MA Plan Rates Substantially Increased for 2026

On April 7, 2025, the Centers for Medicare & Medicaid Services (CMS) published their 2026 Rate Announcement for Medicare Advantage (MA) and Medicare Part D Prescription Drug Plans. For 2026, the payment rate to MA plans will increase 5.06%, the largest increase in the past ten years, and up significantly from the 2.2% rate increase proposed by the Biden Administration. This Health Capital Topics article will review the Rate Announcement.

MA plans, also known as Part C plans, serve as a supplement or an alternative to Traditional fee-forservice (FFS) Medicare Part A and Part B coverage, but they are still part of the Medicare program.³ MA was created by Congress to provide seniors an alternative to Traditional Medicare, with an emphasis on treating and managing the health of the whole patient. MA plans are offered to Medicare beneficiaries by Medicare-approved private companies that must follow rules set by Medicare.4 These plans can be advantageous for beneficiaries because they limit out-of-pocket costs for covered services (although out-of-pocket costs vary by plan) and may cover additional healthcare services (e.g., fitness programs, vision, dental, hearing) as well as other transportation to appointments, benefits (e.g., drugs/services that promote wellness).5 However, to manage costs, an MA plan's network is often much narrower than that of Traditional Medicare. Likely due to these benefits, MA plan enrollment has increased steadily over the past two decades, at a much faster pace than Traditional Medicare.⁶ As of 2024, 32.8 million Americans – 54% of all eligible Medicare beneficiaries – were enrolled in an MA plan.⁷

MA plans are reimbursed differently by Medicare depending on the category of the plan. Local MA plans (a type of MA plan that can take a number of different forms, and serve one or more counties⁸) are reimbursed a fixed amount (capitated payment) per month. That amount is determined annually, based on a combination of:

 The plan's annual bid, in which they propose to Medicare the amount it would take to cover an average beneficiary, including administrative costs and the plan's profit;

- (2) The bid is compared to the local benchmark, which looks at average FFS spending per Medicare beneficiary in each county. Plans are then assigned to a benchmark based on FFS spending in the subject counties in the previous year (those counties with higher spending are assigned lower benchmarks);
- (3) The plan's Medicare star ratings; and,
- (4) The plan's patient geographic and health risk characteristics.⁹

The below Exhibit 1 illustrates the methodology. 10

The payment methodology for regional MA plans (preferred provider organizations that serve all of a region designated by CMS¹¹) is more complex in that the benchmark formula includes the bids submitted by MA plans, as shown in the below Exhibit 2.¹²

Notably, although MA plan bids are typically cheaper than Traditional Medicare (i.e., MA plans are more cost effective), Medicare does not realize these cost savings – those cost savings are shared by the specific plans and their enrollees, in the form of extra benefits. ¹³ In fact, Medicare spends 22% more on MA enrollees than on Traditional Medicare enrollees, an \$83 billion annual difference. ¹⁴

CMS's 2026 Rate Announcement will increase payments to MA plans by 5.06%, a \$25 billion increase. ¹⁵ The annual payment update is a sum of the percentage impact of various "policy changes and updates on MA plan payment parameters relative to last year," including:

- The effective growth rate, which is updated annually according to statute, "represents the average expected change in benchmarks based on the growth in Medicare per capita costs." For 2026, that percent impact is estimated to be 9.04% (much higher than the proposed 5.93%), due to the final calculation's inclusion of data through the fourth quarter of 2024.
- Rebasing/re-pricing, which is based on the average geographic adjustment index and is estimated at -0.28% for 2026.
- Change in MA Star Ratings, which "reflects the estimated effect of changes in the Quality Bonus Payments for the upcoming payment year." This change is estimated to be -0.69% for 2026.

 Risk model revision and FFS normalization, which reflects the impact of the update to the FFS normalization factors for MA risk adjustment. This combined impact is estimated to be a change of -3.01% for 2026.¹⁷

CMS explained that the significant increase in payment rates between the proposed and final announcements is due to the utilization of more recent data in its calculation, which reflects higher Medicare spending (the starting point for MA benchmarks). ¹⁸ However, industry analysts have noted that the actual MA rate increase for 2026 will be even greater – approximately 7.2% – due to the impact of risk scoring changes, as the payment update "does not include an adjustment for underlying coding trend in MA," i.e., the documentation of more/higher-acuity care by MA plans, ¹⁹ which CMS expects will increase risk scores by 2.1%. ²⁰

In 2024, CMS finalized an updated Risk Adjustment Model, called the 2024 CMS-HCC model, to be phased in over three years.²¹ The third and final year of that phase-in will be 2026, during which CMS will calculate 100% of the MA plans' risk scores using solely the 2024 CMS-HCC model (in previous years CMS used a hybrid approach with both the new and old models).²²

Most in the healthcare industry anticipated that the Trump Administration would act favorably toward MA plans, given CMS Administrator Dr. Mehmet Oz's previously expressed support for MA generally, as well as for more investment in the program. However, this increase may have exceeded even the most optimistic expectations, as MA insurer stock prices soared following the announcement. As the Trump Administration and Capitol Hill continue their push to cut federal spending in the healthcare industry, I now appears clear that the MA program will not be part of that conversation.

Exhibit 1:

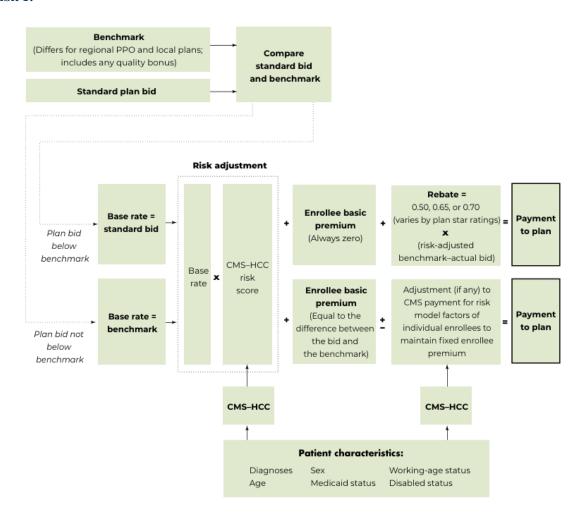
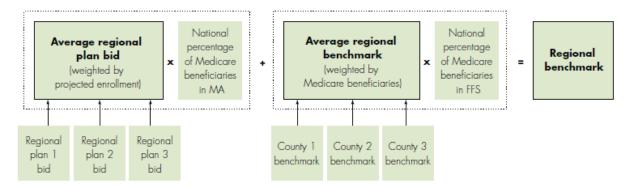


Exhibit 2:



- 1 "CMS Finalizes 2026 Payment Policy Updates for Medicare Advantage and Part D Programs" Centers for Medicare & Medicaid Services, April 7, 2025, https://www.cms.gov/newsroom/press-releases/cms-finalizes-2026-payment-policy-updates-medicare-advantage-and-part-dprograms (Accessed 4/17/25).
- 2 "Trump's CMS dramatically raises payments to Medicare Advantage plans" By Rebecca Pifer, Healthcare Dive, April 8, 2025, https://www.healthcaredive.com/news/medicareadvantage-2026-payment-rates-trump-humanaunitedhealth/744682/ (Accessed 4/17/25).
- 3 "Medicare Advantage Plans" Medicare.gov, https://www.medicare.gov/sign-upchange-plans/types-of-medicare-health-plans/medicare-advantage-plans (Accessed 4/18/25).
- 4 Ibid.
- 5 Ibid.
- 6 "Medicare Advantage in 2024: Enrollment Update and Key Trends" Kaiser Family Foundation, August 8, 2024, https://www.kff.org/medicare/issue-brief/medicare-advantagein-2024-enrollment-update-and-key-trends/ (Accessed 4/17/25).
- 7 Kaiser Family Foundation, August 8, 2024.
- 8 For more information on types of MA plans, please see "Valuation of MA Plans: Introduction & Competitive Environment" Health Capital Topics, Vol. 16, Issue 3 (March 2023), https://www.healthcapital.com/hcc/newsletter/03_23/HTML/PL ANS/convert_val_ma_plans_intro_competiton.php (Accessed 4/17/25).
- 9 Ibid.
- "Medicare Advantage Program Payment System" Medicare Payment Advisory Commission, October 2024, https://www.medpac.gov/wpcontent/uploads/2024/10/MedPAC_Payment_Basics_24_MA_FI NAL_SEC.pdf (Accessed 4/18/25).
- 11 For more information on Regional MA plans, see the first installment in this series: "Valuation of MA Plans: Introduction & Competitive Environment" Health Capital Topics, Vol. 16, Issue 3 (March 2023), https://www.healthcapital.com/hcc/newsletter/03_23/HTML/PL ANS/convert_val_ma_plans_intro_competiton.php (Accessed 4/24/23)
- 12 Medicare Payment Advisory Commission, October 2024.
- 13 "Chapter 12: The Medicare Advantage program: Status report and mandated report on dual-eligible special needs plans" in "Report to the Congress: Medicare Payment Policy" Medicare Advisory Payment Commission, March 2022, available at: https://www.medpac.gov/wpcontent/uploads/2022/03/Mar22_MedPAC_ReportToCongress_ Ch12_SEC.pdf (Accessed 3/3/23), p. 411.

- 14 "Growth in Medicare Advantage Raises Concerns" By Paul N. Van de Water, Center on Budget and Policy Priorities, January 10, 2025, https://www.cbpp.org/research/health/growth-in-medicare-advantage-raises-concerns#:~:text=MA%20plans%20are%20substantially%20ove rpaid,%2483%20billion%20in%20annual%20spending. (Accessed 4/17/25).
- 15 2026 Medicare Advantage and Part D Rate Announcement" Centers for Medicare & Medicaid Services, April 7, 2025, https://www.cms.gov/newsroom/fact-sheets/2026-medicare-advantage-and-part-d-rate-announcement (Accessed 4/17/25).
- 16 "CMS Finalizes 2026 Payment Policy Updates for Medicare Advantage and Part D Programs" Centers for Medicare & Medicaid Services, April 7, 2025, https://www.cms.gov/newsroom/press-releases/cms-finalizes-2026-payment-policy-updates-medicare-advantage-and-part-dprograms (Accessed 4/17/25).
- 17 Centers for Medicare & Medicaid Services, April 7, 2025.
- 18 "Trump's CMS dramatically raises payments to Medicare Advantage plans" By Rebecca Pifer, Healthcare Dive, April 8, 2025, https://www.healthcaredive.com/news/medicare-advantage-2026-payment-rates-trump-humana-unitedhealth/744682/ (Accessed 4/17/25).
- 19 "Medicare Advantage Payments to Increase Again" By Jeannie Fuglesten Biniek, Kaiser Family Foundation, Quick Takes, April 9, 2025, https://www.kff.org/quick-take/medicare-advantagepayments-to-increase-again/ (Accessed 4/17/25).
- 20 Centers for Medicare & Medicaid Services, April 7, 2025; Pifer, Healthcare Dive, April 8, 2025.
- 21 Centers for Medicare & Medicaid Services, April 7, 2025.
- 22 Ibid.
- 23 "Democrats question Oz over Medicare Advantage advocacy, UnitedHealth stock" By Emily Olsen, Healthcare Dive, December 12, 2024, https://www.healthcaredive.com/news/democrats-criticize-oz-cms-administrator-pick-medicare-advantage-warren-wyden/735262/ (Accessed 4/17/25).
- 24 "Health Insurer Stocks Soar on Medicare Rate Boost" By Anna Wilde Mathews, The Wall Street Journal, April 8, 2025, https://www.wsj.com/health/healthcare/private-medicare-plans-to-get-big-payment-boost-from-trump-administration-017d9aaa?mod=health_lead_pos1&utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&strea m=top (Accessed 4/17/25).
- 25 "Leaked HHS budget signals \$40B in cuts, assumes ACA subsidies expire" By Noah Tong, Fierce Healthcare, April 17, 2025, https://www.fiercehealthcare.com/regulatory/hhs-budget-slashed-40-billion-first-look-hhs-reorganization-leaked-document (Accessed 4/17/25).



(800) FYI -VALU

Providing Solutions in an Era of Healthcare Reform

- Firm Profile
- HCC Services
- HCC Leadership
- Clients & Projects
- HCC News
- Health Capital Topics
- Contact Us
- Email Us
- Valuation Consulting
- Commercial Reasonableness Opinions
- Commercial Payor Reimbursement Benchmarking
- Litigation Support & Expert Witness
- Financial Feasibility Analysis & Modeling
- Intermediary Services
- Certificate of Need
- ACO Value Metrics & Capital Formation
- Strategic Planning
- Industry Research

LEADERSHIP









Todd A. Zigrang, MBA, MHA, FACHE, CVA, ASA, ABV, is the President of **HEALTH CAPITAL CONSULTANTS** (HCC), where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 30 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 2,500 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of "The Adviser's Guide to Healthcare - 2nd Edition" [AICPA-2015], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: The Guide to Valuing Physician Compensation and Healthcare Service Arrangements (BVR/AHLA); The Accountant's Business Manual (AICPA); Valuing Professional Practices and Licenses (Aspen Publishers); Valuation Strategies; Business Appraisal Practice; and, NACVA QuickRead. Additionally, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators

and Analysts (NACVA); the American Health Lawyers Association (AHLA); the American Bar Association (ABA); the Association of International Certified Professional Accountants (AICPA); the Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute. He also serves on the Editorial Board of The Value Examiner and QuickRead, both of which are published by NACVA.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Certified Valuation Analyst (CVA) designation from NACVA. Mr. Zigrang also holds the Accredited in Business Valuation (ABV) designation from AICPA, and the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter. He is also a member of the America Association of Provider Compensation Professionals (AAPCP), AHLA, AICPA, NACVA, NSCHBC, and, the Society of OMS Administrators (SOMSA).











Jessica L. Bailey-Wheaton, Esq., is Senior Vice President and General Counsel of HCC. Her work focuses on the areas of Certificate of Need (CON) preparation and consulting, as well as project management and consulting services related to the impact of both federal and state regulations on healthcare transactions. In that role, Ms. Bailey-Wheaton provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services.

Additionally, Ms. Bailey-Wheaton heads HCC's CON and regulatory consulting service line. In this role, she prepares CON applications, including providing services such as: health planning; researching, developing, documenting, and reporting the market utilization demand and "need" for the proposed services in the subject market service area(s); researching and assisting legal counsel in meeting regulatory requirements relating to licensing and CON application development; and, providing any requested support services required in litigation challenging rules or decisions promulgated by a state agency. Ms. Bailey-Wheaton has also been engaged by both state government

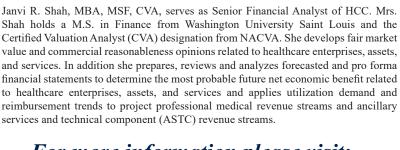
agencies and CON applicants to conduct an independent review of one or more CON applications and provide opinions on a variety of areas related to healthcare planning. She has been certified as an expert in healthcare planning in the State of Alabama.

Ms. Bailey-Wheaton is the co-author of numerous peer-reviewed and industry articles in publications such as: The Health Lawyer (American Bar Association); Physician Leadership Journal (American Association for Physician Leadership); The Journal of Vascular Surgery; St. Louis Metropolitan Medicine; Chicago Medicine; The Value Examiner (NACVA); and QuickRead (NACVA). She has previously presented before the American Bar Association (ABA), the American Health Law Association (AHLA), the National Association of Certified Valuators & Analysts (NACVA), the National Society of Certified Healthcare Business Consultants (NSCHBC), and the American College of Surgeons (ACS).



(





For more information please visit: www.healthcapital.com