

The CHOICE Study: A Case Study of Latino Participants

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Cal MediConnect Enrollment: Why Are Dual-Eligible Consumers in Los Angeles County Opting Out?
<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>

Introduction

In Los Angeles County, Latino dual-eligible health care consumers are more likely than most other racial/ethnic groups to be enrolled in the Cal MediConnect (CMC) program. As of September 1, 2016, less than half (45%) of Latinos had opted out of the program compared to nearly three quarters (72%) of Whites. Spanish speakers also opted out at a lower rate (43%) than English speakers (56%).

This case study focuses on 10 Latino consumers who participated in one-on-one interviews for the CHOICE Study. These consumers range in age from 50 to 98 years, 7 of 10 are female, and 8 of 10 are enrolled in CMC. Spanish is the predominant language of 5 of the consumers in this group, all of whom were enrolled in CMC. The enrollment decisions of the English-speaking Latinos varied.

We learned from our predominantly Spanish-speaking participants that when the CMC program was first introduced, they were not aware of all the health plan options available to them. Many did not have accurate or complete information about the CMC program; some misinterpreted the information they did have. Others expressed that they were not very concerned with making changes to their health plan at the time that CMC rolled out, and they did not pay much attention to the information they received.

Among Spanish-speaking Latino participants, there was little discussion about the perceived value of re-

ceiving health care through a Fee-for-Service (FFS) or a Managed Care (MC) arrangement. Many were not aware that the CMC health plans were administered under a managed care delivery system, nor did they understand what managed care was. Some participants were familiar with the concept of "open" Medicare, and believed that being in CMC meant that their health care would be provided by a specific "company." Still, the

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majority of participants viewed the CMC plans as they would any another health plan that could potentially meet their needs.

Conversely, the English-speaking Latinos in this study were generally more informed about the health plan options available to them, both within and outside of the CMC program. Three primary themes help to explain how and why Latino dual-eligible consumers chose a specific health care plan: knowledge of health care options, perception of choice, and disruption to existing care.

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Knowledge of Healthcare Options

Participants' decisions to choose a health plan largely depended on the information they received about the CMC program. The series of notices in blue envelopes mailed by the CMC program were not a major source of information for the Spanish-speaking Latino participants in this case study. In fact, some participants could not recall receiving the information. Others remembered the notices but could not recall if they ever sent back a response. Some participants knew of only one CMC health plan while others were aware that the CMC program offered 5 different health plans from which they could choose.

Both Spanish-speaking and English-speaking Latino participants were often confused by the CMC program information they received. One participant said that the information was so "overwhelming" that she did not consider the CMC program a viable option. She also said that she may have considered enrolling had the information been presented differently.

The source of the information provided also influenced consumer awareness of the different health plan options. Interestingly, most of the Spanish-speaking Latinos who enrolled in CMC also participated in a monthly health plan consumer group and, through in-person meetings, were informed about the CMC program prior to receiving the first mailed notices. Still, when they made their decisions, most consumers who enrolled were unaware of all their options.

Some Spanish-speaking participants' decisions were influenced by representatives of specific health plans. For instance, Maria made her decision when a health plan representative told her about the benefits she would receive through their CMC health plan. The fact that the representative came to Maria's home seemed to be especially influential: "The woman came to interview me and I was embarrassed, since she came all the way over here and all, to tell her 'no,' so I said 'OK then.'" To learn more about Maria, please visit <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>.

Another participant's choice was influenced by her exposure to a health plan ad. "When I saw the coverage that they would give me, I said they have what I need unlike [name of previous health plan]." Both of these Spanish-speaking participants made their decisions based on a single option that was presented to them.

Perception of Choice

Spanish-speaking Latino Participants

A Clear Choice

Some Spanish-speaking participants already knew what they wanted when they received the blue notices. For example, one participant was interested in a specific health plan prior to receiving the blue mailers. "Well, I read them, that's why I was interested, because I had already heard of [name of current health plan], so I said that I wanted to get into [name of current health plan]." She chose that plan because she had heard good things from her friends and was considering making the switch anyway. This participant was very decisive and did not feel the need to consider other available options.

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— CMC participant

No Other Choice

Other Spanish-speaking participants who were enrolled in CMC believed that the program was mandatory. They may have received false information or misinterpreted the information that was given to them. "They told us that it was obligatory, to be in a plan. A letter came from the state, that if we weren't in a plan, they were going to choose ... "

A health plan representative told Maria that everyone with Medicare and Medicaid would eventually have to

enroll in CMC. "The woman explained that Medicare and Medi-Cal were going to unite ... and that with time everyone will have to have Cal MediConnect because Medicare and Medi-Cal are going to unite."

The State Chooses

One participant saw CMC as an opportunity to get more benefits and so he allowed himself to be auto-enrolled into the program. "Well, you really don't know what the advantage is ... As long as they give you Medi-Cal, the right doctor and all that ...but that there are other, other services, other companies, other insurances that are better, one doesn't know. So you have to see. But for me, since I'm very careless, why would I change? Maybe things turn out worse, I'd rather not. But now that this opportunity came, I realized, I thought it was super, I mean better ... so it's better."

This participant liked the idea of being auto-enrolled and found it to be an easy and convenient process that he would not have otherwise considered.

For most participants, the selection of a health plan was strongly influenced by the level of continuity of care it offered.

English-speaking Latino Participants

Choices, In and Out of CMC

Only one Latino participant, who happens to be bilingual, received more comprehensive information and fully understood her options, inside and outside of the CMC program. While she was ill, a CMC representative came to her home and informed her of the program. "I understood everything that he said and explained to me each detail ... there was option ... at that time I didn't have to choose right there and then."

A Singular Choice

Like some Spanish-speaking participants, some English-speaking participants also made their decisions before they received the first blue notices. One partici-

pant joined CMC because she was going to be able to keep the same providers; therefore, she did not consider other options.

Among participants who enrolled in CMC, many chose a health plan that they were already familiar with, or one that was carefully explained to them.

One Spanish-speaking participant's bilingual daughter manages her care and served as a proxy for this study. She did not recall receiving any of the blue mailers. Representatives from her mother's previous health plan told the daughter that her mother could no longer get care from them because they were not going to participate in the CMC program. At the same time, her mother received a letter from a health plan that was offering CMC. The daughter knew that CMC would benefit her mother and was familiar with the health plan being offered. Still, they were not aware of other options: "Well, we didn't really know about that many plans ... but we recognized certain names like [her mother's current CMC health plan] as a recognizable name brand."

Disruption to Existing Care

For most participants, the selection of a health plan was strongly influenced by the level of continuity of care it offered. Avoiding disruption to existing care was a priority, especially for participants with complex diagnoses and/or established provider relationships. Participants who most valued continuity of care tended to be people who were satisfied and comfortable with their care prior to the roll-out of CMC.

Keeping the Same Provider/Specialist

Some participants highly valued the relationship with their existing providers, especially when they were long-time patients and when the treatment they received was satisfactory. As one participant explained it, "I really wanted to stay with my primary physician because I've been with her for several years and I was very happy with this doctor and I didn't want to lose that."

Another participant spoke about her experience in a CMC plan and expressed her concerns about the re-

stricted choice of providers: "I was able to only see the doctors that was available to me by them. Now, I had to find out like my cancer doctor — I had her and she had to be in their plan and at that time they said I couldn't have her because they didn't have her in their insurance plan."

One participant did not enroll in CMC because, due to her special health needs, she felt it was essential to keep her entire medical group intact. While she knew the additional services that CMC offered would be beneficial, remaining with her current providers was a greater priority. "You know, so I read it all. It was all good. You know for a lot of — like I said, a lot of people that don't have all my ailments, you know it's a great choice. You know, it's just that I happen to fall in that 1% that it's not going to work."

In addition to keeping the same providers, some participants were interested in keeping the same health plan. "I've been with [current health plan] for 8 years ... we've compared and other programs don't grab my attention. I'm very satisfied with [current health plan]."

Latino Participants Who Enrolled in CMC

No Disruption and Added Benefits

For participants who enrolled in CMC, keeping the same provider(s) was one of the most important factors that guided their selection of a specific health plan. If an existing provider was not part of the specific CMC plan, then it was not considered a viable option. "So that's another thing that took me to [current health plan] ... because they were able to have the same doctors that I have inside their plan ... Which the other ones, well, no, you have to change to these doctors now because we don't carry their — and I said, no, no, no, no. I want my same doctors that I have. I am not going to change my doctors because I'm very happy with who I have."

Another factor that influenced participants to enroll in CMC was the understanding that the health plan they

chose would allow them to receive additional/better benefits (e.g., no out-of-pocket expenses and vision services).

As described by one participant: "... above all, that I can care for my eyesight, and that I have specialists, because I may possibly have glaucoma. In whatever moment, something about my eyesight, they could treat me. They give me an appointment and I can go. For me, as long as the doctor sees me and it's free then I'm good, and besides, when they tell me I have extras or things like that then I'm more pleased."

CMC Better Than Their Previous Plan

Some participants who enrolled in CMC were already looking to change their existing health plan at the time the program was introduced. When they learned that the CMC health plan offered additional and more attractive benefits than their previous health plan, they decided to enroll. One participant explained that once he heard about the benefit, he did not feel the need to seek other options. "They told me I had a right to transportation, dentist, medical aid, and a packet of my options. I thought it was perfect and a doctor that is really good."

Another participant found the design of CMC attractive, explaining, "In this plan we liked that Medi-Cal and Medicare were going to be on the same plan."

Yet another participant said that the reduced cost she was promised was most important. "She told me 'so this benefit is going to cost you less money than what you are paying' and that's why I said, 'I'm going to pay less?' 'Yes' 'Oh, then I'm going to put myself here.'"

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— CMC participant

Latino Participants Who Opted Out of CMC

Similar to the participants who enrolled in CMC, the participants who opted out of the program also did not want to risk experiencing any changes to the care they were receiving.

Preventing Disruption

One participant said that the CMC options seemed too complicated, and that is why she decided to stay with a plan that was familiar to her. "Um, well there were so many different choices to make ... You have FirstCare or L.A. Care and then Anthem and then over here you have another where it's like intermediate choice. What does that mean? It was a bit complicated. I didn't choose that because I didn't want to get too over — make my life more complicated by choosing something I was not even familiar or would understand. So I went with what I understood the most and stuck that out — stuck with it."

Another participant who opted out of the program said that it was not an option for her since it would disrupt the special care she was getting through her providers. "Because they wanted me ... to change, but I could never come to the doctors here and I said no. Because they know my kidneys. They know everything and I don't want to start all over again."

Conclusion

The findings from this case study suggest that decisions about health care coverage are closely related to how well consumers understand the options available to them. The differences between the Spanish-speaking and English-speaking Latinos in this case study are informative. When faced with the CMC decision, most English-speaking Latino participants understood that they had choices both inside and outside of the CMC program.

Conversely, the Spanish-speaking participants were generally less informed than their English-speaking

counterparts and many thought that enrolling in the CMC program was mandatory. For most of the Latino participants in this case study, the information in the blue mailers was not very influential. Instead, decisions were driven by what consumers knew prior to receiving the mailers, or by whom they spoke to and what information they learned after receiving the mailers.

As such, the quality and accuracy of information that consumers received from these different sources was instrumental to their final decisions about whether to join a CMC plan or to opt out and retain their original Medicare Fee-For-Service benefits.

The CHOICE Study: Consumer Health Care Options: Investigating Cal MediConnect Enrollment

The CHOICE study was a two-year project that examined the decision-making processes of those eligible for Cal MediConnect in Los Angeles County. The study was conducted by the **UCLA Center for Health Policy Research** in partnership with the Westside Center for Independent Living and a Community Advisory Group of five consumers and five stakeholders. Findings are drawn from 53 in-depth, one-on-one interviews and six focus groups (36 participants) conducted with dual-eligible consumers.

For more information about the CHOICE study methods and participants, including individual and composite case studies, please visit:

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>.

Endnotes

1. CalMediConnect Monthly Enrollment Dashboard. September 1, 2016. <http://www.calduals.org/wp-content/uploads/2016/09/August-CMC-Enrollment-Dashboard-FINAL.pdf>