

MCBS Highlights

Prescribed Medicines: A Comparison of FFS With HMO Enrollees

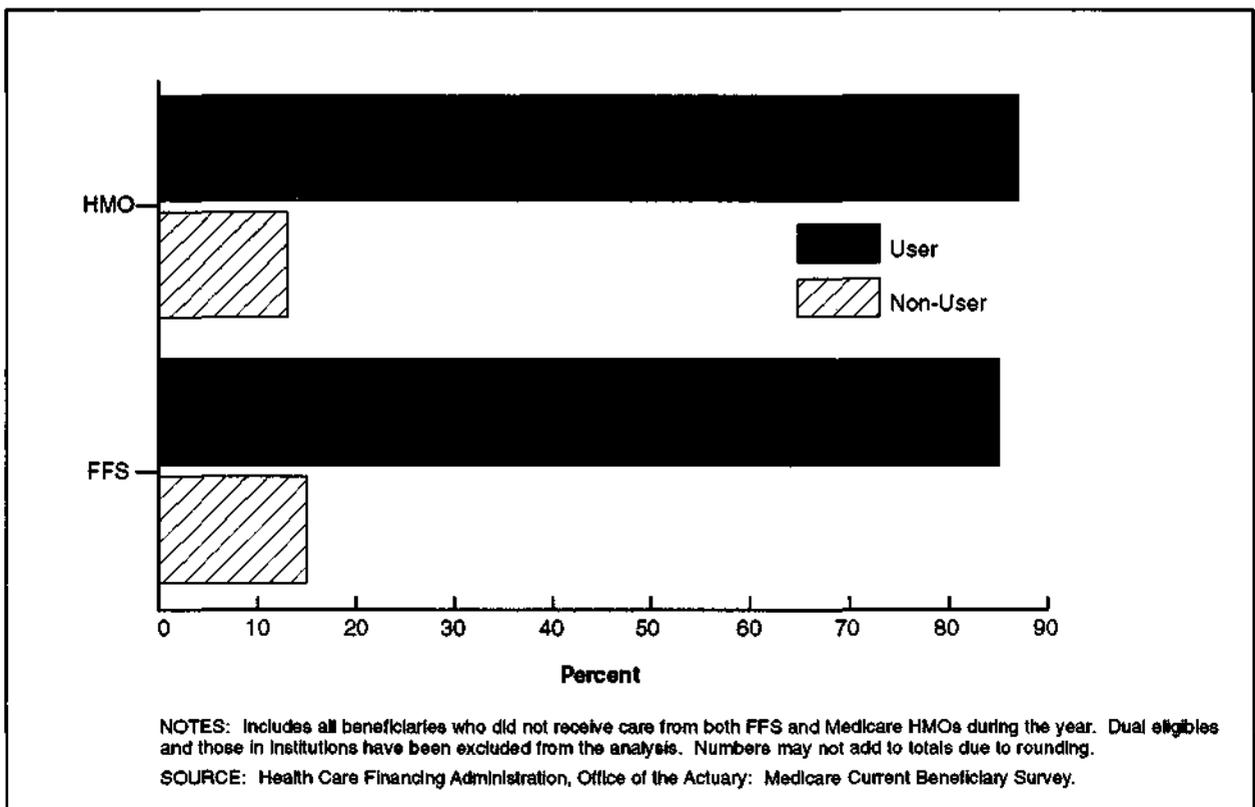
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The Medicare Current Beneficiary Survey (MCBS) is a powerful tool for analyzing enrollees' access to medical care (Adler, 1994). Based on a stratified random sample, we can derive information about the health care use, expenditure, and financing of Medicare's 36 million enrollees. We can also learn about

those enrollees' health status, living arrangements, and access to and satisfaction with care.

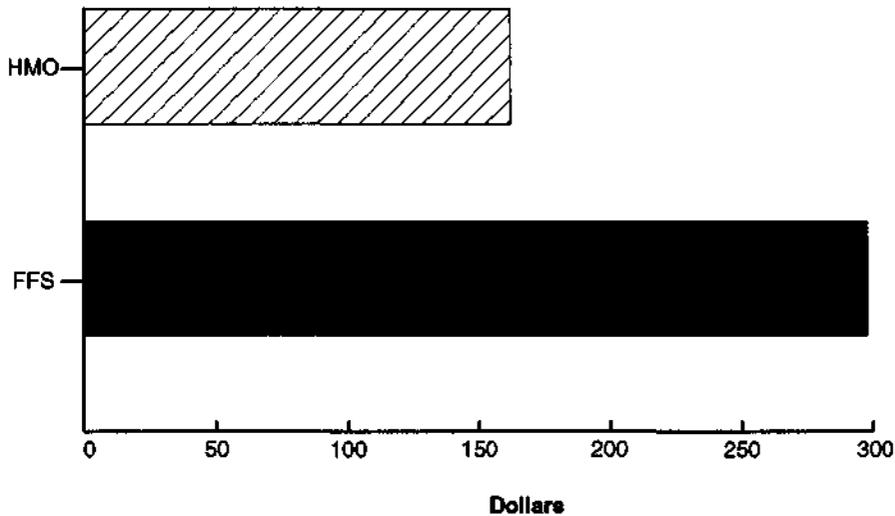
In the charts that follow, we have presented some findings on variations in the use of prescribed medicines by Medicare fee-for-service (FFS) and health maintenance organization (HMO) enrollees.

Prescription Drug Use Rates in FFS and HMOs



- HMO and FFS beneficiaries have roughly the same user rates.

Out-of-Pocket Prescription Drug Expenditures for FFS and HMO Enrollees



NOTES: Includes all beneficiaries who did not receive care from both FFS and Medicare HMOs during the year. Dual eligibles and those in institutions have been excluded from the analysis. Numbers may not add to totals due to rounding.

SOURCE: Health Care Financing Administration, Office of the Actuary: Medicare Current Beneficiary Survey.

- HMO enrollees pay slightly more than one-half that of their FFS counterparts on out-of-pocket prescription drug expenditures.

Generic Versus Brand-Name Drug Usage Among FFS and HMO Beneficiaries

Drug	FFS Mentions	Drug	HMO Mentions
Lanoxin	11,040,029	FUROSEMIDE	765,020
Cardizem	7,279,562	Lanoxin	738,471
Procardia	6,848,458	Vasotec	580,145
Zantac	6,775,104	Cardizem	545,495
FUROSEMIDE	6,190,546	HCTZ**	496,224
Lasix	6,000,161	Procardia	479,228
Vasotec	5,992,800	Premarin	413,688
Synthroid	5,697,207	Synthroid	402,307
Capoten	5,500,437	ISOSORBIDE DN	401,875
Premarin	5,131,864	Ventolin	386,878

NOTES: HCTZ is Hydrochlorothiazide. Includes all beneficiaries who did not receive care from both FFS and Medicare HMOs during the year. Dual eligibles and those in institutions have been excluded from the analysis. Numbers may not add to totals due to rounding. Figures do not account for non-respondents. Drug names in capitals indicate generic. One mention equates to one container of a given medication. Does not include any drugs classified as "untranslatable" due to unrecognizable spellings.

SOURCE: Health Care Financing Administration, Office of the Actuary: Medicare Current Beneficiary Survey.

- Of the top ten prescribed medications within FFS and HMO, FFS beneficiaries reported only one generic medicine, while their HMO counterparts reported three generics, including the most frequently cited drug.
- The top ten FFS drugs represent 17.2 percent of all FFS mentions and 17.9 percent of FFS drug expenditures. The top ten HMO drugs represent 19.9 percent of all mentions and 17.3 percent of expenditures.

REFERENCE

Adler, G.: A Profile of the Medicare Current Beneficiary Survey. *Health Care Financing Review* 15(4):153-163, Summer 1994.

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