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

MARGARET FLEMING, MD, MSC
RICHARD DUSZAK, MD
ANDREW ROENKRANTZ, MD
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Prior studies have shown higher screening mammography rates in capitated managed care Medicare Advantage (MA) plans compared with traditional fee-for-service (FFS) Medicare\textsuperscript{1-3}.

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≤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
Among parent organizations with ≥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

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