

The national Medicare Advantage market, *read for you* every month

The numbers sit in 15 CMS files and SEC filings, each on its own release date. Your team finds the star and enrollment shifts late. This report is what an Enterprise plan puts on your desk each month.

3,159,876

MA members with no 2027 plan in their county (floor)

CMS crosswalk run, Oct 23, 2026

2,117,389

members CMS moves to a 2027 plan they never picked

Same files

1,909

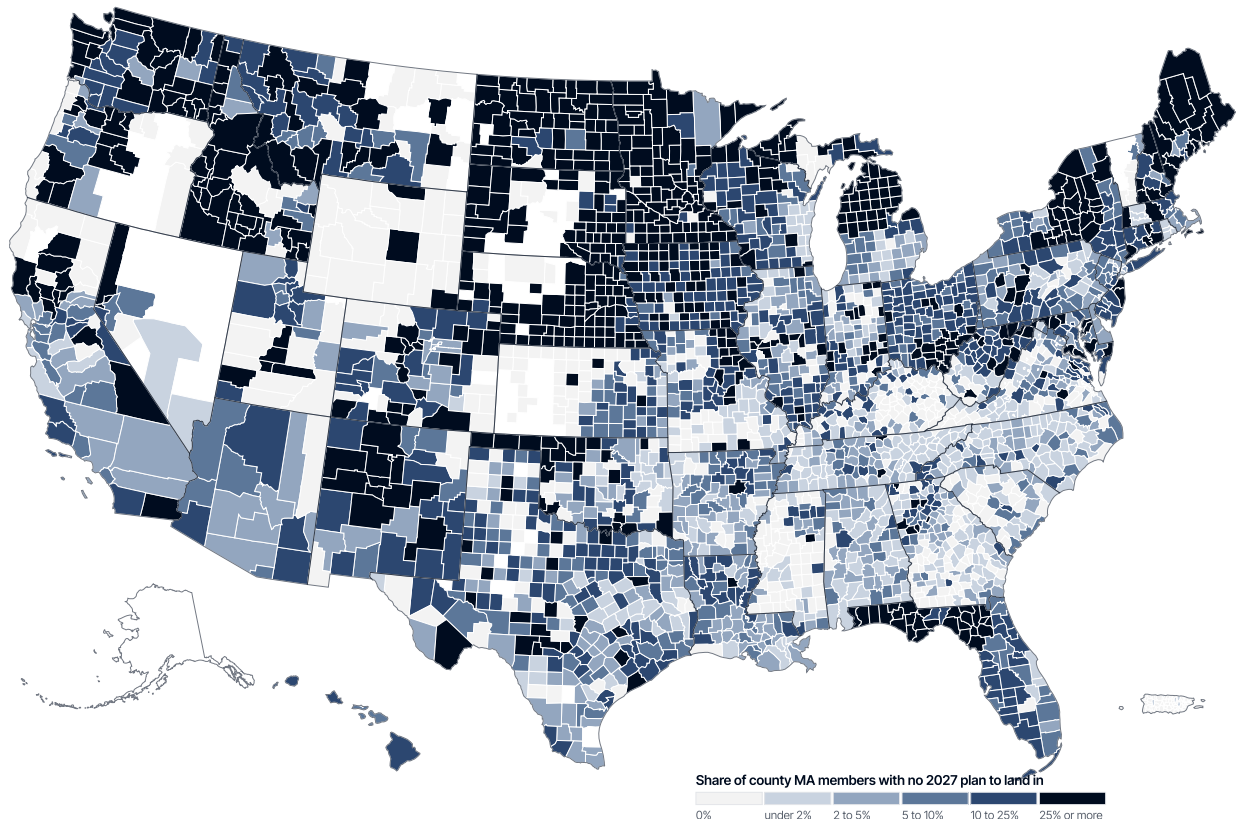
counties with fewer MA plans for 2027

CMS CY2026 and CY2027 plan files

4,893,767

members in contracts that fell below 4 stars

CMS 2027 Star Ratings, Oct 8, 2026



Map: share of each county's Medicare Advantage members whose plan ends with no 2027 plan to land in. Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), CY2026 and CY2027 plan files, CPSC October 2026. Census county shapes 2024. Built Oct 24, 2026.

EXECUTIVE SUMMARY

Five numbers your team needs before Dec 7

THE PROBLEM

Plan exits, crosswalks, star drops and share shifts land in separate CMS files on separate dates. A health plan, a fund or a vendor sees the full picture weeks late, after a competitor or an earnings call shows it first.

- **3,159,876** Medicare Advantage members sit in a plan that ends in their county with no 2027 plan to land in. They must pick a plan by Dec 7 or fall back to Original Medicare. 2,348,709 are in plans that terminate; 811,167 are in plans that leave their county. Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), plan files, CPSC Oct 2026.
- **2,117,389** more members get moved by CMS into a different 2027 plan. That is 5,277,265 members, 17.6% of the 29,931,760 counted, whose plan changes on Jan 1. Source: same files.
- **Three companies hold 45%** of the members with no plan to land in: Humana 599,836, UnitedHealth 507,837, CVS Health (Aetna) 305,059. Source: same files, by parent organization.
- **1,909 of 3,156** counties have fewer Medicare Advantage plans for 2027. 25 lost every plan. Plan rows fell from 136,290 to 128,686. Source: CMS CY2026 (Sep 2, 2026) and CY2027 (Oct 18, 2026) plan files.
- **4,893,767** members sit in 72 contracts that fell below 4 stars for 2027, and lose the quality bonus that pays for extra benefits. 4,676,383 sit in 35 contracts that rose to 4 or more. Source: CMS 2027 Star Ratings (Oct 8, 2026), CPSC Oct 2026.

What changes for your team

- You see every state move each month, by county and insurer, three business days after CMS posts the file.
- You follow three insurers each month next to the counts they report to the SEC.
- Each quarter you learn whether a public company's member claim matches CMS files.
- You put our files in board and client decks with the credit line.

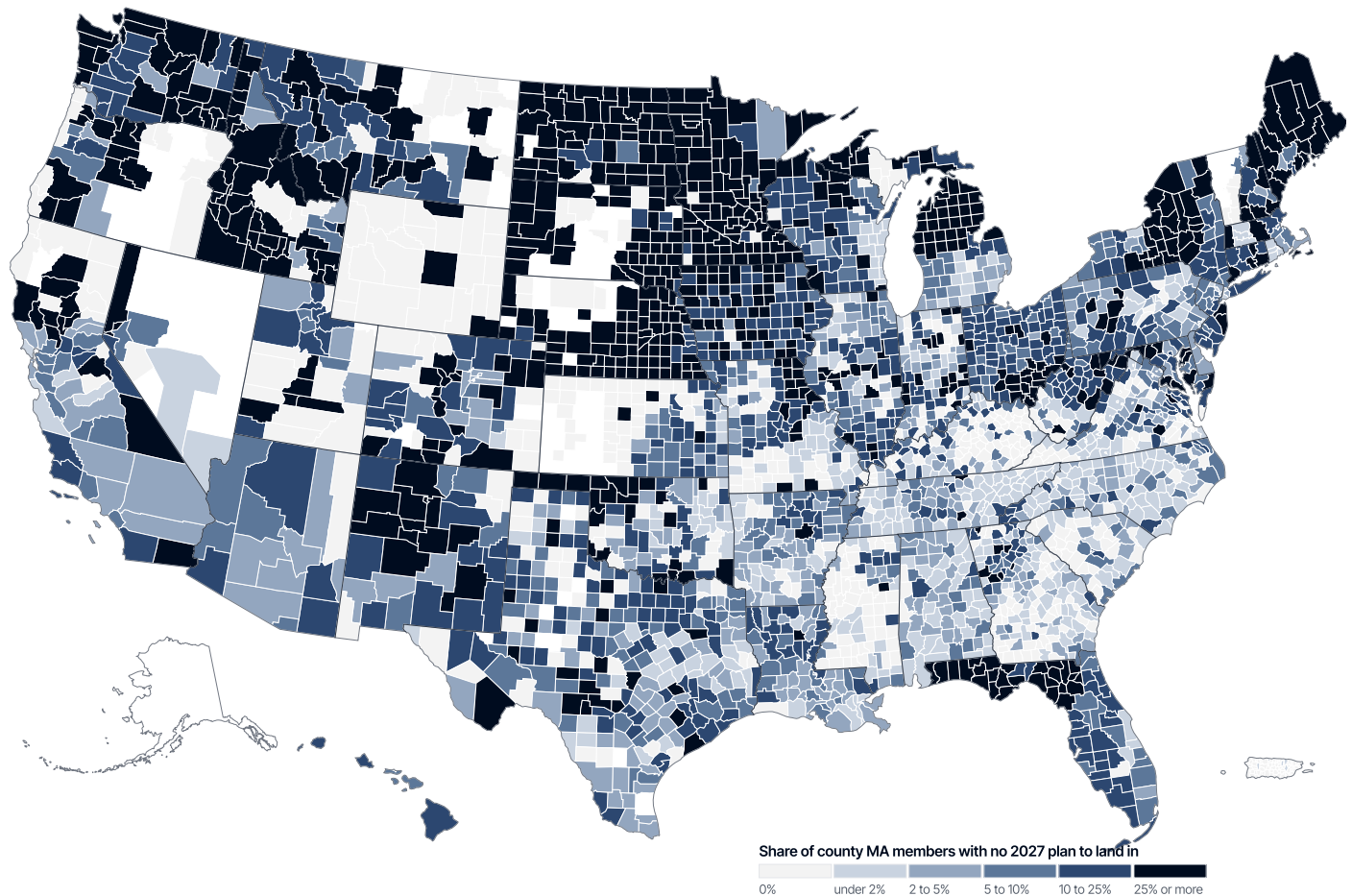
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NATIONAL MAP 1

Where members lose their plan with nowhere to land

2,522 of 3,206 counties have members in a plan that ends with no 2027 plan to land in. Minnesota, the Pacific Northwest and northern New England carry the darkest share.



Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), CMS CY2027 plan file (Oct 18, 2026), CMS CY2026 plan file (Sep 2, 2026), CMS Monthly Enrollment by CPSC, October 2026 (posted Oct 14, 2026); our crosswalk run of all 56 CMS state codes, Oct 23, 2026. Counts of 10 or fewer are hidden by CMS and count as 0, so every figure is a floor. County shapes: US Census Bureau cartographic boundary files 2024 (Connecticut: 2020 counties, which CMS still uses). Built Oct 24, 2026.

Ten counties with the most members to place

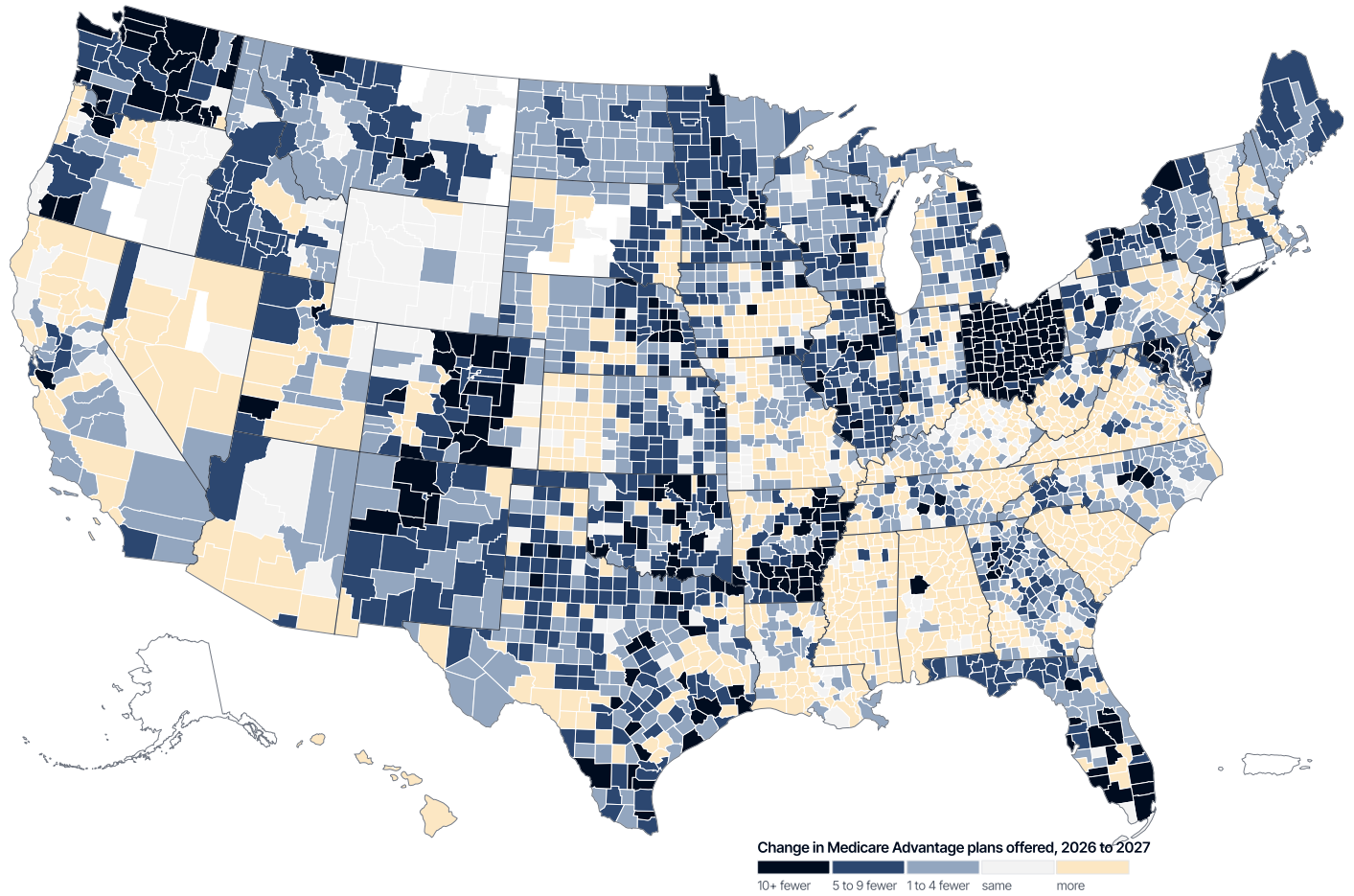
COUNTY	MA MEMBERS COUNTED	NO PLAN TO LAND IN	SHARE
Hennepin, MN	123,912	67,103	54.2%
San Diego, CA	280,956	30,635	10.9%
Bernalillo, NM	68,750	29,674	43.2%
Ramsey, MN	52,978	27,871	52.6%
Los Angeles, CA	812,110	27,214	3.4%
Harris, TX	350,683	26,956	7.7%
Dakota, MN	46,921	26,808	57.1%
King, WA	166,284	26,215	15.8%
Cuyahoga, OH	137,733	24,788	18.0%
Hartford, CT	96,464	23,785	24.7%

Source: Same files as the map. Built Oct 24, 2026.
Enterprise plan sample · healthandtechnow.com/data

NATIONAL MAP 2

Where plan choice shrinks for 2027

Members in navy counties walk into AEP with fewer plans to pick from. Sales teams, brokers and provider networks feel it first in these counties.



Source: CMS CY2026 plan file (data last updated Sep 2, 2026) and CMS CY2027 plan file (Oct 18, 2026), Medicare Advantage plan rows by county. County shapes: US Census Bureau cartographic boundary files 2024. Built Oct 24, 2026.

1,909

counties with fewer plans
of 3,156 with rows

962

counties with more plans
285 stay the same

7,604

fewer plan and county rows
136,290 to 128,686

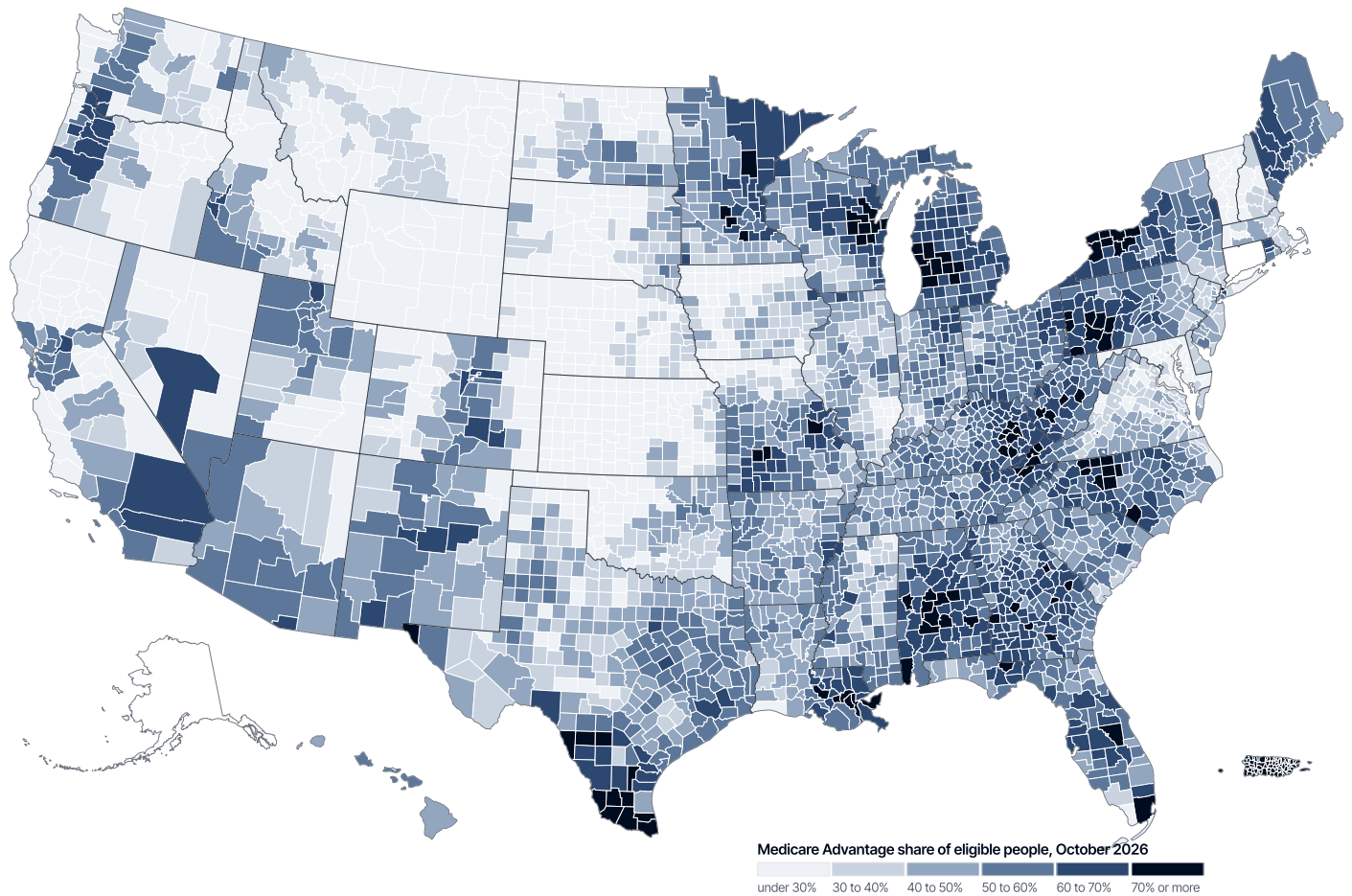
10+ FEWER	5 TO 9 FEWER	1 TO 4 FEWER	SAME	MORE
341	690	870	287	898

Source: CMS CY2026 and CY2027 plan files, counties in the CMS penetration file with plan counts in both years. Built Oct 24, 2026.

NATIONAL MAP 3

Where Medicare Advantage already leads

51.6% of eligible people chose Medicare Advantage in October 2026. In 1,438 counties it is half or more. The dark counties are where a share point costs the most to win.



Source: CMS MA State/County Penetration, October 2026 (file dated Oct 1, 2026). Alaska and Connecticut are not in that file and show blank. County shapes: US Census Bureau cartographic boundary files 2024. Built Oct 24, 2026.

52.2%

metro counties

1,176 counties

46.4%

non metro counties

1,910 counties; USDA ERS RUCC 2023

51.9%

counties with fewer plans for 2027

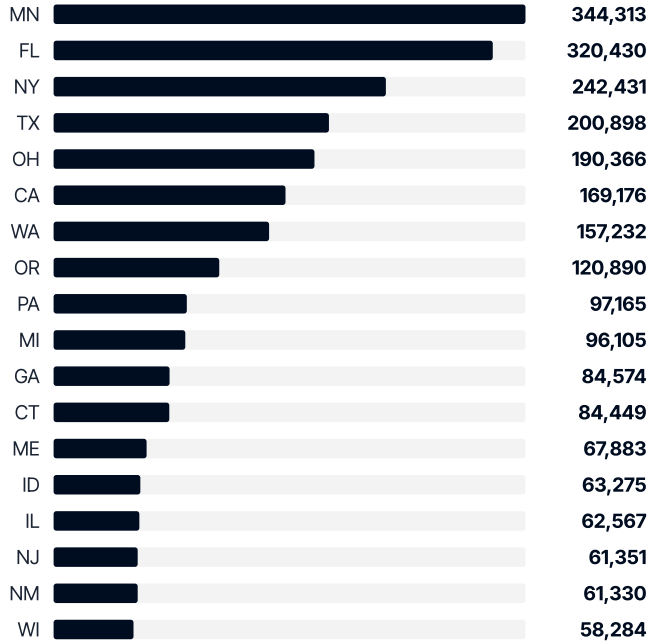
1,901 counties

STATE RANKINGS

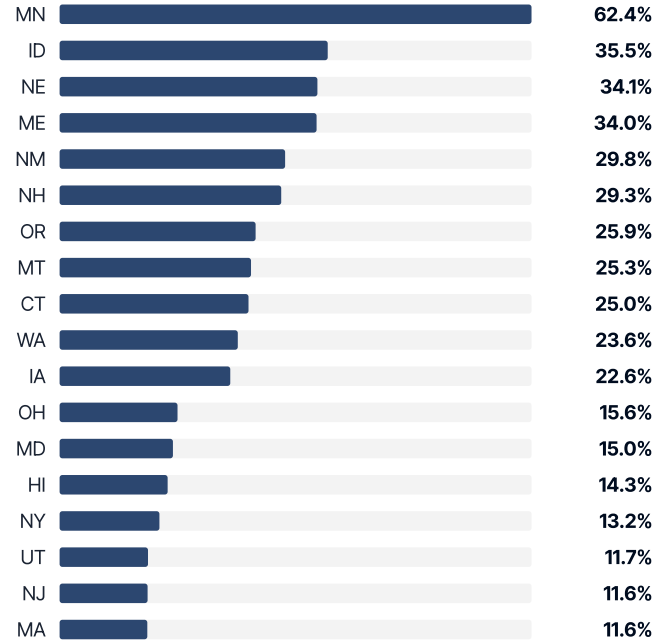
Which states carry the most members to place

Minnesota leads on both counts. Florida, New York and Texas carry big numbers on a lower share. The share view shows where whole markets reset.

Members with no 2027 plan to land in



Share of the state's MA members

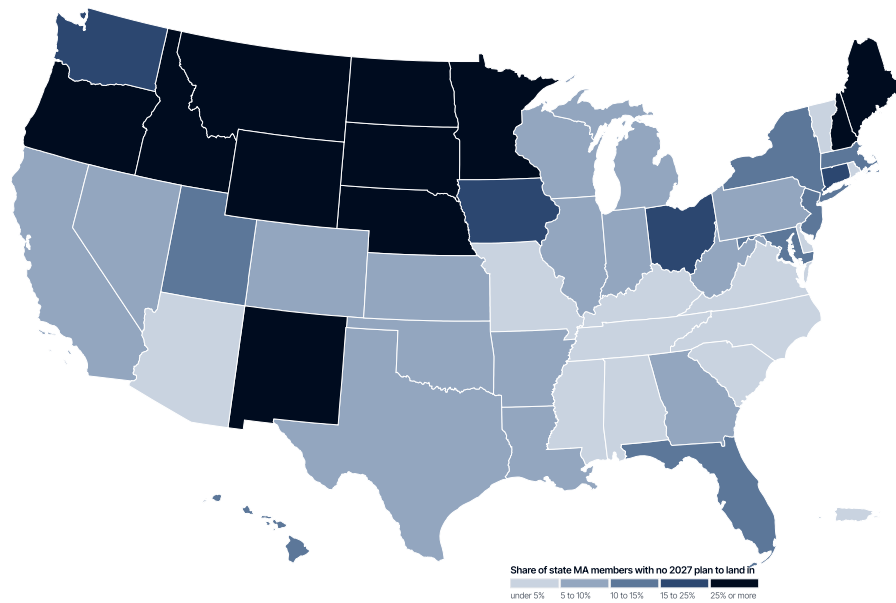


States with 50,000 or more members counted.

Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), CMS CY2027 plan file (Oct 18, 2026), CMS CY2026 plan file (Sep 2, 2026), CMS Monthly Enrollment by CPSC, October 2026 (posted Oct 14, 2026); our crosswalk run of all 56 CMS state codes, Oct 23, 2026. Counts of 10 or fewer are hidden by CMS and count as 0, so every figure is a floor. County shapes: US Census Bureau cartographic boundary files 2024 (Connecticut: 2020 counties, which CMS still uses). Built Oct 24, 2026.

STATE TABLE

The 15 largest states, side by side



Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), CMS CY2027 plan file (Oct 18, 2026), CMS CY2026 plan file (Sep 2, 2026), CMS Monthly Enrollment by CPSC, October 2026 (posted Oct 14, 2026); our crosswalk run of all 56 CMS state codes, Oct 23, 2026. Counts of 10 or fewer are hidden by CMS and count as 0, so every figure is a floor. County shapes: US Census Bureau cartographic boundary files 2024 (Connecticut: 2020 counties, which CMS still uses). Built Oct 24, 2026.

STATE	MA MEMBERS COUNTED	MOVED BY CMS	NO PLAN TO LAND IN	SHARE	COUNTIES WITH FEWER PLANS
CA	2,964,491	112,405	169,176	5.7%	26 of 56
FL	2,818,974	121,857	320,430	11.4%	58 of 67
TX	2,268,310	241,091	200,898	8.9%	197 of 254
NY	1,837,345	111,273	242,431	13.2%	58 of 62
PA	1,399,326	68,673	97,165	6.9%	34 of 67
OH	1,220,976	129,236	190,366	15.6%	86 of 88
NC	1,096,794	147,361	34,478	3.1%	69 of 100
MI	968,143	40,911	96,105	9.9%	67 of 83
GA	913,182	22,113	84,574	9.3%	109 of 159
IL	809,128	18,514	62,567	7.7%	95 of 102
TN	749,994	179,850	21,847	2.9%	44 of 95
AZ	708,183	41,605	26,506	3.7%	6 of 15
WA	667,271	12,396	157,232	23.6%	37 of 39
WI	653,879	55,229	58,284	8.9%	57 of 72
MO	644,422	48,585	25,371	3.9%	43 of 115

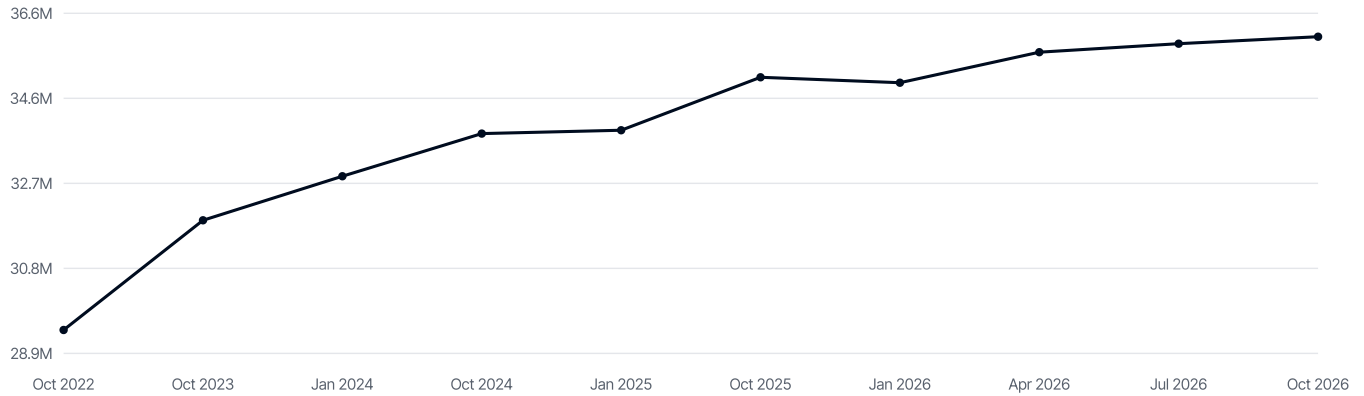
Source: Same files as the map. Fewer plans: CMS CY2026 and CY2027 plan files. Built Oct 24, 2026.

FIVE YEAR TREND

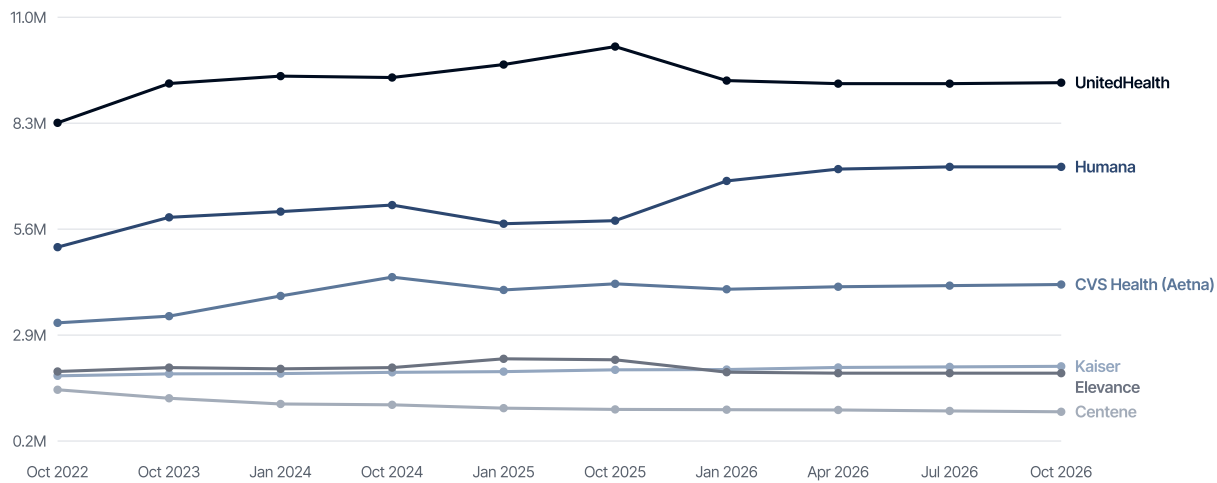
The market still grows. The leaders split.

Enrollment in Medicare Advantage and other health plans rose from 29.5 million in October 2022 to 36.0 million in October 2026. Since October 2025, UnitedHealth fell 926,555 and Humana rose 1,378,728.

All Medicare Advantage and other health plan members, millions



Six largest parent organizations, millions

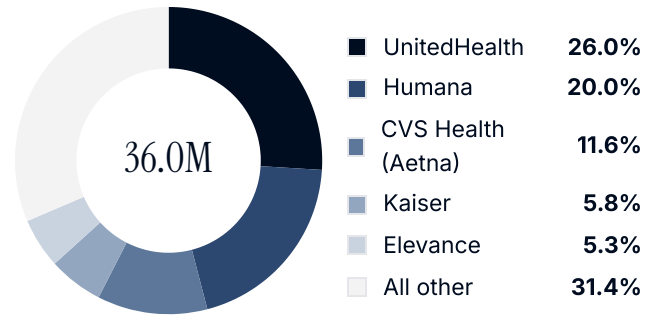


Source: CMS Monthly Enrollment by Contract, October 2022 through October 2026 (10 files). Sum of contract enrollment by parent organization as CMS prints it; values of 10 or fewer count as 0. Built Oct 24, 2026.

COMPETITOR SHARE

Who holds the market, and who moved

Five parent organizations hold 69% of members. The share table below is the one an Enterprise client gets every month, for every parent in every state.



PARENT ORGANIZATION	OCT 2025	OCT 2026	SHARE 2025	SHARE 2026	CHANGE
UnitedHealth	10,280,903	9,354,348	29.3%	26.0%	-926,555
Humana	5,814,842	7,193,570	16.6%	20.0%	+1,378,728
CVS Health (Aetna)	4,193,046	4,175,687	11.9%	11.6%	-17,359
Kaiser	1,987,300	2,077,542	5.7%	5.8%	+90,242
Elevance	2,244,310	1,900,794	6.4%	5.3%	-343,516
Centene	972,865	910,693	2.8%	2.5%	-62,172
HCSC	959,915	899,839	2.7%	2.5%	-60,076
BCBS Michigan	797,127	673,684	2.3%	1.9%	-123,443
Devoted	208,447	541,337	0.6%	1.5%	+332,890
SCAN	311,419	465,374	0.9%	1.3%	+153,955
Highmark	486,350	424,853	1.4%	1.2%	-61,497
MHH Healthcare	349,771	380,150	1.0%	1.1%	+30,379
Healthfirst	362,679	374,633	1.0%	1.0%	+11,954
Lifetime Healthcare	282,852	335,053	0.8%	0.9%	+52,201
Alignment	229,945	301,157	0.7%	0.8%	+71,212

Source: CMS Monthly Enrollment by Contract, October 2022 through October 2026 (10 files). Sum of contract enrollment by parent organization as CMS prints it; values of 10 or fewer count as 0. Built Oct 24, 2026.

HEAT MAP

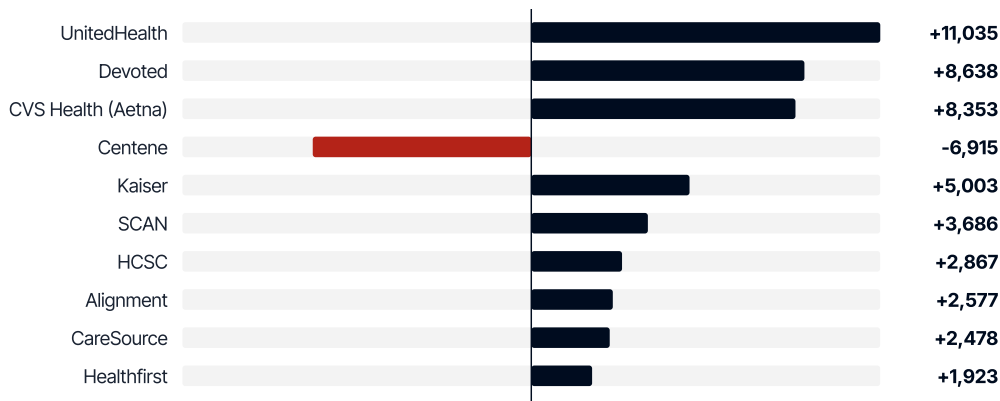
Share by state: where each company is strong

Each cell is the parent's share of the state's Medicare Advantage members in October 2026, in percent. Read across to see a company's footprint. Read down to see who you face in a state.

	CA	FL	TX	NY	PA	OH	MI	NC	GA	IL	TN	AZ	WA	NJ	WI	MO	IN	AL	PR	VA
UnitedHealth	10	29	48	18	9	23	5	32	28	20	28	41	46	29	37	45	35	23	0	28
Humana	4	38	20	5	6	15	17	33	29	31	25	22	18	7	16	22	30	33	0	34
CVS Health (Aetna)	3	9	7	19	27	22	7	11	18	32	2	5	8	31	5	16	5	6	0	10
Kaiser	41	0	0	0	0	0	0	0	4	0	0	0	16	0	0	0	0	0	0	5
Elevance	8	9	3	3	1	15	0	0	9	0	4	1	1	3	5	4	19	1	29	20
Centene	2	2	4	7	1	1	2	1	3	4	1	6	4	2	2	1	1	0	0	0
HCSC	0	1	11	0	2	1	0	2	3	6	11	10	0	0	0	0	0	7	0	0
BCBS Michigan	0	1	0	0	0	0	37	0	0	0	1	0	0	0	0	1	2	1	0	0

Source: CMS Monthly Enrollment by CPSC, September and October 2026, read for every state by our County Market Report run (Oct 2026). 20 largest states by members. Built Oct 24, 2026.

One month of movement: members gained or lost, September to October 2026



Source: CMS Monthly Enrollment by CPSC, September and October 2026, read for every state by our County Market Report run (Oct 2026). Sum across all states. Built Oct 24, 2026.

An Enterprise plan sends this grid every month for all states and every parent, with the month over month change beside each cell, and a **Check sheet** that ties every number to its CMS file and date.

HEAT MAP

Plan type mix by state

Special needs plans and employer group plans move on their own calendars. A vendor that sells into special needs plans, or a fund that models employer retiree business, needs this mix by state before it sizes a market.

	HMO	PPO	Special needs	Employer group	Other
CA	58%	2%	20%	20%	0%
FL	33%	25%	34%	8%	0%
TX	39%	20%	24%	17%	0%
NY	28%	20%	37%	15%	0%
PA	35%	32%	18%	15%	0%
OH	43%	17%	23%	17%	0%
MI	19%	33%	13%	34%	0%
NC	40%	20%	22%	18%	0%
GA	19%	32%	30%	19%	1%
IL	27%	32%	16%	25%	0%
TN	43%	27%	23%	7%	0%
AZ	50%	16%	22%	12%	0%
WA	48%	16%	20%	15%	0%
NJ	13%	42%	14%	31%	0%
WI	38%	34%	16%	12%	1%
MO	45%	22%	20%	13%	0%
IN	26%	37%	23%	14%	0%
AL	26%	28%	27%	20%	0%
PR	35%	0%	49%	15%	0%
VA	43%	24%	22%	11%	0%

Source: CMS Monthly Enrollment by CPSC, September and October 2026, read for every state by our County Market Report run (Oct 2026). Share of each state's MA members by plan type. Built Oct 24, 2026.

STAR MEASURE HEAT MAP

Where each company wins and loses stars

Member weighted 2027 measure stars, 1 to 5, for the seven largest parents. Light amber cells sit below 2 stars. The biggest national drop: Diabetes Care: Eye Exam, -0.4 stars.

	UnitedHealth	Humana	CVS Health (Aetna)	Kaiser	Elevance	Centene	HCSC	All rated
Breast Cancer Screening	3.5	4.1	4.1	4.9	3.6	2.5	3.7	3.9
Colorectal Cancer Screening	3.9	4.3	4.2	5.0	3.6	3.1	3.8	4.1
Annual Flu Vaccine	3.8	2.6	3.5	4.9	3.1	2.3	3.3	3.5
Improving or Maintaining Physical Health	2.5	2.3	3.0	2.2	2.7	2.4	4.3	2.7
Improving or Maintaining Mental Health	3.0	4.2	3.8	2.2	3.1	3.5	3.3	3.3
Monitoring Physical Activity	3.1	3.0	2.7	4.8	2.9	2.5	2.7	3.1
Special Needs Plan (SNP) Care Management	3.7	4.0	2.8	4.0	3.2	3.4	2.7	3.6
Care for Older Adults: Medication Review	4.3	4.7	5.0	4.5	4.6	5.0	3.2	4.5
Care for Older Adults: Functional Status Assessment	4.9	5.0	4.0	4.5	4.1	3.2	4.6	4.6
Osteoporosis Management in Women who had a Fracture	2.8	3.5	3.7	5.0	2.5	2.6	3.3	3.2
Diabetes Care: Eye Exam	3.7	3.6	3.5	4.9	3.2	2.7	2.8	3.7
Diabetes Care: Blood Sugar Controlled	4.7	4.6	3.8	4.9	3.9	3.4	3.3	4.4
Kidney Health Evaluation for Patients with Diabetes	3.3	3.5	2.9	4.9	3.6	3.1	3.6	3.5
Controlling High Blood Pressure	3.7	4.0	3.8	4.0	3.1	2.5	3.1	3.7
Reducing the Risk of Falling	2.3	3.1	2.6	2.3	3.3	3.6	2.1	2.6
Improving Bladder Control	3.4	2.7	3.1	3.1	3.3	2.5	3.7	3.2
Plan All Cause Readmissions	3.4	3.8	4.8	3.9	3.5	3.4	3.3	3.8
Statin Therapy for Patients with Cardiovascular Disease	3.3	4.0	3.0	4.1	3.1	2.7	3.2	3.5
Transitions of Care	2.8	4.1	3.4	5.0	4.0	2.1	3.1	3.6
Follow up after Emergency Department Visit for People with	2.2	2.7	2.6	4.0	2.3	1.6	2.1	2.6
Getting Needed Care	3.6	3.7	3.9	1.9	3.2	3.1	3.7	3.5
Getting Appointments and Care Quickly	3.9	4.0	3.6	2.5	4.0	3.7	4.0	3.8
Customer Service	3.2	3.7	4.0	3.4	2.8	2.3	2.9	3.5
Rating of Health Care Quality	3.8	4.1	4.2	3.8	3.5	2.8	3.4	3.9
Rating of Health Plan	2.9	3.8	3.5	4.9	3.4	2.5	2.8	3.6
Care Coordination	3.8	4.1	3.6	2.3	3.5	3.3	3.8	3.6
Complaints about the Health Plan	4.3	3.7	4.3	5.0	4.4	3.3	3.3	4.2
Members Choosing to Leave the Plan	3.8	3.1	3.6	5.0	3.7	3.1	3.5	3.9
Health Plan Quality Improvement	3.1	4.4	4.3	4.1	3.4	3.5	2.6	3.6
Plan Makes Timely Decisions about Appeals	4.7	4.7	4.0	3.9	3.7	4.3	2.6	4.3
Reviewing Appeals Decisions	4.9	4.2	4.1	4.2	4.7	4.2	3.4	4.3
Call Center: Foreign Language Interpreter and TTY Availabi	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.8
Complaints about the Drug Plan	4.3	3.7	4.3	5.0	4.4	3.3	3.3	4.2
Drug Plan Quality Improvement	3.5	4.0	2.0	4.1	3.8	2.7	2.9	3.4
Rating of Drug Plan	3.4	4.3	3.7	5.0	3.8	3.0	3.5	3.8
Getting Needed Prescription Drugs	3.5	4.1	4.1	5.0	3.5	3.6	2.9	3.8
MPF Price Accuracy	5.0	1.0	4.0	5.0	4.1	4.9	4.9	4.0
Medication Adherence for Diabetes Medications	3.0	3.2	2.4	4.0	2.8	2.2	2.2	3.0
Medication Adherence for Hypertension (RAS antagonists)	3.8	3.9	3.7	4.9	3.6	2.9	3.1	3.8
Medication Adherence for Cholesterol (Statins)	3.5	3.8	3.3	4.9	3.1	2.7	3.0	3.6
Statin Use in Persons with Diabetes (SUPD)	2.7	2.9	2.4	4.0	3.2	3.0	3.2	3.0
Concurrent Use of Opioids and Benzodiazepines (COB)	3.3	3.9	3.4	5.0	2.7	3.7	3.9	3.6
Polypharmacy: Use of Multiple Anticholinergic Medications	2.9	5.0	3.8	4.9	3.0	3.1	3.5	3.8

Source: CMS 2027 Star Ratings Data Tables (Oct 8, 2026) and 2026 tables; members from CMS Monthly Enrollment by CPSC, October 2026.

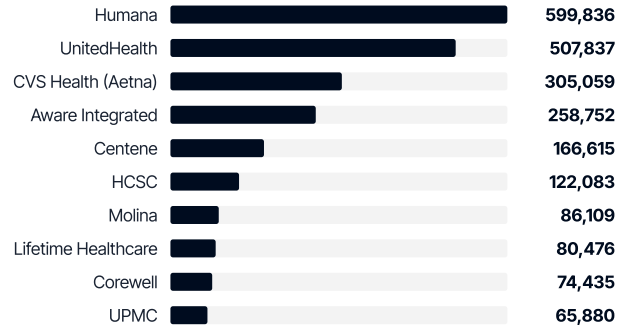
Member weighted: each contract counts by its October 2026 members. Built Oct 24, 2026.

PLAN EXIT EXPOSURE

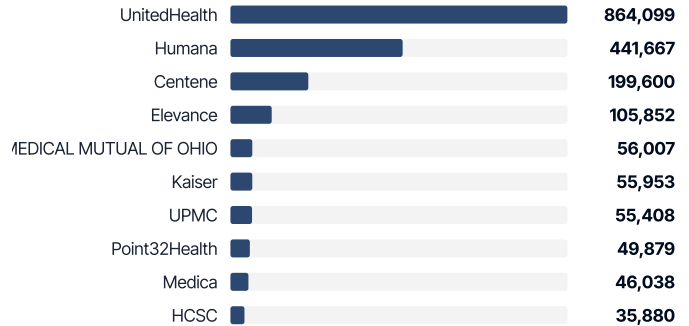
Which companies put members in motion for 2027

Every member in these bars is a member another company can win in AEP. A plan team reads it as risk. A rival reads it as a target list.

No 2027 plan to land in

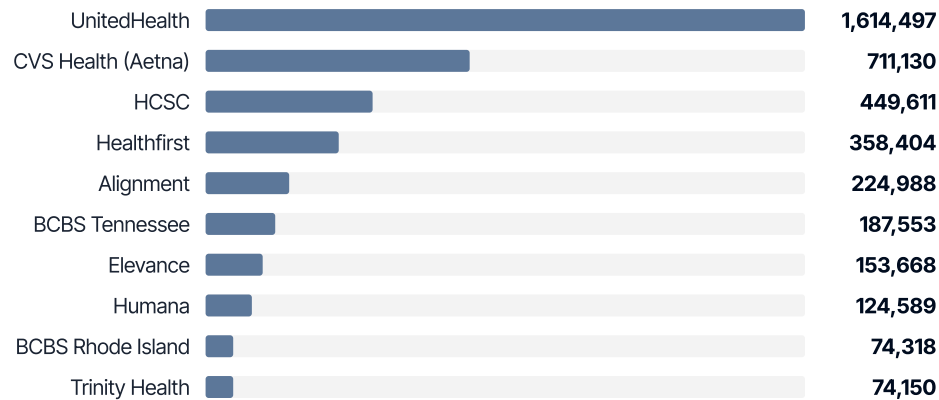


Moved by CMS to another 2027 plan



Source: CMS 2027 Plan Crosswalk (Oct 1, 2026), CMS CY2027 plan file (Oct 18, 2026), CMS CY2026 plan file (Sep 2, 2026), CMS Monthly Enrollment by CPSC, October 2026 (posted Oct 14, 2026); our crosswalk run of all 56 CMS state codes, Oct 23, 2026. Counts of 10 or fewer are hidden by CMS and count as 0, so every figure is a floor. County shapes: US Census Bureau cartographic boundary files 2024 (Connecticut: 2020 counties, which CMS still uses). Built Oct 24, 2026.

Members in contracts that fell below 4 stars for 2027



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CLAIM CHECK, ONE A QUARTER

UnitedHealth said 935,000. CMS files show 950,503.

THE CLAIM

UnitedHealth's third quarter earnings release (SEC 8-K, filed Oct 13, 2026) says its Medicare Advantage book shrank by about 935,000 people since year end 2025.

10,294,359

UnitedHealth MA members, Dec 2025
CMS Monthly Enrollment by Plan

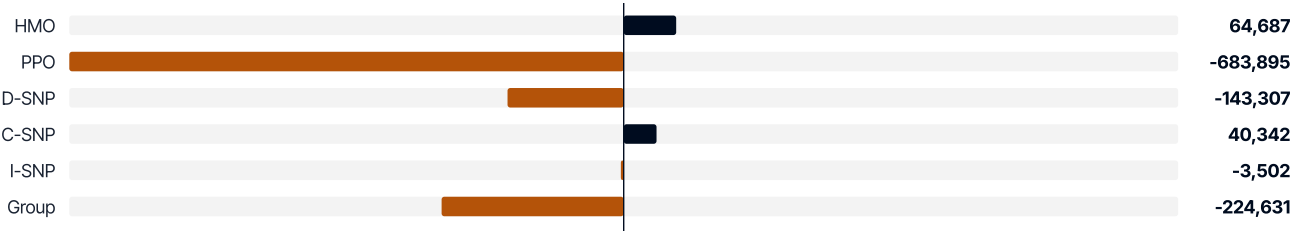
9,343,856

Sep 2026
CMS Monthly Enrollment by Plan

-950,503

change in CMS files
Sum of parent rows, both files

Where the change came from, by plan type



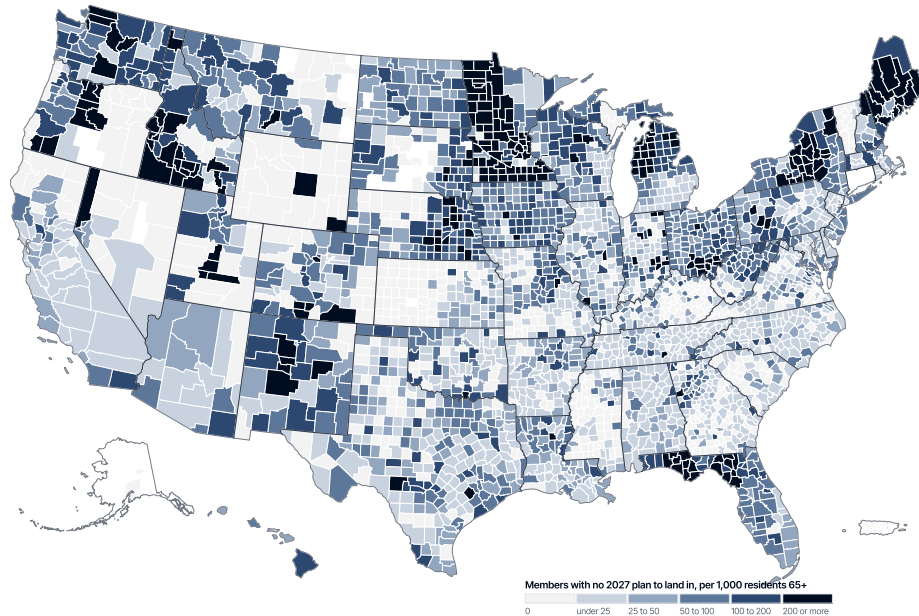
Source: CMS Monthly Enrollment by Plan, December 2025 and September 2026; CMS SNP Comprehensive Report for special needs plan types. SEC 8-K filed Oct 13, 2026 (accession 0000731766-26-000255). Built Oct 24, 2026.

Verdict: the claim holds. CMS files show a drop 15,503 members larger than the rounded company figure. PPO plans carry most of it. The method, step by step, and the tables behind it come with every Claim Check.

NEW: CENSUS JOIN

Who the 2027 exits hit, per 1,000 seniors

Raw member counts favor big counties. This page divides members with no 2027 plan to land in by residents 65 and over, so a small county hit hard shows up. Across the US the rate is 53.3 per 1,000 residents 65+.



Source: Members with no 2027 plan to land in: CMS 2027 Plan Crosswalk (Oct 1, 2026), CY2027 plan file (Oct 18, 2026), CPSC enrollment October 2026; residents 65 and over: US Census Bureau ACS 2020 to 2024 5 year, table B01001. Our join, Oct 24, 2026. County shapes: US Census Bureau cartographic boundary files 2024. Connecticut and the Virgin Islands are MISSING: ACS 2024 uses Connecticut planning regions, CMS still uses the old counties, and ACS has no Virgin Islands table. Built Oct 24, 2026.

The 5 hardest hit counties with 1,000 or more residents 65+

COUNTY	RESIDENTS 65+ (± MARGIN)	MA MEMBERS PER 100 RESIDENTS 65+	NO PLAN TO LAND IN	PER 1,000 RESIDENTS 65+
Wadena, MN	2,881 ±200	74.8	1,944	675
Crow Wing, MN	16,563 ±545	72.6	10,861	656
Lake of the Woods, MN	1,026 ±134	64.9	632	616
Sherburne, MN	12,400 ±631	84.1	7,219	582
Morrison, MN	7,286 ±311	74.2	4,203	577

Source: Members with no 2027 plan to land in: CMS 2027 Plan Crosswalk (Oct 1, 2026), CY2027 plan file (Oct 18, 2026), CPSC enrollment October 2026; residents 65 and over: US Census Bureau ACS 2020 to 2024 5 year, table B01001. Our join, Oct 24, 2026. The ± column is the ACS 90% margin of error. The Minnesota note also uses the CMS CY2026 plan file (Sep 2, 2026). Built Oct 24, 2026.

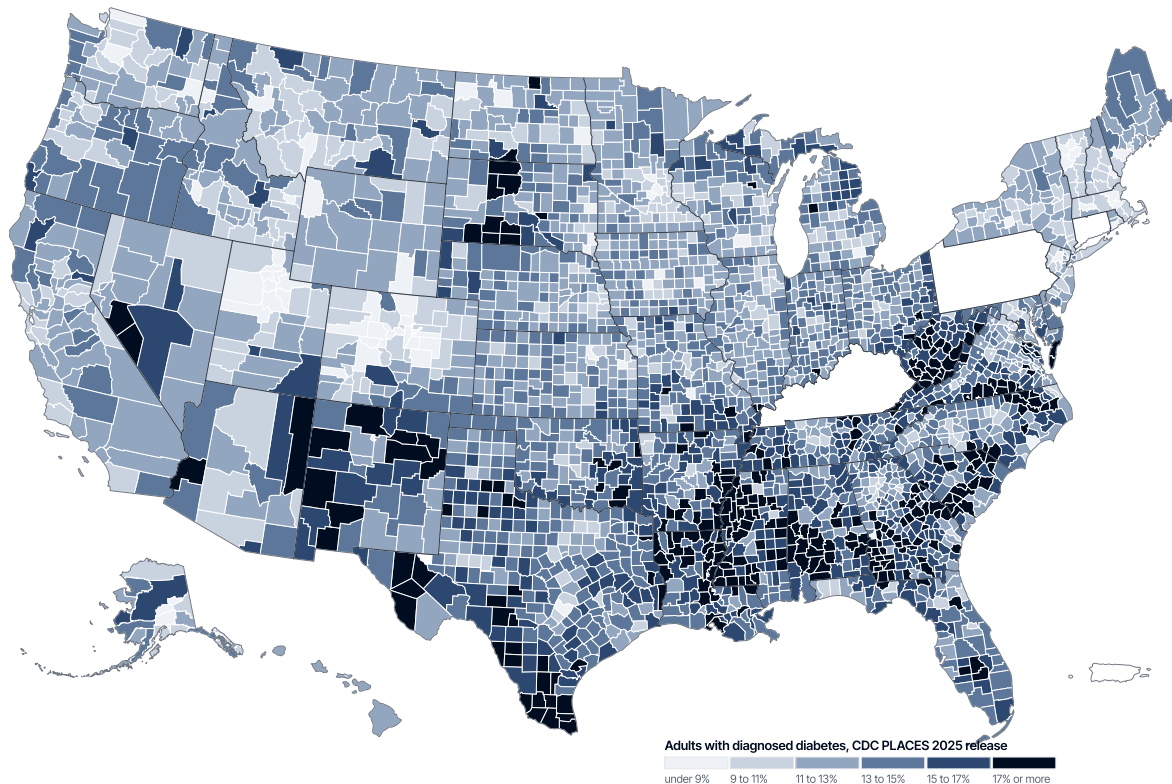
WHY MINNESOTA TOPS THE LIST.

We traced the Minnesota outliers back to the CMS files on Oct 24, 2026. The numbers hold. Blue Cross and Blue Shield of Minnesota (parent Aware Integrated) ends eight PPO plans on contract H5959, listed as "Terminated/Non renewed Contract" in the CMS 2027 Plan Crosswalk. That alone leaves 250,927 Minnesota members with no plan to land in. Medica and HealthPartners end or pull other plans. Statewide, 344,313 of 551,833 individual MA members counted (62%) have no 2027 plan to land in. In Wadena County the CMS CY2027 plan file lists 2 MA plans, both for people with Medicaid, down from 11. 18 Minnesota counties have no MA plan for 2027 open to people without Medicaid; 15 of them still have a Medicare cost plan.

NEW: CDC PLACES

Where chronic disease meets plan exits

Members who lose a plan and live with diabetes need a new network that keeps their doctors and drugs. The map shows adult diabetes by county. The table names the counties in the top quarter for diabetes with the highest exit rates.



Source: CDC PLACES County Data, 2025 release (data.cdc.gov dataset i46a 9kgh, updated Dec 4, 2025): model based estimates from BRFSS 2023, adults 18 and over, crude prevalence. Loneliness and transportation are MISSING in 11 states that skipped that BRFSS module (CO, FL, KY, OR, PA, SD, TN, TX, VT, WA, WY). County shapes: US Census Bureau cartographic boundary files 2024. Connecticut is MISSING: PLACES uses the new planning regions. Built Oct 24, 2026.

Top quarter for diabetes (at or above 15.1%), ranked by exits per 1,000 residents 65+

COUNTY	ADULTS WITH DIABETES	RESIDENTS 65+	NO PLAN TO LAND IN	PER 1,000 65+
Hamilton, FL	17.6%	2,681	898	335
Calhoun, FL	15.2%	2,506	791	316
Lake, MI	17.2%	3,423	1,049	306
Grundy, TN	16.5%	2,862	873	305
Madison, FL	16.8%	4,143	1,223	295
Washington, FL	15.1%	4,803	1,361	283
Dixie, FL	16.1%	4,081	1,138	279
Jackson, FL	15.6%	10,078	2,691	267

Source: CDC PLACES County Data, 2025 release (data.cdc.gov dataset i46a 9kgh, updated Dec 4, 2025): model based estimates from BRFSS 2023, adults 18 and over, crude prevalence. Loneliness and transportation are MISSING in 11 states that skipped that BRFSS module (CO, FL, KY, OR, PA, SD, TN, TX, VT, WA, WY). Members with no 2027 plan to land in: CMS 2027 Plan Crosswalk (Oct 1, 2026), CY2027 plan file (Oct 18, 2026), CPSC enrollment October 2026; residents 65 and over: US Census Bureau ACS 2020 to 2024 5 year, table B01001. Our join, Oct 24, 2026. Counties with 2,000 or more residents 65+. Built Oct 24, 2026.

NEW: IRS FORM 990 SCHEDULE H

What nonprofit hospitals report about community benefit and Medicare

Plans contract with these hospitals. Schedule H shows what each one spends on charity care and Medicaid, and whether Medicare pays its costs. This page reads the 467 hospital filers in the three newest IRS batches.

7.7%

median net community benefit, share of expenses

Schedule H Part I line 7k

348 of 458

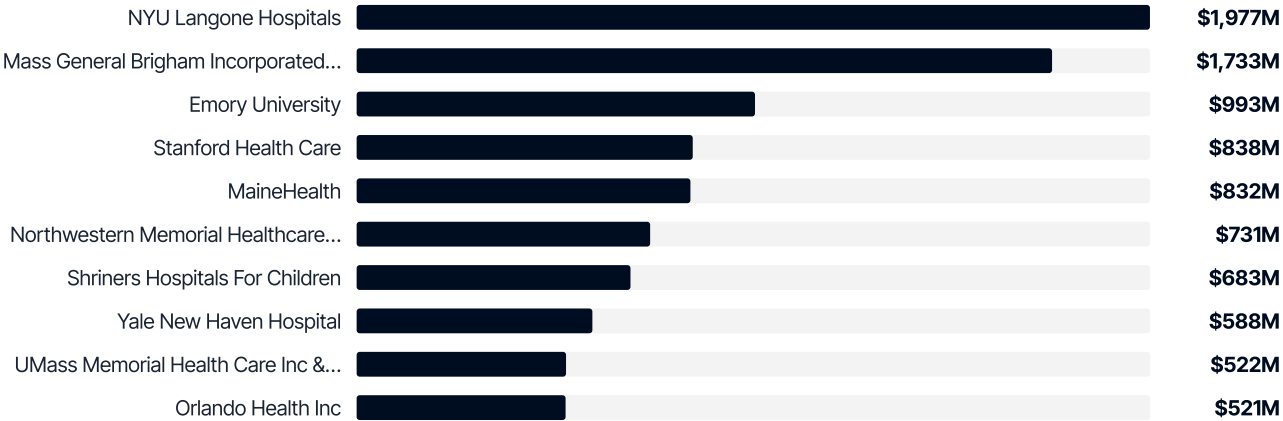
filers report a Medicare shortfall

Schedule H Part III line 7

\$11.9B

combined Medicare shortfall reported net of surpluses

Ten largest by net community benefit



Source: IRS Form 990 Schedule H, from IRS TEOS bulk XML batches 2026 07A, 08A and 09A (posted Aug 19, Sep 16 and Oct 21, 2026); our parse, Oct 24, 2026. Net community benefit is Part I line 7k. One return per EIN, latest tax period in the batches. Built Oct 24, 2026.

Charity care at cost is \$5.1B of the \$28.6B in net community benefit across these filers. An Enterprise brief can match these returns to the hospitals in your network, by name and address.

Source: IRS Form 990 Schedule H, from IRS TEOS bulk XML batches 2026 07A, 08A and 09A (posted Aug 19, Sep 16 and Oct 21, 2026); our parse, Oct 24, 2026. Net community benefit is Part I line 7k. Filers from 44 states. The full IRS 2026 posting runs to more batches; this sample reads three. Built Oct 24, 2026.

NEW: CMS COST REPORTS AND CARE COMPARE

Which hospitals lose money on patients, and how they rate

A plan network rests on its hospitals. The cost reports show which ones lose money on patient care. Care Compare shows the quality score CMS publishes for each one. Read together before a renewal, they show where a network is thin.

2,708 of 4,511

short term and critical access hospitals lose money on patient care

HCRIS, FY beginning Oct 2022 to Sep 2023

-5.8%

median rural operating margin

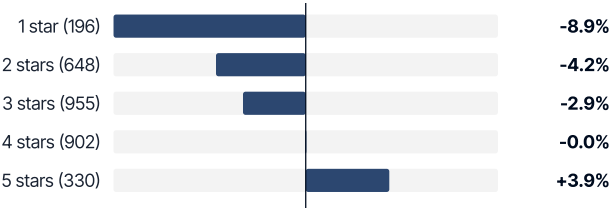
-0.8% urban

\$41.6B

cost of uncompensated care reported

HCRIS Worksheet S 10

Median operating margin by Care Compare star rating



Star ratings, urban against rural

CARE COMPARE RATING	URBAN	RURAL
5 stars	200	132
4 stars	471	435
3 stars	484	482
2 stars	304	348
1 star	98	99
No rating	364	1,002

Source: CMS Hospital Provider Cost Report (HCRIS), cost reports for fiscal years beginning Oct 1, 2022 to Sep 28, 2023, data.cms.gov, updated Oct 5, 2026. Operating margin is net income from service to patients over net patient revenue. CMS Care Compare, Hospital General Information (provider data dataset xubh q36u), updated Jul 22, 2026, pulled Oct 24, 2026. Joined on CMS Certification Number. Urban and rural per the HCRIS flag. Margins MISSING where net patient revenue is zero or blank. Built Oct 24, 2026.

Schedule H covers nonprofit filers only. Cost reports cover every Medicare hospital, so the Enterprise brief reads both for the hospitals in your network.

WHAT ARRIVES EACH MONTH

One sourced desk, without building a data team

Every month

- The County Market Report for all states: members gained and lost by county and insurer, share, stars and plan counts.
- Up to 3 Company Trackers: members, plans, counties and stars, next to the counts each company reports to the SEC.
- One full Business Question Brief and two short questions.
- A feed key for every state's JSON file, so your systems pull the data each month.

Each quarter and each season

- One Claim Check a quarter.
- In October: the national AEP County Kit and a stars change sheet.
- In February: a report on where members landed after open enrollment.

For your agents

- The AEP 2027 County Kit for FMOs for every state, with the right to share it.
- AEP County Kits and County Sheets for every state and county.
- 10 Agent Desk seats you give to your own agents, each with up to 10 counties in one state.

Feed sample

```
GET /data/feed/v1/TX.json
X-Feed-Key: YOUR_CLIENT_KEY
{ "state": "TX", "counties": [...], "plans": [...],
  "benefits_2027": [...] }
```

Public sample: healthandtechnow.com/data/demo/feed/sample-TX-harris.json

The price

\$2,000 a month

or \$20,000 a year (two months free). Six month minimum.

What the parts cost at list price

3 Company Trackers, 12 months	3 × \$350 × 12	\$12,600
4 Claim Checks, one a quarter	4 × \$1,200	\$4,800
12 Business Question Briefs	12 × \$750	\$9,000
AEP 2027 County Kit for FMOs, every state and DC	51 × \$1,500	\$76,500
AEP County Kits, all states	\$1,500	\$1,500
10 Agent Desk seats for your agents	10 × \$990	\$9,900
Total a year		\$114,300

List prices from healthandtechnow.com/data/pricing/, Oct 24, 2026. County Sheets come with the plan and are not counted, because the County Kits cover the same counties.

Add ons at list price: another Company Tracker \$350 a month, another Claim Check \$1,200, another Business Question Brief \$750, another Agent Desk seat \$990 a year.

How fast

3 business days after each CMS release.

Why trust it

Our 2027 plan benefits matched 99.8% of values in 103 Texas Humana and HCSC Summary of Benefits files (checked Oct 24, 2026). A Check sheet ties every number to its CMS file and date.

METHOD AND SOURCES

How we built every number

1. **Match.** Each 2026 plan in each county is matched to its 2027 fate in the CMS Plan Crosswalk: stays, moved by CMS to another plan, or ends. A plan that ends, or leaves the county, with no 2027 plan to land in counts as "no plan to land in".
2. **Count.** Members come from the CPSC file for October 2026, by contract, plan and county. CMS hides counts of 10 or fewer. We count them as 0, so every member figure is a floor.
3. **Group.** Contracts roll up to the parent organization exactly as CMS prints it that month.
4. **Rate.** Member weighted stars weigh each contract by its October 2026 members.
5. **Check.** Totals tie out by state and nationally (stays plus moved plus ends equals members counted: 24,654,495 + 2,117,389 + 3,159,876 = 29,931,760). A Check sheet in every client file ties each number to its file and date.

Files used in this sample

FILE	RELEASE OR DATA DATE
CMS 2027 Plan Crosswalk	Oct 1, 2026
CMS CY2027 Medicare Advantage plan file	data last updated Oct 18, 2026
CMS CY2026 Medicare Advantage plan file	data last updated Sep 2, 2026
CMS Monthly Enrollment by CPSC, October 2026	posted Oct 14, 2026
CMS Monthly Enrollment by CPSC, September 2026	Sep 2026
CMS Monthly Enrollment by Contract	Oct 2022 to Oct 2026, 10 files
CMS Monthly Enrollment by Plan	Dec 2025, Sep 2026, Oct 2026
CMS SNP Comprehensive Report	Dec 2025, Sep 2026
CMS MA State/County Penetration	Oct 2026, file dated Oct 1, 2026
CMS 2027 Star Ratings Data Tables	Oct 8, 2026
CMS 2026 Star Ratings Data Tables	measure files dated Oct 8, 2025; summary Jul 22, 2026
USDA ERS Rural Urban Continuum Codes 2023	page updated Jan 22, 2024
SEC EDGAR, UnitedHealth Group 8-K	filed Oct 13, 2026
US Census Bureau cartographic boundary files, counties and states, 1:20,000,000	2024; Connecticut counties 2020
US Census Bureau ACS 2020 to 2024 5 year, table B01001	Summary File posted Jan 29, 2026
CDC PLACES County Data, 2025 release	updated Dec 4, 2025; BRFSS 2023
IRS Form 990 Schedule H, TEOS XML batches 07A to 09A	posted Aug 19 to Oct 21, 2026
CMS Hospital Provider Cost Report (HCRIS)	FY beginning Oct 2022 to Sep 2023; updated Oct 5, 2026
CMS Care Compare, Hospital General Information	updated Jul 22, 2026

Limits

Members counted in county rows (29,931,760) sit below contract totals because CMS hides small cells. Penetration has no Alaska or Connecticut rows in the October 2026 file. This is a sample built from public files. It endorses no plan and is not enrollment advice.

Images: all charts and maps made by Health and Tech Now from the files above. Census shapes are public domain US government data.