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Thank you for joining.

The webinar will begin shortly.

Welcome to Our Webinar

Medicare Advantage vs. Traditional Medicare: New Evidence on Quality Outcomes and Performance

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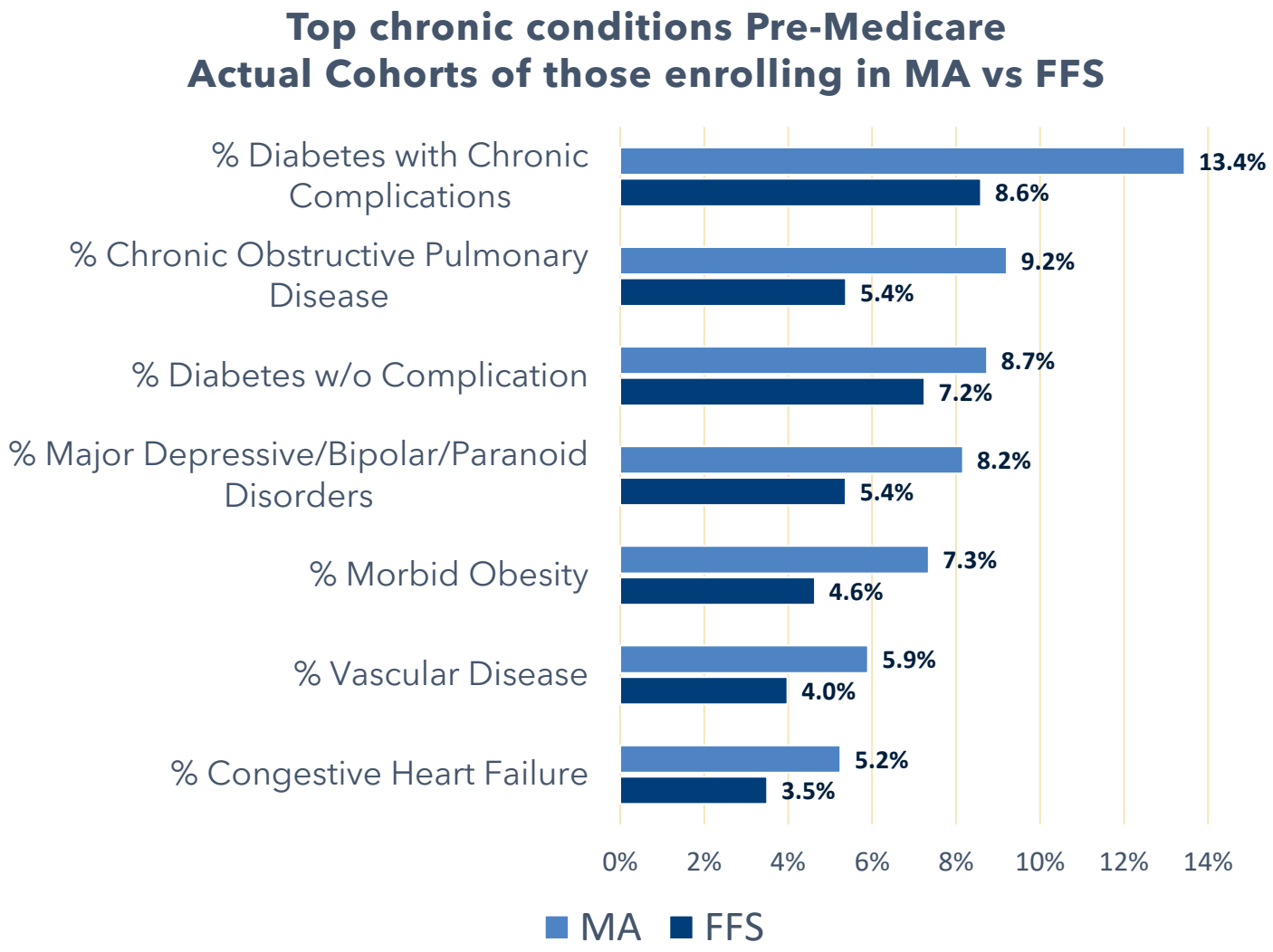
Major Advancements in Methodology

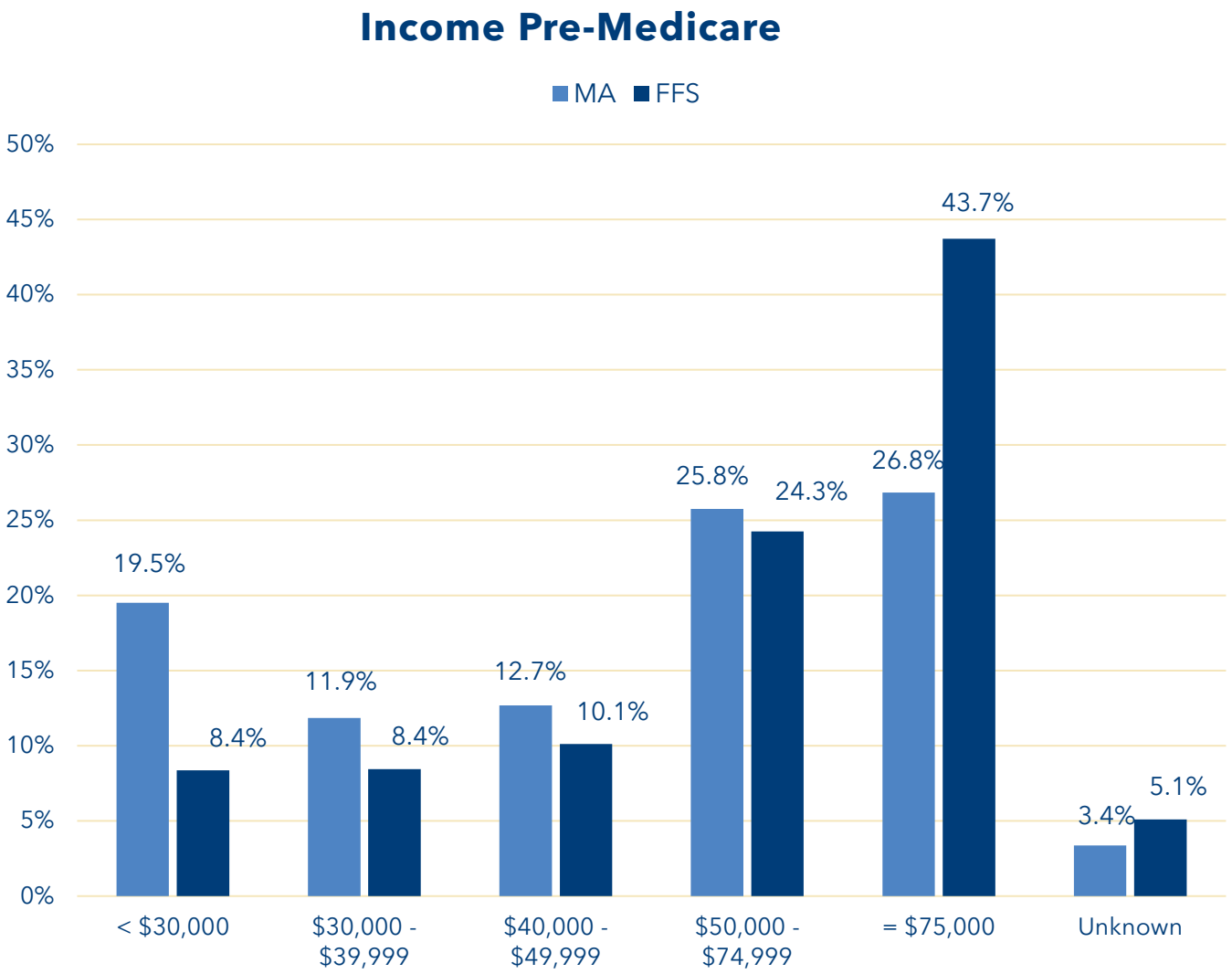
- **Improved Real-World Data:** We used 3 years pre-enrollment data from commercial or Medicaid insurance plus 2 years post-enrollment in MA vs. FFS. Data years: 2017-2023.
- **Linked Social Drivers of Health Data:** We used SDOH data linked at the near-neighborhood (9-digit ZIP) level to account for social risk factors that have been shown to increase healthcare use and cost.
- **Exact & Propensity Matching** to ensure MA vs. FFS differences reflect the Medicare program model, not differences in who enrolls in each program or differences in coding intensity after enrolling.

Those Electing MA Are Sicker



Number of Chronic Conditions Prior to MA or FFS Enrollment	Enrolls in MA	Enrolls in FFS
1 or More	44.4%	36.6%
2 or More	24.6%	17.9%
3 or More	**13.6%**	**8.7%**
4 or More	**7.5%**	**4.5%**
5 or More	**4.4%**	**2.5%**

Those Electing MA Are More Socially Vulnerable



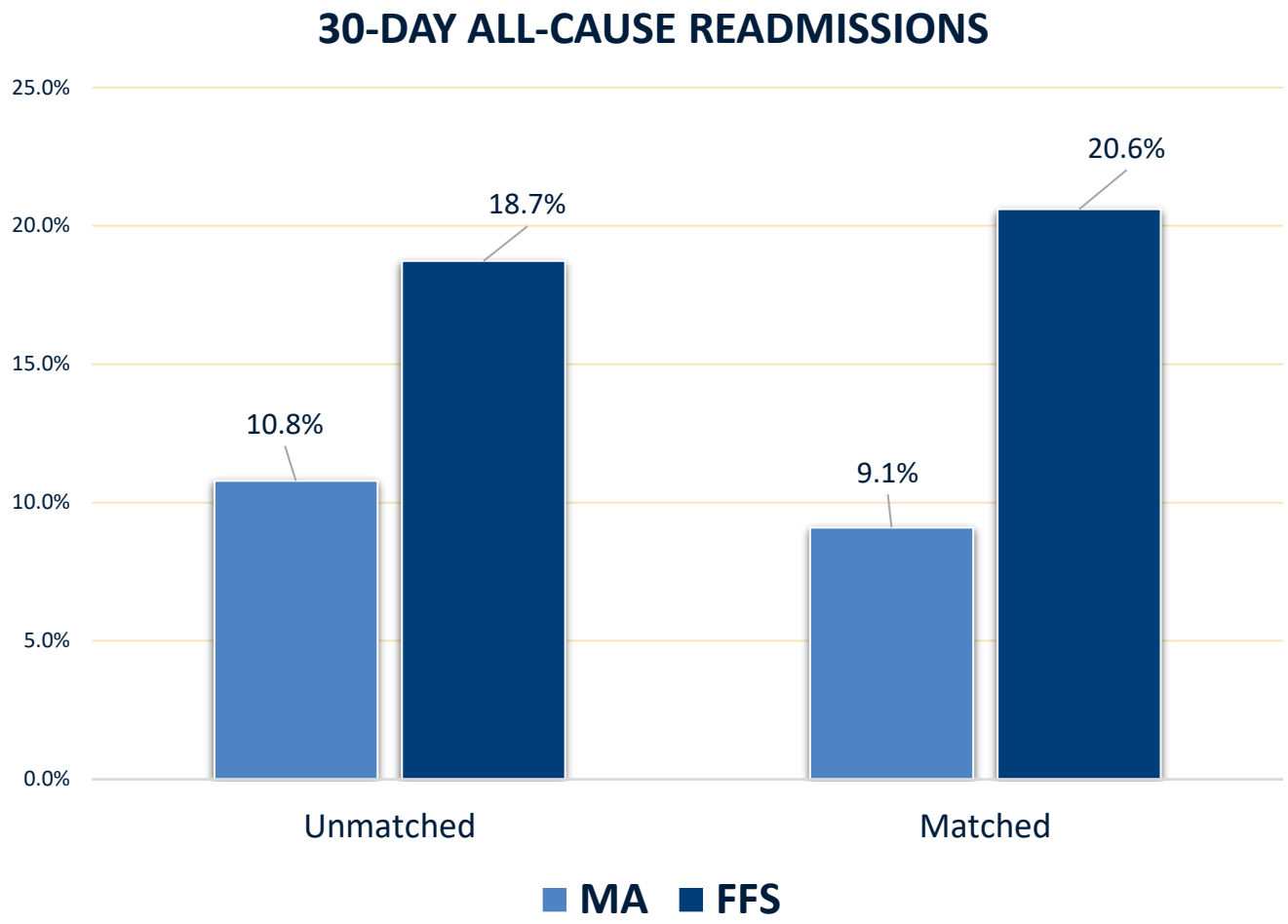
Social Vulnerability Measures (Pre-Medicare)	Enrolls in MA	Enrolls in FFS
Lives Alone	45%	38%
Owns Home	61%	67%
Owns Vehicle	91%	95%
Low English Language Proficiency	5%	3%
Member of racial/ethnic minority	28%	16%
From Medicaid (vs. Commercial)	42%	21%

MA has 1.6x more enrollees with incomes <$50K/year **(44.2% vs 26.9%).**

Comparing Medicare Populations Without Controlling for Enrollee Differences Masks Large Quality of Care Gaps Between MA and FFS

Rates of 30-Day All-Cause Readmissions *Decrease* Among MA Enrollees and *Increase* Among FFS Enrollees When Comparing Similar Beneficiaries

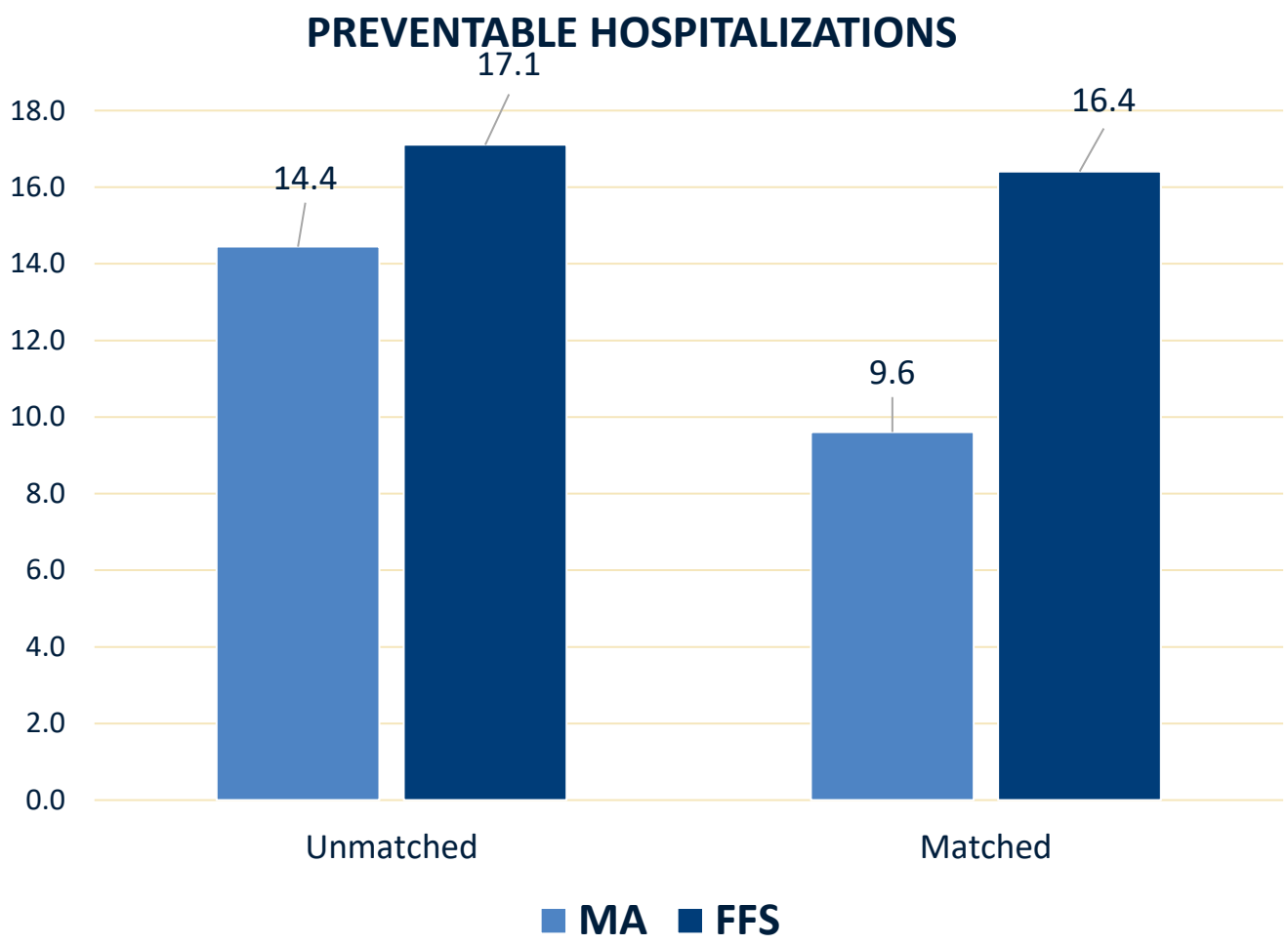
- **FFS has 73% higher 30-day all-cause readmissions** than MA in the actual unmatched cohorts
- **FFS has 126% higher readmissions** after controlling for differences in who enrolls in FFS



Comparing Actual Populations Without Controlling for Population Differences Masks Large Quality of Care Differences Between MA and FFS

The Quality Gap After Adjusting for Patient Characteristics Grows from 1.2x Higher to 1.7x Higher Among FFS Enrollees Compared to MA Enrollees

- **FFS has a 19% higher preventable hospitalization** metric using actual populations of who enrolls in MA vs FFS
- **FFS has a 71% higher preventable hospitalization** metric after controlling for differences in who enrolls in MA vs FFS



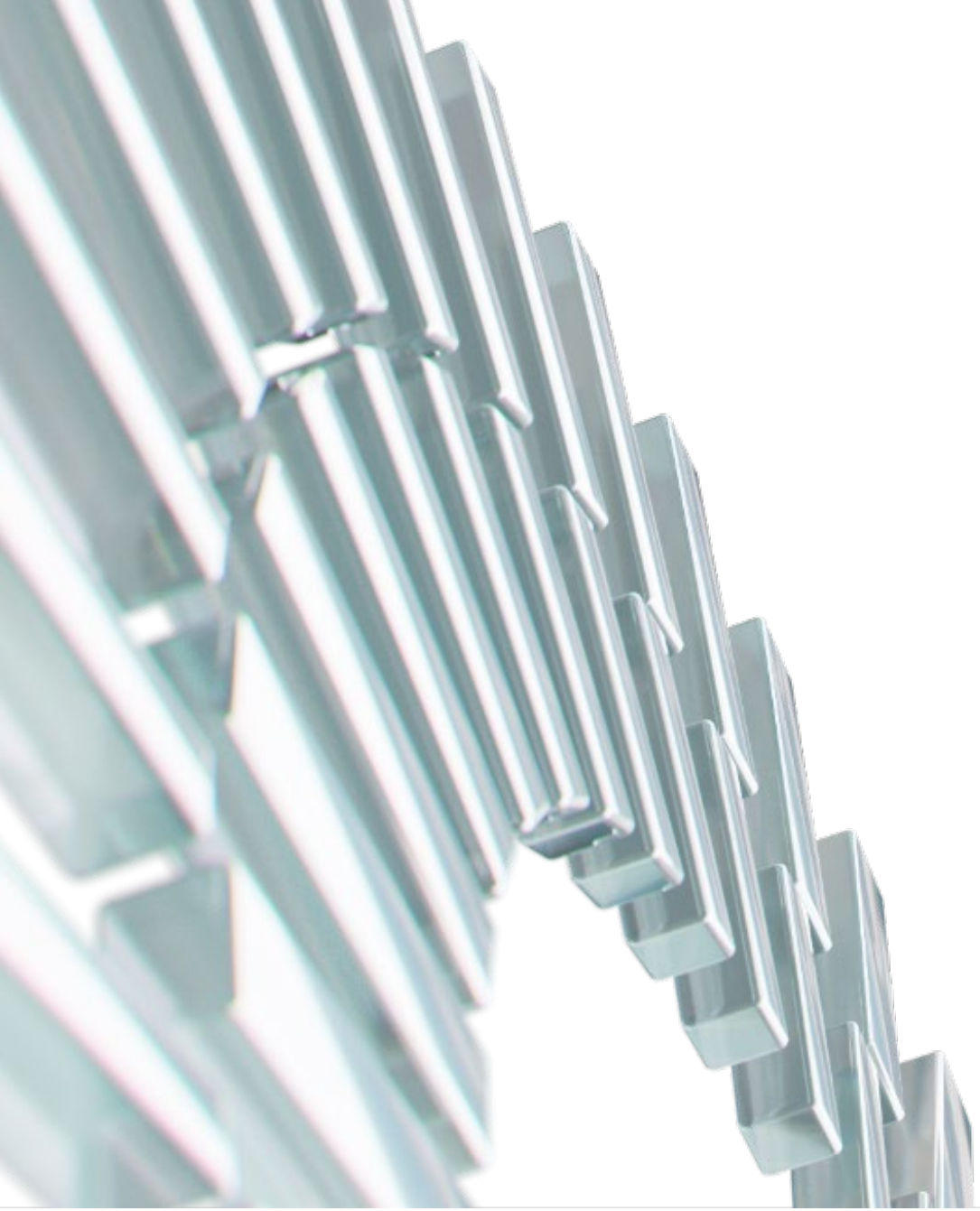
MA Delivers Better Quality Outcomes than FFS

- **FFS has 49% lower rates of colorectal cancer screening (worse)** using actual populations of who enrolls in MA vs FFS, and the **gap widens to 54% lower rates** once we control for differences in the two populations.
- **FFS has 13% higher rates of receipt of an annual flu vaccine (better)** comparing all enrollees, but only **9% higher rates** after controlling for patient characteristics.
- **FFS has 16% higher rates of receipt of an eye exam for patients with diabetes (better),** but the difference is **12% higher** after controlling for differences in the two populations.

Additional Quality Measures				
	Unmatched		Matched	
	MA	FFS	MA	FFS
Colorectal Cancer Screening	57.4%	29.4%	56.8%	26.4%
Annual Flu Vaccine	49.7%	56.3%	49.0%	53.2%
Diabetes Care – Eye Exam	66.1%	76.7%	65.0%	72.7%

Summary & Discussion

- True differences in quality can be masked when comparing different populations when there are significant differences in their demographic, clinical, and social risk characteristics.
- This is the GOAL of quality measurement—to isolate true differences in quality outcomes to focus on the most vulnerable patients.
- Understanding true differences in quality is essential to reducing avoidable costs and risk of further poor outcomes for patients.



Implications for Policy and Practice

- The results have far-reaching implications for health plans, providers, healthcare policy-makers, and other stakeholders regarding comparisons of quality of care for Medicare beneficiaries under the two types of Medicare options.
- These findings may inform strategies for Medicare program design, policy proposals, and future research.

Thank you

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Booth 234 | Oct. 4-7

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Methods: Matching

Exact Matching

Based on:

1. Commercial vs. Medicaid, Pre-65
2. HMO vs. PPO
3. Census Division
4. Year of First Medicare Enrollment
5. Total Costs, Pre-65

Propensity Score Matching

Matching enrollees with similar demographic + enrollment + clinical + SDOH characteristics using modeling techniques.

- Each beneficiary who met inclusion criteria and enrolled in MA is paired with 5 members with the same profile who enrolled in FFS (1:5 match).
- These complementary multilayered approaches to matching help to ensure that findings **reflect differences in program performance** and do not reflect differential selection into MA vs FFS or coding differences after enrollment.