

United States of Medicare

Similarities and Shared Potential Among Rural and Urban Medicare Beneficiaries

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SURVEY METHODOLOGY

GoHealth commissioned 4,992 online interviews from March 18 through April 5, 2021, using a third-party survey tool. The data is a nationally representative sample of Medicare beneficiaries ages 65 and older.

Respondents indicated they are currently age 65 and older, reside in the U.S. and enrolled in Medicare. The breakouts for each group studied were:

- Original Medicare (n=2,995) or Medicare Advantage (n=1,997)
- Rural (n=1,067) or Urban (3,925)

Rural beneficiaries are classified by criteria set forth by the Federal Office of Rural Health Policy (FORHP). The FORHP formula accepts all non-Metro counties as rural and further determines rurality using the Rural-Urban Commuting Area (RUCA) metric. RUCA codes are based on census data and allow for the identification of rural census tracts within metropolitan counties.

With this study, GoHealth aimed to understand:

Enrollment: Uncover how urban and rural beneficiaries access information about their Medicare plan and manage their enrollment.

Benefits: Reveal the differences in auxiliary benefits available to urban and rural beneficiaries.

Social Determinants of Health: Explore the ways Social Determinants of Health are factoring into the experiences urban and rural beneficiaries have with their primary care physician.

OVERVIEW

From the hustle and bustle of Manhattan to the wide-open spaces of Montana, daily life can look a lot different for those who reside within the United States of Medicare.

But across the country, across the board, we're all in the same boat.

When it comes to healthcare costs and coverage, the federal Medicare program founded in 1965 provides some smooth sailing for older Americans. However, Medicare beneficiaries who want an even higher level of plan satisfaction may have to take the wheel themselves.

GoHealth surveyed 4,992 Medicare beneficiaries ages 65 and over, seeking a “state of the union” view of Medicare by comparing responses between urban and rural beneficiaries. Instead of unearthing vast gaps between the Medicare experience in Manhattan versus Montana for example, the survey revealed a shared experience across the country.

	Urban	Rural
Have Medicare Advantage	42%	33%
Have Original Medicare	58%	67%
Have a primary care doctor	93%	91%
Never have trouble finding a doctor that accepts Medicare	79%	77%
Visit their primary care doctor at least once a year	91%	88%
Satisfied with the distance to their doctor or provider	93%	84%

The similarities between Medicare beneficiaries living in urban settings and in rural settings extend beyond how they find and utilize their chosen Medicare plans and their doctors, revealing real opportunities to improve their healthcare journey.



Similar Healthcare Journeys

Regardless of where they live or what Medicare plan they have, older adults are taking similar approaches to healthcare.

KEY FINDINGS

When asked about their general state of health and approach to healthcare, older Americans were on the same page, regardless of where they live or if they have Original Medicare or Medicare Advantage.

When it comes to the survey population's basic approach to healthcare, it's the similarities that stand out.

While three-quarters of the survey population considers itself to be in good, very good or excellent health and even more are seeing a doctor at least once a year, **nearly 2 in 3 are using at least one at-home health monitoring tool -- tools that generally aren't covered by Medicare.**



75% consider themselves to be in "good health" or better.



93% have a primary care doctor.



90% see their doctor at least once a year.



63% have taken the initiative to use at least one at-home health monitoring device.

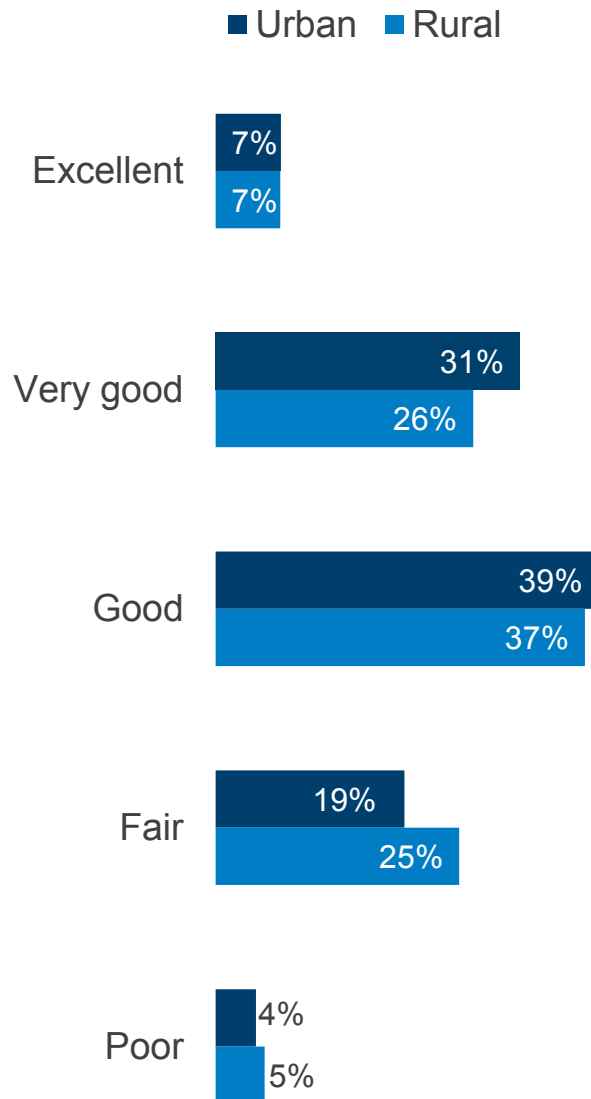
Another useful tool for good health?

An active relationship with a doctor is important, and Medicare makes such a relationship accessible and relatively affordable.

***By and large, most
Medicare
beneficiaries rate
their current
health to be at
least “good.”***

GENERAL FINDINGS

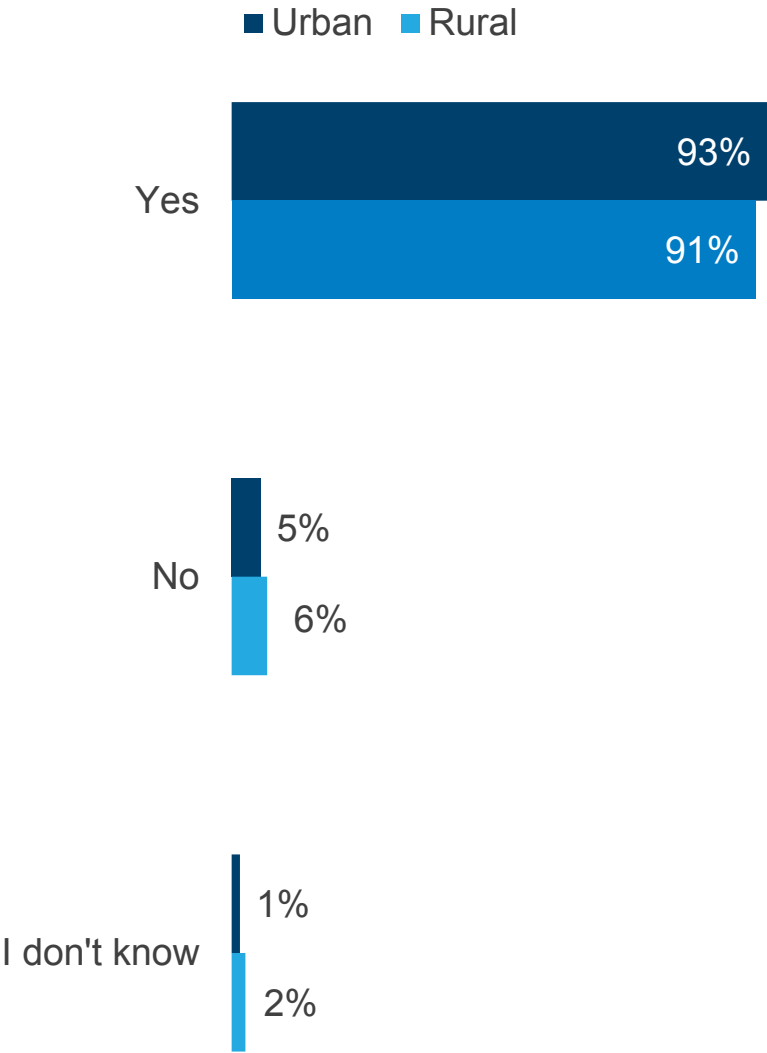
How would you rate your current health?



Nearly all Medicare beneficiaries say they have a primary care physician.

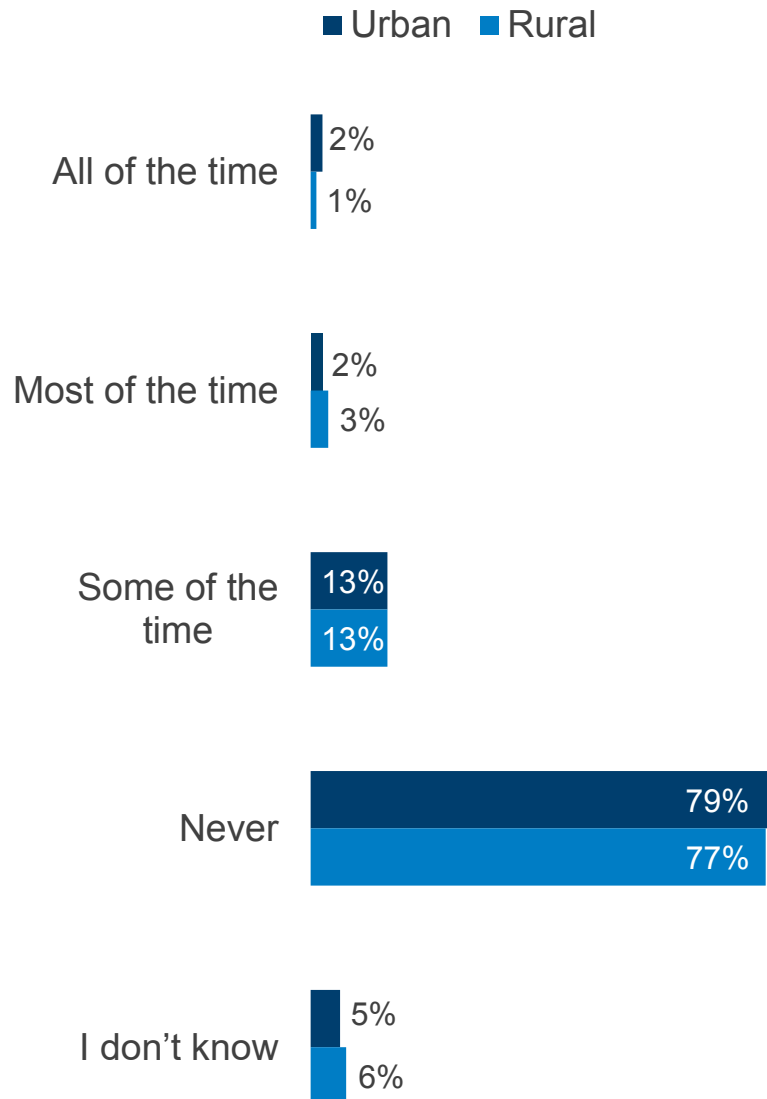
GENERAL FINDINGS

Do you have a Primary Care Provider / Doctor (PCP)?



GENERAL FINDINGS

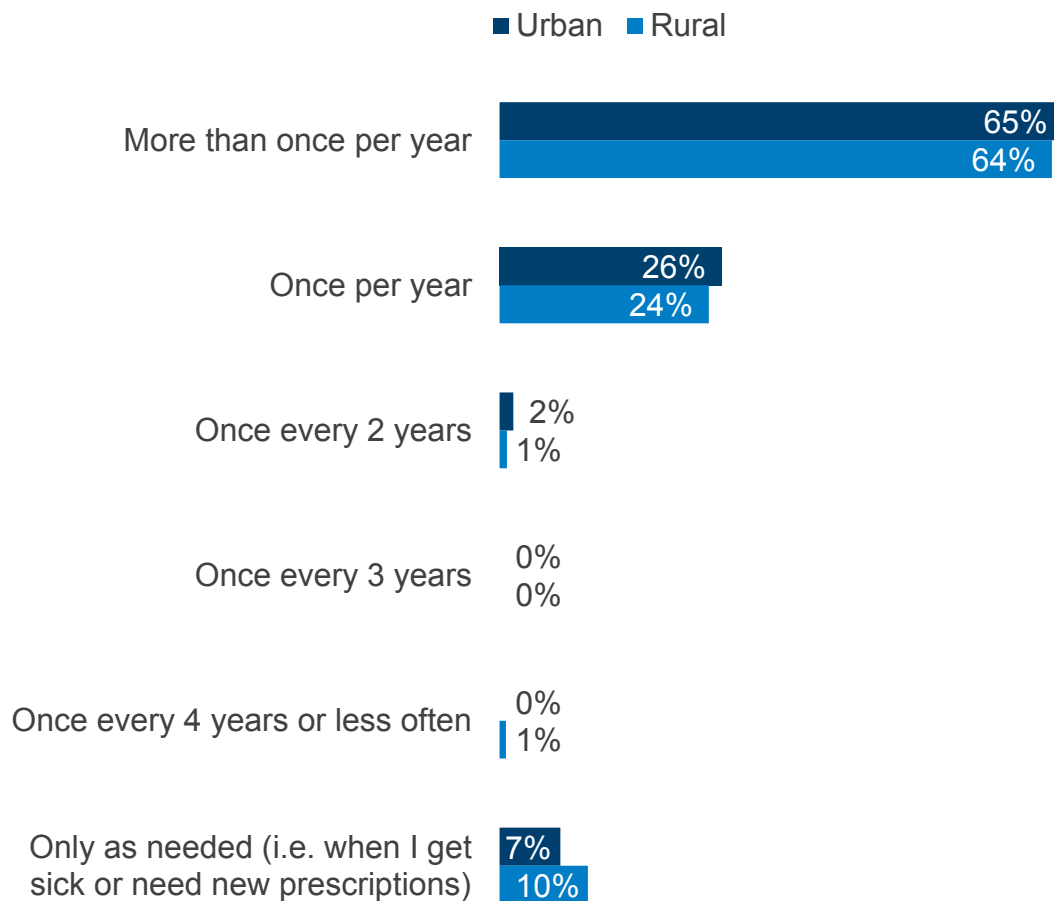
How often, if ever, do you have difficulty finding a doctor and/or specialist in your area who accepts your Medicare plan?



Most beneficiaries don't have trouble finding a doctor who accepts their Medicare plan.

GENERAL FINDINGS

How often do you see your Primary Care Provider / Doctor (PCP)?



The Majority of Beneficiaries See Their Doctor At Least Once A Year

- Two in 3 beneficiaries, regardless of location, visit their primary care doctor more than once a year.
- However, approximately 1 in 10 say they see their doctor only as needed, such as when they're sick or need new prescriptions.

GENERAL FINDINGS

Are you satisfied with the distance you have to travel to see your doctor and/or specialist?

■ Urban ■ Rural

Yes, I'm satisfied with the distance to my doctor/specialist

93%

84%

No, I'm not satisfied with the distance to my doctor/specialist

5%

13%

I don't know

2%

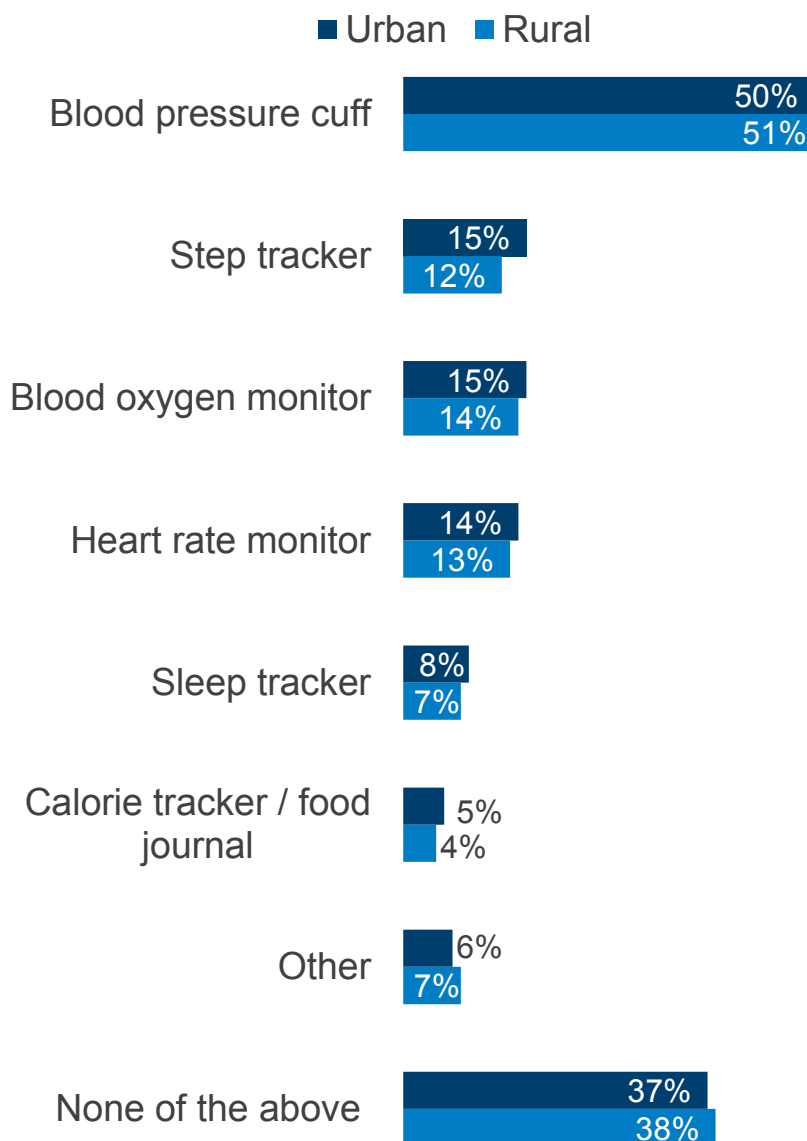
3%

Rural beneficiaries are less likely to be satisfied with the distance to their doctor or provider.

*Nearly 2 in 3
beneficiaries use
at least one at-
home health
monitoring tool.*

GENERAL FINDINGS

Which of the following at-home health monitoring tools do you currently use?





Similar Improvement Opportunities

Older adults can benefit from keeping the conversation going with their doctors, and telehealth provides an access point.

41%

used telehealth in the past year.

77%

utilized telehealth for the first time in the past year.

31%

Despite similar access to video and internet, just 31% of the rural population used it (compared to 44% of the urban population).

KEY FINDINGS

While 9 of 10 Medicare beneficiaries see their doctor at least once a year, Medicare affords beneficiaries more options than ever for working with doctors on their health.

The data shows that it's possible, with small changes, for the Medicare population to move from good health toward better health.

45%

say their doctor considers them overweight

19%

of those say their doctor doesn't discuss how their weight can impact their overall health

According to the Centers for Disease Control and Prevention, those living outside of a healthy weight are at increased risk for many serious diseases and health conditions, including but not limited to:

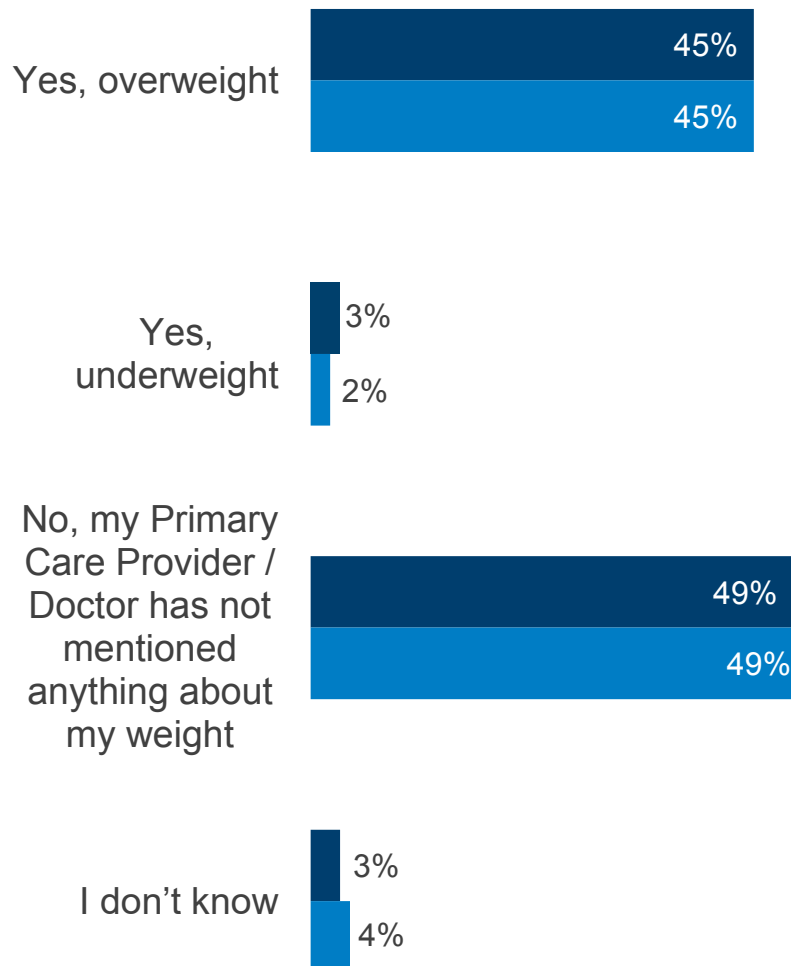
- Coronary heart disease.
- Many types of cancer.
- Difficulty sleeping and physically functioning.
- Stroke.
- Type 2 diabetes.
- Mental health issues.

In the wake of the global pandemic, more people are using telehealth services than ever. But with 85% of those surveyed having access to video communication, more could utilize technology to take matters into their own hands and, for example, discuss with their doctor how their weight is impacting their overall health.

GENERAL FINDINGS

Does your Primary Care Provider / Doctor (PCP), believe you to be over or underweight?

■ Urban ■ Rural

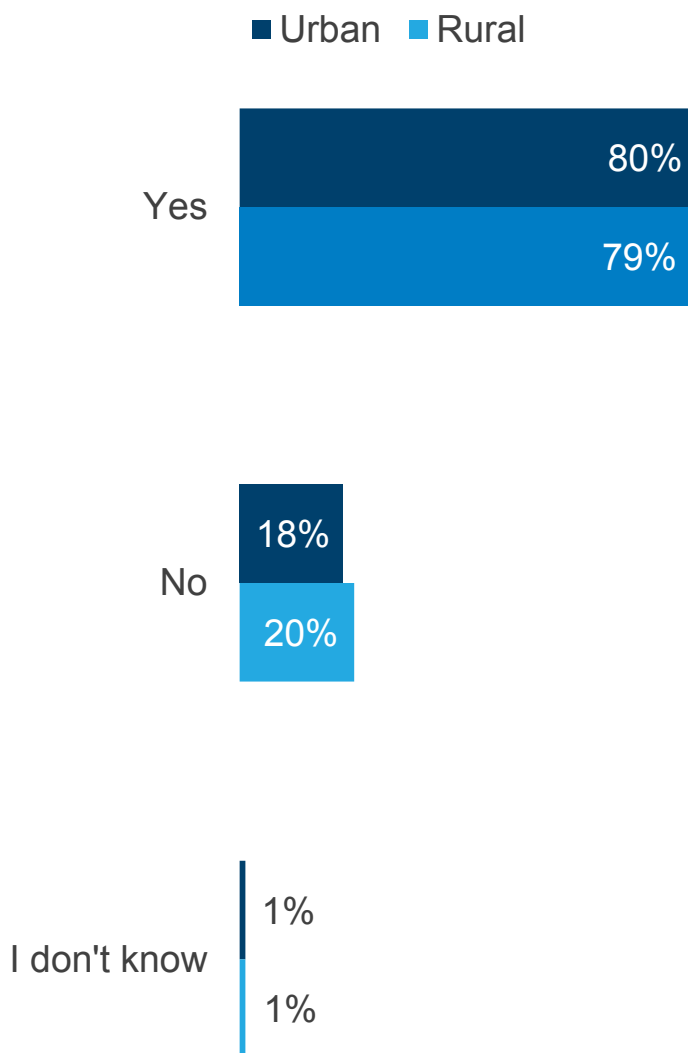


*Nearly 1 in 2
Medicare
beneficiaries say
their doctor
believes them to
be overweight.*

GENERAL FINDINGS

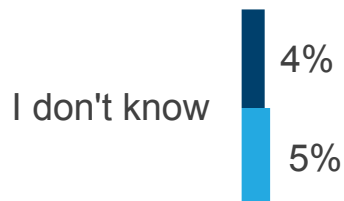
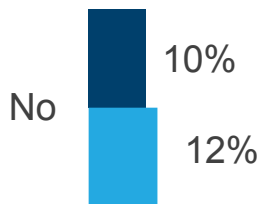
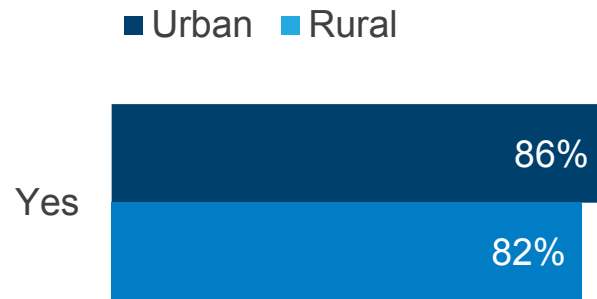
Does your Primary Care Provider / Doctor (PCP), have discussions with you about your weight and the impact it may have on your overall health?

Among those whose PCP believes them to be under or overweight, 1 in 5 say their doctor doesn't discuss the repercussions their weight may have on their health.



GENERAL FINDINGS

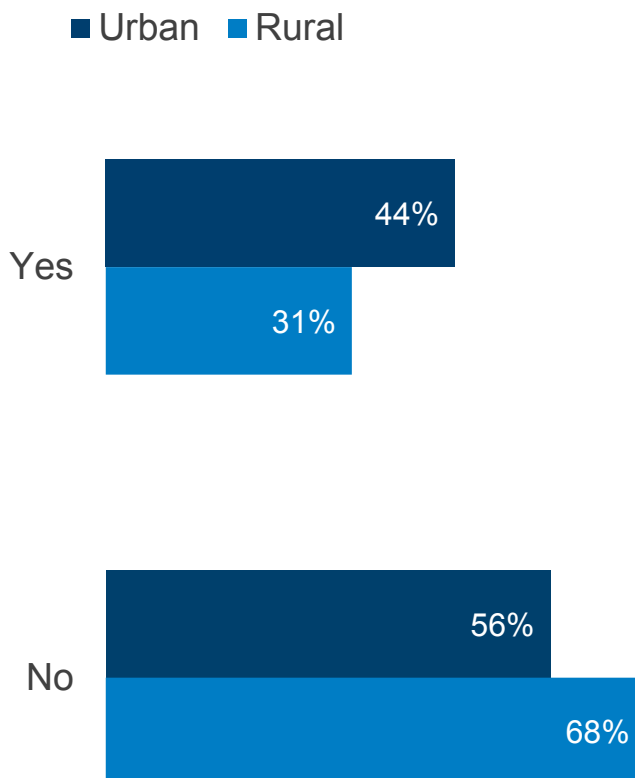
Do you have a device, such as a smartphone, tablet or computer that allows you to have video communications?



More than 4 in 5 beneficiaries have a device that allows for video communication.

GENERAL FINDINGS

In the past 12 months (past year), have you used video communications (telehealth or virtual doctor visit) to access your care?



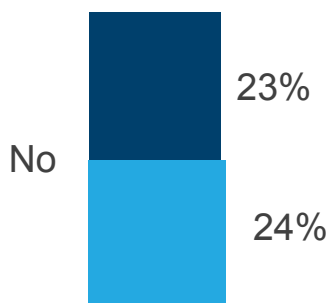
Urbanites More likely to Use Video to Access Care

- More than 2 in 5 urban beneficiaries (with access to video communications) used video to access their care in the past year, compared to fewer than 1 in 3 beneficiaries who live in a rural area.

GENERAL FINDINGS

Was this your first time using video communications (telehealth or virtual doctor visit) to access your care?

■ Urban ■ Rural



Among beneficiaries who have used video to access their care, more than 3 in 4 say this was their first time.



Plan for Improvement

Are Medicare beneficiaries getting the most out of their coverage?

KEY FINDINGS

Everyone on Medicare, regardless of enrollment, has tools at their disposal to maintain and even improve their health, but not all are equally beneficial to each individual's unique needs.

While the benefits and coverages provided by Original Medicare don't often change, Medicare Advantage plans offered by private insurance companies evolve each year and come in many shapes and sizes. According to Kaiser Family Foundation, 3,550 Medicare Advantage plans are available in 2021, a 13% increase from 2020.

Despite this, 75% of Original Medicare beneficiaries have only ever been enrolled in Original Medicare, administered by the government. Eleven percent of Original Medicare beneficiaries said they once had a Medicare Advantage plan but have switched back to Original Medicare.

And while nearly 3 in 5 of all beneficiaries haven't compared or shopped plans in two years, Medicare Advantage beneficiaries are more likely than Original Medicare beneficiaries to have done so.

50%

versus

38%

**of Medicare Advantage beneficiaries
have compared or shopped plans in
the last 2 years.**

**of Original Medicare beneficiaries
have compared or shopped plans in
the last 2 years.**

Some notable misperceptions about Medicare's offerings could be discouraging some from seeing any need to try to evaluate their coverage:

1 in 2

Excluding those who said "I don't know," half of those on Original Medicare believe that Medicare Advantage "limits access to healthcare."

6 in 7

Excluding those who said "I don't know," a majority of those on Medicare Advantage believe it "does not limit access to healthcare."

KEY FINDINGS

Further differences in beliefs are found in healthcare access and funding.

For Original Medicare beneficiaries, the top reason cited for choosing Original Medicare over Medicare Advantage was, **“I paid Medicare/social security tax, so I want to take advantage of the plan my tax dollars paid.”** Yet, tax dollars fund both Original Medicare and Medicare Advantage.

Original Medicare Beneficiaries	
I paid Medicare / social security tax for all the years that I worked so I want to take advantage of the plan for which my tax dollars paid	26%
I wanted to see any doctor and/or specialist that accepts Medicare, without network restrictions	22%
I wanted to see any doctor and/or specialist that accepts Medicare, without the requirement of a referral	21%
I think Medicare Advantage plans would cost me more in out-of-pocket healthcare costs than Original Medicare	17%

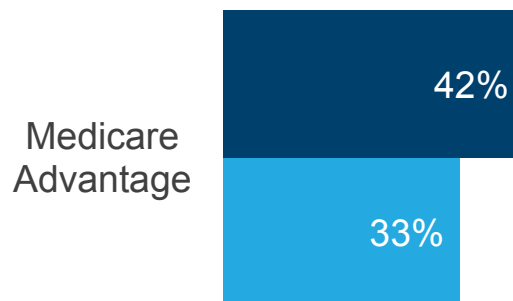
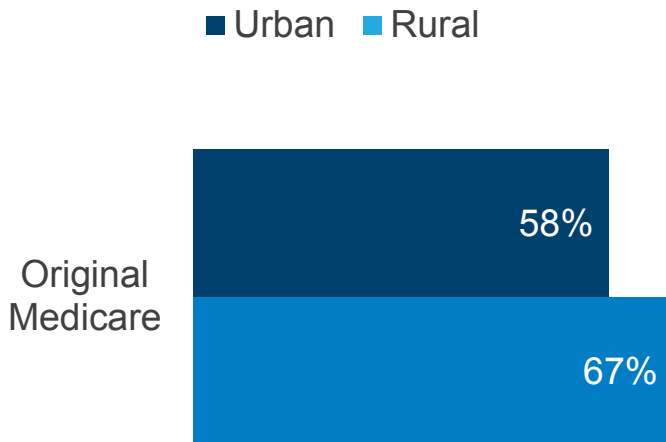
The percentage of Medicare beneficiaries enrolled in Medicare Advantage has doubled over the last decade [\(1\)](#). Among both rural and urban enrollees, their primary reasons for choosing Medicare Advantage were:

Medicare Advantage Beneficiaries	
I was able to get a Medicare Advantage plan that offered better overall costs (such as copays, deductibles or coinsurance) than what I would have paid on Original Medicare	41%
I wanted prescription drug coverage bundled under one plan	34%
I was able to get a Medicare Advantage plan with a \$0 monthly premium	32%
I wanted vision, dental and/or hearing coverage included under the same plan	31%

Despite Medicare Advantage plans having network requirements and some Original Medicare beneficiaries preferring restriction-free healthcare, **77% of Medicare Advantage beneficiaries said they have no problem finding a doctor that accepts their plan** (similar to the 79% on Original Medicare who have no issues finding a doctor).

GENERAL FINDINGS

Currently, what is your primary source of health insurance?



Two in 5 urban beneficiaries are enrolled in a Medicare Advantage plan, compared to just 1 in 3 beneficiaries living in a rural location.

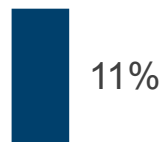
One in 10 Original Medicare beneficiaries have been previously enrolled in a Medicare Advantage plan.

GENERAL FINDINGS

Have you ever enrolled or been enrolled in a Medicare Advantage plan?

(Original Medicare Beneficiaries)

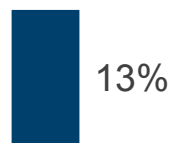
Yes, I had a Medicare Advantage (Part C) plan in the past but decided to switch back to Original Medicare



No, I have only ever had Original Medicare administered by the government



I don't know

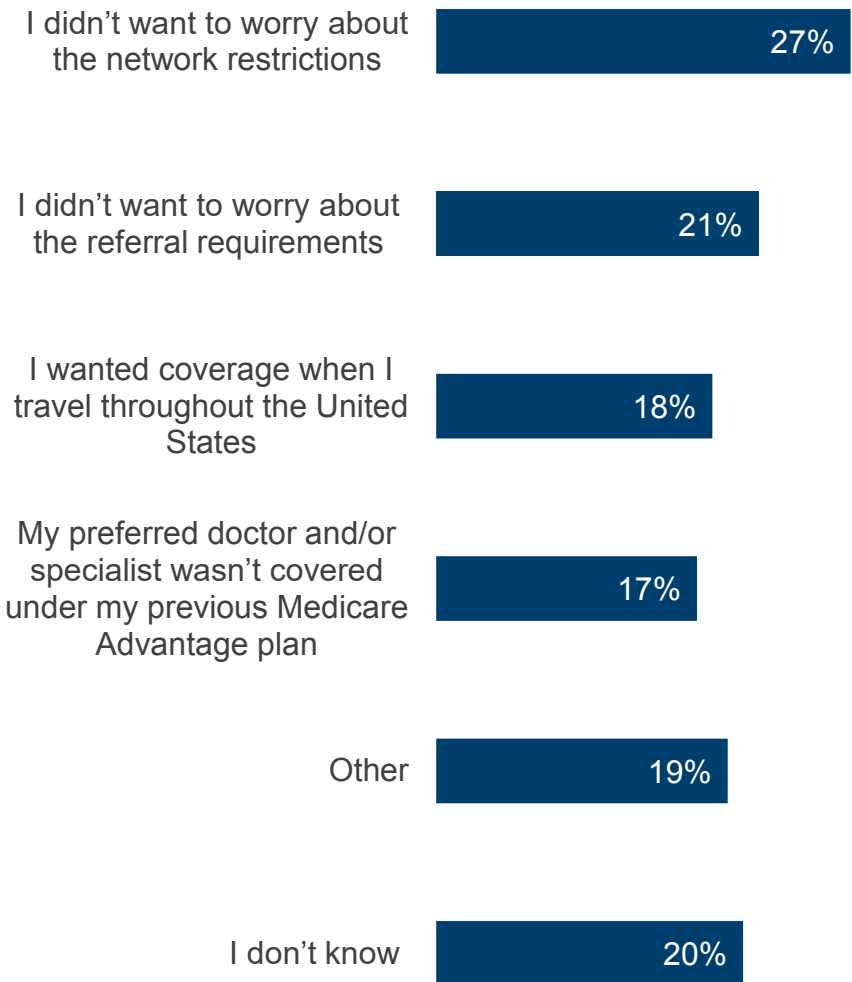


Of the beneficiaries that switched back to Original Medicare, most switched due to network restrictions or referral requirements.

GENERAL FINDINGS

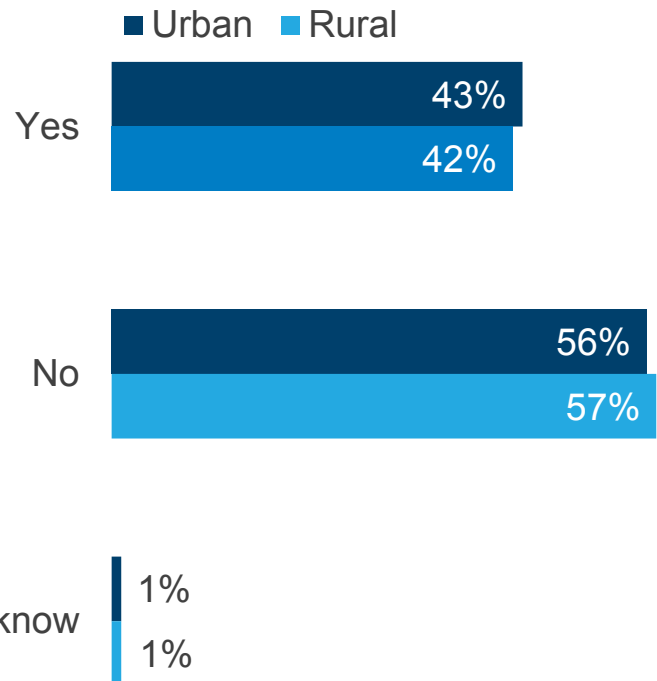
Which of the following reasons describe why you switched from a Medicare Advantage plan to Original Medicare?

(Original Medicare beneficiaries who have switched back to Original Medicare)



GENERAL FINDINGS

In the past 24 months (2 years), have you shopped for or compared Medicare plans that are available in your area?



Two in 5 Medicare beneficiaries shopped around for Medicare plans within the past 2 years.

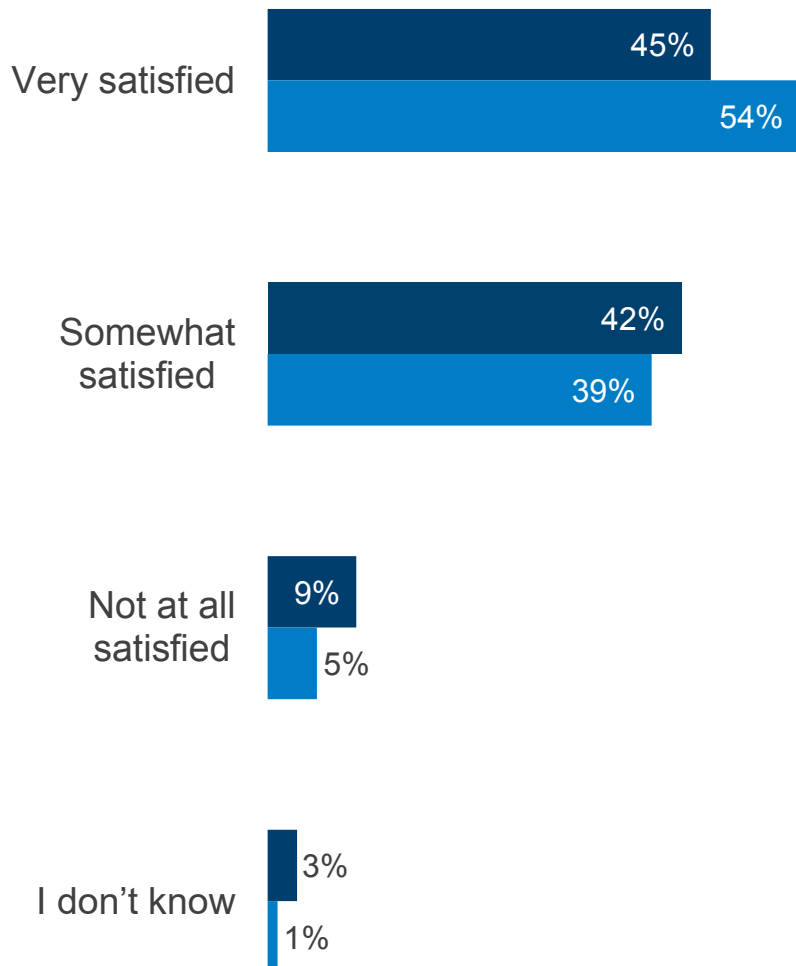
Original Medicare beneficiaries are less likely than Medicare Advantage beneficiaries to have shopped or compared plans

	Yes	No	I don't Know
Have Medicare Advantage	50%	49%	1%
Have Original Medicare	38%	61%	1%

GENERAL FINDINGS

How satisfied were you with the options available in your area?

■ Original Medicare ■ Medicare Advantage

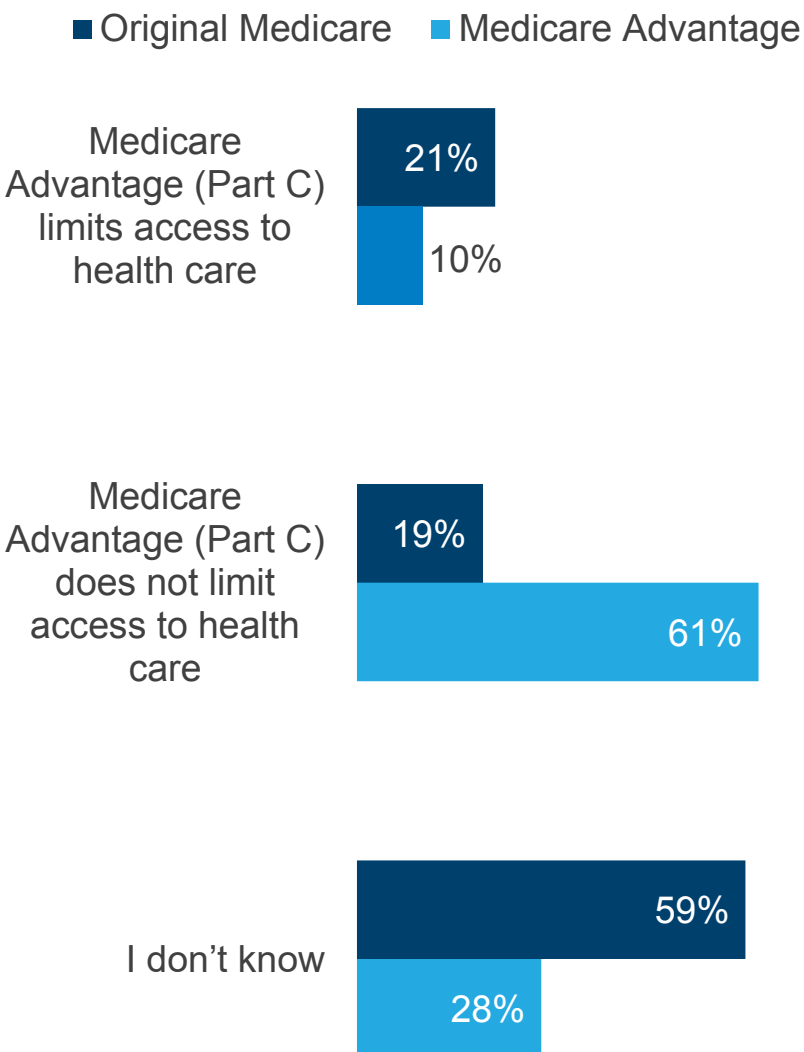


Overall, Medicare Advantage beneficiaries report greater satisfaction with the options available in their area than those on Original Medicare.

When it comes to whether Medicare Advantage limits access to healthcare, Original Medicare beneficiaries are 2X more likely than Medicare Advantage beneficiaries to believe it does.

GENERAL FINDINGS

Which statement do you agree with?



GENERAL FINDINGS

Which of the following statements describe why you are enrolled in Original Medicare over a Medicare Advantage plan?

Original Medicare Beneficiaries	
I paid Medicare / social security tax for all the years that I worked so I want to take advantage of the plan for which my tax dollars paid	26%
I wanted to see any doctor and/or specialist that accepts Medicare, without network restrictions	22%
I wanted to see any doctor and/or specialist that accepts Medicare, without the requirement of a referral	21%
I think Medicare Advantage plans would cost me more in out-of-pocket healthcare costs than Original Medicare	17%
I wanted to ensure I have coverage when I travel throughout the United States	12%
I think Medicare Advantage plans would cost me more in monthly premiums	12%
I'm not sure how Medicare Advantage plans work	10%
I don't think I would receive adequate coverage with a Medicare Advantage plan	9%
I didn't know I had another option other than Original Medicare	6%
I don't know what a Medicare Advantage plan is	6%
I don't trust private health insurance companies	5%
I only trust the federal government when it comes to Medicare	5%
There wasn't a suitable Medicare Advantage plan available in my area	5%
I don't think I am eligible for a Medicare Advantage plan	4%
My doctor and/or specialist doesn't accept Medicare Advantage	3%
I don't know how to sign up for a Medicare Advantage plan	2%
Other	16%

Original Medicare Beneficiaries Want to Take Advantage of Federal Plan

- Although tax revenue helps fund both Original Medicare and Medicare Advantage plans, more than 1 in 4 Original Medicare beneficiaries say they enrolled in Original Medicare rather than a Medicare Advantage plan because they wanted to take advantage of a plan their tax dollars paid for.
- One in five wanted to see any doctor that accepts Medicare without having to obtain a referral.

GENERAL FINDINGS

Which of the following statements describe why you are enrolled in a Medicare Advantage plan over Original Medicare?

Medicare Advantage Beneficiaries	
I was able to get a Medicare Advantage plan that offered better overall costs (such as copays, deductibles or coinsurance) than what I would have paid on Original Medicare	41%
I wanted prescription drug coverage bundled under one plan	34%
I was able to get a Medicare Advantage plan with a \$0 monthly premium	32%
I wanted vision, dental and/or hearing coverage included under the same plan	31%
I found a Medicare Advantage plan that included the best coverage/cost for specific prescriptions that I need to take	25%
I found a Medicare Advantage plan that was designed for my specific health needs	17%
I wanted a plan that offered extra benefits, such as fitness classes, transportation and/or preventative programs	15%
I wanted a plan that capped my total medical costs after I hit a certain deductible	12%
I wanted a lower deductible than what I would have paid with Original Medicare	12%
I chose it because my licensed insurance agent recommended it to me	10%
I wanted to enroll with a specific health insurance company	8%
Other	6%

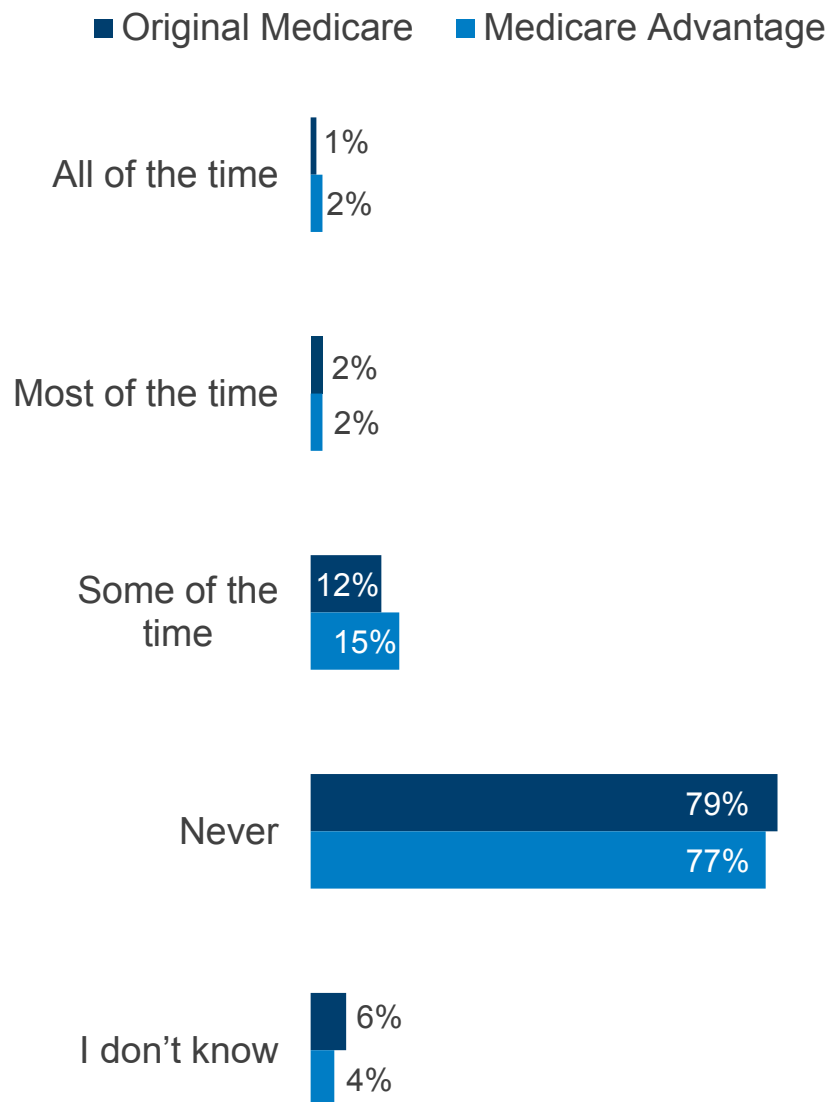
Top Reasons for Medicare Advantage: Better Costs & Bundled Benefits

- Two in five Medicare Advantage beneficiaries say better costs on items such as copays and deductibles enticed them to enroll in a Medicare Advantage plan instead of Original Medicare. One in three report that they were able to get a Medicare Advantage plan with a \$0 premium.
- One in three wanted to bundle their prescription coverage under the same plan as their healthcare.

***Four in 5
beneficiaries say
they never have
trouble finding a
doctor who
accepts their
Medicare plan.***

GENERAL FINDINGS

How often, if ever, do you have difficulty finding a doctor and/or specialist in your area who accepts your Medicare plan?



GENERAL FINDINGS

When you are selecting a doctor or specialist, which of the following attributes are important to you?

	Original Medicare	Medicare Advantage
A doctor/specialist who was recommended to me by another one of my doctors/specialists	70%	69%
A doctor/specialist who was recommended to me by friends and/or family	32%	30%
A doctor/specialist who is the same gender as I am	7%	8%
A doctor/specialist with a degree from a prestigious university	7%	7%
A doctor/specialist who is the same race/ethnicity as I am	2%	3%
A doctor/specialist who was born and/or raised in the same area in which I live	2%	2%
None of the above	17%	20%

Recommendations Carry Weight with Most Beneficiaries

- Seven in 10 beneficiaries say a recommendation from a current provider is important when selecting a doctor or specialist.
- Additionally, nearly 1 in 3 report that recommendations from family or friends are key when choosing a new doctor.

GENERAL FINDINGS

When you are selecting a doctor or specialist, which of the following attributes are important to you?

	Urban	Rural
A doctor/specialist who was recommended to me by another one of my doctors/specialists	70%	67%
A doctor/specialist who was recommended to me by friends and/or family	32%	29%
A doctor/specialist who is the same gender as I am	8%	6%
A doctor/specialist with a degree from a prestigious university	7%	5%
A doctor/specialist who is the same race/ethnicity as I am	2%	3%
A doctor/specialist who was born and/or raised in the same area in which I live	2%	2%
None of the above	17%	21%

Recommendations Carry Weight with Most Beneficiaries

- Seven in 10 beneficiaries say a recommendation from a current provider is important when selecting a doctor or specialist.
- Additionally, nearly 1 in 3 report that recommendations from family or friends are key when choosing a new doctor.



Thank you.

For more information about GoHealth or this survey, please visit GoHealth.com.

To receive additional insight or executive commentary on these findings, please contact GoHealth at pressinquiries@gohealth.com.

About GoHealth, Inc.

As a leading health insurance marketplace and Medicare-focused digital health company, GoHealth's mission is to improve access to healthcare in America. Enrolling in a health insurance plan can be confusing for customers, and the seemingly small differences between plans can lead to significant out-of-pocket costs or lack of access to critical medicines and even providers.

GoHealth combines cutting-edge technology, data science and deep industry expertise to match customers with the healthcare policy and carrier that is right for them. Since its inception, GoHealth has enrolled millions of people in Medicare and individual and family plans. For more information, visit GoHealth.com.