

Lessons Learned from the My Medicare Matters LIS Demonstration

*National Medicare Education Program
Coordinating Committee Meeting
September 24, 2008*



My Medicare Matters Demonstration Program

- Sponsored by NCOA and ABC with support from AstraZeneca Pharmaceuticals LP
- Provided grants (up to \$100,000) to ten local and state organizations to implement cost-effective strategies for identifying, educating and enrolling low-income beneficiaries in the Extra Help/Low-Income Subsidy and other related benefits
- Conducted outreach and enrollment activities between Feb 2007- May 2008
- Submitted over 40,000 applications for LIS and other benefits during grant period

Study methodology

- Evaluated grantee activities to identify promising practices, challenges, and preliminary lessons learned from these activities.
 - Conducted site visits with grantees early in the program and completed follow-up conference calls after the end of the grant period
 - Analyzed enrollment and cost information (including both direct and indirect costs) associated with outreach and enrollment activities



MMM Grantees by Scope and Leadership

- ✓ 3 in Large Rural States
 - Legal services agency
 - Non-profit coalitions
- ✓ 1 in Small Metropolitan Community
 - Area Agency on Aging
- ✓ 4 in Large Metropolitan Communities
 - 2 Area Agencies on Aging
 - Non-profit service agency
- ✓ 2 in Rural Communities
 - Community-based organization
 - Area Agency on Aging



Top 5 Lessons Learned



Effective partnerships can be the lynchpin to higher enrollments at a lower cost

✓ *Depth vs. breadth*

- Grantees found that working with a few well-chosen, engaged partners was often more successful than spending time and resources developing and managing a larger network of well-intended partners that were only peripherally engaged.

✓ *Play to your partners' strengths*

✓ *Process matters*

- If partners are not going to enroll beneficiaries and will simply refer to an enrollment center, what sort of referral process works for you and them (and is as seamless as possible for clients)?



Properly targeted media/advertising (especially TV/radio) can be effective tools in reaching potential LIS eligibles

- ✓ Broad-based efforts were generally ineffective
- ✓ Among our grantees, earned media (news stories and the like) received more attention and generated more calls from likely eligible beneficiaries than unearned media (paid advertising)
- ✓ So do your homework and select target based on demographics
- ✓ Then build relationships with reporters or other staff at the media outlets you wish to pursue (this may be easier in rural areas than in larger urban areas)
- ✓ Be sure you have the staff/volunteers and processes in place to handle increased call volume from your media/advertising



Targeting low-income populations geographically may help improve outreach

- ✓ Having good geographic demographics from the start of outreach activities may be beneficial for early strategizing
- ✓ Geomapping can be a useful tool
 - However, it's only as good as the data that "feeds" it
 - If you plan to use it for door-to-door outreach, recognize that its utility may be limited (as homeowners may be deceased and have family in the home, or may have co-bought the home for family members)



Keep your messages simple and concrete

- ✓ Keep it simple.
 - Avoid complex terms and “official-sounding” language
 - Write to a 5th grade reading level
- ✓ Be as concrete as possible
 - Try to use concrete income and asset eligibility amounts for programs whenever possible (within reason).
- ✓ Some messages that worked for our grantees:
 - A focus on savings
 - “This is YOUR money” (to avoid people thinking of these benefits as a government “handout”)
 - (For some) A focus on the Medicare Savings Programs and the fact that it puts money back into a person’s Social Security check
- ✓ What didn’t work:
 - Stay away from the term low-income which was problematic



This process is all about continuous learning

- ✓ Collecting data can help you refine your strategies so that you are using limited resources wisely
- ✓ It can also help you to improve your everyday practices and develop a corrective action plan if something does not go as planned or does not appear to be working
- ✓ Having ready data on hand about your target population and effective strategies for reaching them can help you with future funding proposals
- ✓ Everyone needs to buy into the importance of tracking data – staff, volunteers, partners
- ✓ But simply collecting data isn't enough – you actually have to use it to make strategic decisions



Example of an easy way to integrate data collection into your everyday practice

- ✓ Examine your current client in-take form
- ✓ If there's no question on it asking how a beneficiary found his/her way to your organization, add one
- ✓ If that question already exists, look at ways to refine it to better reflect your outreach strategies
 - If you are relying on partners for referrals, and you have a “referral by another agency” answer category, probe and ask which agency referred them
 - You can do similar kinds of things for media campaigns, etc.



Online Toolkit

Coming Soon!



COMMUNITY STRATEGIES: MAXIMIZING YOUR BENEFITS OUTREACH AND ENROLLMENT RESOURCES: A Toolkit for Community-Based Organizations

- Introduction
- Messaging
- Medi
- Print
- Partnering
- Geomapping
- Data
- Sample Materials

Introduction and purpose

This toolkit offers in-depth information about different types of benefits outreach and enrollment strategies used by state and local organizations that were part of the My Medicare Matters Low-Income Subsidy (LIS) Demonstration Program including:

- case examples
- operational lessons learned
- questions to think about as you consider using one or more of these strategies
- advice from those who have been there
- metrics (or how to figure out if you've succeeded)

This section focuses on *MESSAGING* (messages you use in print materials and/or at group events).



[VIEW SAMPLES](#)

[« Previous page](#) | [Next page »](#)

COMMUNITY STRATEGIES: MAXIMIZING YOUR BENEFITS OUTREACH AND ENROLLMENT RESOURCES: A Toolkit for Community-Based Organizations

- Introduction
- Messaging
- Medi
- Print
- Partnering
- Geomapping
- Data
- Sample Materials

Messaging: Questions to consider

- What are the right messages for your target population? What has worked in the past? Has your agency (or other agencies in your community) done similar types of outreach campaigns that you might be able to learn from in terms of messaging, etc.?
- What messages/terms don't work with your target population? Are there any "red flag" terms/messages?
- What other benefits/programs in the area can you couple with to "combine" messaging efforts?
- Who should the messenger be? A person who has benefited from the program? Someone from the agency? A spokesperson known to your community?



[VIEW SAMPLES](#)

[« Previous page](#) | [Next page »](#)

COMMUNITY STRATEGIES: MAXIMIZING YOUR BENEFITS OUTREACH AND ENROLLMENT RESOURCES: A Toolkit for Community-Based Organizations

Introduction

Messaging

Medi

Print

Partnering

Geomapping

Data

Sample Materials

Flyers

Signage

Talking Points

Brochures



Samples: Click sample for enlarged view

Prescriptions cost too much?



Does this sound like YOU or someone you know?

- ✓ You have Medicare
- ✓ Your income is below \$1,274.25/month if you're single, or \$1,712.25/month if you're married
- ✓ Your assets (not including your home and car) are below \$13,750 if you're single, or \$20,400 if you're married
- ✓ You don't have Medicaid, SSI, or get help from the state paying your Medicare Part B premium

If so, you may be able to get your medication almost free!

For more information call:
(123)456-7890
Don't wait -- call today!

Please take the necessary precautions:
• Your financial information
• Ask whether you're covered from Social Security or Medicare
• Information on your prescription drug coverage

Are you over age 65 or have Medicare?



You can save money on your medicines if:

- You are a resident of Illinois
- AND
- Your yearly income is less than \$24,600 (single) or \$32,910 (married)

To find out if you qualify and help you apply, please contact one of the agencies below:

Chicago Region
Chicago Department of Senior Services - (773) 761-4100
Sebastian Cook County Health
Aging - (800) 619-6200
Cook County
Northwestern Illinois Area Agency of Aging - (800) 624-2200

Have Medicare?



You can save money on your medicines if:

- You are a resident of Illinois
- AND
- Your yearly income is less than \$22,400 (single) or \$30,400 (married)

Call AgeOptions at 1-800-699-9043

We can help you find out if you qualify and apply.

AGEOPTIONS
Improving the lives of
Medicare beneficiaries and their families

For more information

- ✓ Final report is posted at www.MyMedicareCommunity.org
- ✓ Accompanying toolkit will be posted in September

Contact:

Wendy Zenker

Wendy.Zenker@ncoa.org

