

Breast Cancer Screening Disparities in People Enrolled in Medicare

Why is it important to get breast cancer screening?

Approximately one in eight women will be diagnosed with breast cancer during their lifetime, making it among the most common types of cancer in women in the United States.¹ Although rare, men can also get breast cancer. When caught early, breast cancer is very treatable with a 5-year relative survival rate of 91.2%.²

The best way to find breast cancer early is through screening. Screening, most commonly mammography, looks for signs of cancer before symptoms may be noticeable to the patient. The goal of screening tests is to find cancer at an early stage when treatment may lead to a cure.³

Who should receive breast cancer screening?

It is possible for women to develop breast cancer at any point over the course of their lifetime. However, breast cancer is most frequently diagnosed among women aged 65–74.² The United States Preventive Services Task Force recommends screening mammography every two years for women aged 40 to 74 years who are of average risk.⁴ The Women's Preventive Services Initiative recommends that average-risk women initiate screening mammography no earlier than age 40 and no later than age 50.⁵ Both sets of recommendations state that patients should work with their healthcare team to determine what cadence of screening is appropriate for them. Women at higher-risk (e.g., individuals with BRCA mutations, family history of breast/ovarian cancer) should also work with their healthcare team to determine when they should begin screening and how often the screening should take place.



Benefits of using proven strategies

Breast cancer screening can:

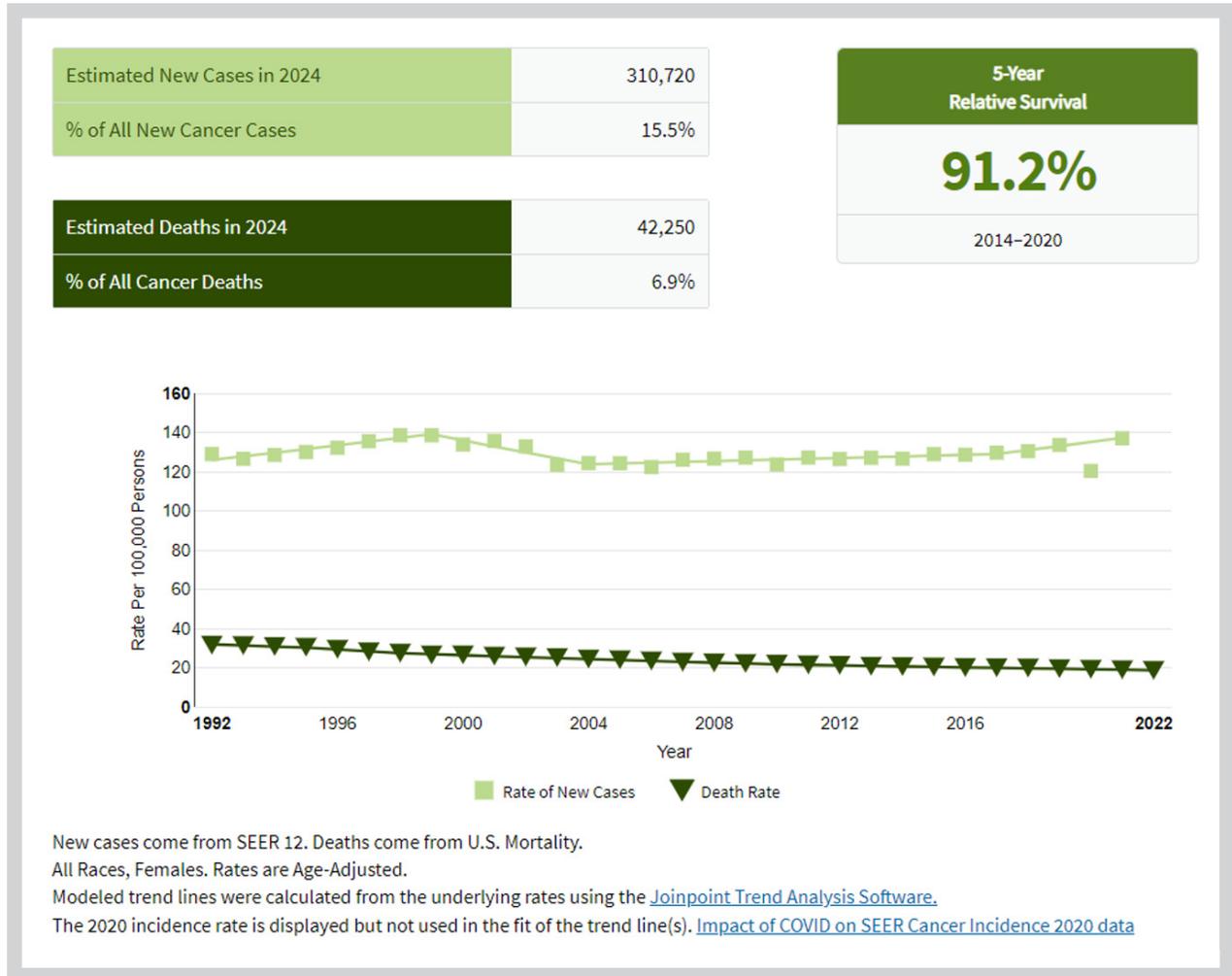
- **REDUCE** deaths. Compared to no screening, screening every 2 years for women aged 50 to 74 reduces breast cancer deaths by 26%, or 7 deaths averted for every 1,000 women screened.
- **DECREASE** the number of women diagnosed with late-stage cancer. Screening has contributed to a 29% reduction in the number of women diagnosed with breast cancer that has spread to other parts of the body.
- **DETECT** cancer sooner when it is easier to treat. Almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more, compared to about 32% of those diagnosed at the most advanced stage.
- **REDUCE** health care spending. Breast cancers diagnosed at an early stage are much less expensive to treat than those diagnosed at a late stage.

About 5.3% of U.S. women aged 40 to 64 were eligible for NBCCEDP breast cancer screening services during 2016–2017, based on income and lack of health insurance. The program served 15% of eligible women during this time.⁶

What are the benefits of breast cancer screening?

Breast cancer screening is important because it decreases the number of women diagnosed with late-stage cancer, therefore increasing the 5-year survival rate as shown in **Figure 1**. Almost 99.6% of women diagnosed with breast cancer at the earliest stage live for 5 years or more, compared to about 31.9% of those diagnosed at the most advanced stage.²

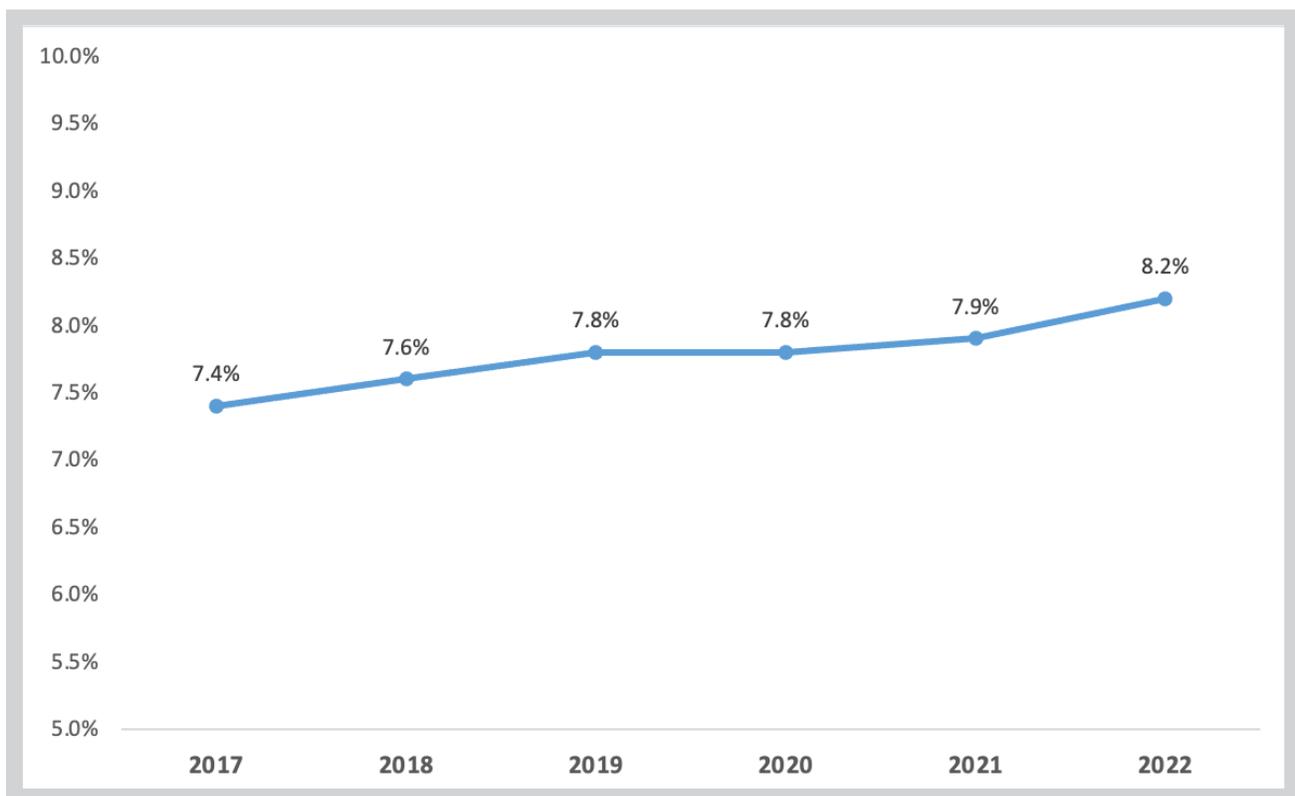
Figure 1. Cancer stat facts: Female breast cancer



What is the prevalence rate of breast cancer among people enrolled in Medicare? Are there any disparities in enrollees who are getting breast cancer screening?

The Centers for Medicare & Medicaid Services' (CMS) chronic condition data as shown in **Figure 2** presents that 8.2% of females enrolled in Medicare fee-for-service (FFS) had claims with a diagnosis of breast cancer in 2022, and the prevalence rate increased over time during 2017–2022.⁷ The [Mapping Medicare Disparities Tool \(MMD Tool\)](#) developed by CMS Office of Minority Health presents the prevalence rate of breast cancer and screening mammography among females enrolled in FFS varied by year, age group, race and ethnicity, Medicare and Medicaid dual eligibility, original reason for entitlement, and geographic areas (Figure 3 – 8).⁸

Figure 2. Prevalence rate of breast cancer among females enrolled in Medicare FFS by year, 2017-2022



As shown in **Figure 3**, the breast cancer prevalence rate was higher among older age groups; FFS enrollees aged 65+ had higher prevalence rate (9%) than people aged <65 (3%), and enrollees aged 75-84 had the highest prevalence rate at 10%. The age standardized prevalence rate of breast cancer was higher among White (8%) and Black/African American (8%) enrollees than American Indian/Alaska Native (6%) Asian/Pacific Islander (6%) and Hispanic (5%) enrollees. It was higher among females enrolled in Medicare only (8%) and those whose original reason for entitlement was Old Age/Survivor’s Insurance (8%) and Disability Insurance Benefits (8%) in 2022.

Figure 3. Prevalance rate of breast cancer among females enrolled in Medicare FFS by enrollee characteristics, 2022

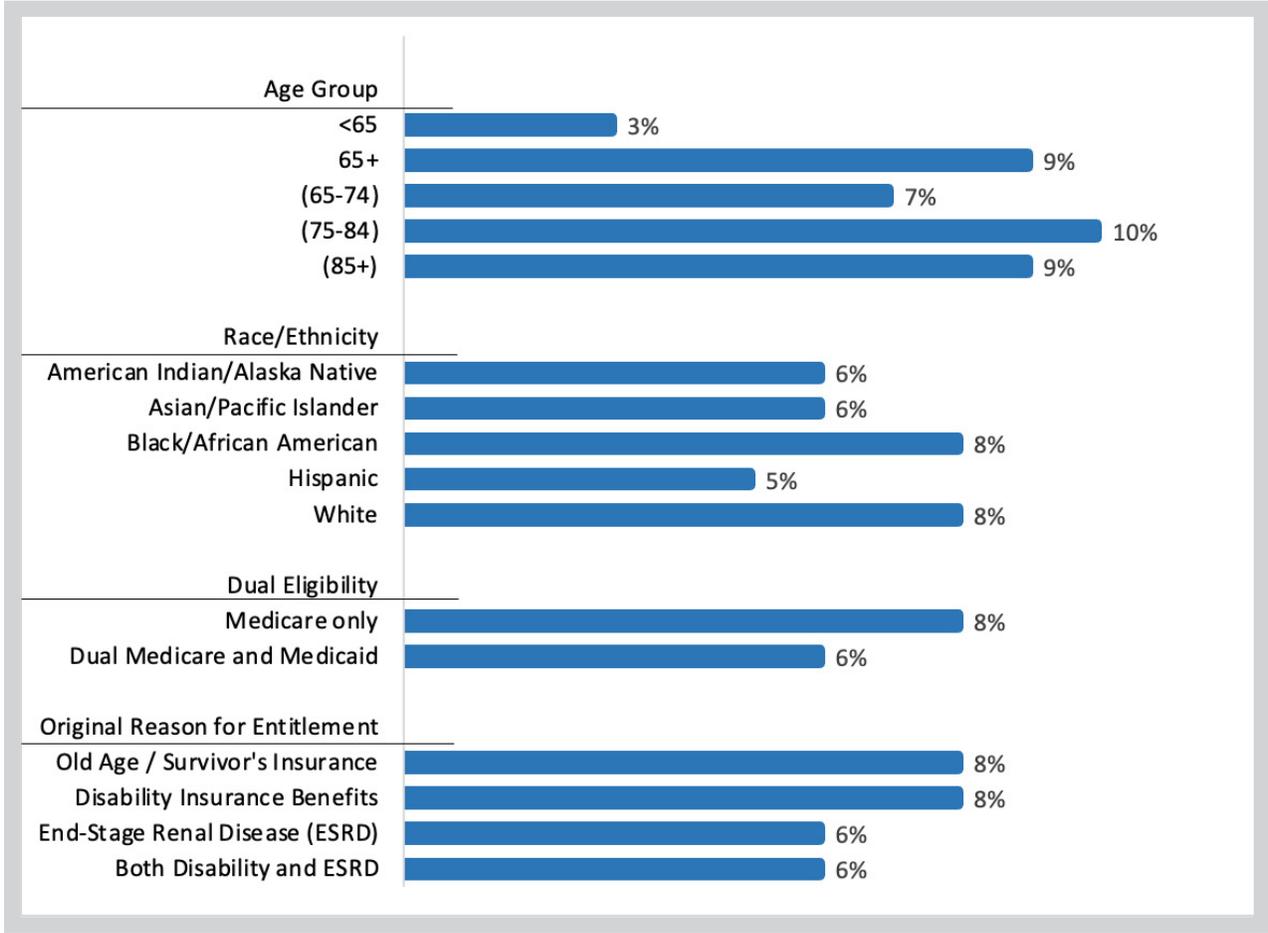


Figure 4 shows 35% of the females enrolled in FFS had screening mammography in 2022; the screening rates were between 31% to 35% during 2012 – 2022, except it dropped to 29% in 2020. **Figure 5** presents the screening rate was lower among enrollees aged <65 (25%) compared to 65+ (36%). It was higher among Whites at 35% and Blacks at 33%, and lower among Asian/Pacific Islanders at 25%, Hispanics at 23%, and American Indians/Alaska Natives at 22%. The screening rate also lower among Medicare and Medicaid dual eligible enrollees (19%) and those whose original reason for entitlement was Disability Insurance Benefits (27%), ESRD (26%), or both (26%) in 2022.

Figure 4. Screening mammography among females enrolled in Medicare FFS by year, 2012–2024

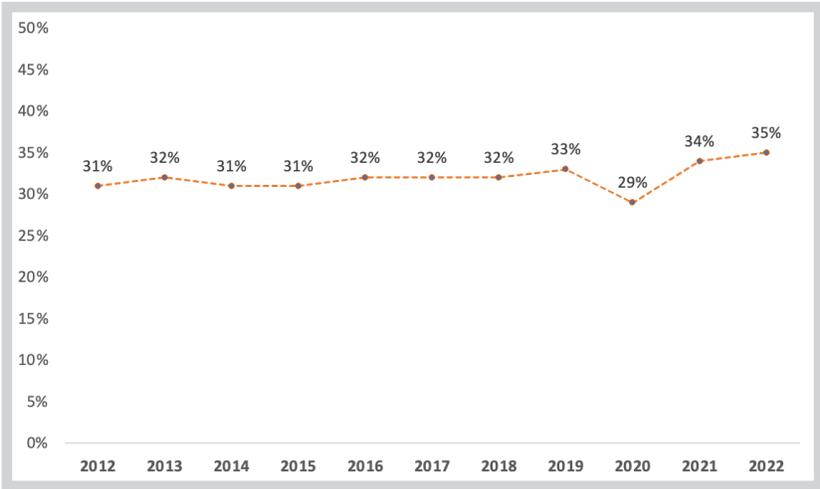
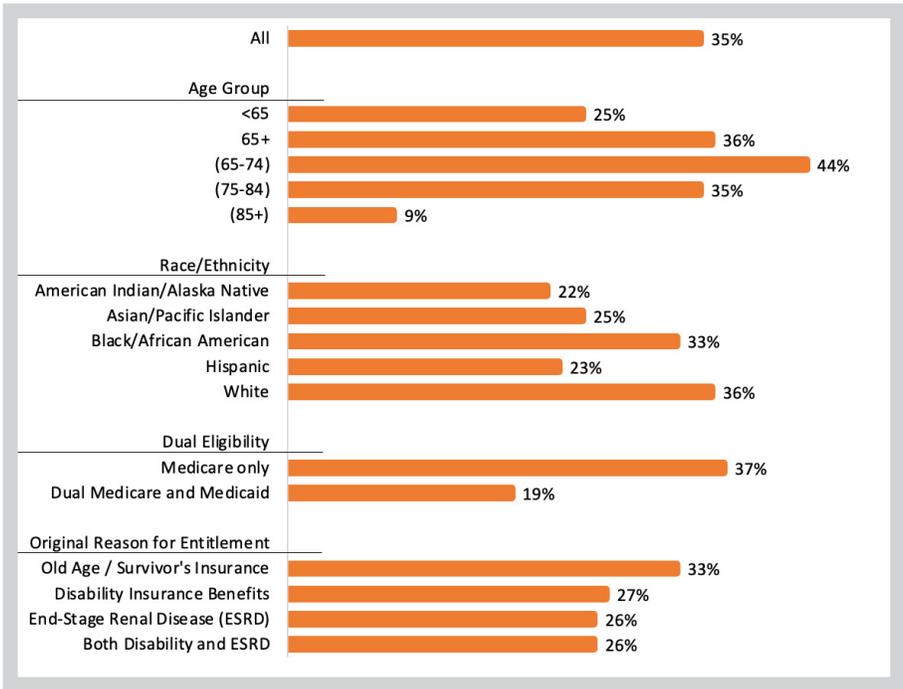


Figure 5. Screening mammography among females enrolled in Medicare FFS by enrollee characteristics, 2022



Medicare FFS enrollees had screening mammography varied by geographic areas as shown in **Figures 6 and 7**. Delaware, Iowa, Massachusetts, North Dakota and South Dakota had the highest screening rate at 42%, and Northern Marianas (4%), American Samoa (6%), Puerto Rico (14%), Virgin Islands (22%) and Guam (27%) had the lowest rate. The screening mammography rate among each minority racial and ethnic group also differed by geographic areas as shown in **Figure 8**. See the [MMD Tool](#) for details.

Figure 6. Screening mammography among people enrolled in Medicare FFS by state/territory, 2022

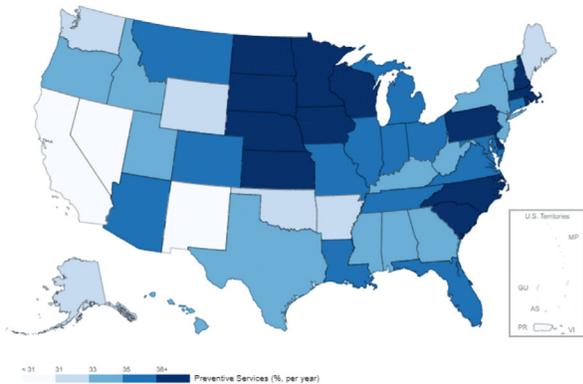


Figure 7. Screening mammography among people enrolled in Medicare FFS by county, 2022

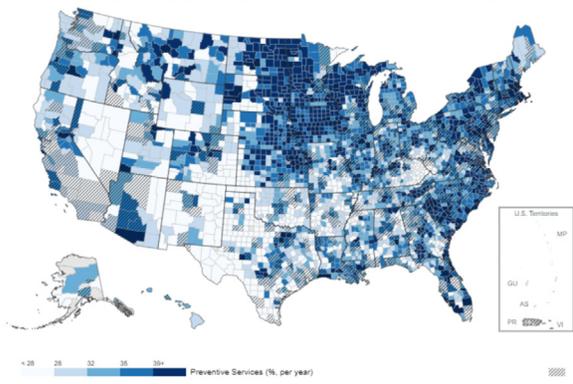
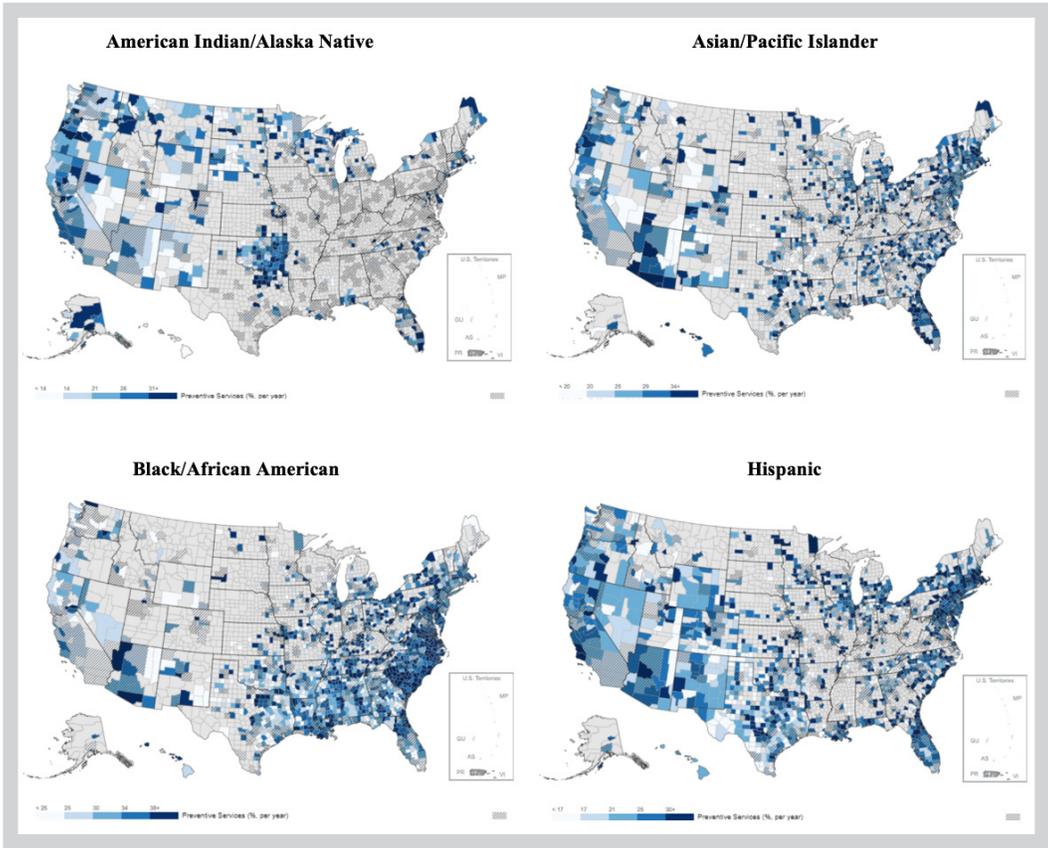


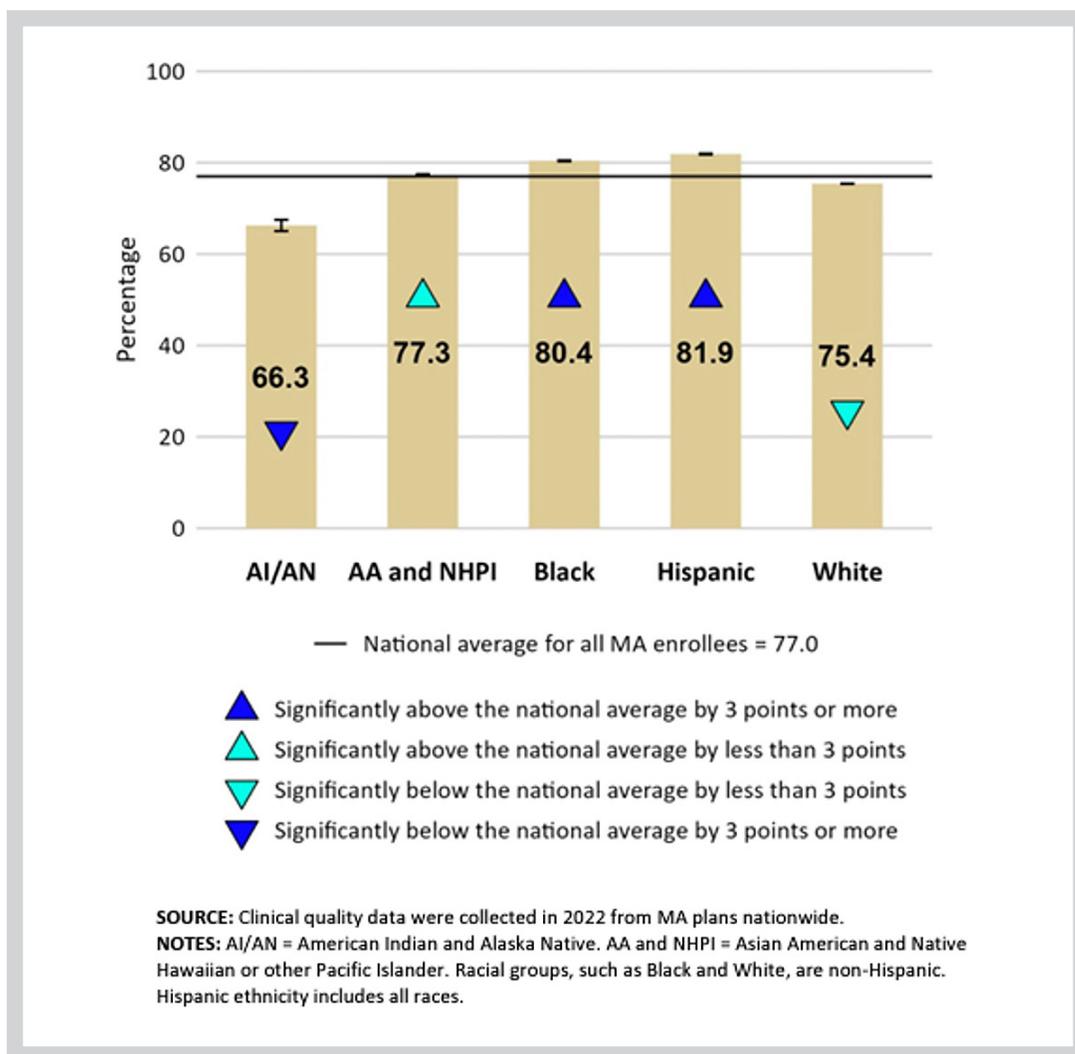
Figure 8. Screening mammography among minority race/ethnicity group females enrolled in Medicare FFS, by county, 2022



In addition to looking at breast cancer screening among people enrolled in Medicare FFS, we looked at screening rate for race/ethnicity and rural-urban status for females who are enrolled in Medicare Advantage (MA) from the reports analyzed from the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and Healthcare Effectiveness Data and Information Set (HEDIS), (Figures 9–11).^{9, 10}

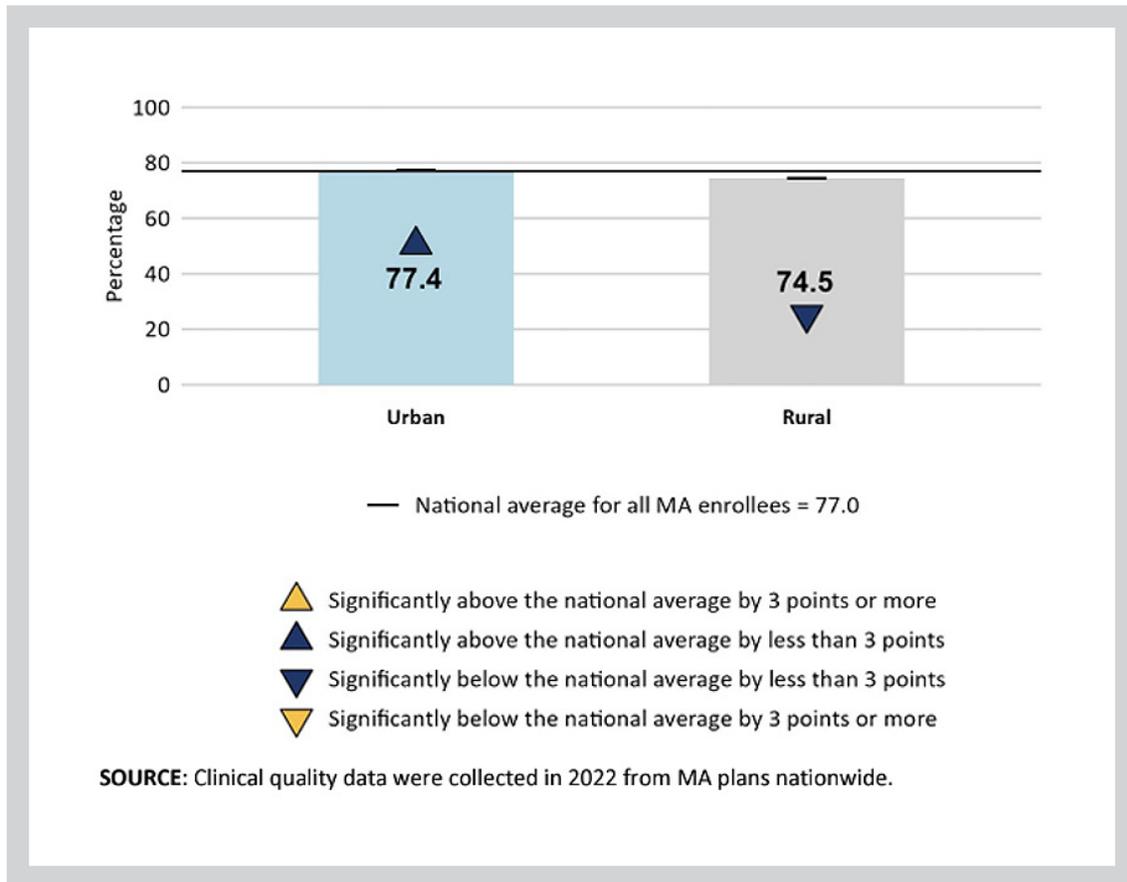
The data in Figure 9 below illustrates that Asian American and Native Hawaiian or other Pacific Islander (AA and NHPI), Black, and Hispanic women were more likely than American Indian and Alaska Native (AI/AN) and White women to have been appropriately screened for breast cancer in the reporting year 2023.⁹

Figure 9. Breast cancer screening: Percentage of female MA enrollees aged 50 to 74 years who had appropriate screening for breast cancer, by race and ethnicity, reporting year 2023



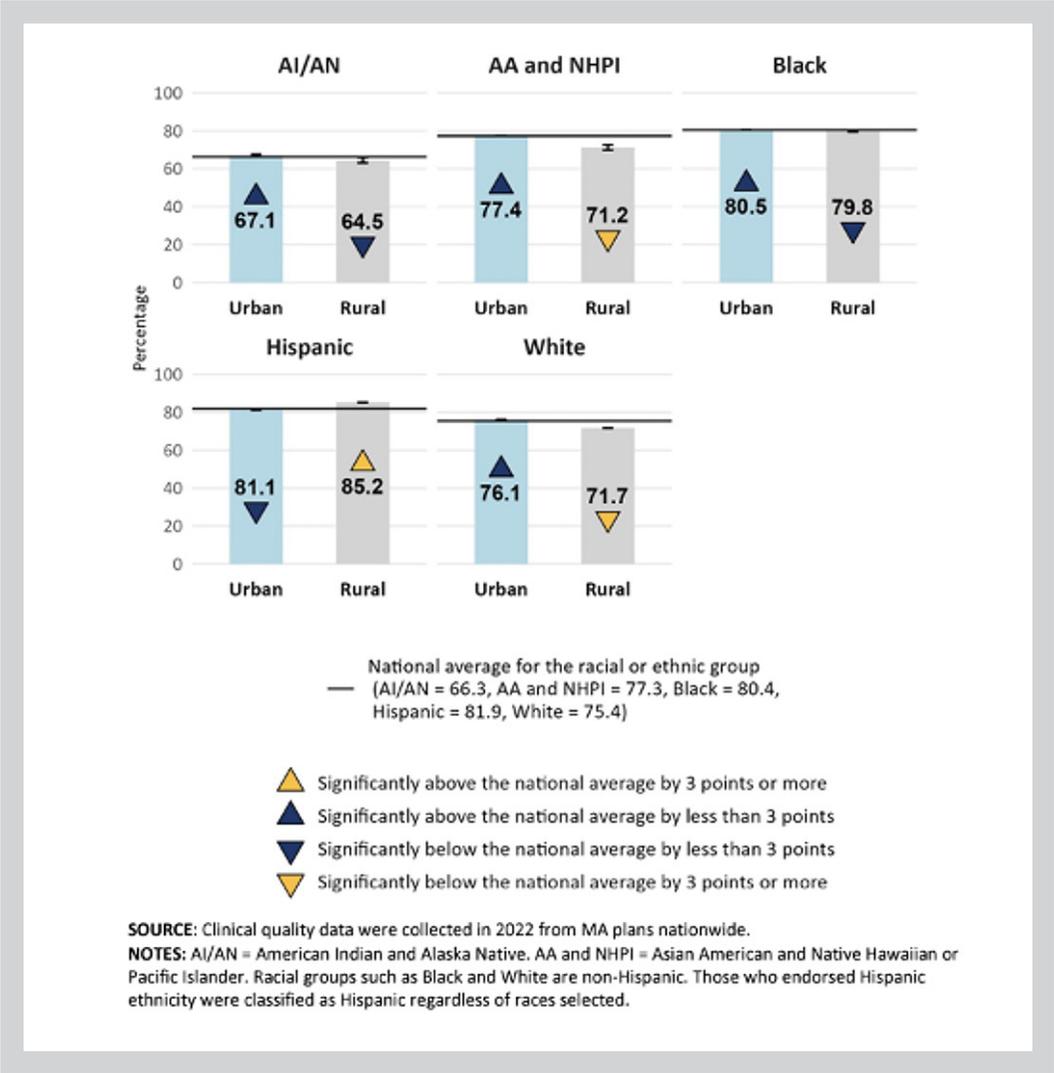
We also compared screening rate among females enrolled in Medicare MA by geography as seen in below figures. **Figure 10** shows rural women were less likely than urban women to have been appropriately screened for breast cancer in the reporting year 2023.¹⁰

Figure 10. Percentage of female enrollees aged 50 to 74 years who had appropriate screening for breast cancer, by geography, reporting year 2023



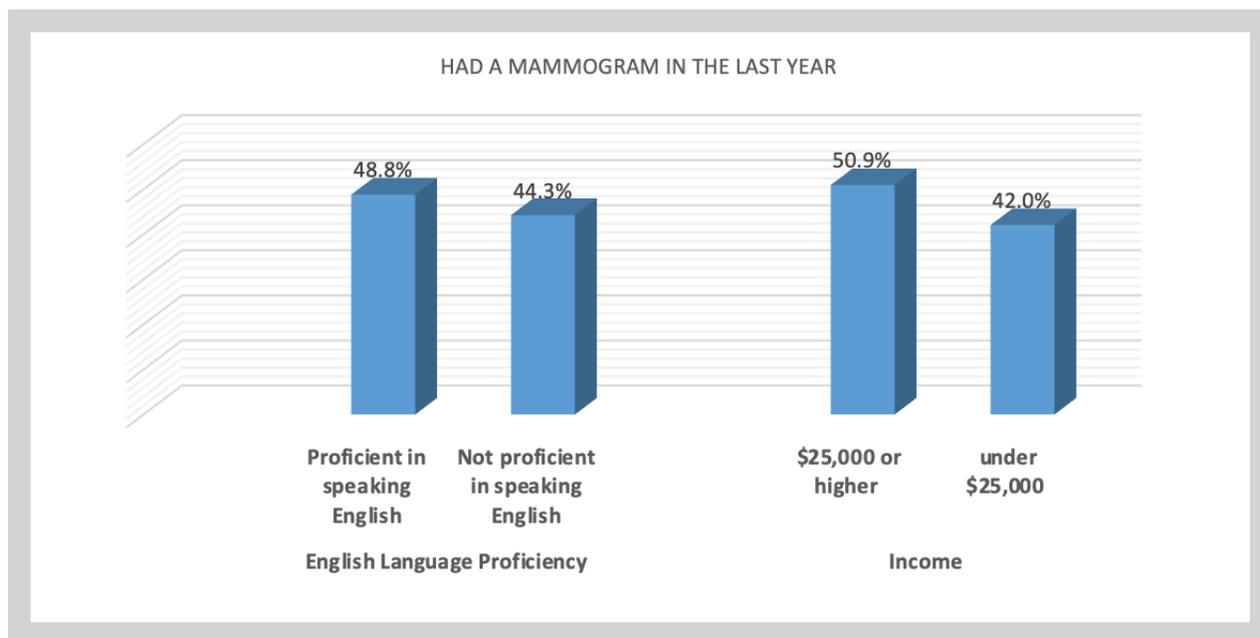
Additionally, as seen in **Figure 11** among female AI/AN, AA and NHPI, Black, and White MA enrollees, rural residents were less likely than urban residents to have been appropriately screened for breast cancer. Among Hispanic women, rural residents were more likely than urban residents to have been appropriately screened for breast cancer.

Figure 11. Percentage of female MA enrollees aged 50 to 74 years who had appropriate screening for breast cancer, by geography within racial and ethnic group, reporting year 2023



Lastly, the estimates from Medicare Current Beneficiary Survey (MCBS) for female Medicare enrollees Living Only in the Community in 2020 shows that the enrollees not proficient in speaking English and combined income under \$25,000 were less likely to have a screening mammogram than enrollees proficient in speaking English and income \$25,000 or higher as shown in **Figure 12**.

Figure 12. Screening mammography among female Medicare beneficiaries living only in the community in 2020



It is critical to remember that almost 99% of women diagnosed with breast cancer at the earliest stage live for 5 years or more. By reducing screening disparities, it is very likely that breast cancer outcomes can be improved. Medicare covers this important service.

Medicare Part B (Medical Insurance) covers¹¹:

- One baseline mammogram if the woman is between ages 35-39.
- Screening mammograms once every 12 months if the woman is age 40 or older.
- Diagnostic mammograms more frequently than once a year, if medically necessary.

Costs in Original Medicare:

- Screening mammogram: Enrollee pays nothing for the screening test if their doctor or other qualified health care provider accepts assignment.
- Diagnostic mammogram: Enrollee pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Enrollee Resources

- [Screening for Breast Cancer](#)
- [Breast Cancer Awareness](#) (Video)
- [Early detection of breast cancer can increase the survivor rate](#) (Video)
- [Is my test, item, or service covered? Mammograms](#)
- [Breast Cancer Screening \(PDQ®\)–Patient Version](#)

Provider Resources

- [National Cancer Institute - Breast Cancer Screening \(PDQ®\)–Health Professional Version](#)
- [Let’s Talk About It: Screening for Breast Cancer - Discussion guide for healthcare professionals and patients](#) (English and Spanish)
- [Women’s Preventive Services Guidelines](#)
- [American Cancer Society Guidelines for the Early Detection of Cancer](#)

References/Sources

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11. Is my test, item, or service covered? www.medicare.gov <https://www.medicare.gov/coverage/mammograms>



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