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Rural/Urban Differences in Experiences with Medicare Part D Plans

Carrie Henning-Smith, PhD, MPH, MSW
Michelle M. Casey, MS
Ira S. Moscovice, PhD

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Medicare Part D

- Optional prescription drug benefit
- Implemented in 2006
- Majority (>90%) of Medicare beneficiaries participate
- Led to significant decreases in out-of-pocket spending and increased use of prescription drugs



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Part D Plan Options

- **PDP:** Traditional “stand-alone” prescription drug plan
 - Rural residents more likely to use PDPs
- **MA-PDP:** Medicare Advantage prescription drug plan
 - Urban beneficiaries have significantly more MA-PDP options than rural



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Beneficiary Experiences

- Enrollees generally report relatively high satisfaction with the Part D program
- They also report relatively low confidence in their knowledge of Part D plan options
- Little is known about rural/urban differences in Part D experiences



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Research Objectives

- Identify whether there are differences by rural/urban location in Medicare beneficiaries' experiences with Part D plans, including:
 - The process of choosing a plan
 - Satisfaction with one's chosen plan



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Data and Sample

- 2012 Medicare Current Beneficiary Sample, Access to Care module
- Medicare beneficiaries, 65+, living in the U.S., currently enrolled in a Part D plan
- N=3,706



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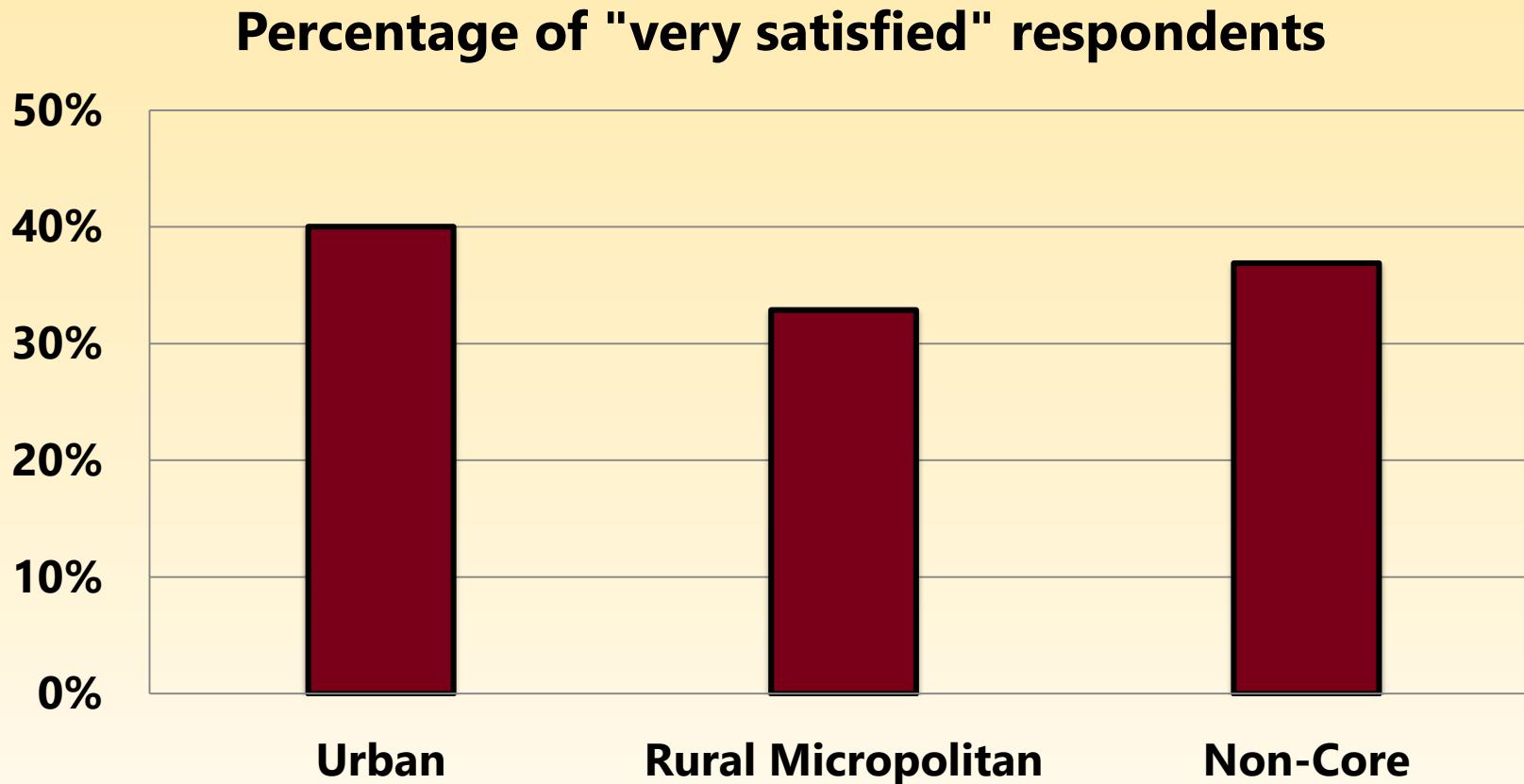
Methods

- Weighted logistic regression models, adjusting for health and socio-demographic characteristics
- OMB definition of rurality used
 - Sample was 77.9% metropolitan, 13.5% micropolitan; 8.6% rural non-core
- Outcomes:
 - Satisfaction with chosen Part D plan
 - Confidence in Part D plan
 - Satisfaction with information during decision-making process



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Satisfaction with Part D Plan

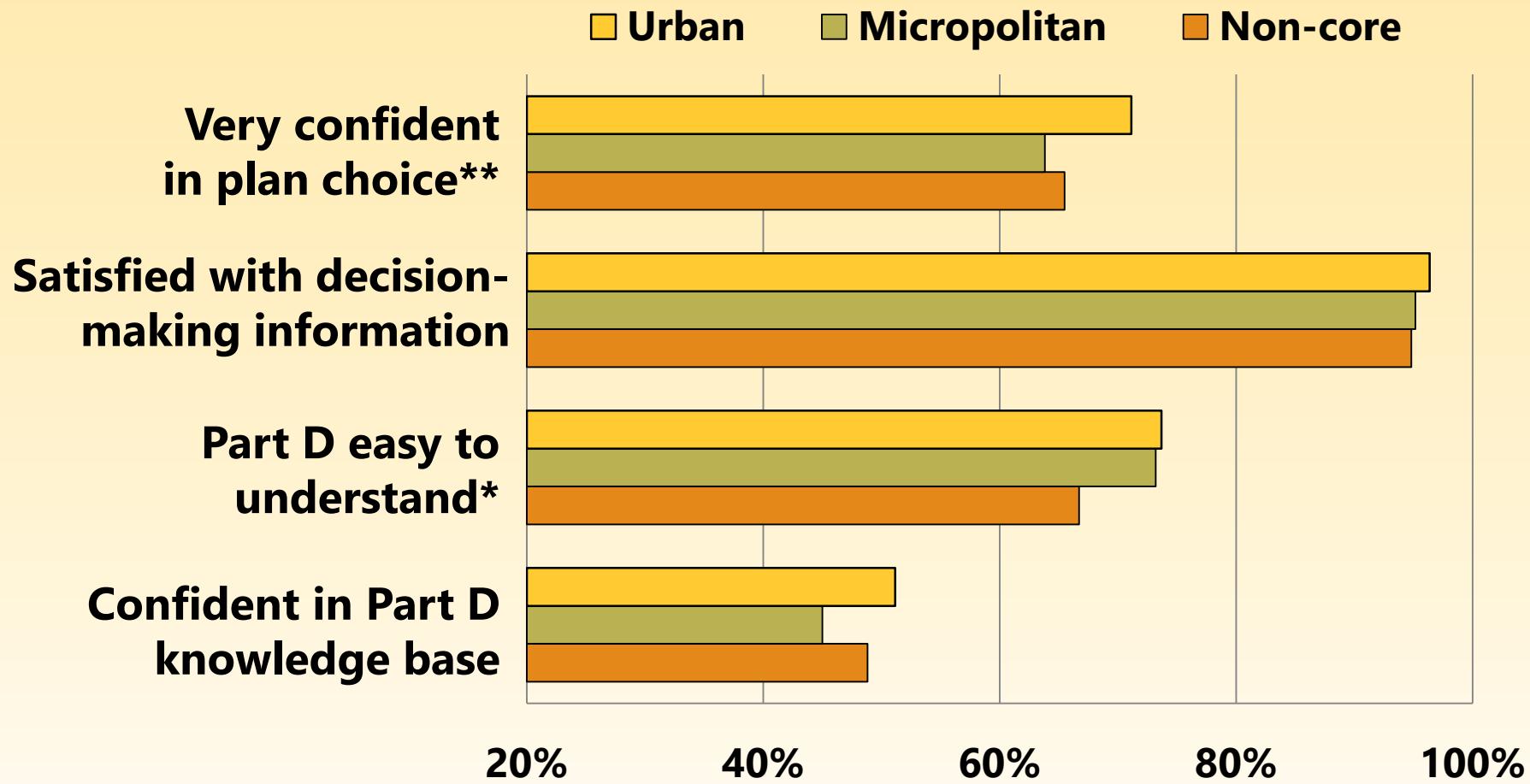


Difference between urban and micropolitan significant at $p < 0.01$.



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Decision-Making Experiences



*non-core different than urban ($p<0.05$);

**micropolitan and non-core different than urban ($p<0.01$)



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Odds of Positive Experience

	Confident that plan meets needs	Satisfied with information	Easy to understand	Confident in Part D Part D knowledge
Urban (Ref.)				
Micropolitan	0.79*	0.87	0.91	0.93
Rural	0.88	0.89	0.81	0.90

*Fully-adjusted models control
for socio-demographic
characteristics, plan
characteristics, and health
services use. *p<0.05.*



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Key Findings

- Fewer than half of all beneficiaries were “very satisfied” with their Part D plan.
- Micropolitan beneficiaries had significantly lower satisfaction than metropolitan.



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Key Findings, Continued

- Overall, half of all beneficiaries were not very confident in their Part D knowledge.
- Rural beneficiaries were less confident in the plan they chose and were less satisfied with the amount of information available to them during the decision-making process.



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Key Findings, Continued

- After adjusting for all covariates, micropolitan residents continued to have lower odds of being confident in the plan that they chose.
- Geographic variation in satisfaction was largely explained by differences in health services use and type of Part D plan (stand-alone plan vs. Medicare Advantage).



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Implications for Policy and Practice

- Rural residents are **less confident** in their plan-selection process and **less satisfied** with their chosen plans. This may lead to disparate use of prescription drug benefits.
- **Making information about Part D easily accessible** for all beneficiaries may help address barriers that rural residents face.
- **Simplifying the Part D program** may improve beneficiaries' confidence in the decision-making process and satisfaction with their Part D plans.



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For More Information

Henning-Smith, C., Casey, M., & Moscovice, I. (2016). Does the Medicare Part D decision-making experience differ by rural/urban location? *The Journal of Rural Health*.

Henning-Smith, C., O'Connor, H., Casey, M., & Moscovice, I. (2016). Rural-urban differences in satisfaction with Medicare Part D: Implications for policy. *Journal of Aging & Social Policy*.



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Thank You!

Carrie Henning-Smith
henn0329@umn.edu
[@carrie_h_s](https://www.linkedin.com/in/carrie-h-s-133a31133)



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