

Assessment of the National Medicare Education Program: Supply and Demand for Information

INTRODUCTION

The Health Care Financing Administration (HCFA) has conducted an assessment of the National Medicare Education Program (NMEP). The primary objectives of the NMEP are to ensure that beneficiaries receive accurate, reliable information about their benefits, rights, and health plan options; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal Government and our private sector partners) as trusted and credible sources of information.

The NMEP uses a variety of communication and information sharing tools to help Medicare beneficiaries gain the knowledge to make informed health care decisions. These include: print materials, a toll-free telephone service, an internet site, national training and support for information givers, a national publicity campaign, State and community-based outreach and education, and enhanced beneficiary counseling through State Health Insurance Assistance Programs.

The NMEP is a dynamic program and HCFA is continually improving the program. This past year, two key components of the NMEP were implemented and tested in five pilot states (Oregon, Washington, Arizona, Florida, and Ohio) before being implemented nationwide in fall 1999. These two key components were the Medicare handbook—*Medicare & You*—

and a toll-free Medicare Choices Helpline, 800-MEDICARE (800-633-4227). This implementation gave HCFA the opportunity to improve the NMEP through performance monitoring.

HCFA has developed a performance assessment system for all elements of the NMEP to use for continuous quality improvement. Additionally, we initiated case studies in five communities in the five pilot States and one community outside the five pilot States in order to describe the evolution of the NMEP and identify “best practices” that could be used in other areas.

CASE STUDIES: FIRST YEAR FINDINGS

The six case study communities are Tucson, Arizona; Sarasota, Florida; Dayton, Ohio; Eugene, Oregon; Olympia, Washington; and Springfield, Massachusetts (a community outside the five pilot states). HCFA conducted case studies to further its understanding of the types of information seniors need, where they seek it, and what sources they most trust. As part of the case studies, we interviewed key participants, collected information from beneficiaries through focus groups and interviews, and assessed managed care marketing materials. The case studies provided information about the effectiveness of NMEP activities separately and together, at the local level. The feedback will help guide future NMEP efforts.

SUPPLY OF INFORMATION

In these six communities, Medicare information is supplied locally by many organizations, usually independently—resulting in piecemeal information dissemination. For example, beneficiaries get information from HCFA and Social Security Administration programs; programs funded by the Older American’s Act and by charitable sources; and insurers, physicians, relatives, and friends. Overall, the full supply of information is rarely found in a single place, but comes instead from a somewhat redundant array of sources.

DEMAND FOR INFORMATION

One of NMEP’s first-year goals was to increase beneficiary awareness of the information available to them. HCFA used surveys and focus groups to examine the ways beneficiaries looked for information, both before and after the information campaign. Key findings show:

- The likelihood that beneficiaries will seek information about Medicare is associated with changes they report in health status and insurance status, and with awareness of publicity about changes in the Medicare program. Beneficiaries whose self-reported health status had declined during the past year, or whose insurance coverage had changed, were more likely to have sought information about Medicare. Those who were aware of changes in Medicare provisions because of publicity were also more likely to search out information.
- Many beneficiaries have a limited understanding of the way health insurance works, both in general and for Medicare in particular. For example, beneficiaries were unlikely to appreciate that terms of coverage can change annually. They were also unlikely to understand what

their medigap options would be if they left managed care and returned to the original Medicare program.

- Few Medicare beneficiaries are active and analytic consumers of information on health insurance benefits, a fact that is demonstrated in several ways:
 - Many beneficiaries strongly believe that “if it ain’t broke, don’t fix it” and will stick with an existing arrangement as long as possible until something happens to force a change. They tend to be cautious about change and their ability to understand and cope with it.
 - Beneficiaries tend to seek information only when specific needs arise; few try to routinely follow developments to learn about changes that could affect them or coverage options that may be superior to their current arrangements.
 - When they do seek information to resolve a specific problem, they often want a trusted source to recommend the best course of action, not to be given complicated information to analyze on their own or advice on how to think about the problem.
- Beneficiaries use a variety of means to get information about Medicare when they need it. The following table gives data from a survey of beneficiaries in the case study sites on the use of different information sources.

Table 1
Use of Information Sources to Obtain Medicare Information

Information Source	Percent of Beneficiaries
Called an 800 Number	16
Met with a Medicare Counselor	3
Met with Someone from an Insurance Company or Health Maintenance Organization	17
Used the Internet	2
Used Print Materials from Medicare	29

SOURCE: Health Care Financing Administration, Center for Beneficiary Services, findings from National Medicare Education Program Case Study Sites, 1999.

CONCLUSION

The intensive monitoring this year found that beneficiaries tend to seek information when needed. Medicare information should be targeted to populations coping with specific situations, such as newly enrolling in Medicare or termination of a health plan. The monitoring also found that beneficiaries need more basic information about the Medicare program and are often reluctant to engage in comprehensive searches for such information.

The assessment findings to date are providing important input to HCFA's design of next year's education campaign.

DATA INQUIRIES

For additional information, you may contact Elizabeth Goldstein, Center for Beneficiary Services, at 410-786-6665, or visit the NMEP website at www.nmep.org.