NMEP Case Study Sites Project—
Special Populations and Their Use of Medicare Information:
Program Monitoring of Customer Service
and Information Projects

Purpose: This report synthesizes the monitoring and assessment data from the NMEP and Regional Education about Choices in Health (REACH) programs as they pertain to special populations, including African-Americans, Asian-Pacific Islanders, Hispanics, Native Americans, Rural Populations, Low Income Populations, and People with Disabilities. The Medicare+Coice (M+C) program expanded the set of plan options for Medicare beneficiaries. The purpose of this study was to determine: 1) which subpopulations of Medicare beneficiaries need special attention in order to achieve the goal of "informed choice;" 2) what efforts have already been done to target these subpopulations; 3) what kinds of information they are already getting, and from whom; and 4) which approaches hold the most promise for meeting currently unmet needs.

Results: This study revealed the following findings:

1. Principle Findings

- The REACH efforts conducted by the Centers for Medicare and Medicaid Services (CMS) reflect an evolving mission and a maturing approach toward special populations.
  - In its CY 2000 REACH monitoring activities, CMS observed more active partnering and collaboration with community organizations to reach special populations.
- Little attention is being directed by local information suppliers to the information needs of special populations.
  - Attending the information needs of sub-populations is very much a local matter, where unmet needs can be identified, solutions fashioned, and where partners can be engaged to help.
  - However, local information suppliers are, for the most part, not yet engaged to meet such special population needs, nor equipped to do so.
- Some identifiable sub-populations (or segments) of Medicare beneficiaries differ in the way they respond to the NMEP activities.
- There appears to be unmet information needs among some sub-populations of beneficiaries.

- Some evidence exists of systematic (i.e., national) unmet needs for information for identifiable sub-populations.

- But for chronically vulnerable sub-populations (like racial/ethnic minorities, the poor, and those living alone), the evidence of unmet needs and restricted access to information sources is less systematic and may be subject to wide local variations.

2. Special Population Segments

- There is a lack of consistency in thinking about special priority populations: who they are, what it means to be "special," and what to do differently in trying to achieve consistently high levels of informed choice across Medicare sub-populations.

  - The strategy of REACH was to give regions the flexibility to identify the special population needs and solutions, instead of imposing a programmic view.

  - But the lack of an agreed upon framework for thinking about the types of special information needs for particular sub-populations contributes to inconsistencies in strategies about special needs at the local level.

- Therefore, a new framework—one that includes the following four "special" kinds of segments within beneficiary populations in every locality—many be warranted:

  - **Communication Difficulty Segments—**those beneficiaries who have difficulties communicating using channels and messages designed for the majority of beneficiaries, because they are culturally isolated and hard to reach, or because they have language barriers. They include rural, non-English speakers, institutionalized, and others with cognitive impairments.

  - **Situational Segments—**those beneficiaries who experience an urgent need for information about Medicare, because their plan dropped them, their doctor left the plan, they have a financial emergency, their health has worsened, their spouse died, or their employer has changed the retiree benefits.

  - **Socially Vulnerable Segments—**those beneficiaries who belong to a population group that may be chronically vulnerable to the choices and complexities of Medicare itself—or because they have limited means and restricted choices. These groups include the very old and frail, the poorly educated, the poor, those in poor health, persons who live alone, or persons who are disabled.

- **Special Opportunity Segments—**those beneficiary groups that may represent special opportunities for CMS to reach portions of the Medicare population in special ways or with high leverage (e.g., new enrollees, persons covered with insurance by large employers). This segment is related to CMS needs and special information supply opportunities, and does not clarify whether these are "special" needs of the beneficiaries.

- The findings pertaining to each of these segments are presented in topic numbers 3, 4, 5, and 6 below.

3. Communication Difficulty Segments

- Most community organizations and information suppliers in the sites that were monitored do not have staff or resources to adequately address the needs of Communication Difficulty Segments, especially where language barriers exist.

- CMS support is important in meeting suppliers' needs for providing information (materials, training, media).

4. Situational Segments

- One or more of the situations defined in topic #2 above occurred in CY 2000 for about 25 percent of the beneficiaries in the sites that were monitored.

  - These situations increase the annual likelihood of a beneficiary using information about Medicare approximately 9 to 14 percentage points, a relatively large effect.

- Other kinds of events that could create "situations" in the lives of beneficiaries were also generally found to increase utilization of information.

  - These "life events" occur for about 36 percent of beneficiaries each year, and include the death of a spouse, worsening health status, and personal financial difficulty.

5. Socially Vulnerable Segments

- Racial/ethnic minorities and other socio-economically vulnerable groups are clearly less satisfied with their stock of information about Medicare, and are less knowledgeable about Medicare, than other groups—and they experience difficulties choosing and accessing services.

- There are consistent suggestions from the literature that the very oldest beneficiaries, the poor, the poorly educated, those in poor health, and persons without supplemental insurance have problems coping with Medicare (access, satisfaction, choice difficulties).

- Information usage by these groups is not uniform

  - Disabled beneficiaries tend to use information about Medicare more often, while the poorly educated, and the older beneficiaries tend to use information less often than other beneficiaries.

  - There is also other evidence that the particular minority groups, including Asians and some Native Americans, tend to use Medicare information more often than other beneficiaries.

  - There is some indication that beneficiaries who live alone tend to use Medicare information sources (other than the handbook) less frequently.

- Disabled beneficiaries present special information challenges.

  - They appear to be vulnerable to more urgent situational risks that prompt the need for Medicare information;

  - They appear to be the least satisfied with their information situation; and

  - They certainly use information more frequently than other beneficiaries.

6. Special Opportunity Segments

- New Medicare enrollees (enrollees who are exactly 65 years of age) tend to know less about Medicare than other beneficiaries, are more satisfied with the information they have about Medicare, and consistently search for information to a greater degree than other age groups.

- New enrollees are over two times more likely than other beneficiaries to use the Internet and counselors to find Medicare information.

  - They also appear more likely to use help-lines and the handbook.

- New enrollees' information about Medicare and sources of Medicare information appears to be very limited.

  - Their decision-making about Medicare plans and services was not very analytical.

7. Medicare Information Suppliers and Special Populations

- The content and format of NMEP materials have continued to focus primarily on the general Medicare program and disenrollees

  - Information for special populations has continued to be limited.

- Distribution is increasing at the six monitoring sites and among interviewed partners.

  - Materials and resources are more evident at REACH activities and events.

- Special populations are not yet a primary focus of local information suppliers.

  - Most organizations in the six monitored sites do not have a systematic approach or strategy for targeting special populations.

  - There is some evidence that *awareness* of the needs of special populations is increasing at the regional, state, and local levels.

    — But noticeable efforts to address their informational needs, to collaborate with community organizations serving special populations, or to develop a sustainable Medicare information infrastructure for these sub-groups is limited.

  - Addressing the informational needs of special populations is difficult, time-consuming, and interpersonally challenging—and most organizations at the state and local levels are unaware of and ill equipped to address them.

8. Findings Pertaining to Partnering

- Information providers who are attempting to serve special populations emphasized the importance of:

  1) making connection with and working through community-based organizations that serve these populations; and

  2) encouraging these organizations to provide outreach and information through established and trusted networks in these communities.

- Partnering activities that were studied as part of REACH 2000 also suggest that the CMS regional offices (and the REACH planning activities at the national level) are becoming more aware of the value of using local

coalitions of non-profit organizations to reach certain special populations better, especially Hispanics and Asian-Pacific Islanders.