

Bibliography

2002

Margaret B. Artz, R. S. Hadsall, and S. W. Schondelmeyer, "Impact of Generosity Level

of Outpatient Prescription Drug Coverage on Prescription Drug Events and Expenditure Among Older Persons," American Journal of Public Health, Vol. 92, No. 8 (August 2002): 1257-63.

This study examined the impact of drug coverage generosity on older persons' prescription events (fills) and expenditures.

Hoover DR, Crystal S, Kumar R, Sambamoorthi U, Cantor JC,

"Medical expenditures during the last year of life: findings from the 1992-1996 Medicare Current Beneficiary Survey," Health Services Research, Vol. 37, No. 6 (December 2002): 1625-42.

Compares medical expenditures for the elderly (65 years old) over the last year of life with those for nonterminal years.

Laschober MA, Kitchman M, Neuman P, Strabic AA,

"Trends in Medicare supplemental insurance and prescription drug coverage, 1996-1999," Health Affairs (Millwood), (2002): W127-38.

Medicare Current Beneficiary Survey (MCBS) Access to Care data indicate a five-percentage-point decline in the share of Medicare beneficiaries having Medigap coverage between 1996 and 1999. Many of Medicare's most vulnerable beneficiaries--rural (50 percent), near-poor (44 percent), and oldest old (45 percent)--were most likely to lack drug coverage in the fall of 1999.

Michelle M. Mello, Sally C. Stearns, and Edward C. Norton,

"Do Medicare HMOs Still Reduce Health Services Use After Controlling for Selection Bias?," Health Economics, Vol. 11, No. 4 (June 2002): 323-40.

Study models the relationship between Medicare beneficiary decisions to join Medicare HMOs and subsequent health services utilization. The study found that even when favorable selection is controlled for, Medicare HMOs significantly reduce both the probability of hospitalization and the number of inpatient days used by those who are hospitalized. Medicare HMOs do not, however, appear to reduce the use of physician services.

Pezzini LE, Kasper JD,

"Medicaid enrollment among elderly medicare beneficiaries: individual determinants, effects of state policy, and impact on service use," Health Services Research, Vol. 37, No. 4 (August 2002): 827-47.

Provides compelling evidence that Medicaid participation can be influenced by state policy. The observation that "policy matters" provides new insights into how existing programs might reach a larger proportion of potentially eligible beneficiaries.

Frank W. Porell, and Helen B. Miltiades,

"Regional Differences in Functional Status among the Aged," Social Science & Medicine, Vol. 54, No. 8 (April 2002): 1181-98.

This study investigated the degree to which population risk factors and certain geographic/environmental attributes of communities accounted for the regional differences. Multinomial logit models, estimated on a four-category functional status scale, produced strong empirical evidence of substantial regional differences in the prevalence of functional independence, functional limitations, IADL limitations, and ADL limitations, that could not be attributed to regional population composition, socio-demographic factors, lifestyle characteristics, and chronic medical conditions.

Thomas Rice, Rani E. Snyder, Gerald Kominski, and Nadereh Pourat,
"Who Switches from Medigap to Medicare HMOs?," Health Services Research,
Vol. 37, No. 2 (April 2002): 273-90.

We examined selection bias in joining managed care plans among the subset of Medicare beneficiaries who have Medigap policies. No strong evidence of selection bias was found in this population. We conclude that there was no evidence that the Medigap market is becoming prohibitively expensive as a result of unfavorable selection.