



Raising Awareness of Medicare Member Rights Among Seniors and Caregivers in California

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Many Medicare recipients do not understand their health care rights. Lumetra, formerly California's Medicare quality improvement organization, developed a multifaceted outreach program to increase beneficiary awareness of its services and of the right to file quality-of-care complaints and discharge appeals. Layered outreach activities to Medicare members and their caregivers in 2 targeted counties consisted of paid media, direct mailings, community outreach, and online marketing. Calls to Lumetra's helpline and visits to its Web site—measures of beneficiary awareness of case review services—increased by 106% and 1214%, respectively, in the targeted counties during the 4-month outreach period. Only small increases occurred in nontargeted counties. Increases in quality-of-care complaints and discharge appeal rates were detected during a longer follow-up period. (*Am J Public Health*. 2010;100:9–12. doi:10.2105/AJPH.2008.152264)

KEY FINDINGS

- Multifaceted outreach activities directed to Medicare members and their caregivers dramatically increased quality improvement organization helpline calls and Web site visits during the 4-month outreach period.
- Quality-of-care complaint and discharge appeal rates increased during a longer (7-month) follow-up period.
- Helpline callers were most likely to have learned about Lumetra through direct mail interventions (postcard or Medicare rights booklet).
- Helpline caller responses indicated that calls were also prompted by radio and newspaper ads.

THE MEDICARE POPULATION

will grow considerably as baby boomers (persons born between 1946 and 1965) begin entering the program, increasing the demand for geriatric health care services and for clear information about Medicare benefits and rights. The Centers for Medicare and Medicaid Services contracts with quality improvement organizations (QIOs) to protect and improve care for Medicare beneficiaries.¹ This includes responding to quality-of-care complaints and discharge appeals (hereafter, complaints and appeals).² Studies have found that many Medicare members have a limited understanding of their rights and of QIO services, and complaint and appeal rates are low.^{3–5} QIOs have historically conducted outreach to improve beneficiary awareness, but the effectiveness of these efforts is unknown.⁴ Lumetra, formerly California's

QIO, received funding from the Centers for Medicare and Medicaid Services to develop, implement, and evaluate outreach activities to increase beneficiary awareness of the QIO case review program. We assessed the effectiveness of this outreach program.

OUTREACH PROGRAM

We developed a multifaceted outreach strategy guided by (1) a literature review of best practices in communicating with seniors, (2) a review of past outreach programs, and (3) focus group testing of a Medicare rights booklet and seniors' preferred communication methods. The box on page 11 displays the lessons learned from our research and how they were incorporated into our outreach program. The overarching campaign message, directed to

beneficiaries and their caregivers, was "Know Your Medicare Rights," with an emphasis on the right to file complaints and appeals. All campaign materials explained Lumetra's role in assisting with complaints and appeals and included Lumetra's Web site address and 24-hour, toll-free helpline number.

We tested our outreach program in 2 counties (Fresno and Santa Cruz) in California with a total of approximately 133 000 Medicare beneficiaries and robust, yet affordable, media markets. These counties presented a good opportunity to improve awareness of beneficiary rights because rates (per 100 000 Medicare beneficiaries per month) of complaints (0.84), appeals (7.8), and helpline calls (9.8) for January to October 2007 were lower than the statewide rates of 1.4 complaints, 11.9 appeals, and 13.7 helpline calls.

We used radio and newspaper advertising to lay the groundwork for Lumetra's integrated campaign. Two radio ads and 2 print ads rotated in both markets from December 2007 through March 2008 and were directed at either Medicare recipients or their caregivers (total cost=\$242 500).



Do You Take Care of Someone on Medicare?

Understand Their Rights!

Medicare members may appeal a hospital or skilled nursing facility discharge notice or report a quality of care complaint.

Contact Lumetra, when a Medicare member ...

- ▶ **Has received a discharge notice from a hospital or other healthcare facility and isn't ready to go home**
- ▶ **Has a healthcare quality complaint**

As Medicare's designated Quality Improvement Organization in California, Lumetra offers information regarding Medicare rights and FREE ASSISTANCE with quality of care complaints and discharge notice appeals.

Medicare members have rights. Lumetra is here to help you understand and protect them.

Call our 24-hour Helpline: **1-800-841-1602**
Or visit our Web site: **www.lumetra.com**



Paid for by Lumetra under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. 850W-SS5-CA-07-05

Caregiver-focused newspaper ad.

At the end of December, an oversized postcard with the campaign message was mailed to all beneficiaries in both outreach counties. It was followed a month later by a booklet, *Know Your Medicare Rights*, which provided detailed information about the complaint and appeal processes (available at: <https://www.lumetrasolutions.com/uploadedFiles/consulting/KYMRWeb.pdf>). Both mailings

used bright colors, a large typeface, the same intergenerational image, and simple language (total cost=\$127 800).

Our community outreach included partnering with community advocates from Area Agencies on Aging and the Health Insurance Counseling and Advocacy Program to disseminate our program information. We offered advocates in-person or Web conference training on Medicare

member rights and new print materials for their Medicare clients, including a poster and a flyer, which had frequently asked questions in English and Spanish. We also organized 3 outreach events for beneficiaries at local grocery stores.

Our online marketing strategy included Web banners and a Google AdWords ad, which displayed when users included any of our selected keywords in a Google search. We also revised our Web pages dealing with beneficiary rights, posted electronic versions of campaign materials, and created links to other resources for beneficiaries and advocates.

EVALUATION

We designed our outreach program to increase awareness among Medicare beneficiaries of QIO services and their right to file complaints and appeals. To evaluate program effectiveness, we tracked 4 measures during 4-month baseline (August–November 2007) and outreach (December 2007–March 2008) periods: (1) calls to Lumetra's helpline, (2) new visits to 6 beneficiary rights pages on Lumetra's Web site, (3) complaints, and (4) appeals. Beginning December 14, 2007, helpline staff asked callers from the 2 outreach counties how they heard about Lumetra, to determine which outreach activities, if any, prompted them to call. Helpline calls and new Web site visits were used as convenient proxies for beneficiary awareness and knowledge of the QIO program.

Media in the outreach counties were fairly isolated, allowing us to use the remaining 56 California counties as controls. A

control group comparison took into account factors other than the outreach program, such as seasonal effects, that may have affected the evaluation measures. We calculated the percentage of relative improvement for each evaluation measure.

Helpline call rates increased 106% and new Web site visit rates increased 1214% in the outreach counties during the outreach period; only small increases were recorded in the control counties (Table 1). These results indicate that our outreach activities increased awareness of Lumetra and its services. Helpline callers from the outreach counties (n=142) reported hearing about Lumetra from each of the print and media outreach efforts: printed booklet (44%), postcard (29%), radio ad (17%), newspaper ad (9%), and other sources (1%).

By contrast, complaint and appeal rates did not increase during the outreach period (Table 1). Even with increased awareness of their rights, few beneficiaries may have had a reason to complain or appeal during the short measurement period. We continued to monitor complaints and appeals for an additional 3 months, through June 2008. The relative increase in average monthly complaints per 100 000 beneficiaries during December 2007 through June 2008 compared with the baseline period was 48.6% in the outreach counties and 14.3% in the control counties. The relative increase in appeal rates was 15.4% in the outreach counties and 11.0% in the control counties. This suggests that our outreach program raised awareness of Medicare rights among recipients in the outreach counties and that they began to act on that knowledge as the need arose.

TABLE 1—Comparison of Monthly Rates of Helpline Calls, Web Site Visits, Complaints, and Appeals Regarding Medicare Between Baseline and Outreach Periods: California, 2007–2008

	Helpline Calls, ^a Rate (No.) or %	Web Site Visits, Rate (No.) or %	Quality-of-Care Complaints, Rate (No.) or %	Discharge Appeals, Rate (No.) or %
Targeted outreach counties^b				
Baseline rate	24.3 (129)	2.6 (14)	0.9 (5)	9.6 (51)
Outreach rate	50.0 (266)	34.6 (184)	0.8 (4)	9.2 (49)
Relative rate increase ^c	106.2	1214.3	-20.0	-3.9
Nontargeted control counties^d				
Baseline rate	23.5 (4032)	3.7 (626)	1.4 (240)	13.7 (2351)
Outreach rate	27.0 (4631)	4.2 (712)	1.1 (197)	15.2 (2608)
Relative rate increase ^c	14.9	13.7	-17.9	10.9

Note. Rates are per 100 000 beneficiaries per month. Rates were calculated as $([4\text{-month total} / 4 \text{ mo}] / \text{beneficiary population}) \times 100\,000$ beneficiaries. The baseline period was August to November 2007, the Outreach period was December 2007 to March 2008.

^aIncoming calls from California telephone numbers, including those forwarded to our answering service; calls from the same telephone number within the same week were counted once.

^bIn the 2 outreach counties in December 2007, the beneficiary population was $n = 132\,959$.

^cCalculated as percentage relative improvement = $([\text{Outreach rate} - \text{baseline rate}] / \text{baseline rate}) \times 100$.

^dIn the 56 control counties in December 2007, the beneficiary population was $n = 4\,284\,317$.

Without additional funding, the high cost of media and direct mail in more populated counties would limit the use of these strategies if the outreach program were expanded to more populous California counties. An affordable option would be to continue partnerships with community advocates to disseminate downloadable campaign materials and information to Medicare members and caregivers. ■

About the Authors

At the time of the study, the authors were with Lumetra, San Francisco, CA.

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This article was accepted April 7, 2009.

Contributors

R. Olson designed the evaluation and led the writing of the article. R.M. Grossman designed and led the outreach program. P.L. Fu conducted the

data analysis. F. Sabogal conducted the literature review. All authors contributed to writing and editing the article.

Acknowledgments

This study was partially supported by grants from the Centers for Medicare and Medicaid Services, Department of Health and Human Services (contract numbers 500-200-CA002 and HHSM 500-200-CA006).

The authors thank Barbara Arroyo, Kelle Eason, Jenna Fischer, Katie Holman, Sue Jackson and her medical review team, Regina Lagman, Bridget McLafferty, Susan Merrill, Tyler Salles, David Schneider, and Paula Steinway

and her information technology team for their assistance in developing, implementing, and evaluating the outreach program.

Note. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the US government. The authors assume full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by the Centers for Medicare and Medicaid Services,

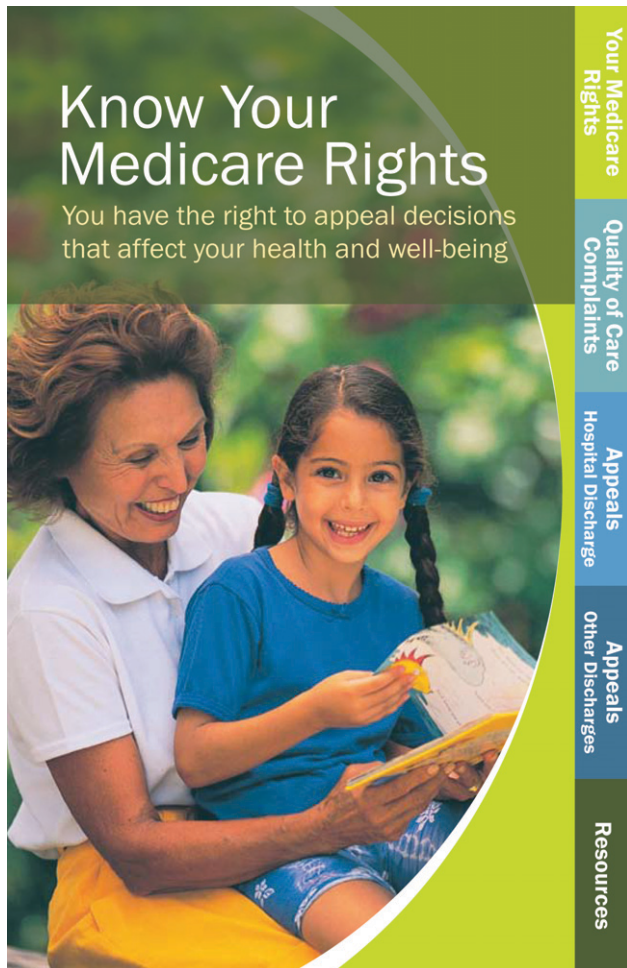
LESSONS LEARNED AND INCORPORATED INTO OUTREACH PROGRAM: CALIFORNIA, 2007–2008

Research Results

- Comprehensive, multifaceted campaigns are more successful.^{6,7}
- Seniors are influenced by both caregivers and community advocates.^{8,9}
- Seniors listen to radio during all parts of the day.
- Sequential mailings are effective with seniors.^{10,11}
- Seniors respond to intergenerational images.¹²
- Seniors are increasingly using the Internet.^{13,14}

Program Response

- Used radio, newspaper, direct mail, Internet, and community outreach.
- Media buy targeted both Medicare members and caregivers.
- Community outreach activities focused on Medicare advocates.
- Radio buy included all parts of the day.
- Sent 2 direct mail pieces 1 month apart.
- Used intergenerational images for booklet, postcard, and the caregiver-focused print ad.
- Outreach included online marketing program.



Cover of the *Know Your Medicare Rights* booklet with informational tabs.

which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor.

Human Participant Protection

No protocol approval was needed for this study because no human participants were involved.

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