Voices of Beneficiaries: Medicare Part D Insights and Observations One Year Later

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December 2006

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Introduction

This report is the third in a series from a project to monitor the experiences of 35 Medicare beneficiaries with Medicare Part D, the voluntary prescription drug benefit provided by private plans that contract with Medicare. This report provides an update on the views and experiences of these beneficiaries based on interviews conducted on the eve of the Part D open enrollment period for 2007. Of the 35 beneficiaries, 27 are enrolled in Part D plans (including 8 non-dual eligibles and 10 dual eligibles enrolled in stand-alone drug plans, and 9 non-dual eligibles enrolled in Medicare Advantage drug plans), five have other creditable sources of drug coverage, and three are not enrolled and have no creditable drug coverage. This report focuses specifically on beneficiary knowledge and understanding about the drug benefit and their Part D plans, and the role that information and understanding (or lack thereof) played in people's plan choices in 2006, how satisfied they are with their plan currently, and their intentions or interest in switching to a new plan for 2007.

The interviews, which occurred in-person during October 2006 in four cities (Baltimore, Sacramento, Lincoln, and Miami) revealed that, on balance, a majority of Part D enrollees say that they are satisfied with their drug coverage and have not encountered major difficulties using their plan. However, the interviews also revealed that many beneficiaries have basic unanswered questions about the new Medicare drug benefit and how their own Part D plan works despite having almost a year of experience with Part D. Moreover, few of the Part D plan enrollees participating in this project seem motivated to find answers to these questions about their coverage, including how the coverage gap (commonly known as the "doughnut hole") works or how to resolve problems with payments or billing or getting specific medications prescribed by their doctors. In general, rather than seek information proactively, many study participants tended to take a more passive approach to questions and problems that may have emerged, and to their coverage options for 2007.

Importantly, when asked about the 2007 open enrollment period for Part D, most participants say they did not intend to reassess their Part D plan options; few were even considering evaluating other Part D plans or switching to a different plan, even if they experienced problems with their current plan in 2006. For some, their satisfaction with their current coverage explains their desire to maintain the status quo. Others see little distinctions among plans or fear being worse off if they switch plans, even if they are not entirely satisfied with their current plan. Many study participants feel overwhelmed and somewhat anxious by the magnitude of information and marketing materials, and seem content to "make do" with what they have rather than shop around for another plan. Details about these and other insights follow.

Findings

Most Part D enrollees participating in this study say they are fairly satisfied with their Part D plan.

When asked to give their Part D plan a letter grade, most enrollees interviewed for this project respond positively, giving their plan an "A" or a "B". Some enrollees are very happy with their choice of plan, and now having several months of experience with their plan to judge for themselves whether their choice was a good one. This is true for Darlene in Lincoln, who says, "[The plan] just seemed to fit my budget real well and even adding the $42 dollars [monthly premium] I'm still saving money…. So far, I did well." Barry in Miami expresses a similar view of his Part D plan: "As far as the plan goes, it has saved me money. That was the whole idea behind it. At least I have something now. I didn't have anything before. I would give them a B. They are fine." Dorothy in Baltimore talks in positive terms about her plan's customer service: "I've really been very pleased with them. I am pleased particularly if I have any questions the people are always pleasant, they're always helpful. They always either answer the questions, or find someone who can."

Some beneficiaries who are enrolled in Medicare Advantage drug plans also note that aside from improvements in their drug coverage, their medical benefits have grown more generous compared to prior years. For example, Nena in Miami, who is enrolled in a Medicare Advantage plan says, "The benefits are good. They are top of the line compared to what they used to give you.… You had to make a co-payment for everything, if not pay for it. Now, you don't pay for your specialist. Now, some specialists I can go see without being referred. I can make my own appointment and go." Despite several telephone calls from her plan's competitors in advance of the 2007 open enrollment period, Nena says, "I tell them that I have what I want. I am satisfied with it. I don't need anything else."

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>
> *Barry, Miami*

Though most enrollees say they are satisfied, many have encountered problems with their plan such as difficulty getting the drugs they were prescribed, having to switch medications, or paying higher-than-expected out-of-pocket costs.

While some report saving money compared to what they spent before 2006, a number say they are paying more in their Part D plans than they expected. Some explain that their costs have increased since they initially enrolled in Part D and some are finding it hard to afford these new costs. Some, like Henry in Miami or Dorothy in Lincoln are having to tap into their savings to afford medications. Henry said, "It went up… Before, I was only paying $25 dollars. I didn't mind that…. But then it went up and I had to pay fifty some dollars… after it went up, I couldn't afford it. I am retired and I cannot afford that." Nevelle in Miami also said that his costs had recently gone up. He explained, "I was with this company Nationwide, and Vista bought them out. With Nationwide I had a $2 dollar or $3 dollar co-payment. Most of my medications were free. Then suddenly I went to them and they charged me a $20 dollar co-payment. A $20 dollar co-payment and I got generic drugs!" Verlin in Miami said, "My Zocor went up to $31 dollars. It used to be $15 dollars, but it went up to $31 dollars." Dual eligibles in particular commented that

they are paying more now for their medications than before, although several noted that their $1 or $3 copayments were manageable for now.

Others have had problems getting specific medications covered. Nancy in Sacramento said she cannot get certain brand-name drugs covered through her Part D plan. She said: "It's just some of the better brand medications you can't get like the Zetia." Nancy also said that her plan switched her to generic medications without notice. "When I go back to pick up my prescription sometimes, like this last time when I picked up my potassium, it was a different brand. I said, 'You guys have to be kidding!'" Cheryl, a caregiver for a dual-eligible Medicare beneficiary in Sacramento, had a similar experience: "They changed [his medication] to something else when I picked it up last week . I can't remember the name, but I asked because I hadn't - I didn't recognize it, and [the pharmacist] told me that the insurance company wouldn't pay for it." Malcolm in Miami, talking about his wife's experience, said, "We asked [the drug plan] if they would cover it. We told them that it was necessary for her condition. They rejected the request…I got something else [for her instead]." Steve, a dual eligible in Baltimore, experienced a number of problems getting all 11 of his medications covered by his Part D plan. He explained:

> "Initially, [my Part D plan] covered seven of the eleven [medications]. I have had to do this thing several times. The second time, I went over it with my primary care physician and what happened is that we thought we had the coverage, and I went back to pick up my prescriptions only to find out that they weren't all covered again. Seven of them [again]… my psych meds weren't covered. Then I got with my therapist and we went through it and then it was eight of the eleven [covered]… Then we went back and she called my primary care physician and the two of them worked it out, and we thought that we had everything covered, and this was April. So April, May, June, I was okay. In June, I went to pick up prescriptions and I had a bill for $697 dollars… I was at my pharmacy, and the lead pharmacist got on the phone and she was like, 'Listen this man has been through the wringer. I want you people to find something that is satisfactory for him now, and I am not going to get off the phone until you do.' I am really not sure what they did… [but] I have got the coverage now, but it took until June for me to finally get coverage for all eleven."

Despite these kinds of problems with coverage and costs, the majority of the beneficiaries are not exploring other plan options for 2007, fearing that having come to terms with their current plan, they could be worse off under a new plan.

"We asked [the drug plan] if they would cover it. We told them that it was necessary for [my wife's] condition. They rejected the request…I got something else [for her instead]"

Malcolm, Miami

Most interviewees enrolled in Part D seem unprepared to deal with future problems with their plans. Those who have had problems did not seem to anticipate them, understand the cause, or learn much from trying to solve them. The reason is that the process of trying to solve problems, according to a number of the beneficiaries, is confusing. This was the case with Virginia in Sacramento. She has tried for months to get a bill for her costs from her Part D plan, but with no luck. She said: "So I called at least ten times and said, 'What's going on with you people? I haven't received a bill.' They said, 'We are merging with another company,' and they sent me a letter, and they said, 'We'll send you something about your Medicare; fill it out, don't throw it away, and mail it back to us.' Well, I am still waiting for that…. It's so confusing. I wish I didn't have to deal with these people."

In addition, beneficiaries report that calling their plan's customer service or toll-free number to get help with a problem more often leads to frustration than solutions. Luen in Sacramento

commented, "The last time I talked to [my former employer] he said to call Medicare and I did. I think I had to wait seven minutes. I forgot the questions I had to ask them." Darlene in Lincoln said, "I tried calling Medicare but ugh!" and Maxine in Sacramento complained about the long waits. "You can plan for a long waiting time to get to talk to a human being," she said. The result is that many of these beneficaries resist calling Medicare or their plan for help or information, which means they frequently do not understand the underlying cause of problems they have experienced or get help that might be available from outside sources to resolve them.

Few enrollees seem to be aware of the coverage gap or "doughnut hole" in the Medicare drug benefit, and what it could mean for their out-of-pocket spending over the course of the year. Many enrollees are not even aware whether their plan has this gap in coverage.

Many beneficiaries do not know about the coverage gap that is common among Part D plans, including how it works, or where their current drug spending is in relation to it. [1] Some enrollees said it was never explained to them when they signed up for their plan. Although a small number of enrollees are aware of these dollar thresholds, most seem unaware of these amounts and where their own costs are in relation to the initial benefit limit. When asked about the doughnut hole, Sonia in Baltimore commented, "I have never heard of it. They [the plan] have never notified me about it. When I signed up for it, I was never told about this." Verlin in Miami, who is enrolled in a Medicare Advantage drug plan, said, "I've never heard about [the coverage gap]. … That seems like a problem." Marilyn in Miami has talked to her friends about the doughnut hole, and from these conversations she says, "Well, I guess they didn't understand the whole premise. I think a couple of them thought that when they reach that stage, they had to buy their own medicine, yes, but I don't think that they [knew they] had to continue to pay the premium."

> **"I have never heard of [the doughnut hole]. They [the plan] have never notified me about it. When I signed up for it, I was never told about this."**
>
> *Sonia, Baltimore*

The doughnut hole is causing some beneficiaries to feel negatively about Part D overall and to feel it is not as helpful as they had hoped. Robert from Sacramento, whose wife is enrolled in a Part D plan, said it would be "disaster" if his wife ended up in the doughnut hole. Darlene in Lincoln commented, "I talked to a few people and some of them aren't too happy because of the doughnut hole. I think most people think [the benefit is] okay, but it's not the help that some people thought they were getting."

At the same time, some beneficiaries – especially those who are financially comfortable or who rely on free samples – do not seem overly anxious about reaching the doughnut hole. When asked about the coverage gap, Dorothy in Lincoln said, "I would be able to pay for it and that is what my husband and I worked hard to have happen is that I would have that security of whatever it took for my senior years that he and I would be able to afford it." Ralph in Baltimore commented, "Once you get to a couple of thousands of dollars then you have to get through the doughnut hole. … It is ridiculous." However, Ralph did not seem nervous about reaching the

[1] The "doughnut hole" in the Medicare drug benefit refers to a coverage gap in which the beneficiary must pay for the total costs of all medications. The standard benefit limit in 2006 is $2,250 in total costs. Once a beneficiary's total drug costs reaches this amount, beneficiaries must pay the full cost for their medications until their annual out-of-pocket costs reach $3,600.

doughnut hole because he is turning to other sources for medications (including free samples from doctors and a discount program with a pharmaceutical company) to obtain the bulk of his medications. He explained, "I don't plan on really using [my Part D plan] unless I get a good price on Nexium. Then I will really use it." Barry in Miami is not worried about the doughnut hole because he says he would start using his prescription drug discount card if he needed to pay for medications on his own. He said, "I get a discount for buying my prescriptions from [the pharmacy]. I think that number is still in their system. If I got to that point [the doughnut hole], I think I could use it."

Some have tried to figure out whether their costs will put them in the coverage gap, but are not clear on how the math works - that is, how their out-of-pocket costs and their plan's costs trigger the beginning or end of the doughnut hole. As a result, they are at risk for not accurately knowing or understanding when they might or will reach the doughnut hole. As Dorothy in Lincoln explained, "I thought I had [reached the doughnut hole], but they still paid for [my medications], the same amount." Darlene in Lincoln is trying to track her costs through the statements she receives from her Part D plan, but is confused about where she stands. She said, "They send me a print out of everything they've paid out to me. The [print out] doesn't match up with they're taking out or paying out." Barry in Miami is trying to stay in front of the doughnut hole but worries his automatic refills will put him over the limit before he is aware of it. He explained, "I found out that when they automatically refill a prescription, they fill it and it goes to your [Part D plan accountants] beforehand. They are actually a step ahead of you. It is not good. Let's say that I was $28 dollars away from hitting the doughnut hole. I might wait. If they automatically refill my prescription, it gets submitted. By the time that they call me, it is already processed. I am better off not doing that."

None of the Part D enrollees in plans with a coverage gap in 2006 said that they planned to look for or switch to a plan that offered coverage in the gap in 2007. In fact, most seem unaware that this coverage might even be available. Instead, most say they will use discount cards, free samples from doctors, their savings, or look for other sources of low-cost medications if they wind up in the coverage gap.

Many beneficiaries are getting medications from sources other than their Part D plan, with the primary alternatives being free samples from their doctors, pharmaceutical company programs that provide free or low-cost medications, and ordering prescription drugs from Canada.

Beneficiaries are turning to a variety of sources for medications outside their Part D plans. Even while they remain unaware about basic aspects of their Part D plans, they know where to find low-cost or free medications. For example, Virginia in Sacramento could not get a particular brand-name drug through her Part D plan so, with the help of her nurse practitioner, signed up for a pharmaceutical company assistance program through which she was able to get the medication. She said, "Because I'm a low income person, my nurse practitioner got it for me. She just sent me the papers and said, 'Virginia, fill this out.' So I mail it in. … [It saves me] maybe a couple hundred dollars. I couldn't afford my medicine [out of pocket] so this is really a godsend for me." Because her husband is a veteran, Maxine in Lincoln explained that

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Steve, Baltimore

she can use the VA to get brand-name drugs that her Part D plan will not cover. Sonia in Baltimore relies on a friend who works in a doctor's office to get her free samples so she does not have to pay copays through her Part D plan. Yet she knows she cannot always rely on her friend as the source of free medications: "One day she will retire. She is 50 years old. She won't be there to help me. That is a concern. Right now she gives me shopping bags full. They do that with a lot of their patients. I am not the only one." In addition, a few beneficiaries order medications from Canada in addition to what they get through their Part D plan.

These alternative sources of medications are useful for those times when beneficiaries experience problems accessing medications through their Part D plan. Steve, a dual eligible in Baltimore, explained that free samples from his doctor were vital during a two-week period when he experienced problems with his Part D plan that he could not resolve. He said, "I went two weeks with no coverage, and then my doctor said that this was unacceptable and she gave me samples… That was from the middle of March to the end of March."

These alternative sources of medications are also being used by enrollees to avoid the doughnut hole. Even though many of the beneficiaries are unaware of the coverage gap in their Part D plan, a few are actively trying to avoid it by getting medications from other sources so that they do not surpass the initial coverage limit. This is what Malcolm in Miami and his wife are doing. He explained, "My wife is getting closer [to reaching the doughnut hole]. She is being cautious. She asks for samples when seeing her physician."

Those not enrolled in a Part D plan rely on these same sources to get their medications. Marilyn in Miami is one of the few interviewees who chose not to enroll in a Part D plan in 2006 and who says she has no intention to enroll during the open enrollment period for 2007. Instead, she relies on a hospital-based program that provides medication at low cost to people who sign up. Miguel in Miami receives his medications for $7 each from a community clinic which serves low-income people. Lorraine in Baltimore uses a patchwork of programs and free samples to obtain her medications. She said this process suits her fine for now, even though she knows that if and when she wants to sign up for a Part D plan in the future she would have to pay a penalty for enrolling late: "I just feel like the money that I have saved in premiums I could pay the penalty that they charge for late enrollment." Of her decision not to enroll, Lorraine says, "I think I have made a good decision, an excellent decision. They are still working out the cricks so [the program is] still having problems. Maybe by the time I enroll it will all be worked out."

"I just feel like the money that I have saved in premiums I could pay the penalty that they charge for late enrollment."

Lorraine, Baltimore

With most enrollees reporting satisfaction with their coverage, none said they planned to reassess their Medicare Part D plans and switch to a different plan during the open enrollment period for 2007.

Current Part D enrollees intend to stay with their same plan for 2007. Many are content with their current plan and see no need to switch. However, some worry that if they switch, they could be worse off – that is, they are concerned that they might inadvertently choose a plan with higher copays or one that does not cover their medications. "If I could, because of the complications that I had [with my plan], I would switch," said Steve, a dual eligible in Baltimore. "But I am afraid to mess with it because I am afraid that if I switched it, the next thing might be worse." Some simply want to keep what they have because it is familiar to them by now, and they wish to

avoid making a choice that could make them worse off. That is the case with Viola in Lincoln, who explained, "After you get used to doing one thing all the time you don't want to switch. When you jump [plans], next time you don't know what you are going to get."

The dual eligibles in this study appear no different than other Part D enrollees in terms of their intentions to stay with their same plans in 2007. Most seemed unaware that, unlike most other Part D plan enrollees, they have a right to switch plans on a monthly basis if they choose. While two dual eligibles have switched into different plans than they were automatically enrolled in at the beginning of 2006, most said that they were satisfied with their current plan and do not intend to switch.

"I am afraid to mess with it because I am afraid that if I switched [plans], the next thing might be worse."

Steve, Baltimore

For many, the plan they know is better than the plan they do not know, even if they feel their current plan is not a perfect fit for their needs. This is particularly true if they enrolled in a Part D plan that was offered by their existing Medicare Advantage plan or the company offering their supplemental insurance policy. That is the case with Dorothy in Baltimore, who said she will likely stay with her Part D plan despite a few problems because, overall, she has been happy with the company offering the plan. She explained, "I would hesitate to make a change to a different company because in spite of those few little things that disappointed me [about Part D], in general, the company has been good for the years that I have used it."

Many want to avoid switching because they perceive it to be a tedious process – a real "hassle" – and so just go with what is familiar. This is the case with Virginia in Sacramento who currently has drug coverage through a Medicare Advantage health plan. "I don't want to have to change HMOs because it's too much trouble, absolutely too much trouble. This [plan] is fine… I'm not going to complain….but I am complaining." Barry in Miami said, "It doesn't make sense to start going through everything. It is too much of a hassle."

Some find the idea of evaluating new plans to be overwhelming. These individuals complain of information overload and do not trust a lot of the information they receive. This information, intended to inform beneficiaries of their choices for open enrollment 2007, instead has strengthened the resolve of some enrollees to just stick with what they have in order to avoid making a decision. Henry in Miami explained, "A lot of plans call my home. They are telling me different things. They say [they] can do all that, and I know they can't. I don't know who they are, but there are a lot out there. I don't want to be messing with those plans, so I say I am happy with what I have." Others have the opposite impression, however, and think that now that the program has been around a year, information about Part D is much scarcer than it was during the initial enrollment period for 2006. Darlene from Lincoln said, "[It's gotten] a little worse…because there is not this flood of information [like there was last year]."

A few seem to think that switching plans will actually cause them problems. For example, Bill in Sacramento, who is dually eligible for both Medicaid and Medicare, said, "No, I haven't had any problem [with my plan]…I think because I haven't tried to switch plans. I think that's the reason I haven't had any problems, because I didn't try to switch. I think unless something really unusual comes up, I [will] probably just stay with whatever they assigned me to because I think that's less problem. I think a lot of the problems

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Virginia, Sacramento

[were] because people were trying to switch, you know, change horses in the middle of the stream, so to speak."

Some do not seem to understand the value of reassessing their current plan in light of changes for 2007 – that they might find a plan that is a better fit and that saves them money, compared to their current coverage. Rather, many seem to feel like Evelyn in Baltimore, who commented, "I think they're probably all the same. I don't know if switching would be any better."

Finally, some are reluctant to switch because they do not have an informed person to help them choose. On their own, they do not know if there are better plans for them and so intend to stay with their current Part D plan. This is the case with Cheryl, who said, "I believe if someone came and sat and spoke with [him], he would change. But as it stands, we don't really know what else to pick."

Looking to the future, most of these beneficiaries would like to see some changes to the Medicare Part D program. Primarily, they want the program to be simpler and they would like fewer plan choices.

Beneficiaries want fewer Part D plan choices. Luen in Sacramento said, "[If you only had 2 or 3 plans] then you could decide. When you have more than that it's too confusing, especially when you're old." Not only do they want fewer plan choices, but they also want clearer information from plans to help them decide. Rick in Lincoln commented, "I read in the paper there were 46 drug plans. I wondered how do I know which one to take? Some pay more and some pay less? Am I going to pay $500 dollars, $2,000 thousand dollars, $3,000 thousand dollars or whatever?" They also want plan information to be written in simpler terms they can understand. "In English, please. It is confusing…Just make it simple for us old folks to understand. I see that there was a lot of controversy about this program, and people were having trouble understanding it," said Virginia in Sacramento.

Beneficiaries want information about the program to be simplified so that those who are making decisions on their own and not getting help from an informed individual can better understand what they are deciding. This is the point made by Lorraine in Baltimore: "I think there are too many choices and there is not enough help for the people who are in the age group that they need Part D.... These people, many of them, don't even know what the Internet is and when you call even to get information from a live person, many times they are not informed enough to answer questions."

"In English, please. It is confusing… Just make it simple for us old folks to understand."

Virginia, Sacramento

Beneficiaries want more help navigating the Part D system – reliable, unbiased individuals whom they could turn to for advice and help. Rick in Lincoln asserted, "I think that maybe there should be a local office that people should come to for help." Ralph from Baltimore suggested more help specifically in choosing a Part D plan. He said, "I would definitely say that if you get somebody who really knows what the plan is all about and they can lay it out in the English language and not the legal stuff that you cannot understand what it is all about. I do think that would be a big help to the people."

Conclusions

The insights from these interviews with 35 Medicare beneficiaries in four cities around the country help to shed light on the degree to which Medicare beneficiaries enrolled in Part D plans understand the program, what their experiences have been with their plan to date, and how enrollees are making use of their coverage. The interviews also provide a glimpse of beneficiaries' views and intentions regarding staying with their current plan or changing plans during the open enrollment period for 2007.

With the end of the first year of Part D approaching, a predominant feeling among these beneficiaries is general contentment with their Part D plans, and with their current costs and access to medications under the program. However, many do express reservations about certain aspects of their plan and lack a basic understanding of their coverage. The indication from these beneficiaries is that they do not have complete confidence in their ability to navigate this new system of prescription drug coverage. Few of the beneficiaries seem motivated to reevaluate their current Part D plan or explore the possibility that another plan may be a better fit with their financial and health needs. On the positive side, being content with their current plan, and on the negative side, fear of ending up in a "worse" plan and the desire to avoid the "hassle" of choosing another plan, are the main reasons most enrollees say they will stick with their current plan in 2007. Maintaining the status quo is the desire even for those beneficiaries who have faced higher-than-expected costs, or problems getting the medications they need through their plan.

With the first year of Part D coverage coming to an end, many beneficiaries participating in this project appear to be unaware of the doughnut hole. Many enrollees do not know where they currently stand in relation to the coverage gap and could conceivably be much closer than they know. This could have potentially significant financial implications or consequences for their health if they do not take their medications as prescribed due to cost once they reach the gap. However, few enrollees seem anxious about this possibility. Most think they might be able avoid the coverage gap by accessing free samples from their doctors, by signing up for pharmaceutical company programs, or ordering medications from Canada. Indeed, many of these Part D enrollees already seem to be getting medications outside of their Part D plans and supplementing their drug coverage through these alternative sources.

Medicare Part D is a market-based system based on competition among drug plans in which educated and motivated consumers are expected to play a key role in choosing among competing plans to select the plan that best meets their needs. What was learned from these 35 beneficiaries is that most do not think they are at a point where they can function as effectively as possible in this kind of free-market benefit-delivery system. Many recognize that they have gaps in their knowledge and most feel overwhelmed and somewhat anxious by too much information from various sources and too many plan choices. In response, they call for greater simplification of the Part D program and the plans offered to them, and for more help making decisions and navigating the benefit. Faced with another potentially complex round of decisionmaking during the open enrollment period for 2007, maintaining the status quo is preferable to switching plans for most enrollees, even if better coverage might be offered by a different plan next year. Now that many of these beneficiaries are enrolled in a plan, they seem content to "make do" with what they have, rather than shop around for something different.

About the "Voices of Beneficiaries" Project

The Kaiser Family Foundation commissioned the bipartisan research team of Lake Research Partners and American Viewpoint to conduct a series of structured interviews with a diverse group of Medicare beneficiaries. The goal of this project is to better understand beneficiaries' experiences as they approach and progress through the first year of the new Medicare Part D drug benefit. Beneficiaries with different drug coverage sources are included in this project, including twelve dually eligible individuals (i.e., enrolled in both Medicaid and Medicare). The interviews try to capture the range of experiences that individuals face as they initially learn about, make enrollment decisions about, and experience Medicare's new drug benefit. The 35 men and women participating in this project range in age from 47 to 85 years old, have varying incomes and health conditions, and rely to varying degrees on prescriptions drugs to maintain their health.

Individuals in this study live in four cities across the country: Baltimore, Maryland; Lincoln, Nebraska; Miami, Florida; and Sacramento, California. Three rounds of interviews have taken place so far. The first round of interviews was conducted in person in late October/early November 2005 just as beneficiaries were learning about the Part D benefit and prior to the start of the initial enrollment period. The second round of interviews occurred in March 2006 by telephone with 21 of the beneficiaries to learn about their enrollment decisions. The most recent round of interviews occurred October 10-31, 2006 on the eve of the six-week open enrollment period for 2007. One final round of interviews will occur with participants in spring 2007 to continue to learn about their experiences with Medicare Part D.

This report is the third in a series of reports based on findings from this project. The first report, "Profiles of Medicare Beneficiaries With Medicaid Drug Coverage Prior to the Medicare Drug Benefit," profiled four people who are dually eligible for Medicare and Medicaid to provide greater insights into their circumstances as the new Medicare drug benefit went into effect, and is available at www.kff.org/medicaid/kcmu121905pkg.cfm. The second report, entitled "Voices of Beneficiaries: Early Experiences with the Medicare Drug Benefit," addressed the first months of Part D coverage in 2006, and can be found at http://www.kff.org/medicare/upload/7504.pdf.

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