

The Medi-Cal Access Project

**Increasing Awareness of Medi-Cal Managed Care and
Promoting Voluntary Enrollment for Seniors and
People with Disabilities**

Year Two Report

Executive Summary

Presented to California's Department of Health Care Services

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Executive Summary

The Project

Health Research for Action (HRA), a center at UC Berkeley's School of Public Health, was funded by the California Department of Health Care Services (DHCS) to conduct a four-year educational project to help inform Medi-Cal recipients who are seniors or people with disabilities about their Medi-Cal enrollment choices. This project was also intended to promote voluntary enrollment into Medi-Cal Managed Care (MMC), given that most of these recipients do not seem to be aware of the MMC option and are currently "defaulted" into Regular Medi-Cal. In Year One of the Medi-Cal Access Project (fiscal year 2006–2007), HRA conducted extensive formative research to understand how seniors and people with disabilities learn, and make decisions about their Medi-Cal delivery options. Based on these findings, HRA developed a draft consumer guidebook called "*What Are My Medi-Cal Choices?*" in English, Spanish, and Chinese to increase awareness of MMC and promote voluntary enrollment. In May 2008, the Institute for Healthcare Advancement jointly awarded HRA and the DHCS the national first place award for Health Literacy for their work on the consumer guidebook.

In Year Two of the project (fiscal year 2007–2008), HRA conducted additional formative research to create the final version of the guidebook, evaluated the guidebook, created alternative formats of the guidebook (Braille and audio), developed enrollment forms, and then disseminated the guidebook to three pilot counties. This report summarizes the Year Two project activities and evaluation findings.

Year Two Highlights

Advisory Group Participated

HRA worked closely with its 24-member advisory group and held one in-person meeting in Year Two. The advisory group includes advocates, managed care plan representatives, health care providers, policymakers, and Medi-Cal beneficiaries. Advisors offered feedback and guidance on the entire guidebook, the dissemination process, and complementary interventions.

Guidebook Completed

The guidebook *What Are My Medi-Cal Choices?*, which HRA created in English, Spanish, and Chinese, was evaluated in 10 focus groups (54 participants), 28 key informant interviews (professionals), 12 usability tests, and a telephone survey (see below). It was then disseminated through a direct mailing to all Medi-Cal beneficiaries in the target population and via partner organizations. The guidebook was also created in Braille (English and Spanish) and audio, including MP3, cassette, and CD (English, Spanish, Cantonese, and Mandarin).

Enrollment Forms Developed

HRA created two new versions of the Medi-Cal enrollment form, either of which could be used by Medi-Cal beneficiaries voluntarily choosing to join MMC, switch from one to another plan, and join or leave Regular Medi-Cal. HRA conducted 12 usability tests with the target Medi-Cal recipients before finalizing the forms.

Evaluation Conducted

A quantitative telephone survey and multiple qualitative methods were used to assess the guidebook's initial usage and impacts.

Qualitative Evaluation

Focus groups. Fifty-four participants in 10 focus groups received the guidebook in the mail and then met in a focus group to describe their use of and satisfaction with the guidebook. All participants either used the guidebook or had someone else (a “proxy”) help them with it. Many participants reported using the guidebook multiple times, and some of them shared it with family or friends. Most participants said that they intended to keep the guidebook and use it in the future. Most of the participants focused their reading on specific sections of the guidebook that they felt were relevant to them and thought using the guidebook had improved their knowledge about and ability to make Medi-Cal choices. Participants had specific suggestions for future guidebook revisions. The majority of the consumers were satisfied with the guidebook overall; however, it appears that consumers still need additional information in order to feel ready to make a health plan choice. Regarding complementary interventions, the idea of creating a website was well received and consumers offered many suggestions for what information they would like to obtain from such a website.

Key informant (professional) interviews. Twenty-eight professionals (providers and advocates) received a guidebook in the mail and participated in an in-depth (“key informant”) interview. All the professionals who received the guidebook read it before their interview. The vast majority thought the guidebook clearly explained Medi-Cal choices in a way that could be understood by the target population of beneficiaries. About

half of the professionals had some concerns about the guidebook's usability for Medi-Cal participants with certain disabilities. Nearly all professionals thought the guidebook improved their knowledge of Medi-Cal and that it would be useful for providers and advocates who serve the target population. Professionals provided suggestions for future revision of the guidebook.

Telephone Survey

The goal of the telephone survey was to conduct an outcomes evaluation of participants' use of and satisfaction with the guidebook and its impacts on their Medi-Cal knowledge, confidence, and behaviors. The survey had an experimental design using a randomized controlled trial. HRA recruited a representative sample of 692 participants (319 intervention and 373 control), who were English-, Spanish-, or Chinese-speaking seniors and people with disabilities on Medi-Cal (or their health care proxies) in the three target counties. Participants were interviewed twice. Participants included Medi-Cal beneficiaries; when the beneficiary could not complete the survey, for varying reasons, a proxy caregiver was asked to participate on behalf of the beneficiary.

In the baseline interview, data were collected on sociodemographic characteristics, Internet use, and baseline knowledge, attitudes, and behaviors about MMC. After the first interview, the intervention group was sent a guidebook and the control group was not. Four to six weeks later, participants were interviewed a second time to assess any changes in knowledge or attitudes toward MMC, and intention to switch to MMC. Data were analyzed to compare findings between intervention and control groups, and among English, Spanish and Chinese language groups.

Key findings from the telephone survey

- Participants' baseline knowledge about Medi-Cal choices was very low.
- The vast majority of participants who received a guidebook reported reading the guidebook within six weeks of receiving it.
- The vast majority of participants and proxies found the guidebook helpful and easy to understand.
- Two-thirds of those who used the book reported learning something new about Medi-Cal, and over one-third used it to answer a specific question. The most common questions looked up were related to benefits and choosing between types of Medi-Cal.
- Approximately one-third of people receiving the guidebook shared it with someone.
- Overall, participants who received a guidebook significantly improved their knowledge, confidence, and empowerment about Medi-Cal choices and benefits, compared with the control group participants who did not receive a guidebook.
- Results varied by language subgroups. Spanish-speakers did not show a significant knowledge gain during the first six weeks, compared with the control group, and might need additional assistance or time to understand Medi-Cal choices.
- Participants' attitudes toward MMC improved after reading the guidebook; two-thirds of them reported being interested in learning more about Medi-Cal.

- Participants who received the guidebook showed increased intention to switch to MMC within six months, compared with those in the control group.

Guidebook Dissemination

After the telephone survey was completed, 61,416 guidebooks were sent directly to Medi-Cal beneficiaries in the target population in the three counties, and 4,987 guidebooks were sent to partner organizations to disseminate. Post-dissemination interviews (N=17) were conducted with representatives from partner organizations who gave out guidebooks.

Discussion and Implications of Year Two Work

During Year Two, the Advisory Group, Medi-Cal participants, and professionals serving them continued to play an active role in designing, testing, and revising the guidebook drafted in Year One. A series of qualitative evaluation studies and a rigorous quantitative evaluative survey provided strong evidence about the initial use and impacts of the guidebook. The evaluation study findings showed that English-, Spanish- and Chinese-speaking Medi-Cal recipients who are seniors or have a disability had very low levels of knowledge about their Medi-Cal choices; nearly half had negative attitudes about MHPs. Within just 6 weeks after receiving a guidebook, the intervention group showed significantly higher increases in knowledge (except for Spanish-speakers), confidence, positive attitudes about, and intentions to consider changing to a Medi-Cal Health Plan than did the control group. The telephone study's randomized controlled design provides good evidence that receiving the guidebook was related to the positive outcomes measured ("internal validity"). The quantitative and qualitative studies had similar outcomes, and thus exhibited good "convergent validity." The studies also examined the intervention's relevance among members of three diverse language groups— providing a measure of its "external validity." Overall, the initial findings provide strong evidence that the guidebook is an effective and low-cost way to improve recipients' knowledge, confidence, and intentions about making more informed Medi-Cal choices. In Year Three, further research will track participants' longer-term Medi-Cal choices.