

Factors Contributing to Growth Model

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What is the Factors Model?

- Develops long-range health spending projections based on the Trustees economic projection
- Based on an accounting framework used to track the historical contributions of key factors:
 - Demographics
 - Δ in insurance coverage
 - Δ in relative medical price inflation
 - Δ in real per capita income
 - Residual (primarily attributable to the development and diffusion of new medical technologies)
- Future assumptions about the key factors are based on long-run historical experience and anticipated evolution in the long-run future
- Allows for decomposition of projections into “price” and “real” components critical for making current law Medicare projections

Factors Model Equation

$$h = a + \varepsilon_y y + \varepsilon_i i + (1 + \varepsilon_p) p + d$$

h = growth in constant-dollar health spending per capita

a = growth residual

y = growth in income (approximated by GDP per capita)

i = average coinsurance rate
(approximated by the out-of-pocket share of total health spending)

p = growth in relative medical price at time t (relative to GDP deflator)

d = index of demographic contribution at time t

Elasticity:

ε_y = income-technology; ε_i = coinsurance; ε_p = relative medical price

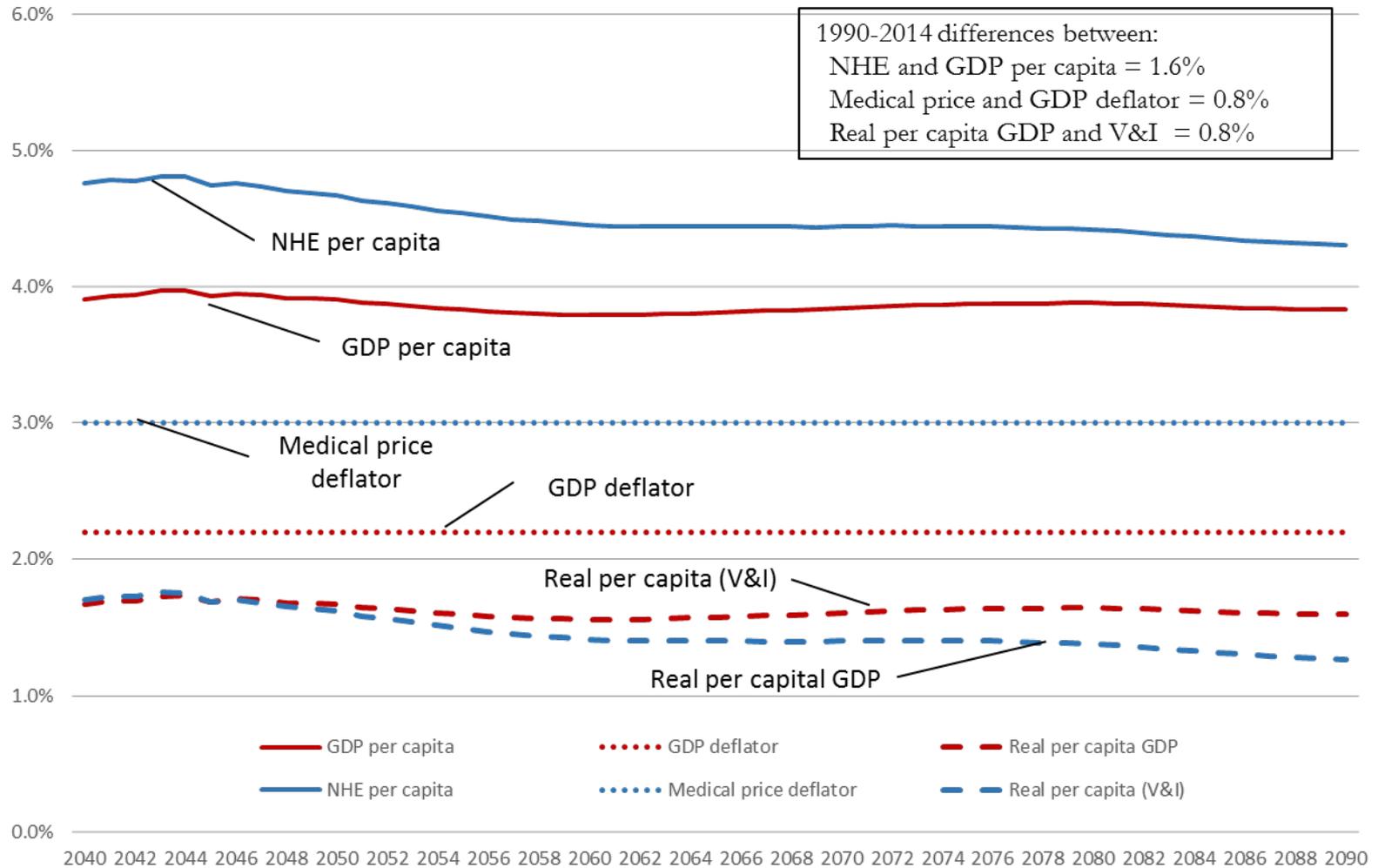
How is the Factors Model Used in TR?

- Part A (updated by market basket) and Part B (updated by market basket or CPI)
 - Real per capita growth (V&I)* for years 25-75, adjusted by ACA behavioral impacts
- Part B (physician services)
 - Real per capita (V&I)** for years 25-75 assuming medical price equals the MEI
- Part B (lab, physician-administered Rx, small facility), Part D, and NHE
 - Medical price and real per capita (V&I)* for years 25-75

*Excluding age-gender effects

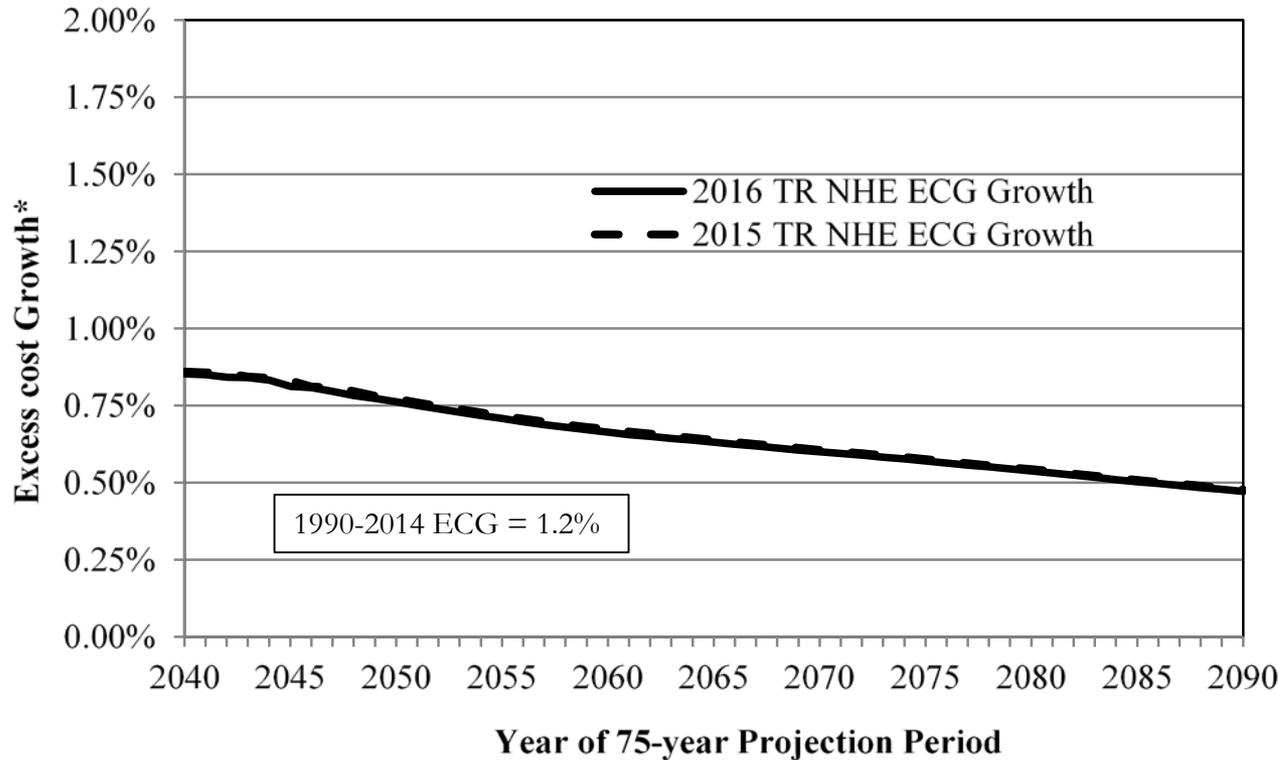
**Excluding age-gender effects; grows roughly 0.4% faster than NHE V&I

Results



Results, cont.

Figure A.5.—Long-Range NHE Excess Cost Growth* based on the FCG Model

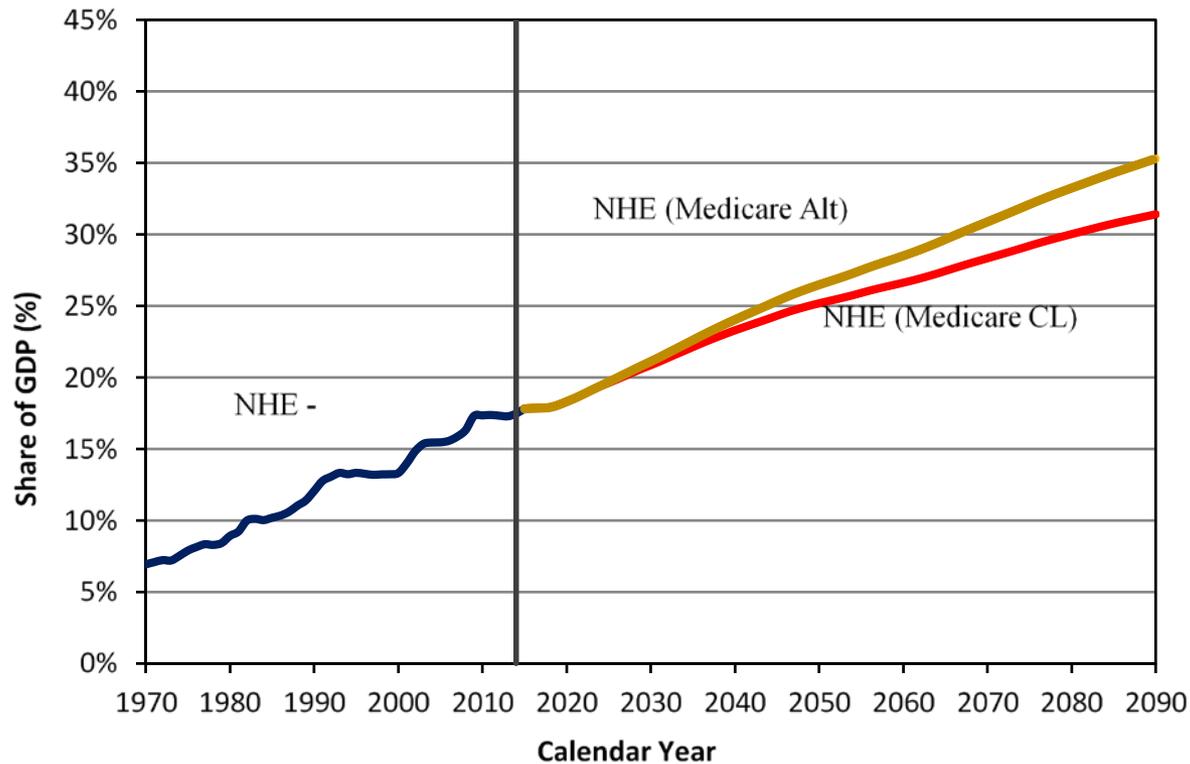


Source: Centers for Medicare & Medicaid Services, Office of the Actuary.

*Excess Cost Growth is defined as growth in per capita, age-gender adjusted health spending less growth per capita GDP.

Results, cont.

**Chart 5—National Health Expenditures as a Percent of GDP
1970-2090**



Source: Centers for Medicare and Medicaid Services, Office of the Actuary.

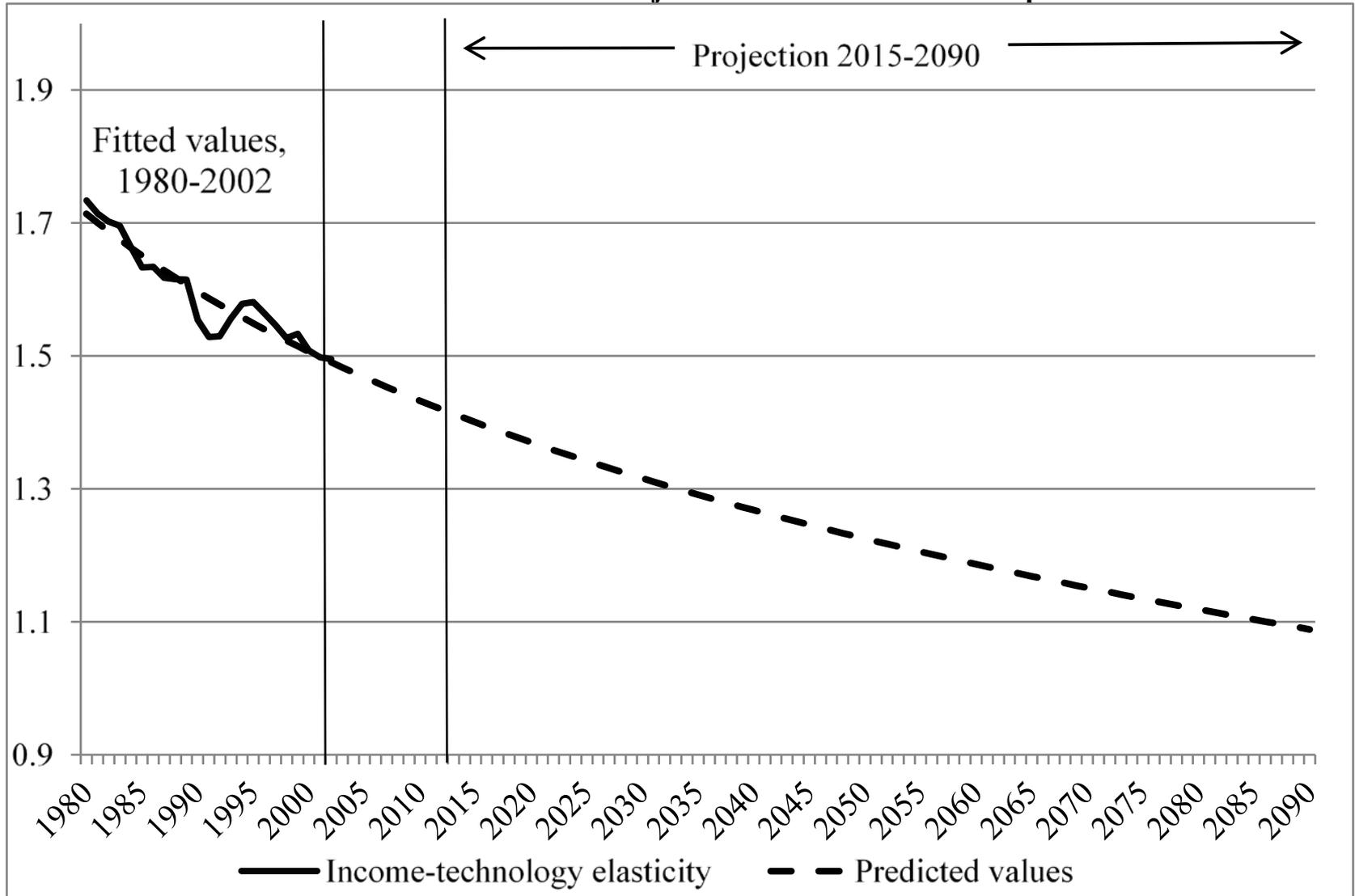
NOTE: Historical data is used before 2015 and projections from 2015 forward.

Additional Information

Factors Model Assumptions and Variables

	Historical Estimate	Assumptions 2040-2090
Income-Technology Elasticity	1.5-1.7	1.27 → 1.09
GDP per capita (% change)		1.6%
Insurance Elasticity	-0.2	-0.2
Average coinsurance rate (% change)		0.0%
Relative Medical Price Elasticity	-0.4	-0.51 → -0.59
Relative medical price (% change)		0.8%

**Figure A.4.— Income-Technology Elasticity Estimates:
Historical Estimates and Projections for 2016 Trustees Report**



Historical and Projected growth in Real per capita NHE versus GDP, 1966-2090
 (Centered moving average of annual growth rates, 11 years)

