Mammography Services Paid by Medicare: 1994-95

Rationale and Summary

Data on Mammography Services Paid by Medicare

1994-95

Key Findings

Older women face a greater risk of developing breast cancer than younger women. Yet older women do not take full advantage of the life-saving potential of mammograms to detect breast cancer early, when it may be cured. The Department of Health and Human Services (DHHS) goal for the Year 2000 is for at least 60 percent of all older women to receive a mammogram and a clinical breast exam every two years.

During the 1994 - 1995 period, no State had reached the Year 2000 goal of 60 percent. Biennial rates of mammography services by State ranged from 32.2 to 48.4 percent. On average, Caucasians had higher biennial rates (range: 34.0 to 49.0 percent) than African Americans (range: 20.2 to 45.3 percent). However, most rates did increase slightly, between 1 and 4 percentage points, from the prior 1992-1993 reporting period.

When applied to the approximately 19.5 million elderly Medicare women who receive services in the fee-for-service sector, these percentages imply over 11.5 million elderly women have not received a mammogram in the past 2 years. When translated by race, these data imply approximately 10 million Caucasian women and 1.2 million African American women did not receive this important Medicare-covered service.

HCFA Data...

- Reflect the most current biennial data on total mammography use by Medicare women aged 65 and older who are enrolled in the Part A and Part B programs.
- Are based on all mammography claims submitted by providers under Medicare Part B.
- Include Caucasians, African Americans, members of all other racial groups, and persons of unknown race in the category "all".
- Exclude approximately 9 percent of elderly women enrolled in managed care settings, such as health maintenance organizations (HMOs). Managed care settings do not submit claims for individual services.

What HCFA Mammography Data Represent

The mammography rates reported in this data book include the two types of mammograms, those that were done preventively (screening type) and those that were done because the woman had suspicious signs or symptoms of breast cancer (diagnostic type). Both types are included because the codes used to bill Medicare for mammograms are not used uniformly by all providers. Because of this variation, Medicare claims cannot reliably distinguish screening and diagnostic mammograms.

Medicare claims miss some elderly women who have had mammograms. Women who receive care in managed care settings (like HMOs), or who otherwise obtain an unbilled or free mammogram cannot be counted via Medicare claims. Free or unbilled mammograms may be provided by public and private programs administered in hospitals, clinics, mobile vans, or local organizations such as the YWCA.

HCFA National Medicare Mammography Campaign

HCFA has developed a plan to provide a framework for guiding the mammography campaign through the year 2000. The overall goal of the mammography campaign is to increase the number of female Medicare beneficiaries age 65 and older who receive a Medicare-paid mammogram at least once every two years. HCFA intends to accomplish this goal in a way that assures equity among the various diverse populations served by the Medicare program. Therefore, the campaign will specifically target African-American and Hispanic elderly women and aim to achieve at least a utilization rate of 60 percent by the year 2000.

Technical Notes

Explanation of Mammography Rates

The mammography rates reported in this data book are based on analyses of 100 percent of Medicare claims. The rates were developed using methods and assumptions which might affect comparison to other reports of mammography utilization. Details are described below.

Sources of Data

The data were derived from enrollment and claims files maintained by the Health Care Financing Administration. The enrollment file consists of a record for each Medicare enrollee with dates of enrollment, age, gender, and place of residence. The claims file consists of a record for each claim paid by Medicare, and includes the enrollee identification number, type of procedure, date of service, and allowed charges.

Methods Used in Calculating Rates

This book reports annual and biennial rates of mammography utilization by Medicare women. Two time periods are covered: January 1, 1994 through December 31, 1995 (Biennial rate of mammography) and January 1, 1995 through December 31, 1995 (Annual rate of mammography). The rates are percentages of women who received at least one mammography service.

The denominator for the rate calculation consisted of a specialized longitudinal cohort of women. For the annual rate, the cohort was comprised of women continuously enrolled in Part A and Part B of Medicare for a full 12 month time period beginning January 1, 1995. For the biennial rate, the cohort consisted of all women continuously enrolled in Part A and Part B of Medicare for a full 24 month time period beginning January 1, 1994.

Each cohort thus excluded:

A. Women who did not have Part A and Part B coverage for the entire time period.

B. Women who were ineligible for Medicare on the basis of age as of January 1, 1994 for the biennial cohort, and January 1, 1995 for the annual cohort.

C. Women enrolled in a health maintenance organization (HMO) for any period within the time frame.

D. Women who died during the time period.

The biennial denominator was smaller than the annual denominator because women were excluded for reasons A-D for an additional 12 months.

Women in groups A-D also were excluded from the numerator of the annual and biennial rates. The numerator of the rates was the unduplicated count of Medicare women in the specialized cohort who had one or more allowed charges under Medicare for mammography services during the time period. Whether a woman had a screening mammogram, a diagnostic mammogram, or some combination of the two, she was counted only once in the numerator. Women without any Medicare bills for mammography were not counted.

Medicare bills for mammograms could be absent if a mammogram was obtained free, in an HMO, or was completely paid by insurance other than Medicare. Mammograms received by women dually enrolled in Medicare and Medicaid were counted, since these services are billed to Medicare as the first payer.

The cohort included women typically missed by national telephone and interview surveys, including those living in institutionalized settings such as nursing homes, those women without telephones, and those with speech, hearing, and cognitive disabilities.

Comparability of HCFA Rates to Survey Rates

Surveys such as the National Health Interview Survey (NHIS) or the Behavioral Risk Factor Surveillance System (BRFSS) may report higher rates of mammography than those reported via Medicare claims.

In general, Medicare claims rates tend to under-report mammography utilization because they do not fully capture all mammography services or the women with the highest utilization rates, such as those women enrolled in Medicare managed care settings.

Surveys may over-report mammography utilization if they miss the poorest and sickest women with the lowest rates of mammography use. For example, a telephone survey like the BRFSS will not reach women without telephones, while a household survey like the NHIS will exclude those women living in institutionalized settings. Moreover, surveys may encounter recall problems as women tend to forget exactly how long it has been since their last mammogram.

Most probably, the "true" rate of mammography utilization lies somewhere between the Medicare claims rates and survey numbers.

National Mammography Campaign Activities

White House Initiative

The White House hosted a Medicare Mammography Initiative Meeting on February 27, 1997. The purpose of the meeting was to encourage private sector organizations to collaborate with the White House and HCFA to increase Medicare mammography utilization rates and to promote the Medicare mammography benefit. HCFA presented information about the National Medicare Mammography Campaign as well as Medicare mammography utilization rates for 1994-1995. Since the meeting, several private sector organizations, including Maidenform and the Food Marketing Institute have consulted with HCFA and have developed their own campaign materials. We will be meeting with the First Lady's staff in July to start planning for a national event in October.

Multi-City Mammography HORIZONS Project

As part of the HCFA HORIZONS Program: Special Partnerships for Special Populations, a mammography project is being conducted to develop local partnerships for Hispanic American and African American communities in six major cities - Philadelphia, Atlanta, Cleveland, Chicago, San Antonio, and Los Angeles. Partners will work together to conduct locally planned interventions to increase the rates of mammography screening for Medicare beneficiaries in these communities.

We have just completed the market research phase, examining the knowledge, attitudes and beliefs of beneficiaries and health care providers to better understand the barriers to mammography utilization in those cities. One-day meetings will be held in each of the cities, including all the key stakeholders to begin planning appropriate interventions which will be conducted by the PROs in collaboration with the partner organizations. The multi-city mammography project is a three year commitment by HCFA to increase the use of Medicare mammography screening services.

Developing and Pre-testing Mammography Campaign Slogan and Visual Materials

To support the 1995 Mammography campaign, HCFA produced a pamphlet and a poster in English and Spanish and a sample newsletter article. The theme used in 1995 was "Get a Mammogram...A Picture That Can Save Your Life." Neither the message nor the graphic design were tested with Medicare beneficiaries. Prior to printing new materials for the 1997 Breast Cancer Awareness Month, focus groups are being conducted with Medicare beneficiaries. This information will be used in designing and preparing mammography visual materials (e.g., postcards, posters, stickers, bookmarks) for the mammography campaign.

Preventive Screening Services Project

A collaborative project with CDC and Maryland's Department of Health and Mental Hygiene is being conducted to evaluate the effectiveness of physician referral, prompted by an office reminder system for mammography and pap smears utilization (as reflected in Medicare billing data) for Medicare African-American beneficiaries age 65 and older.

Mammography Data Books and Distribution

There has been a great deal of interest from a variety of sources for current mammography data books. HCFA will print mammography data books for 1994-1995 Medicare mammography utilization rates, the most current data available. As soon as they are available, HCFA will distribute the books to the appropriate national organizations and the regional offices will disseminate the data books directly to their mammography partners in the regions.

Partnering with the National Cancer Institute (NCI)

The NCI has developed an educational mammography campaign targeted to women 40 and over as well as health care providers. The plan's message is that mammography is the best tool available for early detection of breast cancer. The Medicare mammography team is collaborating with NCI on this initiative. HCFA will be participating in the following planned activities: (1) a media tour and a seminar for magazine health writers will be conducted in New York to educate the media to ensure that the mammography messages are communicated accurately (2) a media event will be held in September to prime the media in preparation of Breast Cancer Awareness Month and (3) a massive outreach effort to health professionals.

Partnering with the Centers for Disease Control (CDC)

The CDC's National Breast and Cervical Cancer Early Detection Program funds grantees to reduce mortality and morbidity from breast cancer. In April 1997, Medicare mammography team members met in Atlanta with staff from the Program Services Branch and the Division of Cancer Prevention and Control in the National Center for Chronic Disease Prevention and Health Promotion. The purpose of the meeting was to share information. A number of areas of mutual interest were identified. The team is exploring opportunities for future collaboration.

Partnering with the Food and Drug Administration's (FDA) Women's Health Group

The Food and Drug Administration's Office of Women's Health is conducting consumer information campaigns targeting women over age 45. Their theme is "Take Time to Care" and they are conducting pilot projects in Hartford and Chicago. They plan to include information about mammography in future pilots. Member of the Medicare mammography team have met with the staff to learn more about their activities and to identify opportunities for collaboration. FDA's Office of Women's Health is very interested in pursuing a partnership with HCFA.

Partnering with the Federal Coordinating Committee on Breast Cancer

HCFA is a member of the Federal Coordinating Committee on Breast Cancer, chaired by Susan Blumenthal, Director, Office of Women's Health. The Medicare mammography team has provided information to the committee which will be included on the World Wide Web Gateway to Federal Breast Cancer Programs web site. We will update the information as necessary. Additionally, new funds have recently become available to the committee to support innovative and cross-cutting projects to reduce breast cancer. HCFA will participate in determining the scope, mechanisms, and priorities for support of these projects.

Partnering with Encore*plus*

Encore*plus* is a unique public-private-nonprofit partnership with CDC, Avon Products, Inc., and the YWCA. The Encore*plus* grantees, located in 78 sites in 30 States, help medically underserved women over 50 get their annual mammograms. Officials from the YWCA have met with Mammography team members and are very interested in developing a collaborative relationship with HCFA. They have identified several cities that they are proposing to partner with HCFA regional offices. The team is working together with Encore*plus* to foster our partnership.