

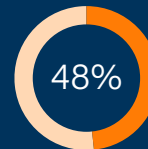
Cancer Care in Medicare Advantage

Better Medicare Alliance engaged ATI Advisory to examine the experience of cancer patients and survivors in Medicare Advantage (MA). The series includes a quantitative and qualitative component and was designed to include data analytics, policy reviews, and stakeholder interviews. **The flexibilities in MA allow health plans, in partnership with other partners, to offer additional cancer care services and benefits across preventative care, therapy programs, and palliative and hospice care.**

Key Findings

- 1 Medicare beneficiaries experience cancers at similar rates across the MA and FFS programs.
- 2 Despite the demographic and social need differences, MA beneficiaries are as likely or more likely than FFS beneficiaries to have received key cancer screenings within the past year. Research interviewees focus on screening and risk assessment for early detection and intervention on cancer.
- 3 In cancer care, interviewees deliver palliative care that addresses whole-person needs and beneficiary preferences.
 - Early conversations around palliative care focus on providing relief from the symptoms and stress of an illness. Understanding advanced care planning options and preferences further alleviate the challenges often associated with chronic conditions like cancer.
- 4 Interviewees who serve MA cancer patients or survivors also focus on care management that simplifies care navigation and addresses social needs.
 - Addressing social needs is important in overcoming barriers to improve outcomes for chronic conditions like cancer. Between supplemental benefits and care models, health plans and partners are able to include social support and services in MA beneficiary care plans.

- 5 MA beneficiaries with cancer or who survived cancer are demographically different and experience social disadvantage at higher rates than FFS beneficiaries with cancer or who survived cancer.



Nearly half (48%) of MA beneficiaries have incomes under 200% of the federal poverty level.

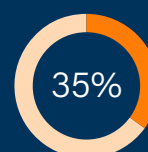


One-fifth (20%) of MA beneficiaries experience food insecurity.

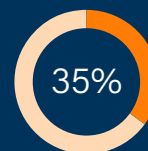


Almost 20% of MA beneficiaries identify as Black or Latino.

- 6 Innovative care models like value-based care and capitated payments incentivize high-value care coordination and management, leading in part to lower out-of-pocket and premium costs for MA beneficiaries.



Among beneficiaries with a current or previous cancer diagnosis, MA enrollees spend nearly 35% less on out-of-pocket and premiums costs relative to FFS enrollees.



Similarly, among beneficiaries with a current or previous cancer diagnosis, MA enrollees are almost 35% less likely to cost burdened by health care expenses than those in FFS Medicare.¹

1. Cost burden is defined as spending over 20% of income on health care costs.