

Shifting to Medicaid Managed Long-Term Care in Florida: Are Vulnerable Beneficiaries Properly Informed?

BACKGROUND

In August 2013, Florida began the mandatory enrollment of an estimated 90,000 frail older and disabled adults into a new Medicaid-managed long-term care (MMLTC) program, transferring the responsibility for all Medicaid long-term care services and costs from the State to private managed care organizations (MCOs). A stated objective of the program was to give Medicaid long-term care beneficiaries a new role as consumers, with program officials aiding them in “securing the information they need to select a plan that best meets their needs,” according to state Agency for Health Care Administration official Beth Kidder. For lawmakers who created the new program, however, a key objective was to reduce total Medicaid costs. This study assesses the materials provided to Florida’s Medicaid LTC beneficiaries, based on guidelines for presenting health plan information in a manner that enhances understanding (Castle & Lowe, 2005; Harris-Kojetin et al., 2001; Hibbard & Peters, 2003). This information is critical because the MCO plans recipients much choose differ. Furthermore, the MCOs will now determine what services recipients receive, rather than state program workers. The majority of these Medicaid beneficiaries have little experience with capitated systems and little direct knowledge of the risks and responsibilities involved. Yet the State requires them to choose a provider that will both determine the long-term care they receive and pay for those services within a system designed to reduce costs.

THE STUDY

A research team assessed the informational products provided to beneficiaries by the Florida

Agency for Health Care Administration. The printed materials consisted of a pre-enrollment introductory letter, followed by an enrollment packet consisting of a welcome letter, informational brochure, and MCO comparison chart. Our analysis was based on the following:

1. Is the information clear and meaningful, with clear statements of purpose and clear explanations?
2. Do the materials meet the diverse information needs of beneficiaries and other possible consumers?
3. Does the material help beneficiaries understand the key aspects of their choices?
4. Does the material help beneficiaries determine their needs and preferences?
5. Does the material minimize cognitive complexity?

Researchers also analyzed material provided on the Florida AHCA website.

RESULTS

Overall, researchers found that the materials failed to meet a majority of the above criteria. The purpose of the information provided was clearly stated, and its presentation minimized cognitive complexity. However, its significance was not explained. For instance, there was no description of managed care and how it differed from the program as it has previously existed. Key aspects of beneficiaries' choices were not explained and no tools were provided to enable beneficiaries to assess their needs and find a plan that met those needs. The findings are in the following table.

Table 1. Content Evaluation of Information Provided to Medicaid Managed Long-Term Care Beneficiaries

	Clear and meaningful		Meets users' diverse information needs	Helps users understand choices	Helps users determine needs and preferences	Minimizes complexity ^e
	Clearly stated	Clearly explained				
Introductory letter	Yes	No	No	No	No	Yes
Enrollment package	No	No	No	No	No	Yes
Website	Yes	No	No	No	No	Yes

DISCUSSION

Clear and Meaningful

Research indicates that it is important for health information consumers to quickly discern both the purpose and significance of information (Castle & Lowe, 2005; Harris-Kojetin et al., 2001). These materials minimally met this standard. While the introductory letter clearly stated that an important change was imminent, none of the later materials had the same clarity. They did not use techniques shown to enhance meaning, such as pairing new information with familiar information.

Meets Users' Diverse Information Needs

Research shows that health information consumers have a range of information needs, with some likely to only skim informational material and others seeking more detail (Castle & Lowe, 2005; Harris-Kojetin et al., 2001). The materials failed to meet this range of needs, instead providing only surface-level information.

Helps Users Understand Key Aspects of Choices

The materials included plan comparison charts, but overall, the materials provided neither the background nor the context to help beneficiaries understand managed care and the significance of these choices.

Helps Consumers Determine Needs and Preferences

The print and website information included no "self-test" features, such as worksheets, that could help beneficiaries identify their own needs and preferences.

Minimizes Cognitive Complexity/Website Functionality

Overall, the materials were clearly presented, using plain language, headers, and other clarifying elements. Readability tests showed that the materials were relatively easy to read, though the grade-level scores were higher than recommended. The website posed greater difficulty. While most of the navigation elements were easy to use and functional, the comparison chart required considerable scrolling, making it difficult to use.

CONCLUSION

It is possible that a substantial number of Florida long-term care Medicaid beneficiaries did not understand the materials they received concerning this significant program change. In the first year, many did not choose a plan, suggesting they were confused about their choices. Those who did not choose were "auto-enrolled" into one of the available plans, indicating that these vulnerable people may end up with services that do not meet their needs. These findings are significant as more states elect to provide long-term care services through contracts with private managed care organizations.

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