

# Do Medicaid Enrollees in Managed Care Plans Receive Similar Care Compared with Commercial Populations?

Landon BE, Schneider EC, Normand ST, et al. *Quality of care in Medicaid managed care and commercial health plans.* JAMA 2007;298:1674–81.

## Study Overview

**Objective.** To examine the quality of care received by enrollees in Medicaid-only, commercial-only, and Medicaid/commercial plans.

**Design.** Cross-sectional study.

**Setting and participants.** 383 plans that reported quality of care data to the National Committee for Quality Assurance for 2002 and 2003, including 204 commercial-only plans, 142 Medicaid/commercial plans, and 37 Medicaid-only plans. Plan performance was compared between (1) Medicaid enrollees in Medicaid-only and Medicaid/commercial plans, (2) commercial enrollees in commercial-only and Medicaid/commercial plans, (3) all plans serving the Medicaid population and all plans serving the commercial population, and (4) Medicaid and commercial enrollees within Medicaid/commercial plans.

**Main outcome measures.** Performance on 11 quality indicators from the Healthcare Effectiveness Data and Information Set (HEDIS) applicable to the Medicaid population: (1) childhood immunizations, (2) adolescent immunizations, (3) breast cancer screening, (4) cervical cancer screening, (5) chlamydia screening, (6) controlling high blood pressure, (7) glycosylated hemoglobin testing in diabetes, (8) glycosylated hemoglobin control ( $\leq 9\%$ ), (9) use of appropriate medications for asthma, (10) prenatal care timeliness, and (11) postpartum care.

**Main results.** Among Medicaid enrollees, performance on the 11 quality measures was similar for Medicaid-only and Medicaid/commercial plans. Plan performance for commercial population was similar in the commercial-only plans and the Medicaid/commercial plans. Overall, across all plan types, the performance for the commercial population exceeded that of the Medicaid population on all measures except chlamydia screening. The difference in performance ranged from 4.9% ( $P < 0.002$ ) better performance in hypertension control to 24.5% better performance ( $P < 0.002$ ) for appropriate postpartum care. Differences were similar for Medicaid and commercial populations treated within the same plan.

**Conclusion.** Medicaid managed care enrollees receive lower-quality care than enrollees in commercial managed care health plans.

## Commentary

Between 1994 and 2004, enrollment in Medicaid managed care more than tripled from 7.9 million to more than 27 million beneficiaries [1]; however, few studies describe the quality of care Medicaid managed care enrollees receive. One study in children and adolescents [2] found that commercial managed care plans outperformed Medicaid managed care plans on HEDIS measures.

Similarly, in this study by Landon et al, Medicaid enrollees, whether enrolled in a commercial plan or a Medicaid-only plan, received lower-quality care compared

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with commercial populations. However, there was no difference in the care Medicaid populations received in combined Medicaid/commercial plans or Medicaid-only plans. This suggests that the type of plan is a less important factor in quality performance than characteristics of the patient population and providers, access to care, and patterns of seeking care. All these factors may interact and contribute to the lower quality of care observed. However, the Medicaid population tends to be associated with lower-quality care, and this may be a major confounder of the findings. On the other hand, this national study demonstrates that managed care has not been able to improve the quality of care delivered to Medicaid enrollees. This high-risk population may require more intensive outreach, tailored interventions, and follow-up to ensure receipt of recommended care.

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### **Applications for Clinical Practice**

Physicians who care for Medicaid patients enrolled in managed care plans should recognize that this population generally is not receiving care comparable with that received by commercial populations.

—Review by Salomeh Keyhani, MD, MPH

### **References**

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