

Enrollment Growth and Differences in Utilization and Spending Between Medicare Advantage and Traditional Medicare in Colorado | 2018–2024

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VALUE IN HEALTH CARE



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Research Objective

To assess changes in enrollment and compare population characteristics, health care utilization, and per member per month (PMPM) medical spending between Medicare Advantage and Traditional Medicare beneficiaries in Colorado from 2018 to 2024.

Background

- Medicare Advantage (MA) enrollment has grown rapidly in Colorado, surpassing Traditional Medicare (TM) in 2024.
- As enrollment moves toward MA, differences in how care is used and paid for may increasingly influence total Medicare expenditures.
- Understanding these differences is critical for evaluating cost growth, payment policy, and program sustainability.

Study Design

Findings are descriptive and do not adjust for differences in health status, coding intensity, or benefit design between MA and TM populations.

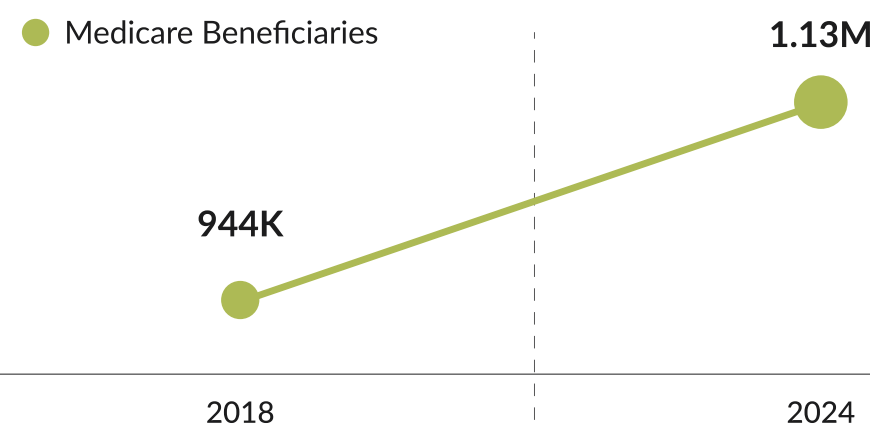
Retrospective cohort study using the Colorado All Payer Claims Database (CO APCD) from 2018–2024, including MA and TM beneficiaries with medical claims available in the CO APCD.

Outcomes included rates of inpatient hospitalizations, emergency department visits, and 30-day readmissions (per 1,000 beneficiaries), as well as PMPM medical spending.

Cohort Overview

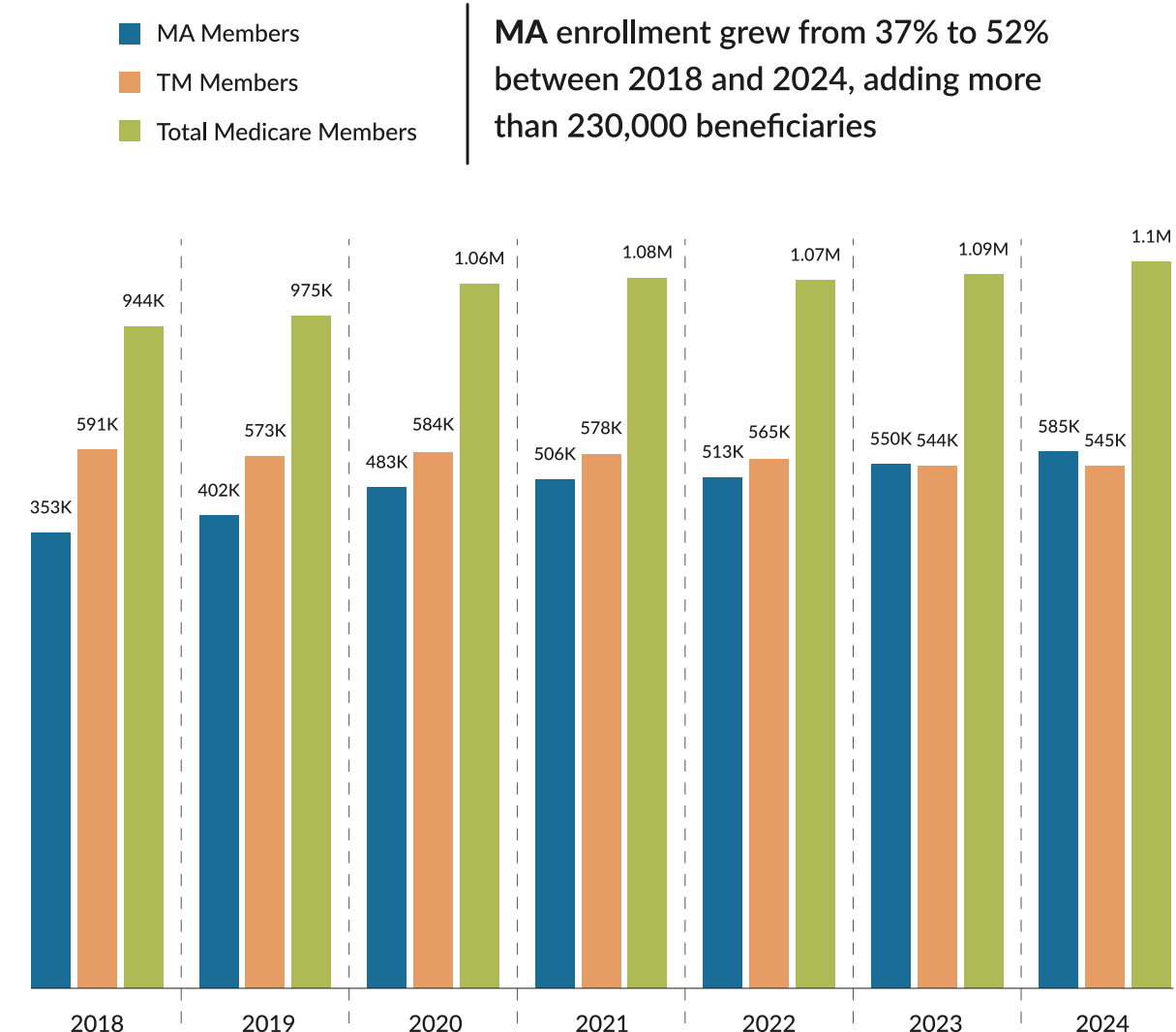
The study included MA and TM beneficiaries in Colorado from 2018 to 2024, analyzed at the beneficiary-year level.

Total Medicare population ranged from approximately 944,000 (2018) to 1.13 million (2024) beneficiaries

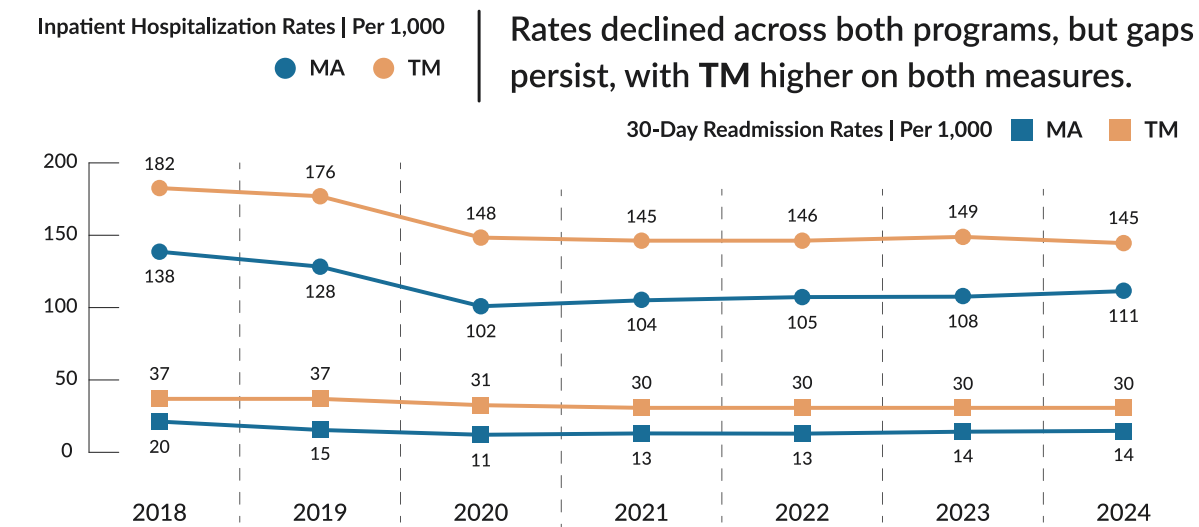


Principal Findings

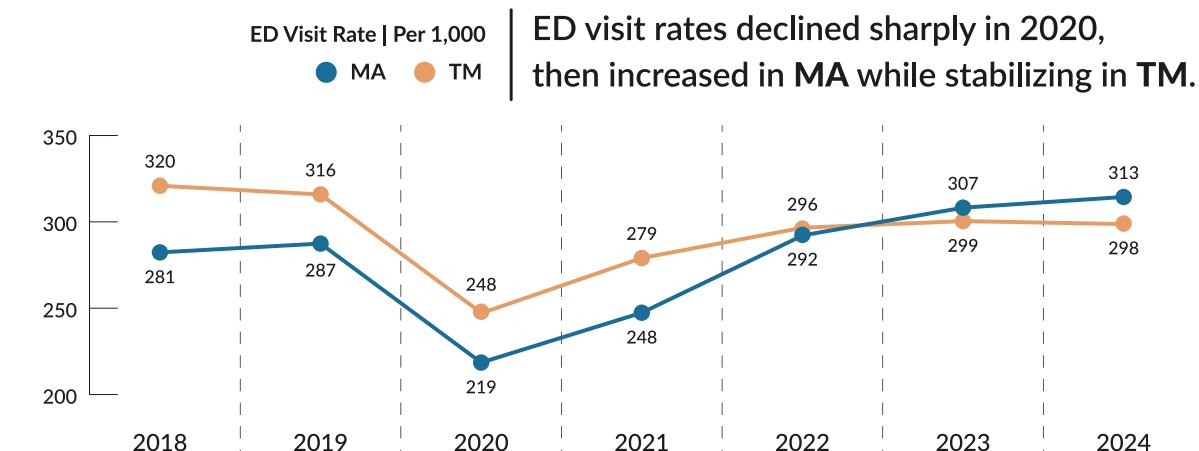
Medicare Advantage has Become the Majority of Medicare Enrollment



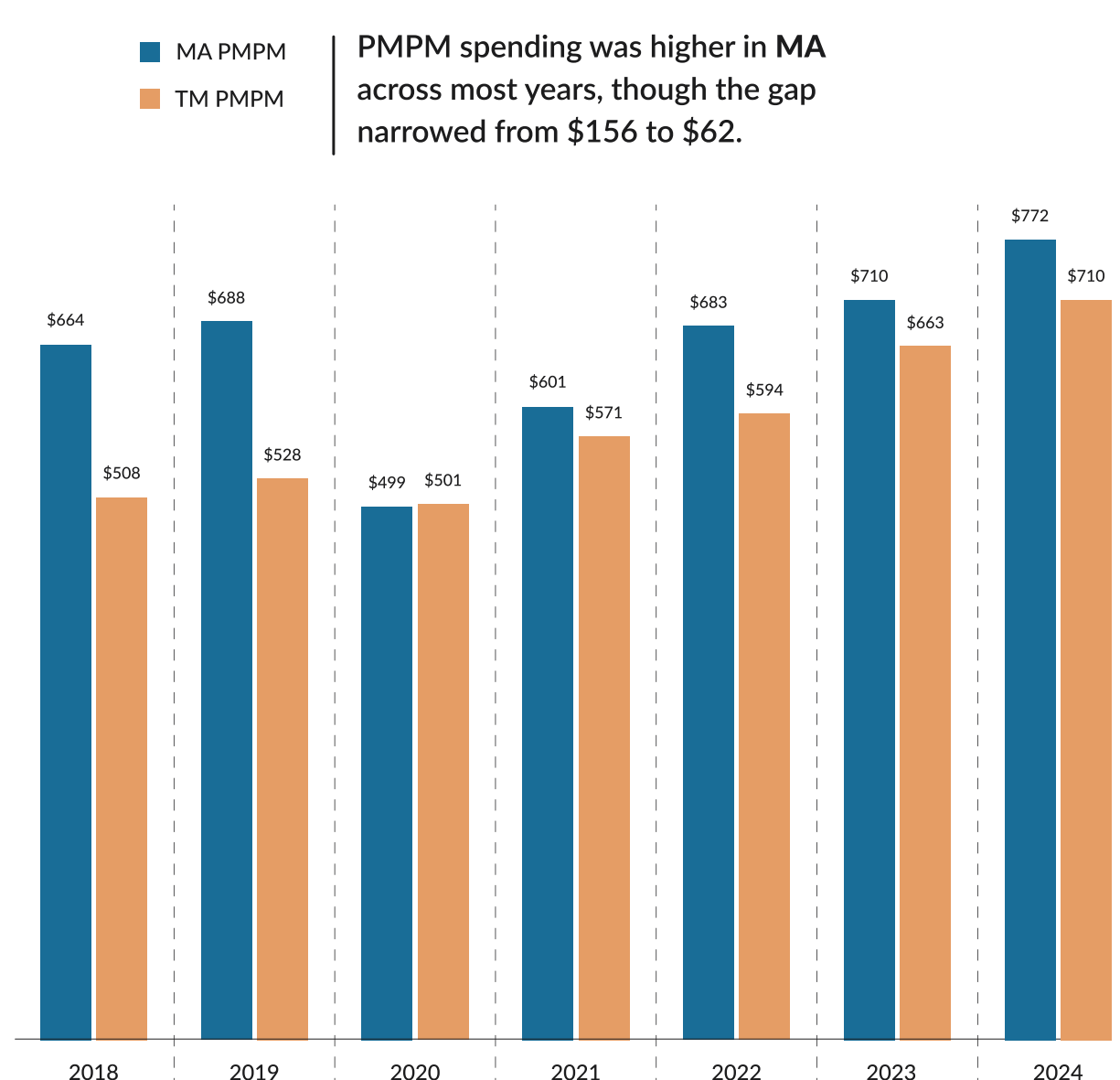
Traditional Medicare Continues to Have Higher Inpatient and Readmission Rates



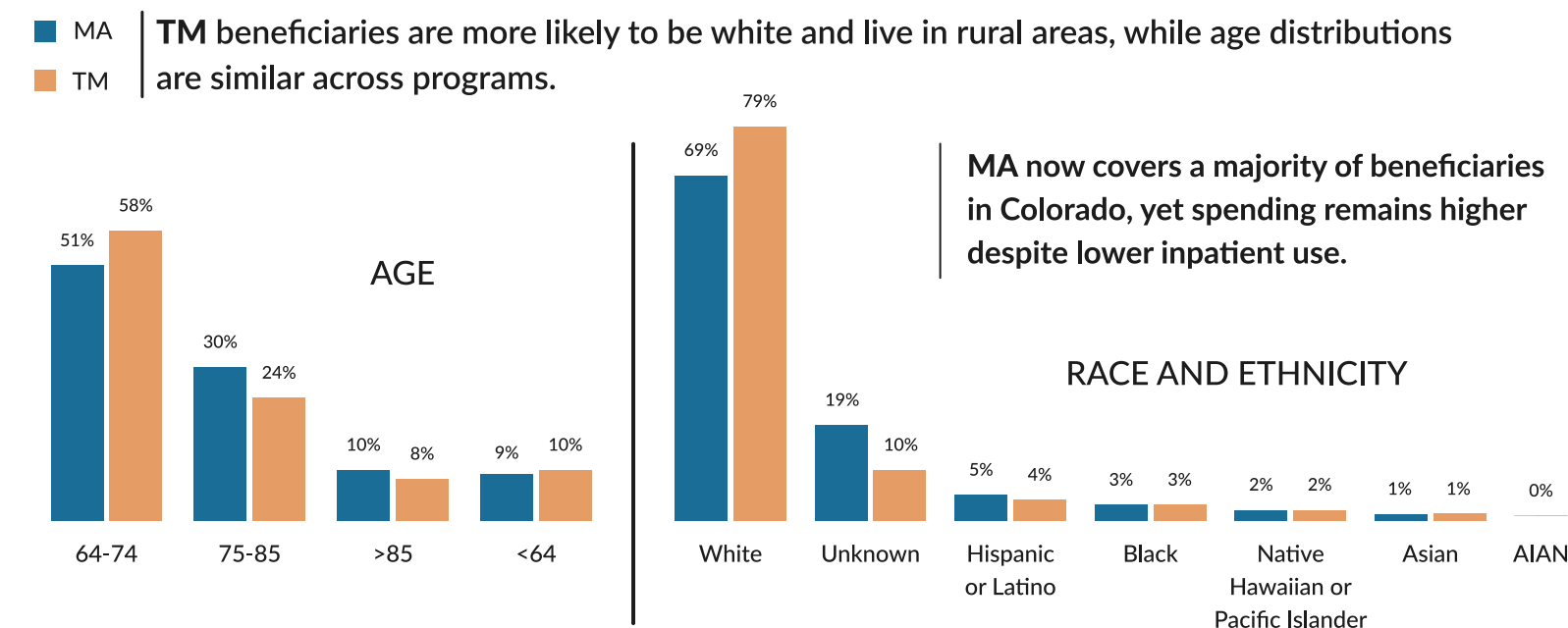
Emergency Department Use Increased in Medicare Advantage but Declined in Traditional Medicare



Spending Remains Higher in Medicare Advantage Despite Lower Inpatient Use



Medicare Advantage and Traditional Medicare Serve Different Populations



Implications for Policy or Practice

As MA enrollment surpasses TM, differences in utilization and spending may increasingly influence total Medicare costs.

Higher PMPM spending in MA, despite lower inpatient utilization, suggests differences in care delivery and spending patterns across Medicare programs.

Ongoing monitoring is essential as enrollment continues shifting toward MA.