Evaluating the Impact of the Inflation Reduction Act (IRA) \$2,000 Out-of-Pocket Spending Cap on Medicare Part D Beneficiaries

ADVI

Peter Kardel, Caitlin Sheetz, Irene Varghese, David Liu ADVI Health, Washington, DC

ADVI

Background

The Inflation Reduction Act (IRA) includes several provisions that will impact the price of prescription drugs and Medicare Part D enrollee liability. Prior to the IRA, beneficiary out-of-pocket (OOP) spending during the year was unlimited. One of the most notable changes, set to take effect in 2025, is the implementation of a \$2,000 OOP maximum. This significant reform is accompanied by increased responsibilities for both Medicare Part D plan providers and drug manufacturers throughout the benefit coverage period.

Objectives

Assess Demographic Impact: Determine whether the new Medicare Part D benefit design affects various demographics equally.

Analyze Threshold Crossing Timing: Determine the month when Medicare Part D enrollees typically exceed the \$2,000 threshold is crucial for anticipating and managing healthcare costs

Investigate High-Cost Drug Influence: Explore the impact of high-cost drugs on pushing individuals over the \$2,000 OOP threshold.

Methods

- 100% Part D Event Files (2017 to 2021). Patient out-ofpocket (OOP) (which included: direct out-of-pocket expenses, low-income subsidy payments, and other payer payments) was totaled within each calendar year for each beneficiary. In 2021:
 - 51.6M Part D beneficiaries in total
 - 6.3M Part D beneficiaries with >\$2,000 OOP
- 100% Master Beneficiary Summary File (2017-2021) Provided patient demographic and low-income subsidy status.

Peter Kardel

Chef Data Scientist | ADVI Health Mobile | 202.420.0720 Email | <u>peter.kardel@advi.com</u>



Figure 1: Proportion of beneficiaries exceeding \$2,000 in OOP spending has remained relatively constant over the five-year period

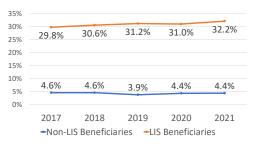


Figure 2: Beneficiaries with OOP spending >\$2,000 are disproportionally Black and Hispanic. (Data from 2021)

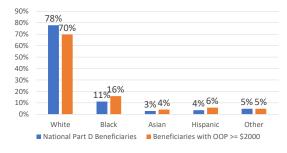
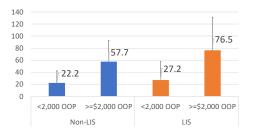


Figure 3: Average prescriptions per year among those >\$2,000 OOP threshold. LIS beneficiaries have more utilization than non-LIS. (Error bars are standard deviations; data from 2021)



With IRA

Top 10

Drugs

42%

Figure 4: 42% of the 6.2M beneficiaries that meet the \$2,000 OOP threshold (2021) took at least one of the ten Part D drugs subject to price negotiation for 2026 under the IRA.

Results

Figure 5: Assessment of average spending <u>above</u> the \$2,000 threshold, by race. Black beneficiaries have the highest spending in both LIS and non-LIS. (Data from 2021; counts are hundreds of thousands of beneficiaries)

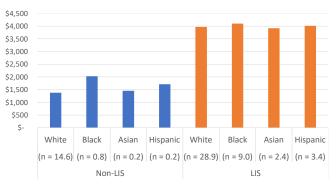
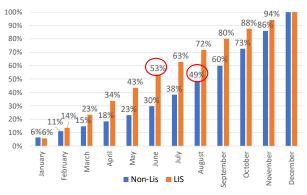


Figure 6: Proportion of beneficiaries reaching \$2,000 OOP threshold, by month. ~50% of LIS beneficiaries reach the OOP threshold in June and ~50% of non-LIS beneficiaries reach the OOP threshold 2 months later in August. (Data from 2021)



Key Takeaways

- Non-White Part D beneficiaries will be more affected by the OOP cap
- Black Part D beneficiaries spend more than any other racial group and will see the most savings
- LIS beneficiaries will be reaching the OOP threshold, on average, almost two months prior to non-LIS beneficiaries