

# Examining Health Outcomes Among Minority Populations in Medicare

With more than 34 million beneficiaries—over half of the total Medicare population—now enrolled in Medicare Advantage, the program plays a central role in the health care experience for America's seniors, including a rapidly growing and increasingly diverse population. Understanding how Medicare Advantage serves beneficiaries from different racial and ethnic backgrounds is critical to evaluating its effectiveness and informing future policy decisions.

To that end, Better Medicare Alliance engaged BRG to examine health outcomes of beneficiaries in Medicare Advantage and Fee-for-Service Medicare, with a particular focus on Black, Hispanic, and Asian American and Pacific Islander beneficiaries. The analysis was designed to better understand Medicare Advantage's impact on preventive services, care coordination, and outcomes for these populations. This fact sheet highlights key findings from [BRG's report](#).

## Medicare Advantage beneficiaries generally have higher cardiovascular, breast cancer, and colonoscopy screening rates than similar Fee-for-Service beneficiaries

- ↑ Cardiovascular screenings were 5-9% higher, with the largest difference for Hispanic Medicare Advantage beneficiaries.
- ↑ Breast cancer screenings were 4-12% higher, with the largest difference for Hispanic Medicare Advantage beneficiaries.
- ↑ Colonoscopy screenings were 4 and 7% higher for Asian American/Pacific Islander and Hispanic Medicare Advantage beneficiaries, respectively.

## Medicare Advantage beneficiaries receive an Annual Wellness Visit (AWV) or Initial Preventive Physical Exam (IPPE) at higher rates than similar Fee-for-Service beneficiaries

- 19% higher among Black beneficiaries
- 21% higher among Hispanic beneficiaries
- 9% higher among Asian American/Pacific Islander beneficiaries

## Medicare Advantage beneficiaries have a primary care visit after a hospital discharge at higher rates than Fee-for-Service beneficiaries. Rates within 7 days of discharge are

- 41% higher among Black beneficiaries
- 35% higher among Hispanic beneficiaries
- 29% higher among Asian American/Pacific Islander beneficiaries

## Beneficiaries in Medicare Advantage have lower rates of readmission to the hospital within 30 days of an inpatient discharge compared to Fee-for-Service

- 43% lower for Black beneficiaries
- 43% lower for Hispanic beneficiaries
- 38% lower for Asian American/Pacific Islander beneficiaries

## Two of the three groups of Medicare Advantage beneficiaries experience fewer potentially avoidable hospitalizations than Fee-for-Service beneficiaries

- 6% lower for Black beneficiaries
- 12% lower for Hispanic beneficiaries
- 6% higher for Asian American/Pacific Islander beneficiaries