



**FINAL**

HCFA MARKET RESEARCH FOR BENEFICIARIES

**INCREASING MEDICARE BENEFICIARY  
KNOWLEDGE  
THROUGH IMPROVED COMMUNICATIONS:**

**SUMMARY REPORT ON THE  
DUAL-ELIGIBLE MEDICARE/  
MEDICAID POPULATION**

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The primary author of this report is Margaret Edder, Associate, Barents Group. The report is a synthesis of findings from three other reports prepared under HCFA's Market Research for Beneficiaries contract:

- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Inventory Research Findings for African-American, Hispanic American, Medicare/Medicaid Dual Eligible, Rural, and About-To-Enroll Beneficiaries*, written by Kenneth R. Cahill, Myra Tanamor, and Lisa Green of Barents Group; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, July 1998].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Focus Group Research Findings for African-American, Hispanic American, Medicare/Medicaid Dual Eligible, Rural, and About-to-Enroll Beneficiaries*, written by Barbara H. Forsyth, W. Sherman Edwards, and Martha Stapleton Kudela of Westat, Inc. [Final Draft, January 1998].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Medicare Current Beneficiary Survey Findings*, written by Kenneth R. Cahill, Mary A. Laschober, Lisa Green, and Margaret Edder of Barents Group; Steve Parente, Laura Hodges, and Jennifer Dunbar of Project HOPE; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, August 1998].

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## CHAPTER 1. SUMMARY

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

### Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- ◆ **What information do beneficiaries want or need from HCFA?**
- ◆ **What are the best ways to communicate that information to them?**

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- ◆ An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- ◆ Focus groups with Medicare beneficiaries, and
- ◆ A national survey of the Medicare population – the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,<sup>1</sup> while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.<sup>2</sup>

As part of HCFA's commitment to adapt its operations and communication strategies to better serve *all* Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups

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<sup>1</sup> The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

<sup>2</sup> See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1988, Health Care Financing Administration.

that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified “hard to reach” beneficiary subgroups – *elderly beneficiaries who are eligible for both Medicare and Medicaid coverage (“dually-eligible beneficiaries”)*. The report compares the subgroup’s information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and vision- and hearing-impaired beneficiaries.

### **Definition of “Dual Eligibles”**

Medicare beneficiaries who receive benefits through their state Medicaid program are known as dually-eligible beneficiaries. A Medicare beneficiary can qualify for full Medicaid benefits either by being categorically needy or medically needy. Categorical eligibility is based upon income and asset levels, with eligible persons often also enrolled in income assistance programs such as the Supplemental Security Income (SSI) program. Medicaid eligibility is also extended to individuals who exceed the income and resource requirements of the categorically needy but qualify for Medicaid because of very large health care bills relative to their financial resources.

Medicare beneficiaries can also receive Medicaid assistance in the form of payment of their Medicare premiums (Part B and Part A if necessary) and/or cost sharing expenses (deductibles and co-payments). Beneficiaries can receive Medicaid assistance by qualifying for eligibility in one of four categories:

- ◆ A Qualified Medicare Beneficiary (QMB) is an individual whose income is at or below the federal poverty level (FPL) and whose assets do not exceed 200 percent of those allowed under the SSI program. QMBs usually receive both Part B premium support (and Part A support if necessary) and cost sharing support from their state’s Medicaid program. The state can also entitle them to receive full Medicaid benefits.
- ◆ A Specified Low-Income Beneficiary (SLMB) is an individual whose income is 120 percent of the FPL and whose assets do not exceed 200 percent of those allowed under the SSI program. SLMBs receive Medicaid support for their Part B premiums, but Medicaid does not pay their co-pays and deductibles as it does for QMBs. The state can also entitle these beneficiaries to receive full Medicaid benefits.
- ◆ A Qualified Individual One (QI1) is an individual whose income can be up to 135 percent of the FPL and whose assets do not exceed 200 percent of those allowed under the SSI program, and who is not otherwise eligible for Medicaid. QI1s receive Medicaid support for their Part B premiums, but Medicaid does not pay their co-pays and deductibles.
- ◆ A Qualified Individual Two (QI2) is an individual whose income can be up to 175 percent of the FPL and whose assets do not exceed 200 percent of those allowed under the SSI program, and who is not otherwise eligible for Medicaid. QI2s receive partial Medicaid payment of their Part B premium.

**Because several of these eligibility categories vary from state to state, and are either based on income and resources or functional and medical need, the dually-eligible population is extremely heterogeneous.**

## **Key Findings and Implications for HCFA**

### Key Findings

- ◆ As would be expected, dually-eligible beneficiaries have much lower income levels than the general Medicare population. These beneficiaries in the aggregate are also less educated and much more likely to be part of a minority group, to live alone, to live in rural areas, and to be less healthy than the general Medicare population.
- ◆ Some of the most pressing information needs of dual eligibles include:
  - ◇ Basic information about the Medicare program,
  - ◇ How Medicaid and Medicare work together,
  - ◇ Benefits coverage and payment for health services,
  - ◇ Staying healthy, and
  - ◇ Medicare HMOs.
- ◆ For general Medicare-related information, dual eligibles generally prefer to obtain it from the same sources as the general Medicare population: media (TV, newspapers, radio, magazines), Medicare sources (Medicare carriers, local Medicare offices, and toll-free Medicare numbers), doctors, and family and friends. However, the dual-eligible population appears to rely more heavily on Medicare sources, health care providers, and family and friends, and less on insurance companies and senior citizen groups compared with the general Medicare population.
- ◆ For health-related information, dual eligibles generally prefer to get information from Medicare, their doctor or provider, friends and family, and community organizations. Although dual eligibles were most likely to consult doctors for advice on staying healthy, they relied slightly more heavily on family and friends for this information compared with the general Medicare population.
- ◆ Like Medicare beneficiaries in general, dual eligibles most prefer obtaining detailed information in-person, through brochures, and on the telephone. However, a higher proportion of dual eligibles most prefers to receive information in-person compared with beneficiaries in general.

### Implications for HCFA

- ◆ The dually-eligible population has many characteristics that overlap with several of the other “hard-to-reach” groups of beneficiaries of special concern to HCFA. HCFA’s communication strategies for dual eligibles should encompass recommendations for effective approaches for low literate beneficiaries, for rural populations, for African American and Hispanic beneficiaries, and for those with hearing, vision, and other health care needs that are greater than the general Medicare population.

- ◆ Because a much greater proportion of the dually-eligible population lives alone compared with the general Medicare population, uses of some communication sources (e.g., family members and schools) and some communication methods (e.g., newer technologies such as VCRs and the Internet) that may be beneficial for disseminating information to other beneficiaries, may be less useful for this beneficiary group in the aggregate.
- ◆ HCFA should respond to the dually-eligible population's strong preference for interpersonal channels of communication by making these methods more available to them. These interpersonal channels give beneficiaries the opportunity to ask questions of the "person on the other end," whether through an in-person meeting or a telephone conversation. In written communications, dual eligibles prefer a brochure format, which could most effectively be used as a reference for an in-person meeting and should be written in a format that resembles face-to-face interactions.
- ◆ The sources that dual eligibles have used in the past suggest that they want information through offices and agencies where they can have interpersonal contact, such as Social Security offices, local Medicare offices, and health care providers' offices, and not just from less personal venues (TV, magazines, etc). HCFA will be more likely to reach the dually-eligible population by using these types of communication channels.

### **Organization of Report**

This report is organized into four additional chapters:

- ◆ A profile of dually-eligible Medicare beneficiaries, with their characteristics compared with those of the general elderly Medicare population;
- ◆ A summary of dually-eligible beneficiaries' information needs;
- ◆ A discussion of information sources preferred by dually-eligible beneficiaries; and
- ◆ A summary of communication modes most preferred by dual eligibles.

## CHAPTER 2. PROFILE OF THE DUAL ELIGIBLE POPULATION

Dually-eligible beneficiaries are of particular concern to state and federal governments because they account for a disproportionate share of Medicare and Medicaid spending and exhibit a diverse range of health care needs. This population often has greater health care needs and present challenges that differ from those of the general Medicare beneficiary population (Merrell, et al., 1997). An estimated \$106 billion was spent on dual eligibles in 1995, split almost evenly between Medicare and Medicaid (Hegner, 1997). On average, annual spending for dual eligibles is nearly twice that of non-dual eligible Medicare beneficiaries (HCFA, 1997).

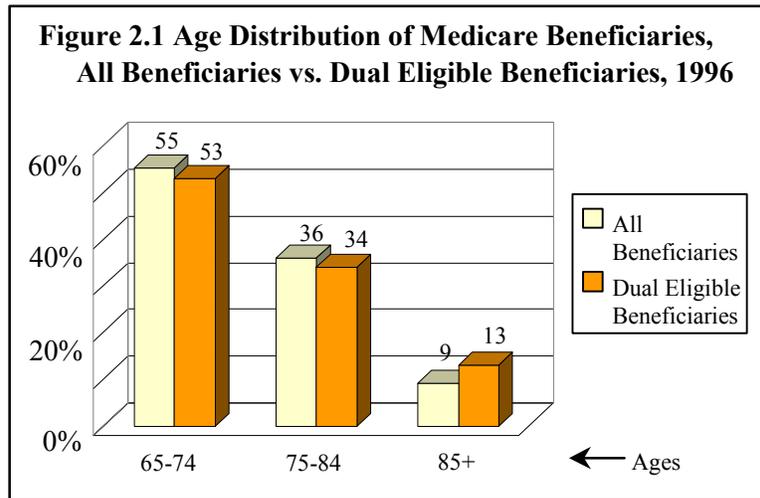
There is also concern about dual-eligible beneficiaries' access to health services. Recent evidence suggests that dual eligibles are less likely than other beneficiaries to receive certain preventive and follow-up care (PPRC, 1995). In addition, dual eligibles are considerably more likely to be members of an ethnic minority than the general beneficiary population and research evidence suggests that minority groups are not effectively served in existing health care delivery systems. Following is a profile of elderly dually-eligible beneficiaries to help guide HCFA in designing communication strategies that can better target this population.

### Key Beneficiary Characteristics

- ◆ Dually-eligible beneficiaries accounted for approximately eight percent of the non-institutionalized elderly Medicare population in 1996 (nearly 2.4 million individuals).
- ◆ The age distribution of dual eligibles is similar to that of beneficiaries in general, except that a slightly higher proportion of dual eligibles falls within the oldest age cohort (beneficiaries 85 years or older).
- ◆ A much greater proportion of dual eligibles compared with beneficiaries in general is part of an ethnic or minority group.
- ◆ There is a much higher percentage of women in the dually-eligible population compared with the general Medicare population.
- ◆ A somewhat greater percentage of dual eligibles live in rural areas compared with beneficiaries in general.
- ◆ A substantially greater proportion of dual eligibles live alone compared with beneficiaries in general.
- ◆ The dual eligible population is overwhelmingly poorer, less educated, less healthy, and has much less access to newer forms of communication technologies than the general Medicare population.

## Demographic Characteristics

In terms of age distribution, the dual eligible population closely mirrors that of the general elderly Medicare population, although the former group is slightly older. The largest difference occurs in the oldest cohort, where almost 13 percent of dual eligibles are 85 years old or older compared with nine percent of the general elderly Medicare population (Figure 2.1).



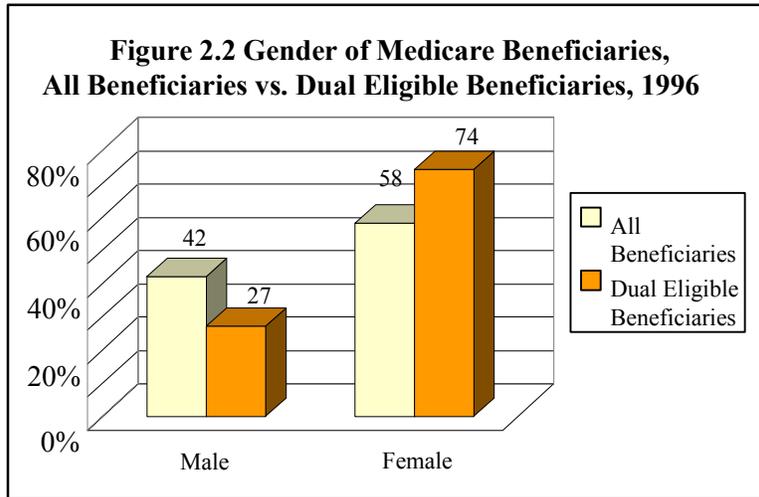
Source: Figure prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

The dual eligible population has a much larger share of minorities than does the general Medicare population. The proportion of non-Hispanic White beneficiaries in the dual eligible population is only slightly more than half that of the general Medicare population (Table 2.1). In contrast, the proportion of African American, Hispanic and beneficiaries of other races/ethnicities in the dual eligible population is three to four times that of beneficiaries in general.

Table 2.1 Race/Ethnicity Distribution of Medicare Beneficiaries by Age, All Beneficiaries vs. Dually-Eligible Beneficiaries, 1996								
Race/Ethnicity	Total Elderly Medicare Population		Ages 65-74		Ages 75-84		Ages 85+	
	Dual	All	Dual	All	Dual	All	Dual	All
White, non-Hispanic	49%	85%	47%	83%	48%	86%	58%	86%
Black, non-Hispanic	23%	8%	22%	8%	25%	7%	23%	8%
Hispanic	20%	6%	23%	7%	19%	5%	12%	5%
Other Race/Ethnicity	8%	2%	9%	2%	7%	2%	7%	1%

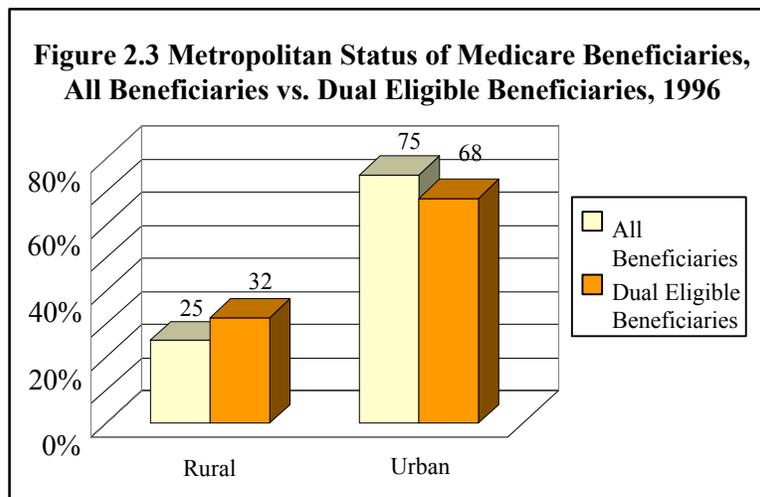
Source: Table prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

As in the general Medicare population, the dual eligible subgroup consists of more women than men (Figure 2.2). **However, the percentage of women who are dually eligible is substantially higher than in the general Medicare population (74 percent vs. 58 percent, respectively).**



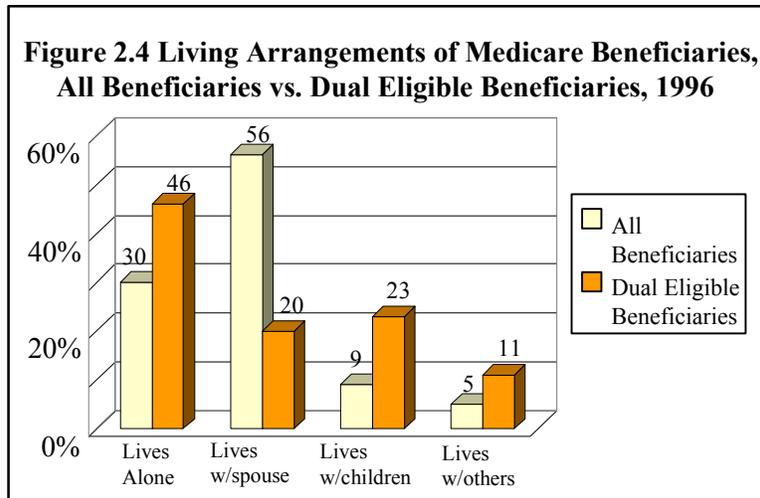
Source: Figure prepared by Barents Group  
Data Source: Medicare Current Beneficiary Survey

Much like the general Medicare population, many more dual eligibles live in urban areas than in rural areas (68 percent vs. 32 percent, respectively) (Figure 2.3). **However, a somewhat larger percentage of dual eligibles live in rural areas (32 percent) compared with the general Medicare population (25 percent).**



Source: Figure prepared by Barents Group  
Data Source: Medicare Current Beneficiary Survey

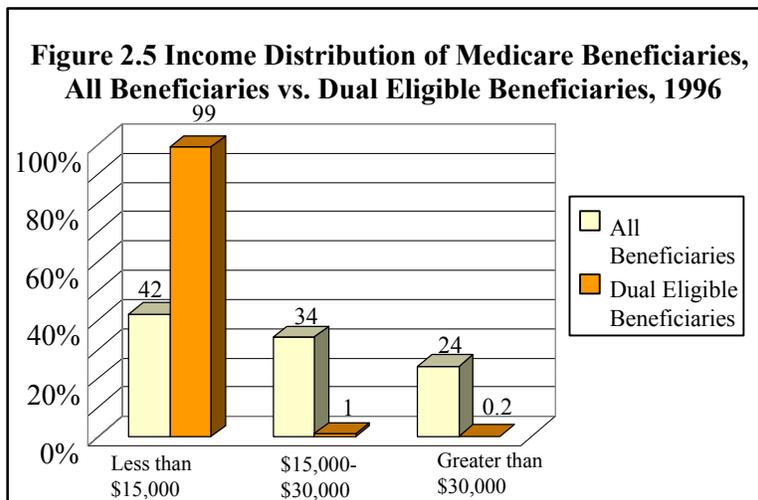
**Compared to the general Medicare population, a substantially greater proportion of dual eligibles lives alone (30 percent and 46 percent, respectively) (Figure 2.4).** Only 20 percent of dual eligibles lived with a spouse in 1996, while 56 percent of the general Medicare population lived with a spouse. Dual eligibles were also more likely to live with their children or with other relatives or non-relatives compared with the general Medicare population.



Source: Figure prepared by Barents Group LLC  
 Data Source: Medicare Current Beneficiary Survey

### Economic Characteristics

As would be expected, the largest difference between dual eligibles and the general Medicare population is in their economic characteristics. For example, **almost 99 percent of dual eligibles have an annual income of \$15,000 or less**, compared to 42 percent of the general Medicare population (Figure 2.5).



Source: Figure prepared by Barents Group LLC  
 Data Source: Medicare Current Beneficiary Survey

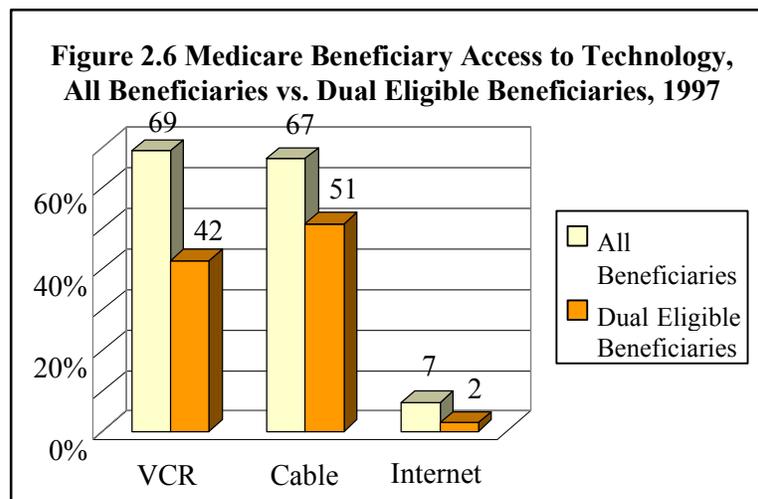
**Dual eligibles are also much less educated than the general elderly Medicare population.** For example, approximately 30 percent of dual eligibles completed only fifth grade or less compared to about seven percent of the general Medicare population (Table 2.2). At the other end of the education scale, while almost one-third of beneficiaries in the general Medicare population had some post-high school education, only 7.4 percent of dual eligibles reported this.

Similar to beneficiaries in general, education levels of those 85 years or older tend to be lower than for younger age groups.

Table 2.2 Education Levels of Medicare Beneficiaries by Age, All Beneficiaries vs. Dually-Eligible Beneficiaries, 1996								
Years of Education	Total Beneficiaries		Ages 65-74		Ages 75-84		Ages 85+	
	Dual	All	Dual	All	Dual	All	Dual	All
5 years or less	30%	7%	29%	6%	32%	7%	28%	10%
6-8 years	29%	15%	24%	11%	30%	16%	41%	28%
9-11 years	20%	15%	24%	15%	16%	16%	13%	15%
12 years	14%	33%	16%	36%	15%	33%	6%	21%
More than 12 years	7%	30%	7%	32%	7%	28%	11%	26%

Source: Table prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

**Dually-eligible beneficiaries have much less access to newer forms of communication technologies compared with the general Medicare population.** They are much less likely to have access to a VCR (42 percent versus 69 percent), to cable television (51 percent versus 67 percent), and to the Internet (two percent versus seven percent) (Figure 2.6).

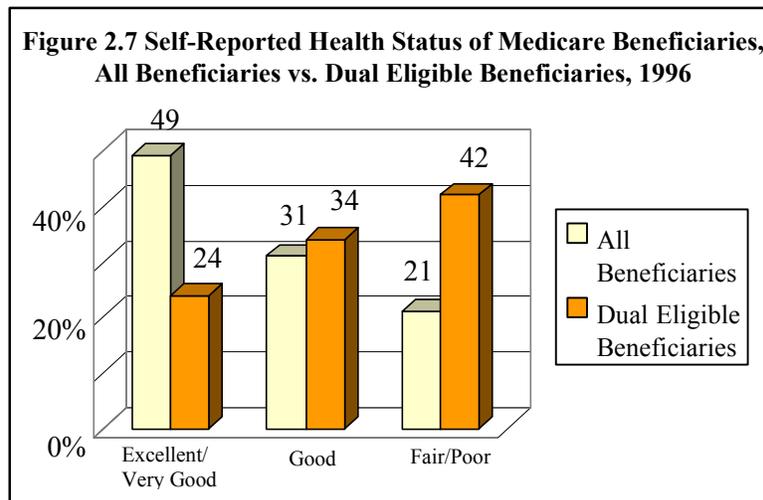


Source: Figure prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

### Health Characteristics

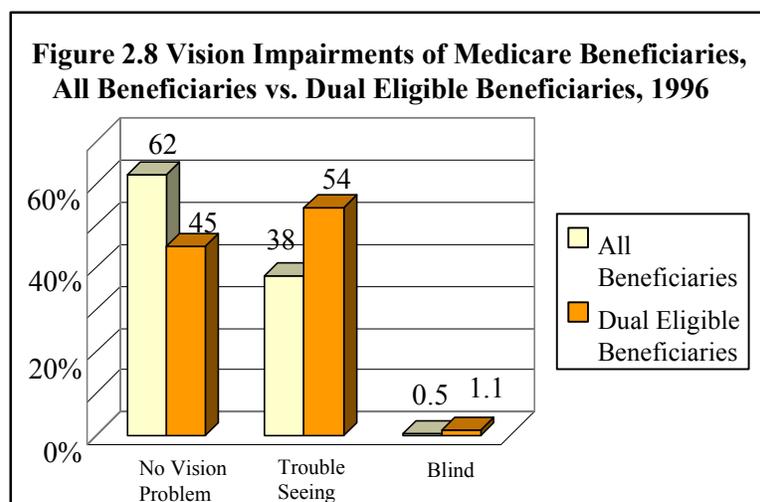
**Dual eligibles are generally less healthy than the general Medicare population.** Forty-two percent of dual eligibles reported being in fair to poor health compared to only 21 percent of the general Medicare population (Figure 2.7). On the other end of the scale, only 24 percent of dual

eligibles felt they were in excellent or very good health compared to people their own age, as opposed to 49 percent of the general Medicare population who felt this way.



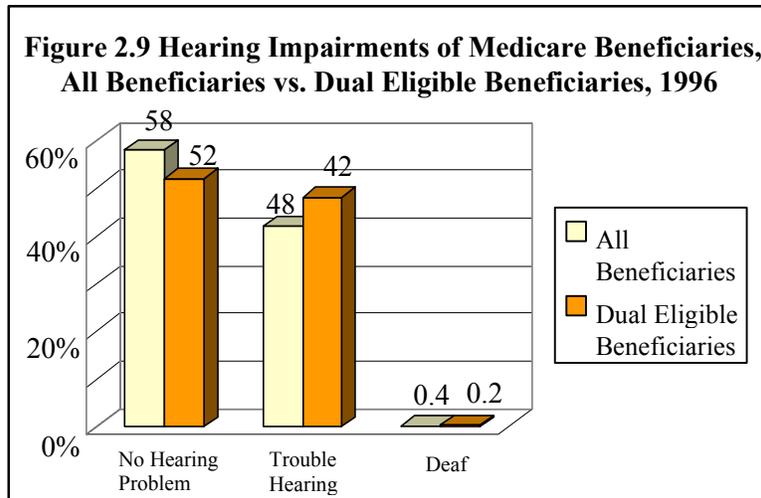
Source: Figure prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

About 54 percent of dual eligibles reported they had some or a lot of trouble with their vision (i.e., they required some sort of visual tool to help their sight). **This constitutes a significantly greater proportion of dually-eligible beneficiaries who classified themselves as having poor vision compared with the general Medicare population (38 percent)** (Figure 2.8).



Source: Figure prepared by Barents Group LLC  
Data Source: Medicare Current Beneficiary Survey

**Similarly, a somewhat greater percentage of dually-eligible beneficiaries reported difficulty with their hearing compared with the general Medicare population.** Nearly 48 percent of dual eligibles reported having a little or a lot of problems with their hearing, compared with 42 percent of beneficiaries in the general Medicare population (Figure 2.9).



Source: Figure prepared by Barents Group  
 Data Source: Medicare Current Beneficiary Survey

As a general rule, as beneficiaries move through the normal aging process, they tend to become more limited in their activities of daily living (ADLs). ADLs are activities related to personal care and include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. **Dual eligibles tend to have more problems conducting their activities of daily life without help than do the general Medicare population, and this is an increasing trend as dual eligibles age (Table 2.3).**

**Table 2.3**  
**Medicare Beneficiary Difficulty Performing ADLs,\***  
**All Beneficiaries vs. Dually-Eligible Beneficiaries, 1996**

ADL Count**	All Beneficiaries		Ages 65-74		Ages 75-84		Ages 85+	
	Dual	All	Dual	All	Dual	All	Dual	All
0 ADLs	67%	83%	76%	88%	64%	81%	41%	63%
1 ADL	13%	8%	10%	6%	15%	10%	20%	15%
2 ADLs	8%	4%	6%	2%	10%	4%	12%	7%
3 ADLs	5%	2%	4%	1%	6%	3%	8%	6%
4 ADLs	4%	2%	3%	1%	2%	2%	13%	6%
5 ADLs	3%	1%	2%	1%	3%	1%	7%	3%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

\*ADLs=Activities of Daily Living

\*\*ADL Count=Number of ADLs beneficiary has difficulty performing without help.

### Implications for HCFA

- ◆ In addition to having very low incomes compared to non-dual eligibles, the dual eligible population has many characteristics that overlap with several of the other “hard-to-reach” groups of beneficiaries that are of special concern to HCFA:
  - ◇ For example, HCFA’s communication strategies for dual eligibles should encompass recommendations for effective communication with low-literate beneficiaries, rural

populations, African American and Hispanic beneficiaries, and those with hearing, vision, and other health care needs that are greater than the general Medicare population.

- ◇ In addition, there may be a larger percentage of dually-eligible beneficiaries whose first language is not English. This fact, and the population's lower education levels, requires HCFA to tailor written and verbal communications targeted at dual eligibles that address these characteristics.
- ◆ A much greater proportion of the dual eligible population lives alone compared with the general Medicare population. Use of some communication sources (e.g., family members and schools) and some communication modes (e.g., newer forms of technologies such as VCRs, cable TV, and the Internet) that may be beneficial for disseminating information to other beneficiaries may be less useful for this beneficiary group.
- ◆ Because this population is likely to be hard to reach with traditional forms of communication, it may be useful to try to communicate with them through more interactive information vehicles, such as group meetings or through community organizations – a strategy that has been used successfully by the Social Security Administration. Alternative communication methods, such as one-on-one sessions or small group meetings lead by a “well-trusted” community member provide more personal attention. Dual eligibles will be more likely to be receptive to the information via a mode through which they are comfortable with and trust.
- ◆ Because dual eligibles tend to be in poorer health than the general Medicare population, they need additional information relating to maintaining and improving their health, as well as ways to improve health behaviors. They also tend to be high health care users, so they also need good information on their benefits and coverage of services, as well as information on how to successfully navigate both the Medicare and Medicaid systems to get their health care needs met.

### **CHAPTER 3. WHAT INFORMATION DO DUALY-ELIGIBLE BENEFICIARIES WANT OR NEED FROM HCFA?**

The basic information needs of dually-eligible beneficiaries are not only greater than the general Medicare population, but they are more complex. Because of a lack of coordination between federal and state programs and the resulting fragmentation of health care delivery, recipients face overlapping health benefits, separate eligibility requirements, different billing procedures, and often a plethora of claims forms. This often causes confusion and frustration, and becomes a barrier to accessing health care. For example, a dually-eligible beneficiary with severe mental illness who needs home health benefits and who attends a rehabilitative day treatment program covered by Medicaid does not qualify for the Medicare home health benefit because of the requirement that they must be homebound.

#### **Key Information Needs and Knowledge Levels of Dually-Eligible Beneficiaries**

- ◆ Dually-eligible beneficiaries are similar to general Medicare beneficiaries in their ranking of information needs citing the Medicare program itself, staying healthy, and paying for Medicare services as the most important topics to have more information on. However, dual eligibles ranked information on finding a doctor in fourth place, in contrast to the general Medicare beneficiaries, who cited Medicare HMOs next.
- ◆ Dual eligibles information needs are greater than the needs of beneficiaries in general. They especially need basic information about the Medicare program in terms of benefits and coverage, out-of-pocket costs, access to Medicaid and Medicare services, and claims processing.
- ◆ Dual eligibles have special information needs about Medicare and Medicaid including:
  - ◇ How to coordinate their health care and out-of-pocket costs between the two programs;
  - ◇ Spend-down and other eligibility issues related to being covered by both Medicare and Medicaid;
  - ◇ Beneficiaries not otherwise eligible for Medicaid need more information about the QMB, SLMB, and QI programs and the benefits they are entitled to receive from these programs.
- ◆ Dual eligibles differ markedly from the general Medicare population in their self-reported knowledge about Medicare topics. They particularly report knowing little or almost nothing about managed care and, as might be expected, supplemental insurance. A much larger proportion of dual eligibles also reported knowing little about how to stay healthy compared to the general Medicare population.

- ◆ Dual eligibles are similar to general Medicare beneficiaries in the information they report they needed during the past year. However, on every topic a larger percentage of dual eligibles reported that they were unable to find the information compared to the general Medicare population.
- ◆ A large majority of dual eligibles appear to be primarily reactive or passive information-seekers.

### Information Needs

Information needs reported by the dual eligible population are very similar to those of the general Medicare population (Table 3.1). Both groups ranked more information on the Medicare program itself, staying healthy, and out-of-pocket payments for Medicare-covered services as their top priorities. As might be expected, a smaller proportion cited information on supplemental insurance as a priority.

<b>Table 3.1            Information Needs of Dually-Eligible Beneficiaries            and All Medicare Beneficiaries, 1997</b>		
<b>Medicare Topic</b>	<b><u>Dually-Eligible</u> Beneficiaries Citing Topic as Most Important to Have More Information On*</b>	<b><u>All</u> Beneficiaries Citing Topic as Most Important to Have More Information On*</b>
Medicare program	39.3%	37.8%
Payment for Medicare services	12.9%	14.3%
Supplemental insurance	2.9%	6.2%
Medicare HMOs	7.3%	9.4%
Choosing or finding a doctor	8.1%	6.7%
Staying healthy	28.9%	25.8%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

\*Percentages are based on the number of beneficiaries who said they needed information about at least one of the topics in the table.

On all of the topics surveyed in the MCBS relating to the Medicare program, dually-eligible beneficiaries overwhelmingly reported knowing less of what they feel they need to know compared to the general Medicare population. Table 3.2 below compares differences in the responses of dual eligibles and general Medicare beneficiaries.

Table 3.2 Self-Reported Knowledge of Dually-Eligible Beneficiaries and All Medicare Beneficiaries by Topic, 1997						
Information Topic	Everything/Most of What I Need to Know		Some of What I Need to Know		Little/Almost None of What I Need to Know	
	Dual Eligibles	All Beneficiaries	Dual Eligibles	All Beneficiaries	Dual Eligibles	All Beneficiaries
Changes in Medicare Program	32%	44%	21%	24%	47%	32%
Payment for Medicare Services	34%	45%	17%	21%	49%	34%
Supplemental Insurance	22%	43%	12%	17%	66%	41%
Medicare HMOs	21%	27%	7%	12%	72%	61%
Finding a Doctor	46%	62%	19%	17%	31%	21%
Staying Healthy	58%	75%	23%	17%	19%	8%

Source: Table prepared by Barents Group LLC  
 Data Source: Medicare Current Beneficiary Survey

**Medicare Program.** Dually-eligible focus group participants cited broad needs for basic program information, dealing with both their Medicare and Medicaid coverage. For example, dual eligibles have fundamental questions about payment, claims processing, and coverage under the Medicare program. Several participants seemed confused about whether Medicare enrollment in Parts A and/or B was mandatory or voluntary. Some dual eligibles reportedly have never received information about the Medicaid program, while others are not sure how to access services under Medicaid, and still others did not know whether or not they paid for their Medicaid coverage. In fact, about two-thirds of dual eligibles reported knowing only some or almost none of the information they feel they need to know about the Medicare program (Table 3.2). This contrasts with one-half of the general Medicare population who reported this way.

*“I just recently found out that I don’t have to pay. They [Medicaid] sent me a black and gold card. I’d really like to ask some questions about it because I don’t understand how I’m supposed to use it.”*  
 – Dually-Eligible Focus Group Participant

**Coverage and Benefits.** Some beneficiaries seem to have a clear understanding of their coverage under Medicare and Medicaid, the different functions or roles of Medicare and Medicaid, and how the two programs work in concert to cover the services they receive. However, there are many more who are confused by the programs’ components and

*“Is there a limit as to how much Medicaid you use for that sort of a person that’s sick constantly, or in and out of the hospital a lot, and things like that? Is there a limit?”*  
 – Dually-Eligible Focus Group Participant

about how the programs work together to provide health care coverage. This confusion seems to be a major hurdle for dual eligibles, who want to understand their coverage and how to use the two programs effectively.

**Medicare Payment Information.** Two-thirds of dual eligibles reported knowing only

*“Federal is my number one. Wherever I go when I put [Medicare] down, I put it down as number one and the state is number two. I guess it takes over when the Federal don’t.”*

– Dually-Eligible Focus Group Participant

some or little of the information they need to know about their out-of-pocket liability for Medicare services compared with one-half of the general Medicare population who reported this way (Table 3.2). Dual eligibles lack knowledge about which services Medicare covers as opposed to services covered by Medicaid. The result

of this fundamental misunderstanding of the two programs is a lack of understanding of which program pays for their health services.

**Full-Medicaid Benefit Dual-Eligible.** For

Medicare beneficiaries who are potentially eligible to receive full Medicaid benefits, information needs center around eligibility requirements for Medicaid. The market research indicates that dual eligibles need repeated explanations of the concept of “spend-down.” Some beneficiaries seem to understand how spend-down works, but many more are confused about it.

*“The knowledge of spend-down just came to me four days ago. I was not aware of this procedure — had no knowledge of it, and would like to question it, as to why this last October we were supposed to go into co-pay.”*

- Dually-Eligible Focus Group Participant

**QMB/SLMB/QI.** The market research found that many beneficiaries had never heard of the QMB, SLMB, or QI programs, and that some social service workers who provide services to the elderly are also not aware of these programs. Queries regarding QMB/SLMB/QI programs center on eligibility requirements. Specifically, beneficiaries do not understand the concepts of “federal poverty level” and “resources.” Caseworkers reported that questions are generally about the actual dollar amount associated with the federal poverty level. Also, potential beneficiaries often do not understand what is considered to be a “resource.” A common misconception is that an individual’s home is counted as a resource, although this is not the case. Also, beneficiaries who are knowledgeable about the programs often do not understand the nature of the programs’ benefits.

Those who had heard about the QMB/SLMB programs needed assistance and more information on the application process and where to apply. Many beneficiaries were not aware that the local human services or the Medicaid office can process applications. Lack of coordination between the Medicare and Medicaid systems forces beneficiaries to contact two separate offices to apply for benefits: the local Social Security office for Medicare benefits, and the local Medicaid or human services office for QMB/SLMB/QI benefits.

Unlike some full-benefit dual eligibles who may have had long-standing interactions with Medicaid, QMB/SLMB/QI-only beneficiaries may not have had much exposure to the Medicaid program. The weak link between these beneficiaries and the Medicaid program seems to be the result of inadequate information reaching an audience that is not already in the “system.”

**Managed Care.** Medicare HMOs seem to be the topic area where dual eligibles need the most information. In fact, almost four-fifths of dual eligibles reported knowing only some or little of what they need to know about managed care compared with less than three-fourths of the general Medicare population who responded this way (Table 3.2). The concept of managed care is especially confusing to dual eligibles, many of who think there are now three programs (Medicare, Medicaid, and managed care). Many dually-eligible beneficiaries have little or no prior experience with managed care and need to be introduced to the concept of the “gatekeeper” or case manager.

Often dual eligibles have not previously had a regular source of medical care, using local hospital emergency rooms when health care becomes their most pressing need. Not only does HCFA need to educate these beneficiaries conceptually about managed care, but also must help them overcome the habit of only seeking care in a crisis and inappropriately using emergency rooms. In addition, regular examinations, preventive screenings, and inoculations are often not priorities for Medicaid recipients.

*“Well, I’m getting everything now so why should I change over? If I changed over, I would lose everything.”*

– Dually-Eligible Focus Group Participant

**Staying Healthy.** Dually-eligible beneficiaries tend to have more health concerns and issues because they tend to be less healthy than the general Medicare population (about 42 percent reported being in fair to poor health compared to 21 percent of general Medicare beneficiaries). Because they are generally less healthy, they have a need and interest in information relating not only to their particular health condition, but also to general health issues. However, they tend to know less about how to stay healthy than Medicare beneficiaries in general (Table 3.2).

**Supplemental Insurance.** About 78 percent of dually-eligible beneficiaries reported having only some or almost none of the information they need relating to supplemental insurance compared with 54 percent of the general Medicare population who responded this way (Table 3.2). It is not clear whether respondents feel they need more information on private Medigap insurance even though they have Medicaid or whether they were responding that they have little need for the information since Medicaid already acts as a supplemental insurance plan for them in many cases.

**Medicare Knowledge.** Both males and females who were dually-eligible for Medicaid and Medicare coverage were less likely to pass the “Medicare quiz” compared with beneficiaries who did not have Medicaid coverage during 1996. After controlling for other beneficiary characteristics (e.g., income, education, and health status), male dual

eligibles were still less likely to have passed the quiz than non-Medicaid recipients, although dual-eligibility status was no longer a significant factor in passing the quiz for females beneficiaries. Race/ethnicity and income were still significantly associated with passing the quiz for both males and females, suggesting these variables may be the more important determining factors associated with knowledge of the Medicare program.

The quiz results are supported by the multivariate analysis in the MCBS report that linked Medicare knowledge and beneficiary characteristics to use of preventive services, particularly influenza shots and mammography screening. After controlling for Medicare knowledge, dually-eligible beneficiaries were seven percent *more* likely to have received a flu shot than non-Medicaid recipients. In other words, after controlling for income, education, health status, level of knowledge, and other key beneficiary characteristics, **dual eligibility status actually increased beneficiaries' chances of receiving a flu shot.** In contrast, after controlling for Medicare knowledge, the likelihood of receiving a mammogram was *not* significantly influenced by dual-eligibility status.

Further analysis of dual eligibles revealed that Hispanic and African American dually-eligible beneficiaries were less likely to have received a flu shot than dually-eligible non-Hispanic White beneficiaries. No other beneficiary characteristic was significant for the dual eligible population. Again, this implies that Medicaid status in and of itself is not the determining factor for Medicare knowledge. Further research is needed to understand what underlying factors prevent all dual eligibles from receiving the information they need about the Medicare program and using preventive services.

### **Difficulty Obtaining Needed Information**

Although based on a very small sample of beneficiaries in the MCBS, a comparison of dually-eligible and general Medicare beneficiaries' ability to obtain the information they need indicates greater difficulties of the dual eligibles in this area (Table 3.3). Although a smaller fraction of this group sought information in the past year on Medicare-related topics, those who did seek information were less likely to find it than the general Medicare population.

**Table 3.3 Comparison of Dually-Eligible and All Medicare Beneficiaries Needing and Finding Medicare-Related Information In the Past Year, 1997**

Information Topic	Found Answer to Question		Did Not Find Answer to Question	
	Dual Eligibles	All Beneficiaries	Dual Eligibles	All Beneficiaries
Changes in Medicare Program	66%	75%	34%	25%
Payment for Medicare Services	65%	70%	35%	30%
Supplemental Insurance	100%*	72%	0*	28%
Medicare HMOs	77%	85%	23%	15%
Finding a Doctor	67%	80%	35	20%
Medicare Services Covered	76%	74%	24%	26%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

\* Only two persons said they needed this type of information, consistent with comparable coverage being provided through the Medicaid program.

### Barriers to Obtaining Information for Dually-Eligible Beneficiaries

The market research revealed not only the specific Medicare-related information needs of dual eligibles, but also examples of the barriers that prevent dual eligibles from seeking information or accessing health care. The research indicated that dual eligibles experience four primary impediments to understanding the Medicare program or seeking information:

- ◆ Dual eligibles usually have more pressing problems to address than their need for Medicare information, so they do not seek information unless they are in a crisis.
- ◆ Dual eligibles find the lack of coordination between Medicaid and Medicare very confusing.
- ◆ Many dual eligibles have a negative perception of Medicaid, which must be overcome for them to sign up for QMB, SLMB, or QI benefits.
- ◆ Many dually-eligible beneficiaries are uncomfortable discussing sensitive financial information with government workers.

### Dually-Eligible Beneficiary Information-Seeking Behavior

While dually-eligible beneficiaries demonstrated a range of strategies for gathering information and different preferences for information delivery, the market research indicates that a large majority of dually-eligible beneficiaries are passive information-seekers. For example, some dual eligibles reported that one way to deal with the coverage issues that they do not understand is to do what they want to and wait for Medicare or Medicaid to respond to their activities. Others reported using similar passive information-seeking strategies by making use of forms sent by

*“I never, ever, ever call the bureaucracy. I put the information on the form and send it back in.”*

– Dually-Eligible Focus Group Participant

Medicare to start conversations with telephone assistance operators and/or health care providers about how to file claims and receive care.

In addition, some dual eligibles who were satisfied with the services they received reported that as long as the systems were working smoothly, they did not need detailed information about how the systems work. This attitude seems to reflect reactive information-seeking behavior. These dually-eligible beneficiaries want access to detailed information only when they need it to address an immediate problem or to answer a specific question.

*“Well, I’m really sick of dealing with bureaucracies. I never, never, never call them. I go ahead and do what I need to be done and if they don’t do it, then they send me a form. And they send you a form saying you cannot do such and such and there’s a telephone number on the form.”*

– Dually-Eligible Focus Group Participant

### **Implications for HCFA**

The market research found that HCFA faces an especially complex set of information needs and barriers to seeking and obtaining information among dually-eligible beneficiaries compared to the general Medicare population. HCFA should use a combination of approaches to meet the information needs of this group.

- ◆ Dually-eligible beneficiaries are particularly likely to benefit from basic information that describes how the Medicare program is structured and how program components work with the Medicaid program to provide complete health care coverage. This descriptive information should be provided in a variety of formats and media to increase the likelihood that it reaches individuals who need it most.
- ◆ To the extent possible, HCFA should establish formal linkages with state Medicaid programs to share information and client data. A number of states have designed Medicaid Management Information Systems (MMIS) which can be linked to HCFA’s system to provide program coordination at the state level. To make effective and appropriate policies for dual eligibles, it is important for HCFA to have a good base of knowledge about their health care needs, what types of services they use, and how they differ from the general beneficiary population.
- ◆ Because they are most likely to seek health care in a crisis and frequently use emergency rooms inappropriately, dual eligibles can benefit from managed care plans that make crisis care especially accessible, e.g., after-hours clinics and urgent care hotlines. These potential benefits could be emphasized in communicating with dual eligibles regarding managed care.
- ◆ In designing communication strategies, HCFA should also consider the information-seeking behavior of many dually-eligible beneficiaries. Their relatively strong reliance on passive and reactive information-seeking behavior means they are particularly likely to benefit from communication strategies that involve diverse media, formats, and sources. The more sources, formats, and media used, the more likely dual eligibles will come into contact with the information they require.

## CHAPTER 4. WHAT INFORMATION SOURCES DO DUALY-ELIGIBLE BENEFICIARIES PREFER?

### Key Findings on Preferred Information Sources for Dually-Eligible Beneficiaries

- ◆ Similar to the general Medicare population, dual eligibles most often prefer to obtain Medicare-related information from Medicare sources (Medicare program, Medicare carrier, or toll-free telephone line).
- ◆ Dual eligibles often rely on their personal health care provider for both Medicare- and health-related information, with greater proportions of the dual eligible population often contacting providers for information compared with the general Medicare population.
- ◆ Other common sources of information and communication for dual eligibles are friends and family and community-based organizations.
- ◆ Smaller percentages of dual eligibles, compared with general Medicare beneficiaries, cited senior citizens' groups (such as AARP) or supplemental insurance companies as preferred information sources.

### Information Sources

The MCBS asked beneficiaries about their most preferred person or place to obtain information on a number of Medicare- and health-related topics. Table 4.1 below provides details on preferred sources of communication for dual eligibles compared with the general Medicare population. The top three choices are highlighted for each group and topic.

**Although the specific topic determines which source is preferred, for the majority of topics listed in Table 4.1, dual eligibles prefer to contact Medicare sources for information compared with other possible sources.<sup>3</sup>** Moreover, on a number of topics a greater proportion of the dually-eligible population prefer to use Medicare sources compared with the general Medicare population. These topics include finding a doctor and staying healthy but, most significantly, information on supplemental insurance. While 43 percent of the general Medicare population prefers to obtain information about supplemental insurance from insurance companies, only 18 percent of dually-eligible beneficiaries listed insurance companies as their preferred source. For the dually-eligible population, Medicaid replaces supplemental insurance so it is not surprising that a much larger fraction of dual eligibles report obtaining supplemental insurance information from Medicare. A smaller proportion of dual eligibles also contact insurance companies for information about Medicare HMOs compared with general Medicare beneficiaries, slightly preferring instead to contact Medicare, their provider, and community organizations.

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<sup>3</sup> Medicare sources in the MCBS include the Medicare program, Medicare carriers and intermediaries, and a toll-free Medicare number.

Table 4.1 Preferred Information Sources for Dually-Eligible Beneficiaries and All Medicare Beneficiaries, 1997*							
Topic	Medicare/ Carrier/ 1-800	Doctor/ provider	Community Org.	Family, Friends	Insurance Company	AARP/Sr. Citizens' Group	Other Source
Medicare program							
Dual	<b>47%</b>	30%	10%	7%	1%	4%	1%
All	<b>54%</b>	22%	8%	5%	3%	8%	0%
Medicare payments							
Dual	<b>58%</b>	24%	7%	6%	3%	1%	1%
All	<b>64%</b>	21%	4%	3%	6%	2%	1%
Supplemental insurance							
Dual	38%	17%	15%	7%	<b>18%</b>	4%	-
All	20%	12%	7%	7%	<b>43%</b>	11%	2%
Medicare HMOs							
Dual	<b>48%</b>	21%	14%	8%	7%	3%	0%
All	<b>40%</b>	19%	10%	8%	16%	8%	1%
Finding a doctor							
Dual	22%	<b>46%</b>	7%	23%	2%	2%	-
All	13%	<b>47%</b>	6%	27%	5%	2%	1%
Staying healthy							
Dual	10%	<b>65%</b>	9%	13%	2%	2%	1%
All	7%	<b>65%</b>	10%	10%	3%	4%	2%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

\*Percentages are based on respondents who chose at least one source. Respondents who said they did not need information on the topic are excluded from the figures in the table.

**The second highest-ranking source for information was often doctors and other health care providers.** Similar to general Medicare beneficiaries, a greater fraction of dual eligibles prefers to go to their doctor or provider for information on finding a doctor or on staying healthy, though often in greater proportions than the general Medicare population. In focus groups, dual eligibles ranked medical providers quite high for both the amount of information received and the amount of trust. Their rankings of medical providers may reflect the importance of an in-person contact, as well as the fact that providers are an appealing source for information because they are not involved with eligibility and other bureaucratic considerations.

**Dual eligibles also rely on information from family and friends and community organizations, often to a greater extent than general Medicare beneficiaries.** Dual eligibles look to family and friends for information where a “referral” may seem

appropriate. In instances such as looking for a new doctor or provider, and for information relating to their health, dual eligibles look to sources that they know well and trust, such as family and friends.

In addition to questions about preferred sources for obtaining information on specific Medicare-related topics, the MCBS asked respondents if they had ever used a number of sources to acquire information about the Medicare program in general. Dual eligibles and the general Medicare population had the same top five rankings for sources they had used in the past to obtain Medicare information:

- ◆ TV, newspapers, radio, magazines;
- ◆ Medicare publications;
- ◆ Family/friends;
- ◆ Social security offices/local Medicare office; and
- ◆ Doctor offices.

These particular communication sources are promising methods for reaching the dually-eligible and the general Medicare populations. Both the media-based sources and the Medicare publications allow HCFA to provide more broad and general information to beneficiaries. The other sources tend to have a more local characteristic to them, such as family and friends, local government offices, and doctors' offices. Along with these sources being more community-based, which immediately increases the comfort level for dual eligibles, they are usually trusted sources of information.

A much smaller percentage of dual eligibles had ever used mass media or Medicare publications for general Medicare information compared with the general beneficiary population. A somewhat higher proportion of dually-eligible beneficiaries compared with general Medicare beneficiaries had relied on family and friends.

### **Implications for HCFA**

- ◆ In the MCBS, dually-eligible beneficiaries expressed a particular interest in contacting Medicare sources for information on many Medicare-related topics. HCFA should ensure that these sources (e.g., local Medicare and Social Security offices, Medicare carriers, and toll-free Medicare lines) have information that is specifically targeted to dual eligibles to help them understand the complex interactions between the Medicaid and Medicare programs and to inform them about managed care.
- ◆ Most of the sources that dual eligibles rely on involve some sort of interpersonal connection with the beneficiary, such as calling an 800 number, speaking to family and friends or their provider, and going to a local community group for more information. The other preferred sources rely on more diverse communications, such as information provided through the media. A combination of these types of communications may be able to get more information to more beneficiaries, while serving the dually-eligible population more effectively.
- ◆ Building on the need for an interpersonal connection, another important communication channel for HCFA is to partner with or regularly provide information

to local organizations that have day-to-day contact with potential dual eligibles. Building partnerships and coalitions with local agencies and organizations is critical because these agencies provide front-line workers who can educate the community and help identify potential dual eligibles who could benefit from participating in the program. These workers have credibility and the trust of their communities.

- ◆ Because dual eligibles rely heavily on their doctors and other health care providers for a variety of information, HCFA should ensure that providers or their office staff who serve this vulnerable population have the training and information they need to help beneficiaries understand their benefits and financial obligations. HCFA could focus on partnering particularly with providers and clinics who serve a large majority of the dually-eligible or potentially dually-eligible populations.

## CHAPTER 5. WHAT COMMUNICATION MODES DO DUALY-ELIGIBLE BENEFICIARIES PREFER?

### Key Findings on Preferred Communication Modes for Dually-Eligible Beneficiaries

- ◆ Dual eligibles most prefer to receive information through interpersonal channels such as face-to-face contact and the telephone.
- ◆ Dual eligibles showed some preference for brochures but less than beneficiaries in general. This method should be used in conjunction with interpersonal channels and as a supplemental, rather than the main, source of information.
- ◆ Information provided to beneficiaries through more broadly-based channels (e.g., PSAs, large mailings) may be an effective way to distribute more general information, such as basic Medicare and Medicaid program information, but is not best for providing more detailed specific information.
- ◆ Partnerships with community organizations, providers, and local social services agencies would greatly help HCFA to disseminate information through interpersonal channels.

### Communication Modes

Many Medicare beneficiaries and community organizations that work with them do not know about the variety of ways that Medicaid can help low-income beneficiaries pay their medical bills. The market research found that informing and educating the dually-eligible population, and those who work with these beneficiaries, requires the use of a variety of communication vehicles, including the following:

- ◆ Traditional communication avenues, such as public service announcements (PSAs) and print and media advertising in local communities, attract the interest of potential dual eligibles or their families and relatives.
- ◆ Advertise the QMB/SLMB/QI programs by placing posters and fliers in places seniors frequent and that have staff who can answer questions about the program or appropriately refer people. These might be senior citizen centers, non-profit organizations that serve populations with special needs, and Social Security offices.
- ◆ Toll-free numbers were cited as another good communication channel that can be effective in providing an immediate response to questions about the Medicare and Medicaid programs as long as menu trees are simple and phone centers use well-informed staff.

In addition, the MCBS analysis indicated that for nearly all of the topics highlighted in the survey (e.g., learning more about the Medicare program, choosing a physician, remaining healthy), the dually-eligible population most preferred to receive information:

- ◆ In-person,
- ◆ Through brochures, and
- ◆ Via the telephone.

Table 5.1 below compares preferred communication methods for the dual eligible population with those of Medicare beneficiaries in general.

Table 5.1 Preferred Communication Modes for Dually-Eligible Medicare Beneficiaries and All Medicare Beneficiaries, 1997*												
Mode	Medicare Program		Finding a Doctor		Medicare HMOs		Supplemental Insurance		Medicare Payments		Staying Healthy	
	Dual	All	Dual	All	Dual	All	Dual	All	Dual	All	Dual	All
In-person	47%	39%	66%	70%	51%	41%	49%	45%	53%	42%	54%	45%
Brochure/ pamphlet	29	36	16	13	28	36	25	32	22	28	27	31
Telephone	18	19	15	12	18	16	20	18	22	27	6	5
Media	5	5	2	2	1	5	3	4	2	2	9	15
Video	1	1	1	1	1	1	2	1	1	0	1	2
Internet	0	1	0	0	0	1	0	0	0	0	0	0
Other	0	0	1	2	0	1	1	1	0	1	2	2

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

\*Percentages are based on respondents who chose at least one method. Respondents who said they did not need information on the topic are excluded from the figures in the table.

**The greatest proportion of dual eligibles prefer one-on-one, in-person contact for obtaining information on a variety of Medicare- and health-related topics.** In fact, dually-eligible beneficiaries often showed greater preference for receiving information in this manner than expressed by the general Medicare population.

Similar to beneficiaries in general, **dual eligibles also indicated a preference for obtaining Medicare-related information via the telephone**, which is another method for delivering information through an interpersonal channel. **In addition, dual eligibles registered a relatively strong preference for obtaining information through brochures, but tended to choose this method in smaller proportions than Medicare beneficiaries in general.** The former group's lower preferences may be due to educational and literacy barriers associated with brochures. Brochures are likely to be more effective for this population if they are used in conjunction with in-person explanations.

### Implications for HCFA

- ◆ Although an increasing proportion of Social Security recipients now use direct mail deposits for monthly checks, the Social Security Administration uses mass mailings to inform beneficiaries about their benefits. The mailings include information about

changes in Medicare premiums, information about Supplemental Security Income and other special programs from which low-income, blind, or disabled beneficiaries could benefit. SSA beneficiaries also receive a handbook that reviews their rights and responsibilities, which includes information about the SSI program and how to apply for other benefits for which beneficiaries may be eligible. HCFA could partner with SSA for more of their dissemination activities: information about QMB/SLMB/QI could be included in mailings regarding SSA benefits, or QMB/SLMB/QI information could be regularly included in the SSA handbook.

- ◆ Another important communication channel for HCFA is to consider partnering with, or regularly providing information to, local organizations that have day-to-day contact with potential dual eligibles. Building partnerships and coalitions with local agencies and organizations is critical, since these agencies have front-line workers who can educate the community and bring potential dual eligibles into the system. These workers have credibility and the trust of their communities. They work one-on-one with the beneficiaries and they are able to give the information in-person, which is the most preferred method of information delivery for dually-eligible beneficiaries. Often social service workers tend to be protective of their elderly clients, and are usually diligent in learning about any available program for seniors.

*"I'm supposed to know about QMB and SLMB. I make it my business to know about programs to help my residents."*

- Social Service Worker, Hialeah Housing Authority

- ◆ In addition to partnering with local organizations, HCFA should train social workers who interact with seniors on a daily basis. Proper training would provide HCFA with the additional benefit of being able to have social workers deliver face-to-face explanations of difficult concepts and terms to individual beneficiaries. Due to the generally low education levels among the dual eligible population, written communication is not a particularly effective strategy when used alone. A face-to-face meeting appears to be more effective, because caseworkers can use language that is more easily understood and can immediately check for comprehension.

*"We need training on Medicare to help our Medicaid clients. We can be effective information givers."*

- Case Worker, Dept. of Human Services,  
Tipton County, Tennessee

- ◆ Because dual eligibles most prefer face-to-face communication, written communication should be in a format that resembles spoken language, using short sentences. Moreover, pamphlets or brochures not only should convey the essential requirements of the program, but also include a single toll-free telephone number for those who need further assistance. Written communications should include simple language with concrete examples relevant to the experiences that dual eligibles are most likely to have and can relate to. A recent HCFA publication, *Savings for Qualified Beneficiaries*, is a good example of providing concrete illustrations to reinforce abstract concepts such as "resources" and "income."

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