



# Not All Medicare Advantage Plans are Created Equal: An Analysis of Variation in Screening Mammography Rates among 385 Plans

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# Screening Mammography Rates

- ▶ Prior studies have shown higher screening mammography rates in capitated managed care Medicare Advantage (MA) plans compared with traditional fee-for-service (FFS) Medicare<sup>1-3</sup>.
- ▶ But what about variation in screening mammography rates *among* MA plans?

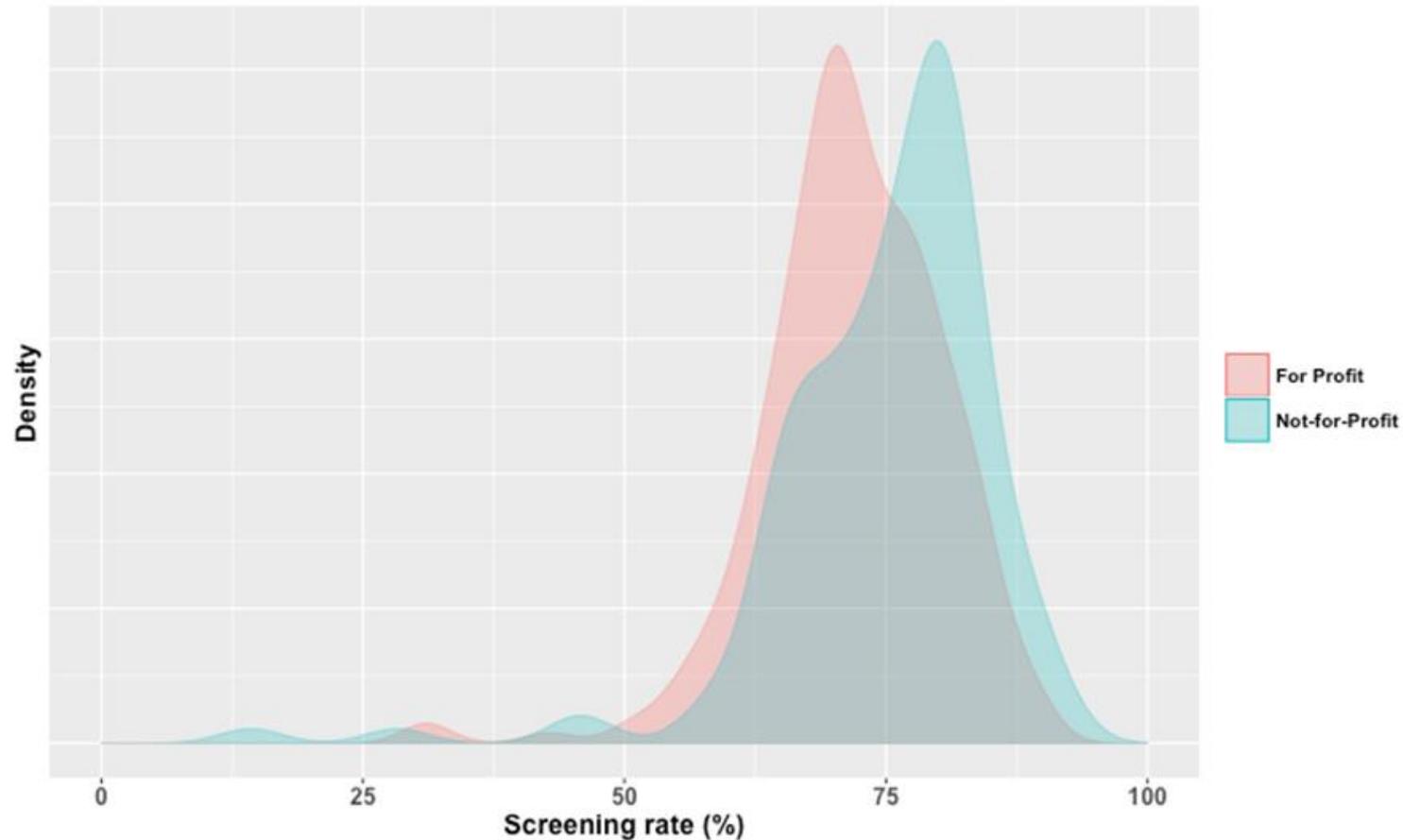
# Methods

- ▶ Screening mammography rates were identified for 385 MA plans
  - ▶ Defined as: percentage of women 50–74 years of age who underwent a screening mammogram in the prior two years.
  - ▶ Used 2016 Healthcare Effectiveness Data and Information Set (HEDIS) Public Use Files supplemented with additional MA data sets available from CMS.

# Results

- ▶ Overall MA plan screening rates were high
  - ▶ Mean 72.6% ± 9.4%
- ▶ Screening rates varied substantially between plans
  - ▶ Range 14.3-91.8%
- ▶ Screening rates were significantly higher in non-profit vs. for-profit plans
  - ▶ Non-profit (77.3%) vs. for-profit (71.8%) (all  $p \leq 0.001$ )
- ▶ Screening rates were significantly higher HMO or local PPO plans than in private FFS or regional PPO plans
  - ▶ HMO or local PPO plans screening rates: 71.9%-73.2%
  - ▶ Private FFS or regional PPO plans screening rates: 65.5%-66.8%

# Distribution of screening rates in for-profit and not-for-profit plans



# Results

- ▶ Among parent organizations with  $\geq 5$  plans, screening rates were highest for Kaiser and lowest for Molina
  - ▶ Kaiser median screening rate: 88.4%
  - ▶ Molina median screening rate: 65.3%
- ▶ Screening rates showed small but significant associations with:
  - ▶ plan contract length
  - ▶ total enrollment
  - ▶ number of counties and states served
  - ▶ percent non-Hispanic white members
  - ▶ colorectal cancer screening, annual flu vaccine rates, and other preventative services.

**Spearman Correlations of Screening Rate  
with other Medicare Advantage Plan Characteristics**

Feature	Correlation Coefficient (r)	p-value
Length of plan's contract (years)	0.181	<0.001
Plan's total enrollment	0.154	0.024
Plan's number of counties served	0.107	0.035
Plan's number of states with at least one enrolled beneficiary	0.142	0.005
Percent patients non-Hispanic White	0.224	0.001
Rate annual flu vaccine	0.796	<0.001
Colorectal cancer screening	0.798	<0.001
Ambulatory or preventive care visit (age range 45-64 years)	0.365	<0.001
Osteoporosis screening	0.347	<0.001
Unnecessary PSA screenings (over age 70)	0.283	<0.001
BMI assessment	0.350	<0.001
Improving/maintaining physical health	0.324	<0.001

# Conclusions

- ▶ Patients and policy makers should be aware of considerable variability in screening rates among plans.
- ▶ Associations with rates for other screening/preventive services suggest differences in the rigor of plans' care coordination and patient tracking/outreach systems.
- ▶ Despite federal bonuses for plans based on their Star Rating, other structural factors (e.g., plans' tax status and business line) may contribute to better performance.
- ▶ As MA plans are increasingly promoted, the underlying etiologies for this variation warrant further investigation.

# References

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- ▶ 2. Hung A, Stuart B, Harris I. The effect of Medicare Advantage enrollment on mammographic screening. *Am J Manag Care*. 2016;22(2):e53-9.
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