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Health Care Plan Selection: Medicare Beneficiaries and the Different Factors Taken into Consideration

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Abstract- The purpose of this paper was to obtain an enhanced understanding on the main factors that Medicare beneficiaries take into consideration before selecting a plan. This objective was fulfilled by interviewing a total of 16 Medicare beneficiaries from two south Florida counties. The participants were divided equally, 8 participants from Miami- Dade County and another 8 from Broward County. The researcher evaluated the differences between the populations from Miami-Dade County and Broward County participants to determine if there were any similarities. The researcher utilized one research question in order to fulfill the objective of the paper. By comparing the responses from the participants from both counties, health care plans that serve both counties can gain understanding of the differences between the populations.

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Health Care Plan Selection: Medicare Beneficiaries and the Different Factors Taken into Consideration

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I. WHAT ARE THE DIFFERENT FACTORS THAT MEDICARE BENEFICIARIES TAKE INTO ACCOUNT WHEN SELECTING A MEDICARE PLAN?

The Medicare beneficiaries in South Florida value and demand different benefits within the health care plan (in which they are enrolled) depending on their health status. The Medicare beneficiaries in Broward County and Miami-Dade County are in need of benefits that these health care plans offer. There are several benefits that the senior population may highly value, such as hospital coverage, prescription drug coverage, primary dental benefits, vision benefits, transportation benefits, and over-the-counter (OTC) benefits. Health care plans that lack certain benefits lead to members to dis-enroll from the health care plan when open enrollment begins (Mobley et al., 2007).

II. MEDICARE PLAN SELECTION FACTORS AMONG BROWARD COUNTY MEDICARE BENEFICIARIES

Broward participants valued dental, vision, prescription drug coverage, and their primary care physician. Five of the eight participants from Broward County (4 males and 1 female) had changed plans due to a lack of dental, vision, prescription drug coverage, and/or because their primary care physician was no longer contracted to practice as part of the plan. These

five Broward County participants believed that their dental, vision, prescription drug coverage, and primary care physician were most important. These results suggest that male Medicare beneficiaries in Broward County pursue these benefits at a higher rate compared to the female Medicare beneficiaries. The other three participants, who had not changed plans, did not consider these benefits as important.

III. MEDICARE PLAN SELECTION FACTORS AMONG MIAMI-DADE COUNTY MEDICARE BENEFICIARIES

Five of the eight participants from Miami-Dade County (3 females and 2 males) had also changed health care plans. These Medicare beneficiaries changed health care plans due to a lack in prescription drug coverage/copays and because their primary care physician was no longer contracted to practice under the Plan. These results suggested that females in Miami-Dade County expect their health care plans to provide such benefits, in contrast to their male counterparts. The Miami-Dade County beneficiaries also valued prescription drug coverage and the copays to those drugs, as well as their primary care physician the most. If a health care plan did not offer such benefits, the Medicare beneficiaries would change plans and pursue a plan that provides such benefits. The other three participants changed health care plans for other reasons.

IV. COMPARISON OF MEDICARE PLAN SELECTION FACTORS BETWEEN BROWARD COUNTY AND MIAMI-DADE COUNTY MEDICARE BENEFICIARIES

Both samples of Medicare beneficiaries revealed similarities and differences in the various factors they evaluate before enrolling into a health care plan. Differences were as follows. The Broward population valued dental, vision, prescription drug coverage, and their primary care physician the most. The Miami-Dade population valued prescription drug coverage/high copays and their primary care physician the most. Males in Broward County would change health care providers if the plan did not offer dental, vision,

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prescription drug coverage, or their primary care physician. Females in Miami-Dade County changed health care providers if the plan excluded prescription drug coverage, included high copays and/or if their primary care physician was no longer contracted to practice under the Plan.

Both samples reported similarities as well. Miami-Dade County participants and Broward County participants both valued prescription drug coverage and their primary care physician contracted under their health care plan. The researcher also determined that the older the participants were, the more they valued prescription drug coverage and the copays certain medications had. The younger participants from both counties did not focus as much on prescription drug coverage and the copays they might have to pay for a certain medication. Rather, the younger beneficiaries were more concerned with the primary care physician they were visiting on a regular basis. The older beneficiaries consumed a larger amount of medications on a daily basis compared to the younger participants in both counties.

Both samples also believed that their primary care physician was an important factor when selecting a health care plan. Neither the participant's gender nor age seemed to have an impact on their decision.

V. SUMMARY OF FACTORS CONSIDERED WHEN SELECTING A MEDICARE PLAN AMONG BROWARD COUNTY AND MIAMI-DADE COUNTY SAMPLES

Overall, the researcher determined that the Miami-Dade and Broward County participants had similar responses. However, there were two main conclusions. One main conclusion was that the top factors that beneficiaries took into consideration when selecting a Medicare plan was prescription drug coverage and the primary care physician they were assigned to. The Broward beneficiaries valued dental, vision, prescription drug coverage and their primary care physician the most. On the other hand, Miami-Dade beneficiaries valued prescription drug coverage/high copays and their primary care physician the most.

The other main conclusion was that age played a role in the selection of the Medicare plan. The minimum age of the participants was 65 years of age. The oldest participant was 81 years old. The youngest was 66 years old. The older the participant, the more he or she valued prescription drug coverage. Older beneficiaries valued prescription drug coverage because they consumed a larger amount of medications on a daily basis, compared to the younger beneficiaries.

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