

# 2010 Part D Symposium



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# Plan Benefit Package and Enrollee Characteristics: Do they Relate to Prescription Drug Plan (PDP) Ratings?

# Why should plan benefit package characteristics (PBBs) relate to plan ratings

- ◆ PDP costs and services should affect enrollees
- ◆ Few if any articles on this topic

# CAHPS Ratings and PBP Characteristics

- ◆ Drug plan ratings (CAHPS) should be affected by:
  - Generic Dispensing Rate (GDR)
  - OOP Costs--premiums, deductibles, copays
  - Formulary Size

# CAHPS Ratings and PBP Characteristics (continued)

- Coverage in the gap
- Availability of drug/cost information
- Quantity limits rate
- Prior authorization rate

# Approach

- ◆ Developed analysis file of 2007 service data
- ◆ Merged plan/enrollee data with survey responses
- ◆ Included MA-PDs and PDPs
- ◆ Eliminated plans with < 30 CAHPS respondents

# Approach (continued)

- ◆ Sample consisted of 291,000 enrollees.
- ◆ Overall PDP rating was the “dependent variable.”
- ◆ Ratings vary from 0 (worst) to 10 (best).
- ◆ Identify best PBP predictors of PDP ratings.



# Results (MA-PDs and PDPs combined)

## Overall Plan Rating

Statistic	Result (scale:0 – 10)
Mean	8.2
10 <sup>th</sup> Percentile	7.7
90 <sup>th</sup> Percentile	8.7

# Results (continued)

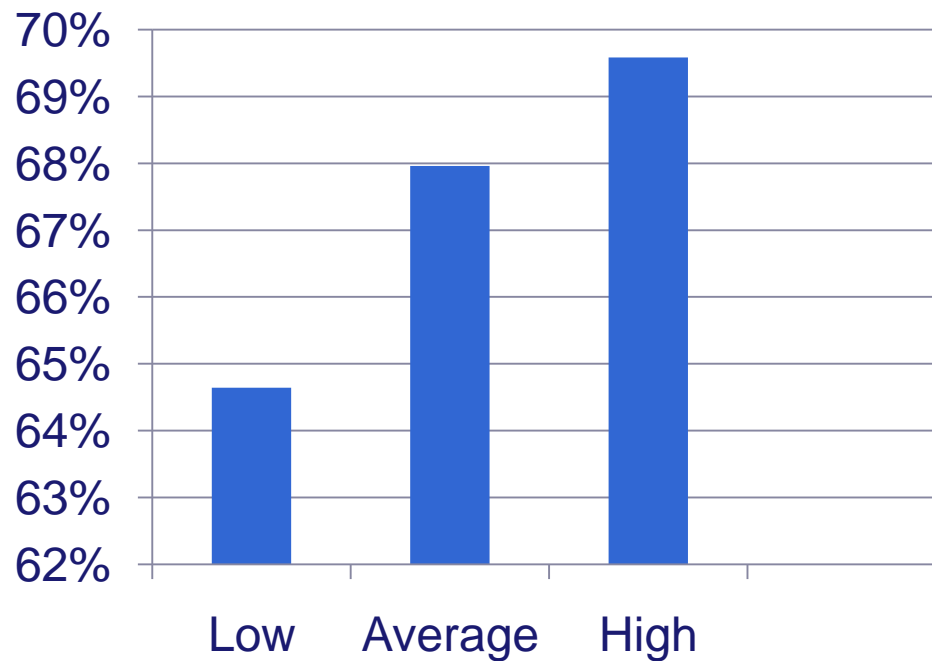
- ◆ Modest relationship between PBP characteristics and CAHPS
- ◆ Results still interesting

# How are PBP Characteristics Related to PDP Ratings?

# Relationship between Generic Dispensing Rate (GDR) and Ratings

- ◆ Generic Dispensing Rate (GDR) is positively related to overall plan rating.
- ◆ GDR of high rated plans  $> 69\%$ .
- ◆ GDR of low rated plans  $< 65\%$ .

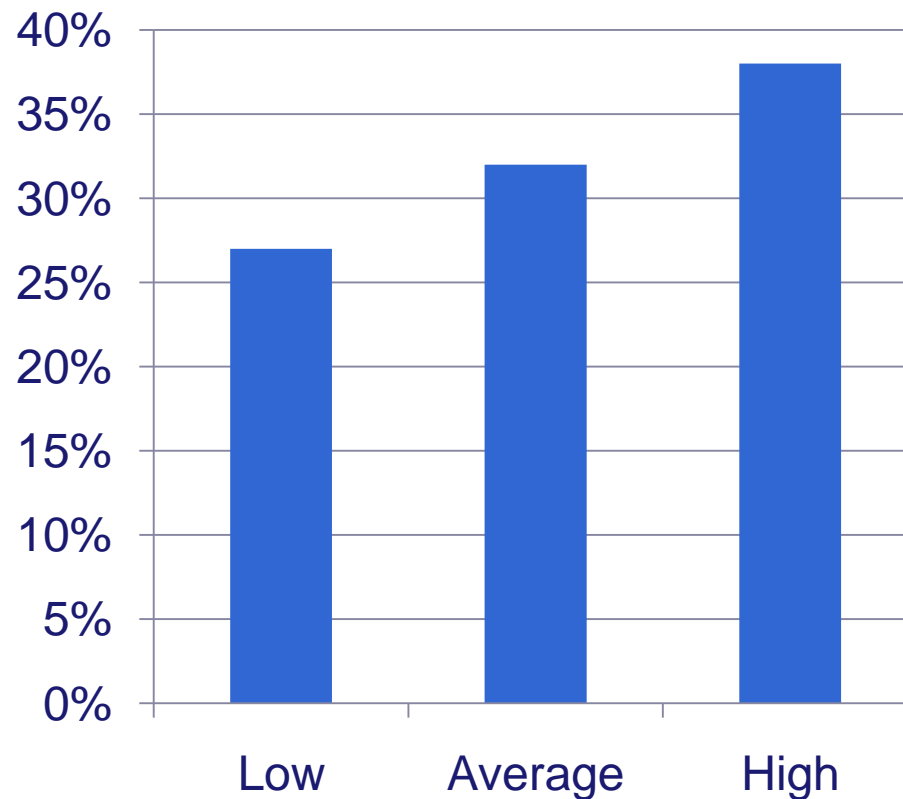
# GDR and PDP Ratings



# Price Stability and PDP Ratings

- ◆ Drug price stability is positively related to plan ratings.
- ◆ 27% of drug prices were stable in lowest rated plans.
- ◆ 38% of drug prices were stable in highest rated plans.

# Percent Stable Prices and PDP Ratings

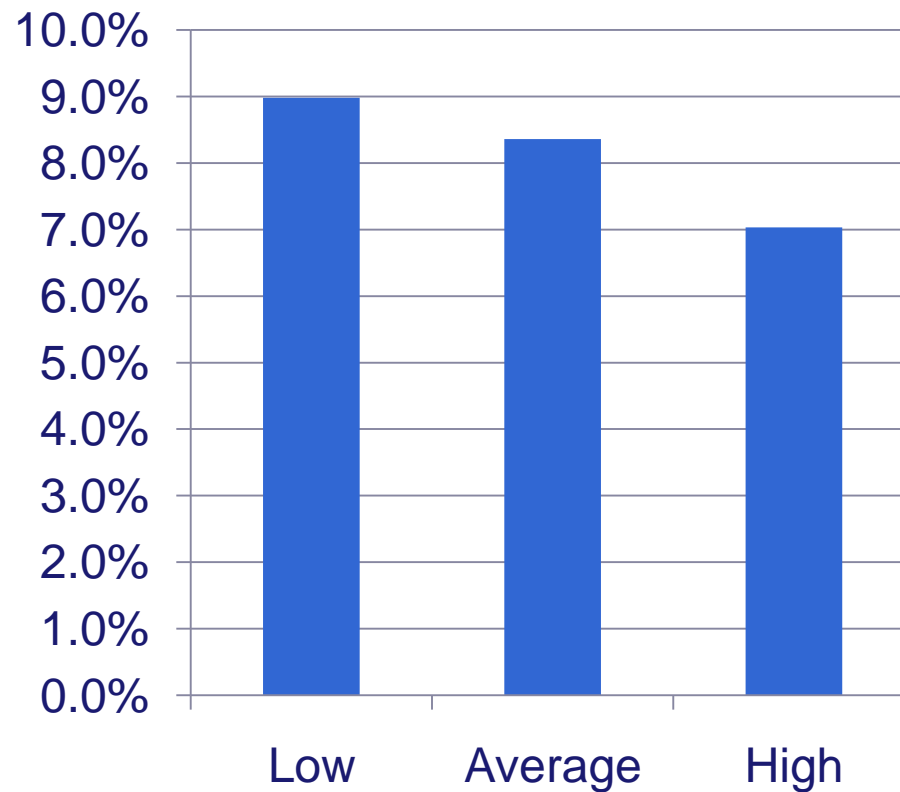


# Prior Authorization Rates and PDP

- ◆ PA rate is negatively related to plan ratings.
- ◆ Average rate of PA was 9% in lowest rated plans.
- ◆ Average rate of PA was 7% in highest rated plans.



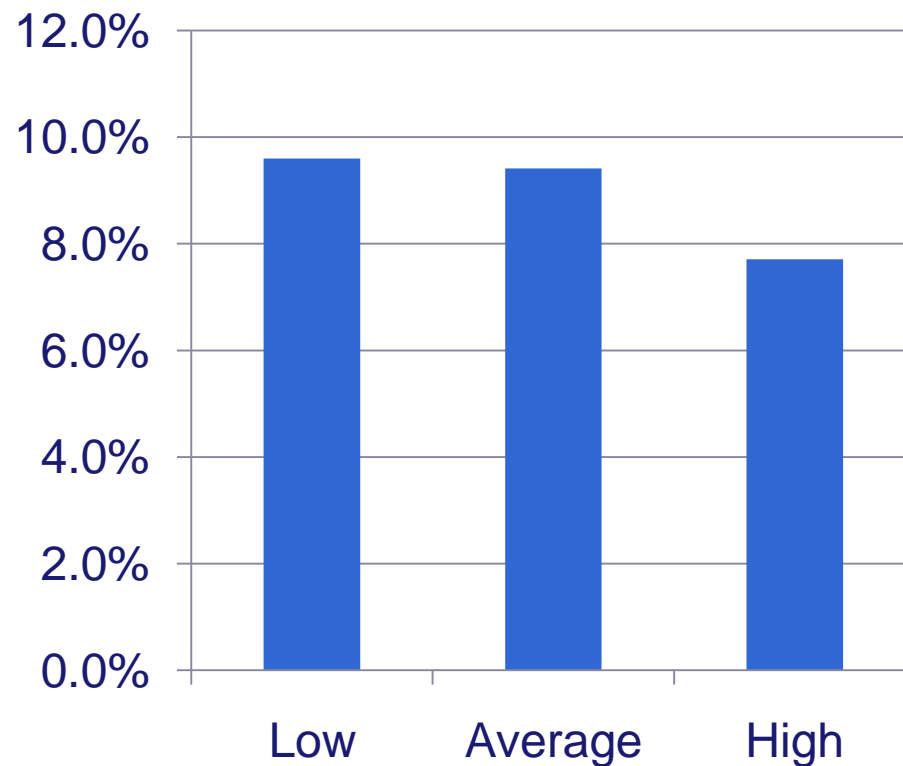
# Prior Authorization Rates and PDP



# Quantity Limits Rate (QLR) and PDP

- ◆ QLR negatively related to plan ratings.
- ◆ Average QLR was more than 9% in lowest rated plans.
- ◆ Average QLR was 8% in highest rated plans.

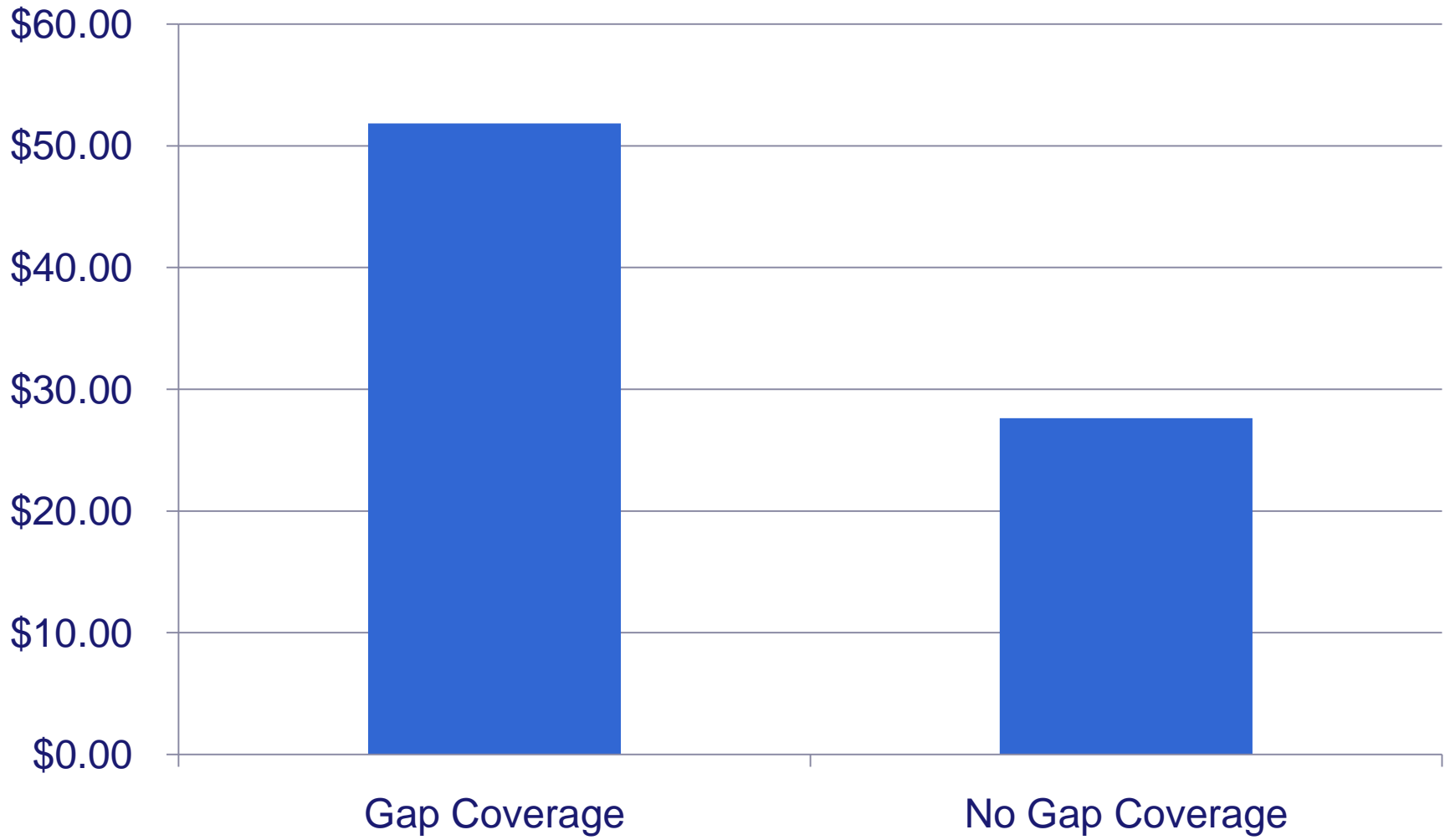
# Quantity Limits Rate and PDP Ratings



# Gap Coverage and Plan Ratings

- ◆ Gap coverage associated with lower ratings and higher premiums.
- ◆ Avg. Premium > \$50.00 for gap coverage plans.
- ◆ Avg. Premium < \$30.00 for non-gap coverage plans.

## Average Monthly Premium

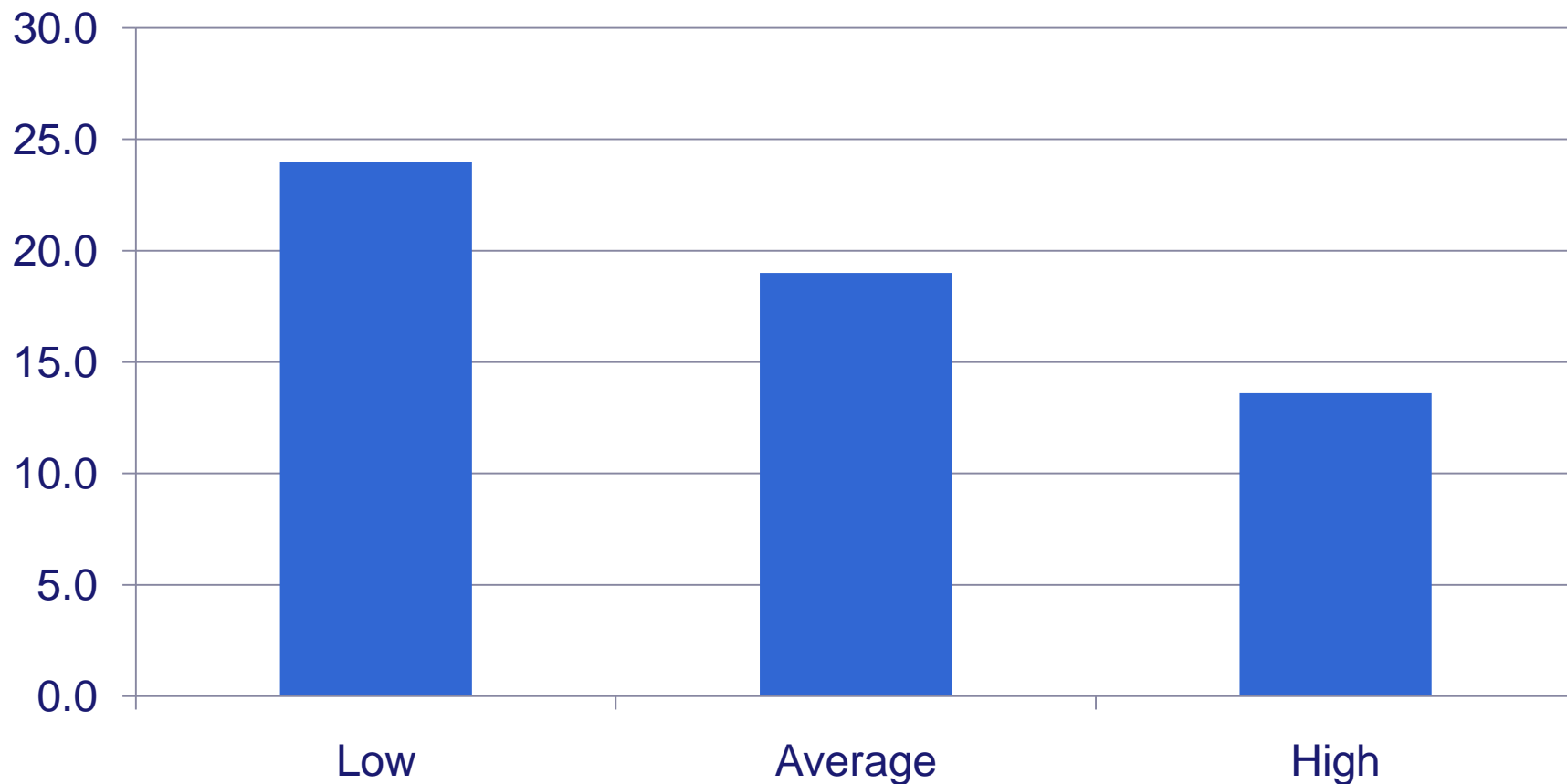


# Enrollee Characteristics: Are They Related to PDP Ratings ?

# Delay in Taking Meds

- ◆ Delay in taking meds due to cost is negatively related to overall plan ratings.

## Percent Enrollees Delaying Rx Drugs and PDP Rating

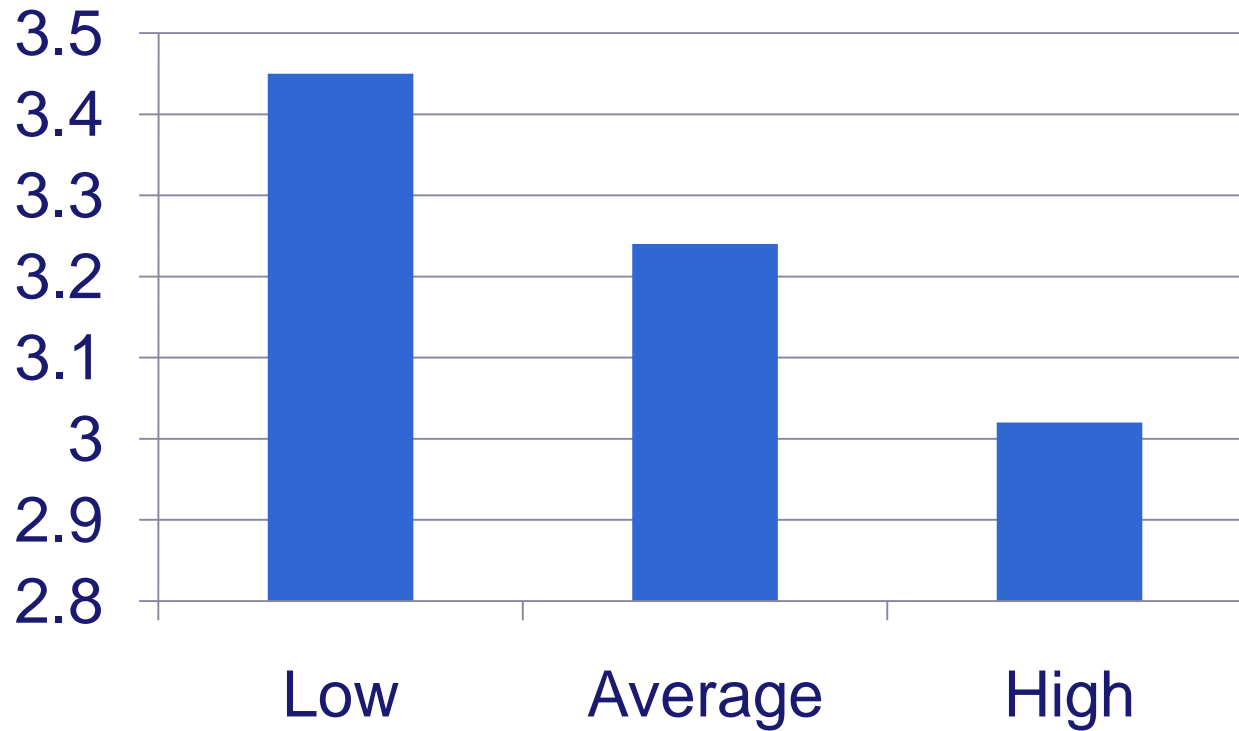




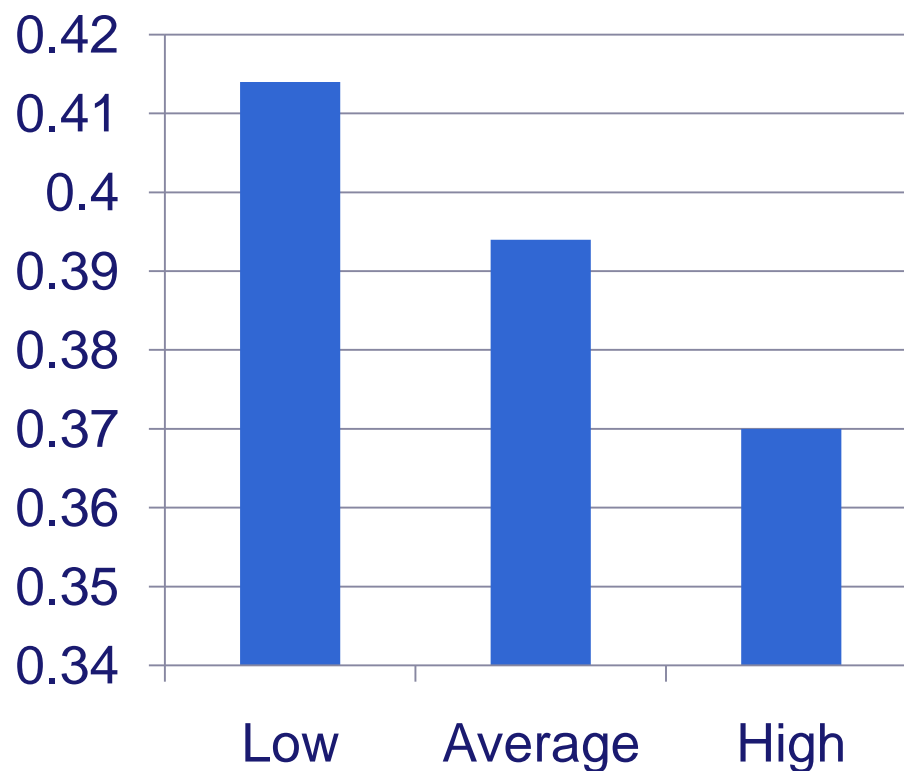
# Education Level and Gender

- ◆ Educational level and male proportion of enrollment are negatively related to overall plan ratings.

## Education Level (1=8th grade or less; 6=more than 4 yr college grad) and Plan Ratings



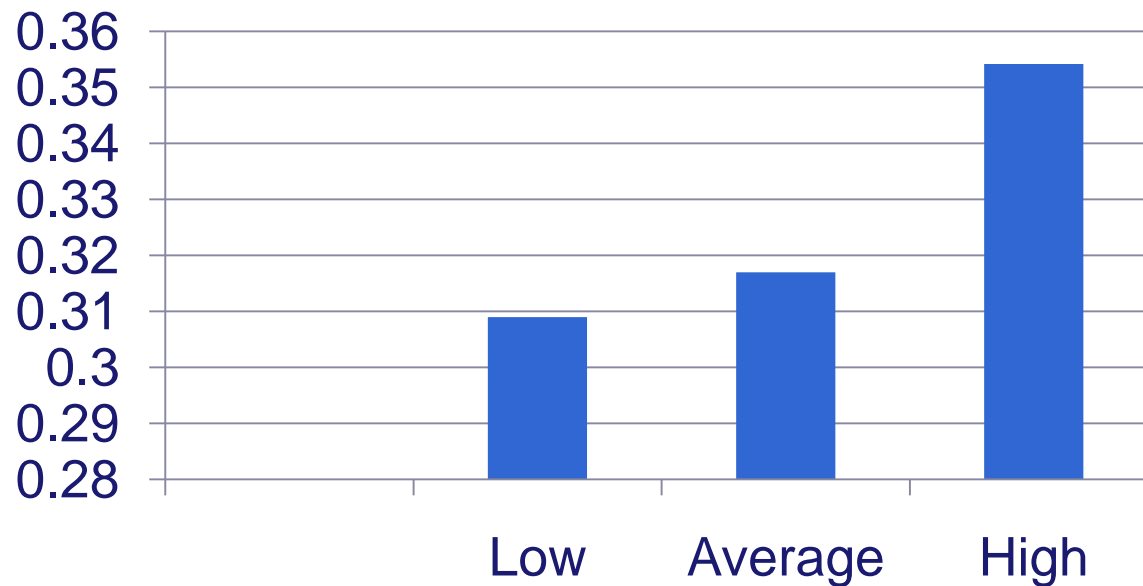
## Male Enrollee Proportion and Plan Ratings



# Diabetes

- ◆ Plans with higher proportions of enrollees with diabetes tend to have higher overall ratings.

## Diabetes Rates and Plan Ratings



# Other Findings

- ◆ Plans with higher proportions of enrollees reporting they've had at least one stroke tend to have above average overall ratings.
- ◆ Plans with enrollees with high self-health ratings tend to have lower overall plan ratings.

# Summary and Conclusions

- ◆ Prescription drug plans generally get high ratings.
- ◆ Enrollee characteristics better predictors than PBP characteristics of plan ratings.
- ◆ GDR best PBP predictor of plan ratings.
- ◆ OOP costs are a significant factor in ratings.

# Summary and Conclusions (Continued)

- ◆ Delay in drugs due to cost best enrollee predictor of plan ratings.
- ◆ Gap coverage may be less important than premium costs to most enrollees.