is what is covered:

- Routine Eye Exam (with dilation as needed) once every 12 months. You pay \$25 for this benefit.
- \$100 Eyeglass Frames Allowance toward new frames once every 24 months. You pay any cost over \$100.
- Lenses: (once every 12 months). You pay a \$25 copay.
- \$100 allowance for Contact Lenses (in place of eyeglass lenses) once every 12 months. You pay all costs over \$100.

## **Innovative F Hearing Details**

- This coverage provides an annual hearing exam and hearing aid(s).
- •Hearing Exam – Coverage for one routine hearing exam every 12 months.
- •\$750 allowance towards Hearing Aids – Includes fitting evaluation for a hearing aid(s).

## **Innovative F Other benefits**

- Silver Sneakers Gym Program
- Welcome to Medicare Discount (New to Medicare get \$20 off each month for first year)
- 24 Hour Nurseline
- Rate Locks
- Household discount for spouse/partner
- Autopay discount
- Optional Dental

# Distribution Changes



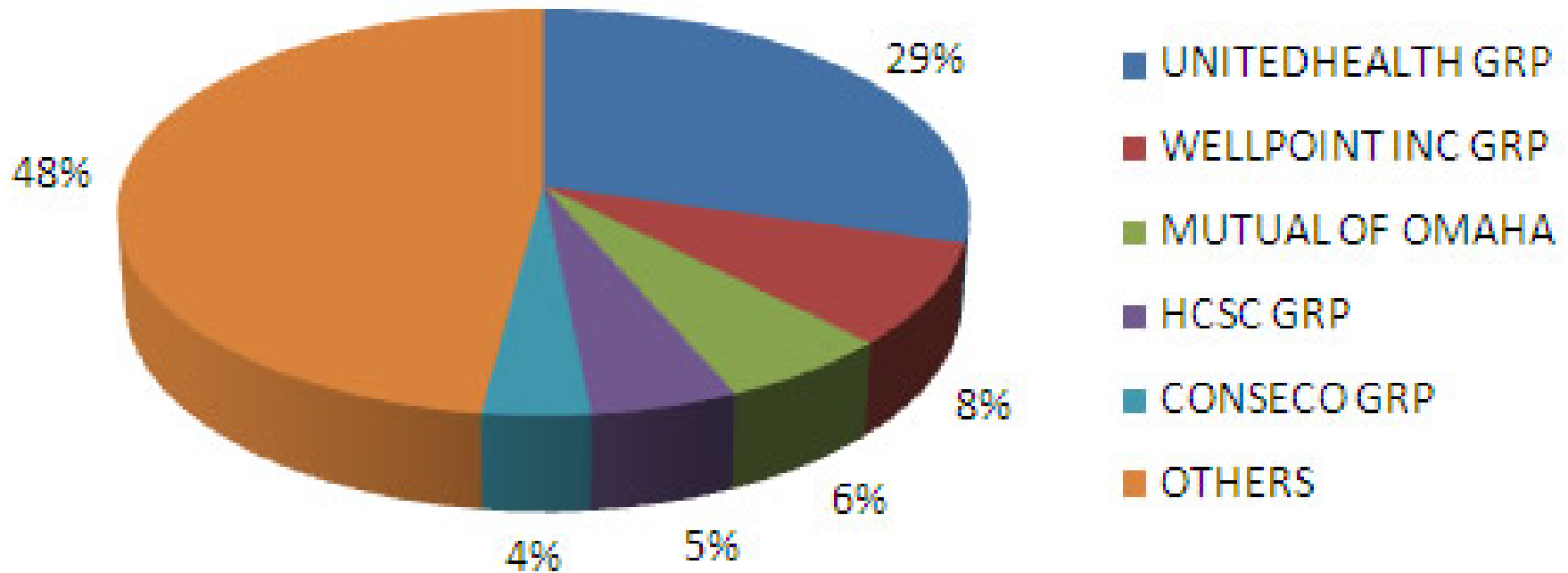
# Medicare Distributions are Changing

- Venture Capitalists purchasing smaller FMO's
- Large and Small call centers entered the market
- E-app and Consumer-facing enrollment usage is growing significantly
- Amazon getting into the Pharmacy business?
- Drones ??? Seriously ???



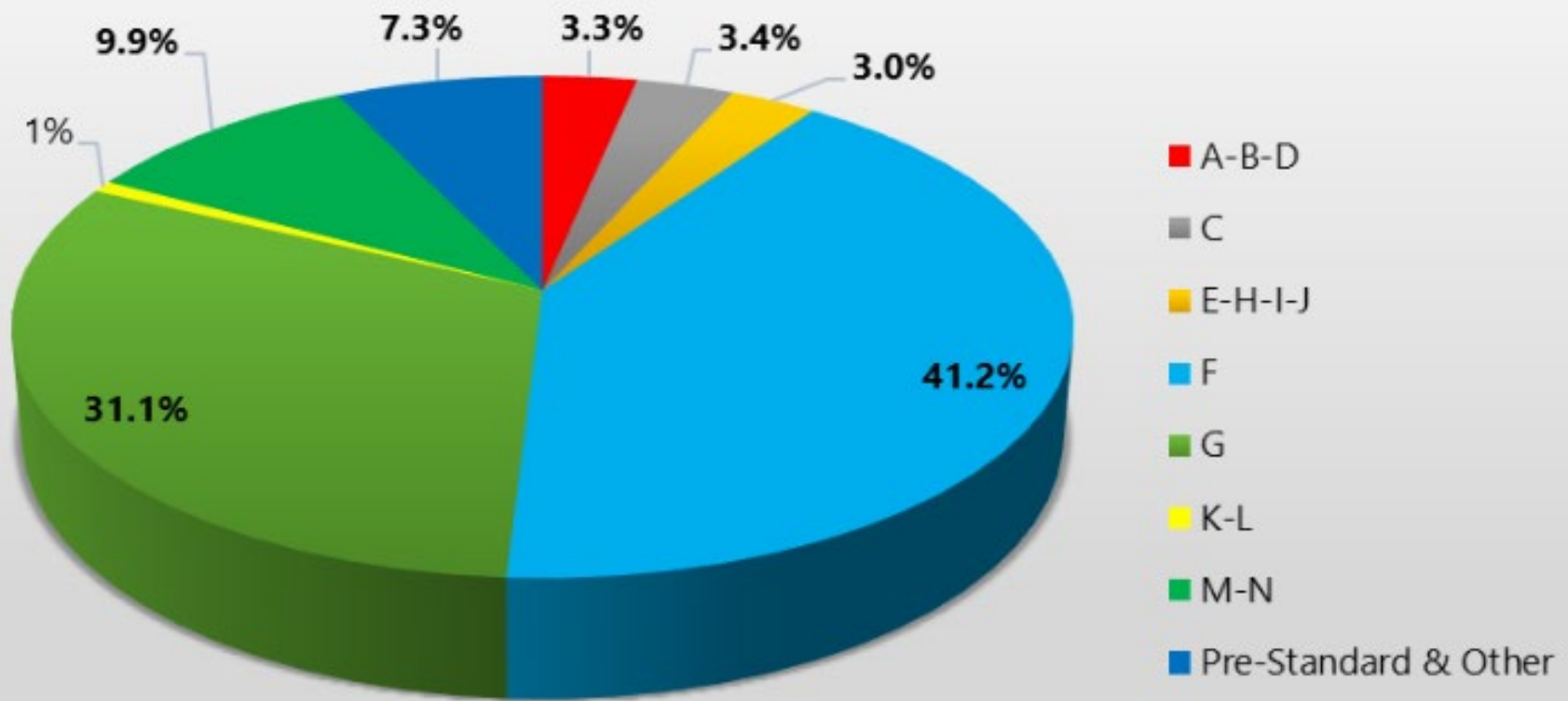
# Med Supp Expansion through 2008

## Medigap Market Share 2008 - 2009



# Med Supp Expansion through 2021

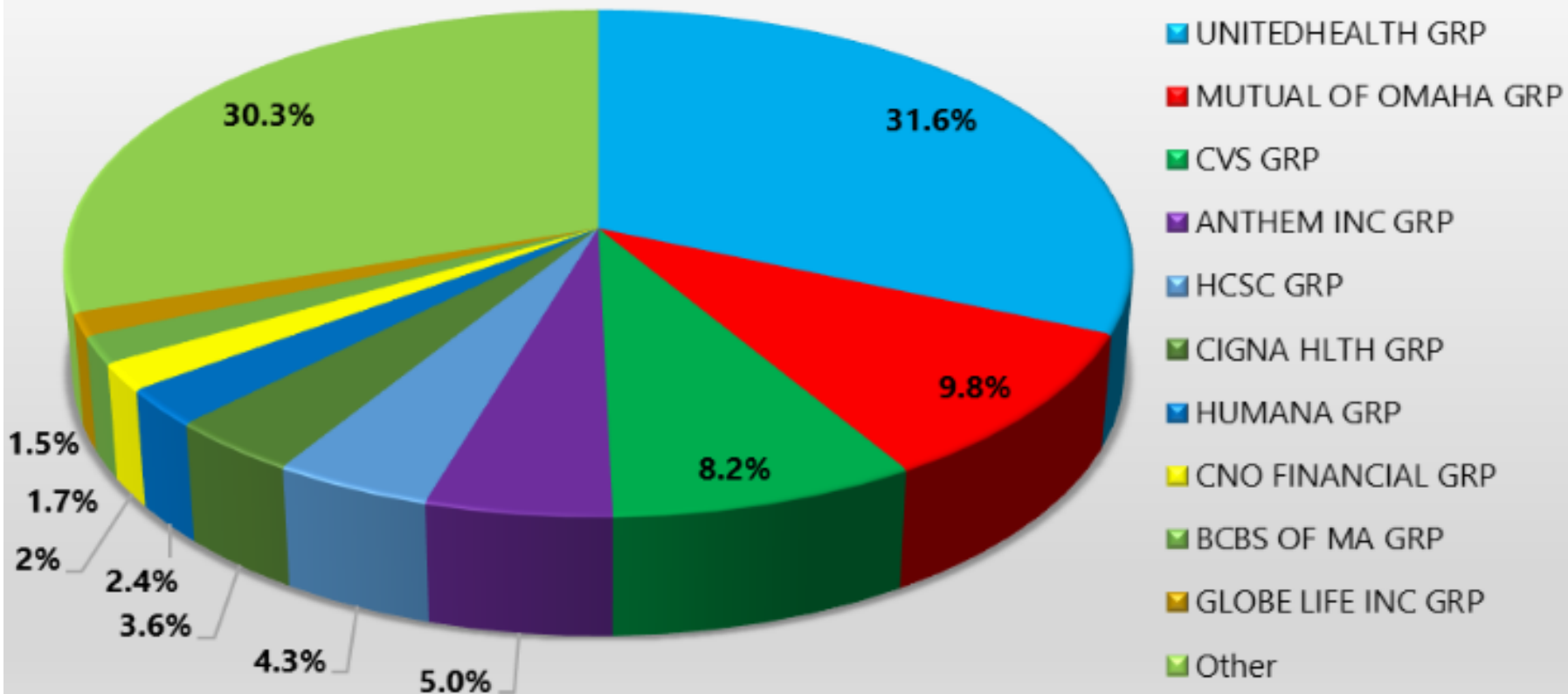
## Med Supp Market Share 2021 by Plan Type





# Med Supp Expansion through 2021

## Med Supp Market Share 2021 by Carrier





# Med Supp Expansion through 2021

182 distinct Med Supp carriers filed annual data with the NAIC as of December 31, 2021.

Among standardized Plans A-N, Plan F covers the annual Medicare Part B deductible and offers the most comprehensive benefits.

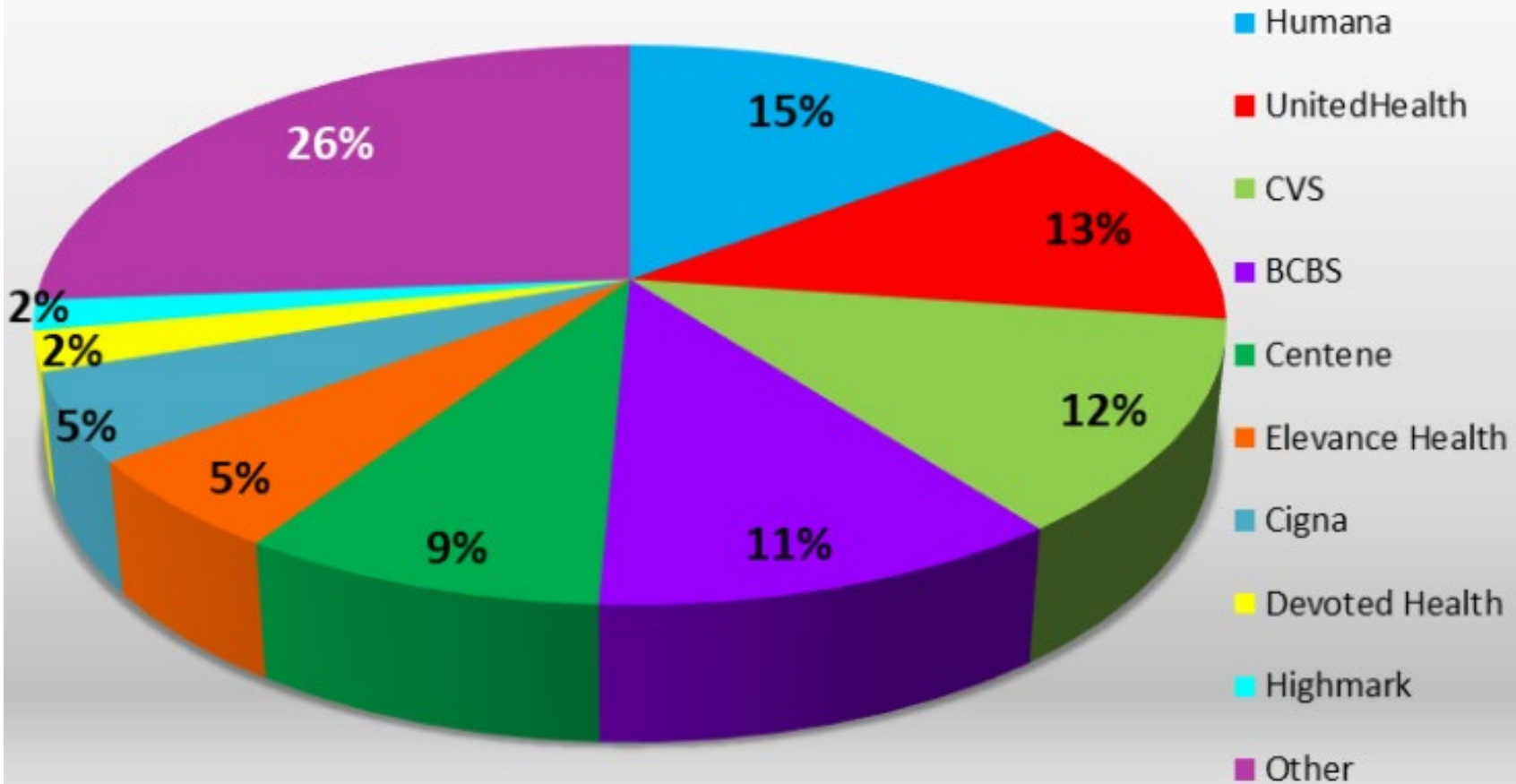
Plan F enrolled approximately 5.7 million Med Supp members and accounted for 41% of the market in 2021; dropping from 6.2 million in 2020.

On January 1, 2020, Plan F (and Plan C) ceased to be an option for newly eligible Medicare enrollees.

Plan G provides a high-deductible option for new beneficiaries and continued to experience year-over-year increases, enrolling 4.3 million members in 2021, from 3.7 million members in 2020.

# MA Expansion through 2023

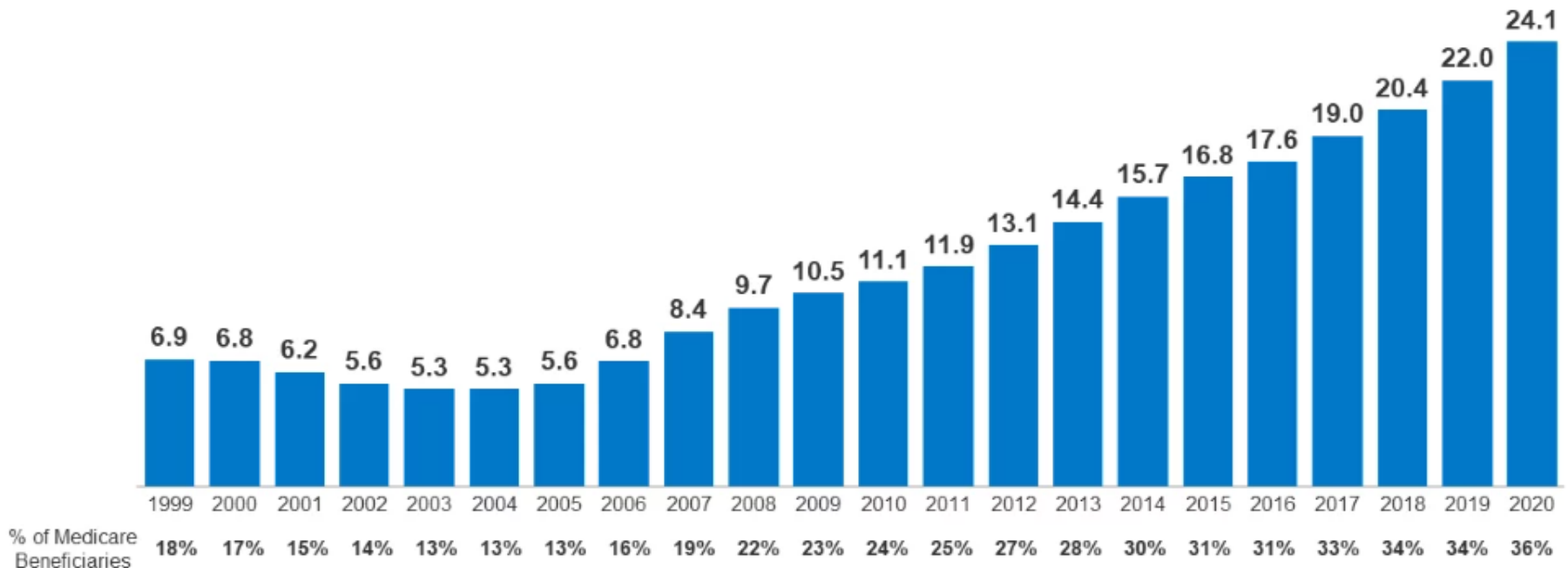
## 2023 MA Competition Number of Plans



# MA Trend

Figure 1

## Total Medicare Advantage Enrollment, 1999-2020 (in millions)



NOTE: Includes cost plans as well as Medicare Advantage plans. About 68 million people are enrolled in Medicare in 2020.

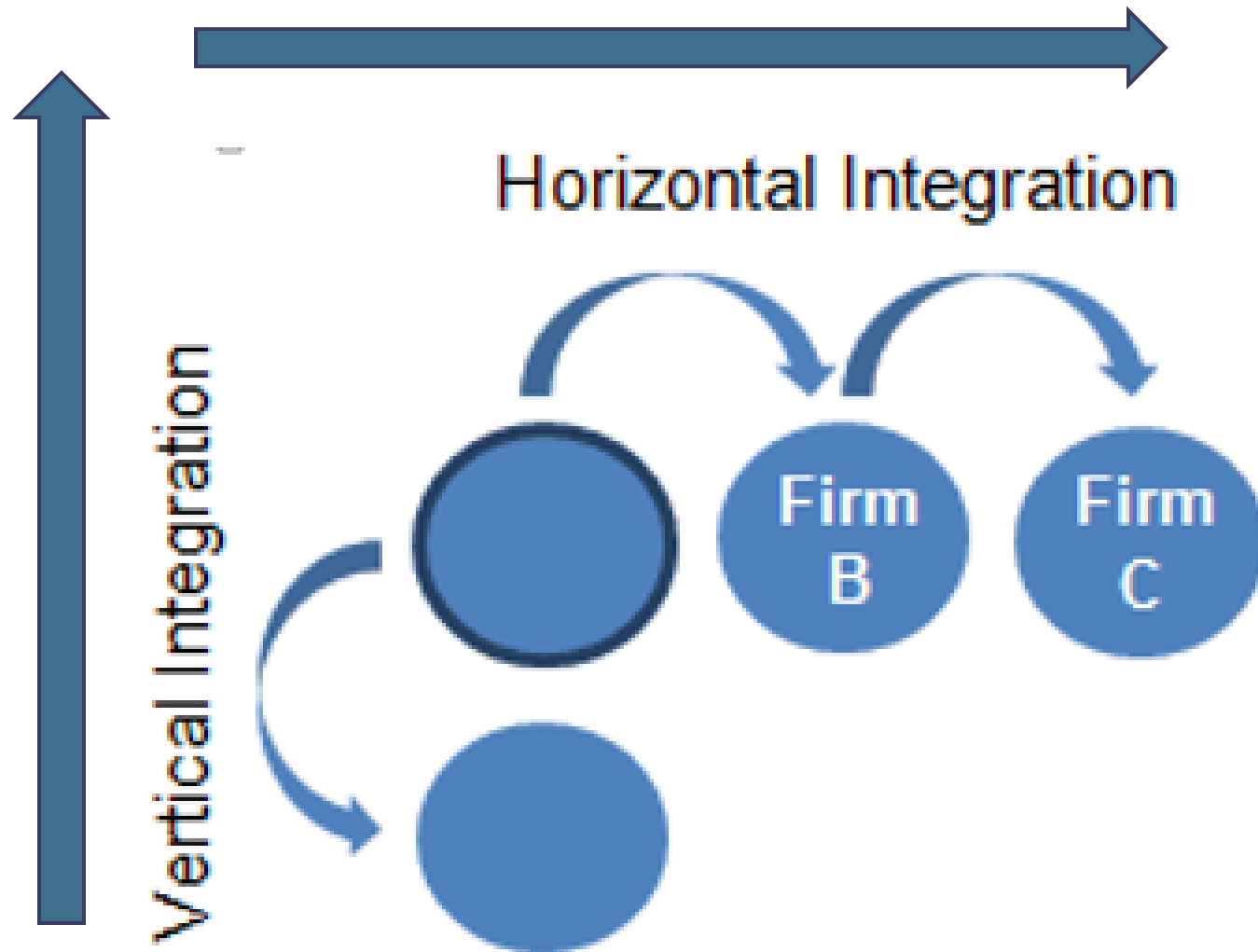
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment Files, 2008-2020, and MPR, 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April.



# Acquisitions, Mergers and Changes...



# Vertical vs. Lateral Carrier Integration



# Vertical vs Lateral Integration

- Department of Justice Lawsuit Denied Mergers

## Denied

- Aetna and Humana
- Anthem and Cigna



## Approved

- CVS and Aetna?
- Humana and Walgreens
- UHC acquiring Davita?

# New Models of Healthcare

## One Medical - Iora Health



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Better Together

# New Models of Healthcare

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higher level of  
care for  
seniors:  
ArchWell  
Health.**



# New Models of Healthcare

## CenterWell – PIPC

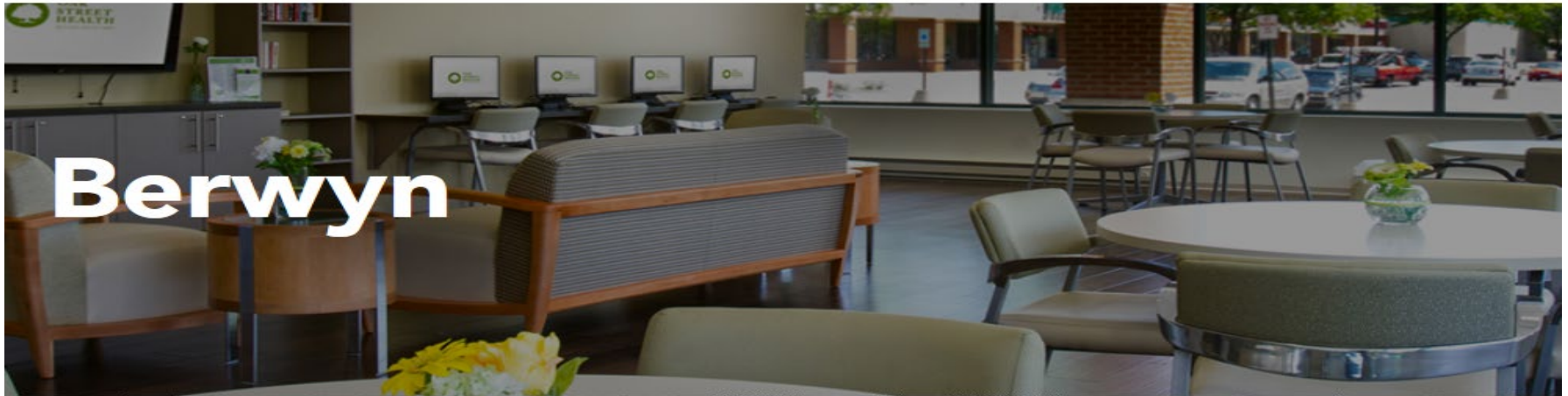
Partners in Primary Care is Becoming CenterWell

**Same Great Care,  
New Name**

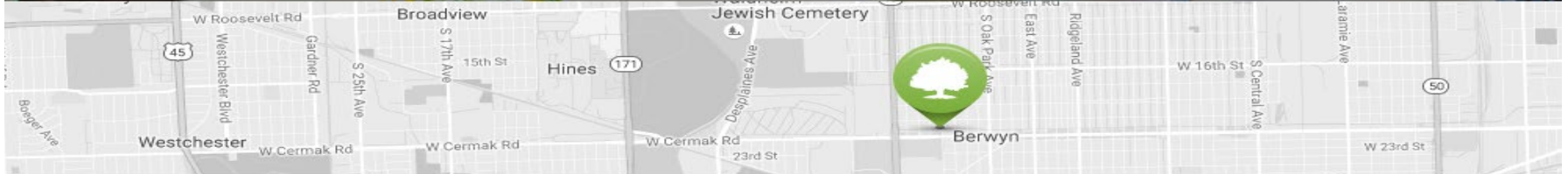


# New Models of Healthcare




## Oak Street Health



# Berwyn



### Information

-  7000 W Cermak Rd, Berwyn, IL 60402
-  708-484-8090
-  Monday through Friday, 8:00am to 5:00pm

### Services



Pharmacy



Transportation



Podiatry



Languages

# What carriers are doing to stay in the market

Maximize  
reimbursement  
rates...

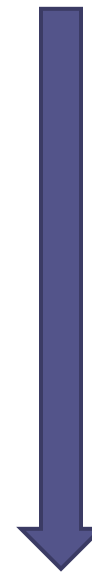
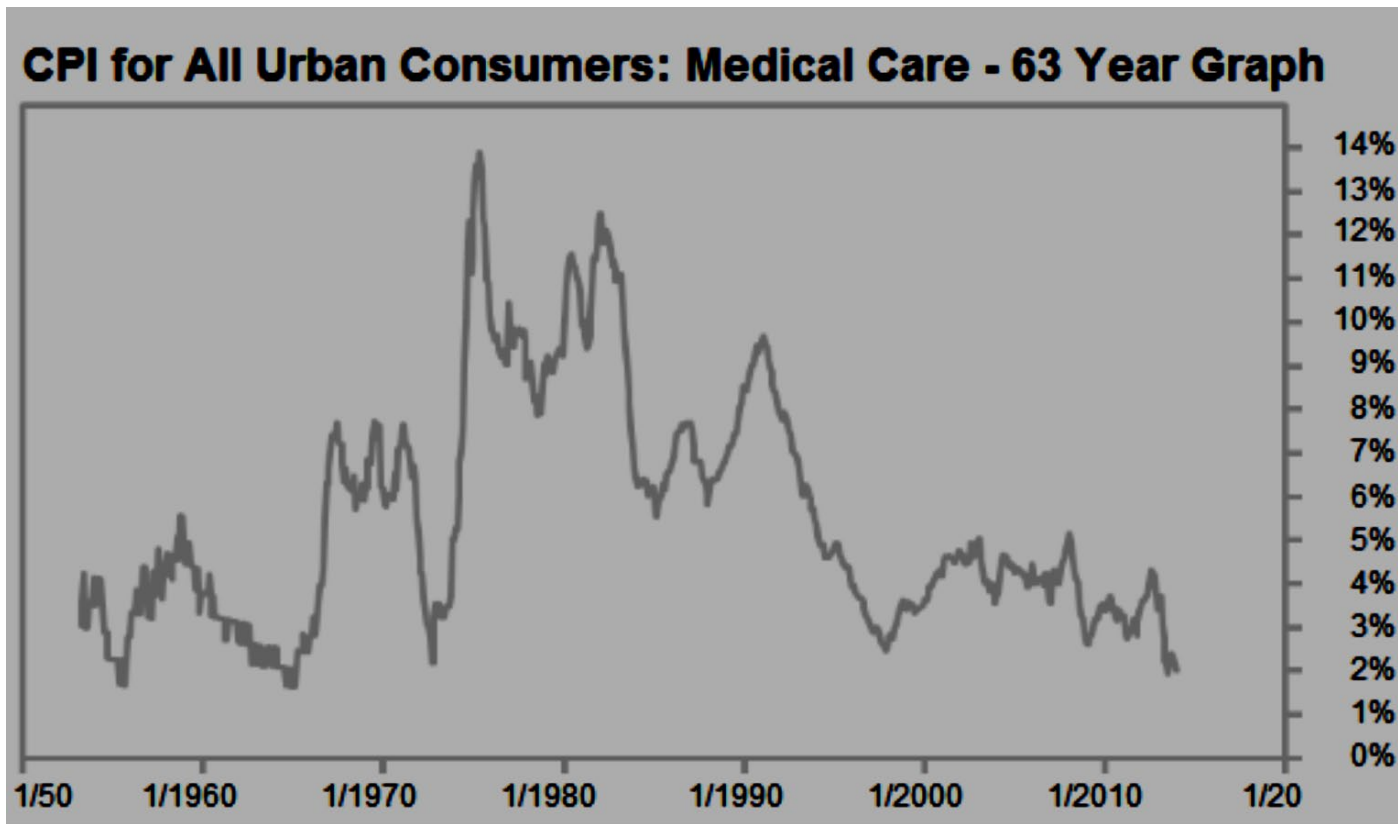
*Coding Intensity &  
Nurse Home visits*

Negotiate  
lower  
provider  
fees

Lower  
healthcare  
costs

Reduce  
operating  
expenses

# Lower Medical Inflation Rates



## Medical-Price Inflation Is at Slowest Pace in 50 Years

Medical prices are rising at their slowest pace in a half century, a shift in the health-care industry which provides relief to government and businesses' budgets also signals that consumers are being left with a larger share of the bill

The recent slowdown in medical inflation is partly the result of less-generous health plans forcing patients to pay more attention to prices.

Fifteen years ago, pricing was not as important...but when the co-pay is coming out of a patient's pocket, they more often want to know what they're paying.

The Affordable Care Act, passed in March 2010 included some limits in the growth of Medicare reimbursements to doctors, hospitals and other providers. It also encouraged employers to scale back high-cost health plans by placing a new tax on such plans starting in 2018.

**The End!**

