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**Involuntary
Disenrollment from
Medicare Managed
Care Plans:
Experiences of
Beneficiaries in Six
Communities**

**Program Monitoring of
Customer Service and
Information Projects**

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Executive Summary

More than 930,000 Medicare beneficiaries, roughly one in every seven enrolled in a Medicare+Choice plan, became involuntary disenrollees when their plans chose to withdraw from the Medicare program for 2001. While all were assured of retaining at least the core package of traditional Medicare benefits for 2001, those who wished to have additional coverage on an uninterrupted basis needed to identify appropriate replacement insurance and enroll in it before the end of 2000. The potentially serious financial consequences of a total loss of additional coverage make the situation of involuntary disenrollees an extreme case, presenting a special challenge to, and an important test of, CMS's National Medicare Education Program (NMEP) and the Medicare+Choice system more generally.

CMS asked Abt Associates to expand our multi-year assessment of the NMEP to include a special study of the disenrollee experience. We examined the experience of disenrollees in six communities – Houston, Tucson, Sarasota, Minneapolis, Nassau County, NY and Centre County, PA. In this paper we report findings on the subpopulation of disenrollees aged 65-85, drawing on data from three sources: CMS' Medicare Enrollment Database (EDB), a new disenrollee subsample for the fourth "wave" of Abt Associates' ongoing NMEP Community Monitoring Survey¹, and a series of focus groups held during February, 2001 in Minneapolis, Houston, and Nassau County.

Our inquiry was structured around three central aspects of the disenrollee experience in these communities:

- *What choices did disenrollees make about replacement insurance, and what actions did they take in order to reach and implement those choices?*

We found that many disenrollees in all sites returned to traditional Medicare, even in sites where one or more managed care plan option(s) remained available. Survey findings suggest that as many as 10% of beneficiaries in Houston and Sarasota may have returned to traditional Medicare without supplemental insurance. EDB data indicate that many disenrollees in every site switched to a new plan before the end of 2000, with many of these leaving several months early; also, non-negligible fractions of disenrollees in Tucson, Nassau County and Centre County switched more than once during the period August 2000 – February 2001, suggesting problems with availability of satisfactory coverage or problems with information about the available options.

- *From what sources did beneficiaries obtain information during this process, and to what extent did they use the information provided by CMS in particular?*

Survey results indicate that the dominant source of information for disenrollees is insurance vendors (including the departing M+C plans); this is consistent with other findings from the community studies component of Abt Associates' NMEP assessment. The second most widely-reported source overall is "friends and family". In many respects, the "official" information

¹ The reported findings are based on the following numbers of completed disenrollee telephone interviews in each community: Houston 313, Tucson 305, Sarasota 315, Minneapolis 332, Nassau County, NY 336 and Centre County, PA 327.

sources sponsored or mandated by CMS continue to have a relatively low profile within the local Medicare “information economy”. Many of these channels and much of the information conveyed by these channels still fail to connect with a large part of the beneficiary population. When specifically asked, roughly 32 to 42 percent of survey respondents indicated that they had read the *Medicare and You* handbook to find out about their insurance options, but when asked to identify which sources they turned to for information to help deal with their involuntary disenrollment, only about 6 percent to 13 percent of survey respondents in the different sites volunteered the handbook as a source.

- *How did beneficiaries judge the adequacy of the information available to help them make their insurance decision, and how did they feel about their choices of replacement insurance?*

More than half of disenrollees in all sites except Houston felt that they had enough information to select their new insurance, and most disenrollees in all sites except Houston felt that they had made the best possible choice of insurance. Survey and focus group findings underline the unsettled state of the Houston market, where the one Medicare+Choice plan which remained in the market for 2001 closed its enrollment in early fall 2000 after reaching its capacity limit, with no clear indication as to when it might reopen to new enrollment.

Additional noteworthy findings of our analysis include:

- Roughly nine out of ten involuntary disenrollees in each site were aware that their plans had left Medicare.
- When prompted, roughly 9 percent to 14 percent of disenrollees in our study sites reported using the cost and quality comparison information in the handbook to help choose a new health plan. There was no correlation between use of the cost/quality comparison information and outcomes of the transition process.
- Site-to-site variation is pervasive in both the mechanics and the outcomes of the disenrollee transition process, reflecting both the lack of a uniform Medicare benefit (due to differences in provider and plan configurations across sites) and the lack of a uniform process for managing the allocation of available benefits.
- There is suggestive evidence of certain adverse events or outcomes associated with the disenrollee transition process as it currently functions. Some of these outcomes are not a consequence of information deficits and hence cannot be avoided through changes in information. Among issues salient to disenrolled beneficiaries, we have found that the topic of capacity limits is not well addressed by CMS-provided materials.
- Several of our measures suggest that minorities may be more likely than whites to have adverse experiences or outcomes in connection with disenrollment.

1.0 Introduction

1.1 Background

The Medicare program guarantees the availability of a core package of benefits to all beneficiaries. However, there are substantial gaps in the coverage represented by Medicare's Part A and Part B benefits. The steadily increasing cost of health care has magnified the importance of insurance designed to fill some or all of those gaps. For the year 2000, more than six million Medicare beneficiaries obtained such additional coverage through a Medicare+Choice (M+C) plan. More than 930,000 of these beneficiaries, or roughly one in seven, became involuntary disenrollees when their plans chose to withdraw from the Medicare program for 2001. While all were assured of retaining at least the core package of traditional Medicare benefits for 2001, those who wished to have additional coverage on an uninterrupted basis needed to identify appropriate replacement insurance and enroll in it before the end of 2000. The potentially serious financial consequences of a total loss of additional coverage make the situation of involuntary disenrollees an extreme case, presenting a special challenge to, and an important test of, CMS's National Medicare Education Program (NMEP) and the Medicare+Choice system more generally.

CMS asked Abt Associates to expand our multi-year assessment of the NMEP to include a special study of the disenrollee experience. Drawing on the findings from this year's assessment, this paper documents three central aspects of the disenrollee experience, and analyzes their implications for the NMEP:

- What choices did disenrollees make about replacement insurance, and what actions did they take in order to reach and implement those choices?
- From what sources did beneficiaries obtain information during this process, and to what extent did they use the information provided by CMS in particular?
- How did beneficiaries judge the adequacy of the information available to help them make their insurance decision, and how did they feel about their choices of replacement insurance?

The health plan options available to Medicare beneficiaries facing involuntary disenrollment, and many of the information resources available to assist in transition decisions, vary substantially from one location to another. Accordingly, many of the activities of Abt Associates' NMEP assessment have focused on the implementation and impacts of the program at the community level. The special analysis of the disenrollee experience continued this community-focused approach.

We examined the experience of involuntary disenrollees in six communities around the country where plan terminations affected either a large percentage of beneficiaries, a large number of beneficiaries, or both: Houston, Tucson, Sarasota, Minneapolis, Nassau County, NY and Centre County, PA. These communities range from rural to urban in character, and represent a wide range in the richness of the M+C options that remained available to beneficiaries for

2001. One of the communities (Sarasota) had no M+C plans remaining for 2001, while another (Houston) had none available for new members after September 2000, when the sole remaining Medicare managed care plan reached capacity and closed to new enrollment. The rest had more than one remaining M+C plan to choose from, including three communities where the Sterling private fee-for-service plan was an option for 2001. Some of these communities had experienced plan terminations in 1998 and/or 1999 as well as in 2000, such that each year fewer options remained. Tucson, for example, had seven M+C plans three years ago, and now has only two.

Table 1.1 summarizes key Medicare market characteristics for the six study communities. Demographic profiles of the disenrollee populations in the study communities are provided in Appendix 1.

**Table 1.1
Features of Six Involuntary Disenrollment Study Communities**

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
# of M+C plans available in 2000	4	4	3	3	8	3
# of M+C plans available for 2001*	1	2+PFFS	0	2+PFFS	4	2+PFFS
Capacity Waivers at Remaining M+C Plans?	Yes – capacity reached on 9/30/2000	No	N/A	No	No	No
# of beneficiaries affected by plan terminations**	59,184	16,666	9,186	8,621	15,151	5,545
% of beneficiary population affected by plan terminations	21%	13%	9%	6%	7%	36%

**Source:* medicare.gov website, August 2000 (for 2000 M+C plans) and November 2000 (for 2001 M+C plans); refers to number of managed care plans, not number of discrete products offered by those plans.

***Source:* CMS EDB data for all beneficiaries who, as of 7/2000, were enrolled in withdrawing M+C plans. Note that the remainder of the data in this report reflect only the subset of disenrollees aged 65-85; see table A3.1.

1.2 Data Sources

Findings in this report are based on data from three sources.

CMS administrative data, collected in the Enrollment Database (EDB), list every beneficiary, dates of eligibility, and all movements into and out of M+C plans. We used extracts from the EDB to track beneficiaries from July 2000, when they first received notice that their M+C plans were leaving the Medicare program, through the winter, as they moved into other insurance arrangements.

We created a new subsample for the fourth “wave” of Abt Associates’ ongoing NMEP Community Monitoring Survey, consisting of disenrollees in these six communities who were

enrolled in a terminating M+C plan as of 7/1/2000; comparison groups of non-disenrollees in these communities were identified as well. Both groups were sampled in December and surveyed via telephone in late January/early February 2001, 1-2 months after the disenrollees former M+C plans had withdrawn. We asked the disenrollees many questions about the disenrollment experience, as well as about information-seeking and about themselves. We also collected information on demographic characteristics and general information-seeking behavior from the non-disenrollee comparison groups; of course, these groups were not asked the questions specific to the disenrollee experience.

The survey excluded several groups, including those with ESRD, those whose telephone numbers we could not find, those whose physical or mental impairments prevented telephone interviews, and non-English speakers. In addition, a pilot administration of the survey yielded extremely low response rates for beneficiaries over 85 years of age so we excluded this age group as well. We oversampled beneficiaries identified as non-white, in the communities where there were more than a few such people (Houston, Tucson, and Nassau County, NY). To produce estimates of population percentages, we post-weighted the data by the inverse of the sampling fraction. Further details on the Community Survey are provided in Appendix 2.

Finally, we conducted a series of focus groups during February, 2001 in Minneapolis, Houston, and Nassau County, to enable us to gain qualitative insight through questions and discussion that were more in-depth and adaptive to local specifics than was possible through the survey vehicle.

1.3 Analytic Approach and Limitations

Analytic approach On March 2, 2001, we drew an extract from the EDB containing records for all beneficiaries enrolled as of July, 2000 in plans that announced their withdrawal from Medicare. From the EDB data we constructed “strings” of monthly enrollment status over the period August 2000 through February 2001, from which we tabulated enrollment status at the beginning and end of this period as well as the frequencies of different patterns of switching among Medicare plan options during this period.² Tables based on this analysis are presented in Appendix 3.

We organized data from the NMEP Community Monitoring Survey in the form of cross-tabulations that broke down the survey responses by response category, by site, and by other analytic categories such as race, age, gender, income and education. Data used in the cross-tabulations were post-weighted, to remove the effect of over-sampling of racial minorities; accordingly, numbers in the tables represented unbiased estimates of response frequencies for the survey-eligible population in the respective communities.

² A number of anomalies in the EDB data suggest the possibility of residual inaccuracies in the database. These include the presence in each site of a small number of anomalously “busy” switching patterns (e.g., three or more switches during the study interval), as well as a non-negligible rate of switching into a M+C plan in Houston after the sole available plan was supposed to be closed due to a capacity limit. Frequencies of the “busy” switching patterns were far too small to affect the conclusions presented in this report.

These cross-tabulations of the survey data revealed substantial apparent variation in response patterns across sites and across demographic categories. We used logistic regression analysis to test the statistical significance of these site and demographic variations by isolating and controlling for the effects of different factors which may affect the results. In addition, we used regression models to examine the relationship between use of two special information sources examined in detail in the survey (plan withdrawal notification letter and *Medicare & You* handbook) and three disenrollment “outcome” measures (disenrollee attitudes about the information available to help in choosing replacement insurance, disenrollee choice of replacement insurance, and disenrollee attitudes about the replacement insurance they eventually selected). Details of the regression analysis, including tables of results, are presented in Appendix 5.

Finally, we reviewed our analyses of the EDB and survey data in light of the findings from our focus groups, and from our prior and concurrent NMEP assessment work.

Limitations As explained in Appendix 2, our survey excluded many beneficiaries with special communication needs: the hearing and cognitively impaired, those with language barriers, and those over 85. In addition, beneficiaries who have a listed telephone and agree to cooperate with a telephone survey may differ from beneficiaries who do not meet these conditions in their approach to information-seeking about health care and their attitudes about the quality of information. Thus, the surveyed sample represents a non-random portion of the Medicare beneficiary population in these six communities.

Also, although beneficiaries under 65 were included in the survey, preliminary analysis of response patterns for the under-65 beneficiary population suggested that their information-seeking behavior may be fundamentally different from that of over-65 beneficiaries, who are primarily non-disabled. In addition, the under-65 Medicare beneficiary population raises somewhat different policy issues from those raised by the mainstream, over-65 beneficiary population. *Accordingly, responses from those under 65 are excluded from this report, and all data reported represent estimates for beneficiary populations in the 65-85 age range only.*

The communities targeted by the survey constitute a convenience sample only; their beneficiary populations are not representative of the national population of beneficiaries or of disenrollees. Accordingly, the survey results are presented by site only.

There is one element important to understanding Medicare beneficiaries’ insurance choices that is, unfortunately, very difficult to address via the data collection approaches used in this study – enrollment in Medigap-type supplemental insurance policies. The EDB does not record whether beneficiaries carry Medigap coverage. We collected information on beneficiary choices of different types of replacement insurance, including traditional Medicare without supplemental insurance, through one of our survey questions. However, the less-than-perfect accuracy of self-reported insurance status has been documented in the literature; a cross-tabulation of our survey findings against EDB data (see Appendix 6) confirmed that the results from our survey question constitute a “noisy” measure of beneficiaries’ actual choices.

Finally, with respect to the regression analysis, it is important to bear in mind that *correlation does not prove causation* – that is, it is not possible to determine from the survey data whether, for example, use of the handbook resulted in higher knowledge scores, whether people who had

greater knowledge were more likely to use the handbook, or whether some unidentified third factor drove both behaviors.

Accordingly, the regression findings should be read with caution, and understood as performing two roles in this analysis – they add to our confidence in interpreting the patterns we observe in the cross-tabulations, and they suggest hypotheses about causal relationships which may warrant further exploration by other means. They should not be interpreted as providing proof of causal relationships between the variables examined here.

1.4 A Note on Terminology

This report concentrates on the experience of *involuntary* disenrollees in the six study communities – that is, those who were enrollees in Medicare+Choice plans that terminated their participation in Medicare. All references to disenrollees in this report refer to these involuntary disenrollees, and not to beneficiaries who chose to “disenroll” from a non-terminating M+C plan for any reason during the study period.

1.5 Organization of This Report

Chapter 2 presents general, cross-cutting findings from this study. Chapter 3 presents specific findings about the process and outcomes that comprise the disenrollee experience, organized around the three basic questions identified above in section 1.1. In both of these chapters, selected extracts from the EDB and survey data and the regression analyses are provided to illustrate specific points being made. In Chapter 4 we share some additional observations and impressions from the disenrollee focus groups conducted in Minneapolis, Houston and Nassau County.

For the reader interested in additional detail, the appendices provide complete reference tables of EDB and survey data used in preparing this report, complete reference tables of the regression analyses, and further information on methodological details of the study. Appendix 1 provides demographic profiles of the disenrollee populations in the study communities. Appendix 2 describes the NMEP Community Monitoring Survey. Appendix 3 presents reference tables from our EDB analysis and Appendix 4 presents reference tables of responses to Community Survey questions on the disenrollee experience. Appendix 5 provides details and reference tables for the regression analyses. Appendix 6 contains a comparison of EDB-defined insurance status with responses to a Community Survey item on insurance choice.

2.0 General Findings

Site-to-site variation is pervasive in both the mechanics and the outcomes of the disenrollee transition process, reflecting the lack of both a uniform Medicare benefit and a uniform process for managing the allocation of available benefits. While Medicare benefits are in principle universal and equally available to all beneficiaries, wide geographic variation in the supply of different health care services, especially in rural locations and in some inner cities, have meant that in practice the benefits actually received by people with Medicare are not uniform. Through agencies including CMS and the Health Resources and Services Administration, the Federal government has invested substantial resources in efforts to address such variations in access to services.

In contrast to the core benefits provided by the Federal government through Medicare, the price and availability of different types of Medigap supplemental insurance have always varied considerably from one location to another. One of the novel aspects of Medicare+Choice was that it introduced Federally-subsidized supplemental Medicare coverage to the beneficiary population at large.³ Although these additional benefits are Federally sponsored, however, both by design and in practice they, too, are non-uniform. As with Medigap plans, premiums and benefits of M+C plans vary from one location to another; M+C options may be unavailable or unaffordable for any given beneficiary. There is also no guarantee that beneficiaries whose communities contained M+C plans will continue to enjoy one or more M+C options.

With the caveat that the findings presented here represent a snapshot of only one transition cycle, our data also suggest that the transition as actually experienced by beneficiaries is far from a uniform process in which the great majority of affected beneficiaries are informed of the change mid-year, collect information on alternatives in a systematic fashion during the fall, identify a satisfactory option and make a definitive switch to it effective January of the new year. Deviations from this pattern that we observed do not necessarily imply harm to beneficiaries. On the contrary, in some cases observed variations in behavior reflect appropriate and effective responses by beneficiaries to special local conditions. However, these variations do underscore the deep complexity of the Medicare insurance market and the challenges involved in trying to administer the Medicare benefit in a uniform manner across the nation.

There is suggestive evidence of certain adverse events or outcomes associated with the disenrollee transition process as it currently functions. Some of these outcomes are not a consequence of information deficits and hence cannot be avoided through changes in information. Among issues salient to disenrolled beneficiaries, we have found that the topic of capacity limits is not well addressed by CMS-provided materials. With respect to adverse outcomes, we wish to draw special attention to our findings on Houston. As noted elsewhere in this report, the one Medicare+Choice plan which remained in the Houston market for 2001 closed its enrollment in early fall 2000 after reaching its capacity limit, with no clear indication as to when it might reopen to new enrollment, and we observed traces of the resulting disruption in the EDB data, in the responses to the NMEP Community Monitoring Survey, and

³ Smaller groups of beneficiaries have participated in demonstration programs, such as those involving Medicare managed care plans, for a number of years predating the Balanced Budget Act of 1997.

in our focus groups. On the survey, conducted in January-February 2001, a relatively low proportion of the Houston respondents reported having enough information to make a decision about replacement coverage (45 percent in Houston vs. 58-70 percent in other sites). Only 41 percent of those in Houston felt that they had chosen the best available insurance that met their needs at an affordable price, as compared with 56-71 percent in the other sites. And 20 percent of those in Houston reported that their insurance situation remained unsettled and that they had not been able to find insurance that met their needs and was affordable, compared with only 4-7 percent in other sites that had remaining managed care plans, and 10 percent in Sarasota where no managed care plans remained.

An especially worrisome phenomenon, noted anecdotally in our focus groups in Houston, was the existence of a subgroup of the disenrollee population who had returned to traditional Medicare, with neither supplemental insurance nor Medicaid coverage, in hopes that the remaining managed care plan would soon reopen to enrollment or that additional managed care plans enter the market. Certain patterns in the data from the other sites point to the possibility that other subgroups among the disenrollees were also choosing to return at least temporarily to traditional Medicare without additional coverage, during the transition to new insurance arrangements.

Of course, the problem of unavailability of affordable insurance options is not caused by a lack of information for beneficiaries, nor is it soluble by the provision of additional information. However, within the scope of activity of the NMEP, we have noted that the topic of capacity limits is not well addressed by CMS-provided materials. Our findings suggest that it may be helpful for CMS to address this topic as part of its ongoing NMEP program improvement effort in the coming year.

In many respects, the “official” information sources sponsored or mandated by CMS continue to have a relatively low profile within the local Medicare “information economy”. Many of these channels and much of the information conveyed by these channels still fails to connect with a large part of the beneficiary population. Nevertheless, there is fragmentary evidence in the Community Survey that some of CMS’s information “interventions” may be having some impact. When asked to identify which sources they turned to for information to help deal with their involuntary disenrollment, only about 6 percent to 13 percent of Community Survey respondents in the different sites volunteered the *Medicare and You* handbook as a source, while almost none volunteered that they had called 1-800-MEDICARE, talked to a SHIP/SHINE counselor, or used the Internet. When specifically asked, roughly 32 to 42 percent of survey respondents indicated that they had read the handbook to find out about their insurance options. We cannot know from the survey what is the actual rate of usage, but the different use rates for the handbook obtained from unprompted vs. prompted recall measures tell us at the least that the *Medicare & You* handbook does not come first to mind when beneficiaries are asked how they cope with the challenge of involuntary disenrollment.

The dominant source of information for disenrollees is insurance vendors (including the departing M+C plans); this is consistent with other findings from the community studies component of Abt Associates’ NMEP assessment. The second most widely-reported source overall is “friends and family”. What these two sources have in common is that they are neither objective nor disinterested. We share CMS’s view that it is important to make information available to Medicare beneficiaries through channels that can be trusted to be accurate and

impartial. Nevertheless, the experience of the NMEP to date, reflected as well in the results of the Community Survey, is consistent with what is known about consumer information more generally: even when such sources are available, a majority of consumers do not take advantage of them.

The ultimate measure of impact of an information intervention is whether behavior changes as a result of the intervention. With the important *caveat* that regression analyses can demonstrate only correlation, not causation, it is noteworthy that regression analysis of data from the Community Survey pointed to two correlations that suggest the possibility of specific impacts associated with CMS information interventions. In all sites except Nassau County, disenrollees who reported that they used the *Medicare & You* handbook were significantly less likely to select a managed care option for their replacement insurance than were those who did not report using the handbook.

Also, disenrollees who reported use of the suggestions included in plans' notification letters as to sources of further information were significantly more likely to report selecting traditional Medicare without a supplement as their replacement insurance. While perhaps counterintuitive at first glance, this finding may indicate that those who could not afford to purchase supplemental insurance felt a greater need to seek information.

Several of our measures suggest that minorities may be more likely than whites to have adverse experiences or outcomes in connection with disenrollment. Black disenrollees were less aware of disenrollment than were whites, less likely to feel that they had adequate information and less confident of their insurance choice. Hispanic disenrollees were less confident of their insurance choice than were whites, while other minorities were less aware of disenrollment, less likely to feel that they had adequate information and less confident of their insurance choice. Many other differences are apparent in cross-tabulations of survey responses by race, but as can be seen in appendix Table A5.14, most of these differences are not sufficiently robust to survive tests of statistical significance, and thus we cannot be certain that they are real based on this data alone. Even so, there is enough of a pattern to suggest that there is something systematically different about minority disenrollees' experience of the transition process, but exactly what is going on and why remains unclear.

In the absence of suitable comparison data, it is difficult to interpret the findings of lower satisfaction with availability of information and lower confidence in the insurance selected. For example, we cannot know whether the insurance selected by minorities was indeed inferior to that selected by whites of similar income/age/education, or whether attitudes about information adequacy or a given insurance situation tend to be generally more critical among minorities than among whites.

3.0 Detailed Findings about the Disenrollee Experience

3.1 What choices did disenrollees make about replacement insurance, and what actions did they take in order to reach and implement those choices?

Many disenrollees in all study sites returned to traditional Medicare. Many disenrollees in each of the study sites returned to traditional Medicare (Table 3.1), even in sites where in principle one or more managed care plan option(s) remained available (all sites except Sarasota). As noted previously, in Houston, the one managed care plan that remained in the service area reached a capacity limit in fall 2000 and closed to new enrollment; this is reflected in the high percentage of Houston disenrollees who returned to traditional Medicare.

It is likely that some disenrollees returned to traditional Medicare without supplemental insurance. CMS administrative data (EDB) do not indicate whether beneficiaries in traditional Medicare carry supplemental insurance. However, at least a few percent of respondents from each site in our Community Survey reported that they had returned to traditional Medicare without supplemental insurance (Table 3.1), including 9.8 percent of disenrollees in Sarasota (abandoned county) and 9.9 percent of disenrollees in Houston (remaining managed care plan closed to new enrollment after September). Even allowing for the likelihood that some respondents reported their status incorrectly (see Appendix 6), we believe it highly unlikely that *all* of the respondents were incorrect on this point. Also, a few participants in focus groups in Houston reported that they had returned to traditional Medicare without supplemental insurance while they waited for the remaining managed care plan to reopen.

Table 3.1
Choice of Replacement Insurance by Site: Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
<i>EDB insurance status as of Feb. 2001</i>						
New Medicare+ Choice plan	27.1%	78.5%	0.1%	79.9%	66.5%	15.7%
Terminating Medicare+ Choice plan	< 0.1	0.2	6.3*	0	0.6	4.3
Traditional Medicare	72.9	21.3	93.6	20.1	32.9	80.0
<i>Self-reported choice of replacement insurance</i>						
Switched to another HMO or managed care plan	35.5%	70.7%	11.4%	66.3%	62.3%	23.2%
Went back to traditional Medicare with supplement	20.1	6.8	51.1	12.7	12.3	39.8
Went back to traditional Medicare without supplement	9.9	3.3	9.8	1.8	6.5	4.6

Sources: CMS EDB extract, March 2001 (insurance status), NMEP Community Monitoring Survey, administered in January/February 2001 (self-reported choice).

* Information from one of our Sarasota site informants indicates that this anomalous value may reflect inaccurate self-reporting of county of residence by M+C plan enrollees who live near the Sarasota county boundary.

Most disenrollees made only one change in their insurance coverage during the interval studied, but a non-negligible fraction of disenrollees in Nassau County, Tucson, and Centre County switched two or more times during August 2000 – February 2001, suggesting problems with availability of satisfactory coverage or problems with information about the available options. Table 3.2 documents rates of multiple switching by site. As noted in Table 3.5 below, the percentage of disenrollees in Nassau County, Tucson and Centre County who reported that they had enough information to select their new insurance was lower than in Minneapolis, the benchmark site⁴ for our statistical models. Beneficiaries in Sarasota and Houston were less content with the availability of information, but disenrollees in Sarasota had no Medicare+Choice plans available for switching, and those in Houston had none after the end of September 2000.

⁴ Regression analyses designed to test the statistical significance of observed variations between the sites require selection of one of the sites to serve as a standard for comparison. Many of the observed characteristics of the disenrollee population in Minneapolis appeared to represent one extreme of a spectrum of behavior observed among the six study communities. Had we chosen another site with less distinctive characteristics as the benchmark, it is likely that fewer of the site variations observed would have been flagged by the regression models as statistically significant.

Table 3.2
Mechanics of the Insurance Transition for Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Switched more than once between 8/2000 and 2/2001						
	1.4%	4.8%	< 0.1%	1.1%	4.6%	12.5%
Switched early (all options)						
effective 10/2000 or earlier	13.6	24.9	7.7	20.6	14.5	11.2
effective 11 or 12/2000	17.5	19.1	8.6	10.1	16.3	2.8
Gap between leaving one M+C plan and joining another						
	0.2	2.3	0	0.7	3.2	0.3

Source: CMS EDB extract, March 2001, Abt Associates analysis.

While the majority of disenrollees in all sites switched out of their terminating plan effective Jan. 2001, many disenrollees in each site switched before the end of 2000, with many of these leaving several months early. As shown in Table 3.2, the percentage of disenrollees switching early was quite substantial (greater than 30 percent) in four out of the six sites, with almost half of disenrollees in Tucson switching early. Information from our Tucson site informants indicated that M+C plan marketing activity may have been an important contributor to early plan switching in that site. Of course, disenrollees in Houston needed to try to switch early in order to have a chance of gaining entry to the remaining M+C plan before it closed; we do not know how many disenrollees in Houston took action early because they were aware of this.

Some disenrollees have a period of up to several months on traditional Medicare between leaving one M+C plan and joining another. This pattern, identified through analysis of EDB data, was most frequent in Tucson (2.3 percent) and Nassau County (3.2 percent). EDB data do not allow us to determine whether these beneficiaries had supplemental coverage during this interval.

3.2 What information did beneficiaries use during the disenrollment process, and to what extent did they use the information provided by CMS in particular?

Roughly nine out of ten involuntary disenrollees in each site were aware that their plans had left Medicare. As indicated in Table 3.3, a large majority of disenrollees in each site reported that they were aware that their plan had left the county.⁵ However, the presence of roughly one out of ten in each site who were either not aware, denied that it had happened or did not know, suggests that the information channels that were used to alert disenrollees were not universally effective, though it is possible that some disenrollees had been aware but had forgotten, or that a few had been incorrectly classified as disenrollees by the EDB. Disenrollees who were younger, or who had greater knowledge about managed care, were significantly more likely,

⁵ The Community Survey was fielded in January and February 2001, approximately six months after the terminating plans had first informed beneficiaries and one or two months after the target date for all beneficiaries to have changed coverage.

and disenrollees who were black were significantly less likely, to be aware of having been involuntarily disenrolled. Awareness also varied significantly across sites, independently of the demographic variables, with disenrollees in Sarasota, Tucson and Centre County significantly less likely to be aware than disenrollees in the reference site, Minneapolis (Appendix 5, Table A5.1).

Table 3.3
Use of Information in the Insurance Transition by Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Awareness of disenrollment						
	87.5%	91.1%	88.6%	93.1%	92.0%	87.5%
Source of first news of disenrollment						
letter from withdrawing plan	48.9	49.1	49.5	70.2	65.0	48.9
newspaper	16.0	22.2	22.2	3.9	13.9	20.5
TV/radio	5.1	3.7	3.5	1.2	2.3	3.4
Recalled receiving letter from withdrawing plan						
	72.2	82.0	74.6	77.1	74.4	72.8
Awareness of plan letter's suggestions of sources for further information						
	40.9	45.2	36.2	47.6	43.1	52.0
Use of plan letter's suggested sources for further information						
	18.2	21.5	10.5	21.4	17.2	22.3
Use of Medicare and You handbook to find out about insurance options						
	33.2	35.6	34.6	31.6	37.9	41.6
Awareness of cost/quality comparison information in Medicare & You handbook						
	16.6	23.7	18.4	16.3	23.7	22.6
Use of health plan cost/quality comparisons in Medicare & You handbook						
	9.3	11.6	8.9	10.2	14.2	12.2
Information sources used by disenrollees (unprompted recall)						
Insurance companies	23.6	27.0	34.6	21.4	23.9	29.1
Friends and family	12.5	9.9	14.6	16.3	18.6	14.4
Withdrawing M+C plan	9.3	15.8	6.4	12.4	6.6	6.1
Doctor's office	8.0	12.1	7.0	11.8	9.1	4.6
Medicare & You Handbook	9.0	12.7	5.7	7.2	10.4	6.1
Seminars / meetings	3.8	3.1	4.8	9.3	2.9	9.8
Newspapers/ magazines	8.3	7.9	7.9	0.9	6.3	2.8

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Note: Percentages do not sum to 100 because only the most frequent categories are displayed in the table.

The most common source from which disenrollees first heard of their plan's withdrawal was a letter from the withdrawing plan; however, substantial fractions of the disenrollees in each site heard first from another source. In most sites, mass media was the most frequent alternative source. A letter from the withdrawing plan was the most frequent initial source for

news of disenrollment, but substantial fractions of the disenrollees in each site heard first from other sources (Table 3.3). We are unable to determine based on our survey data whether disenrollees who heard first from alternative sources did so because the alternative source “scooped” the story (e.g., some mass media outlets may have reported the plan withdrawals before the letter went out) or simply had not noticed or understood the initial plan letter and found out later from another source.

The regression results detailed in Appendix 5 indicate that there are significant differences in how subgroups learn of disenrollment. Disenrollees who were male or who were 75-79 years old were significantly more likely than others to report learning of disenrollment first from a plan letter. Disenrollees who had higher incomes, more education by certain measures, were younger, or had greater knowledge about managed care were significantly more likely, and those who were black significantly less likely than others to report learning first by reading about it in the paper. Younger disenrollees and those who had more education by certain measures were more likely, and disenrollees with high income less likely than others to report learning first from a story on TV or radio.

Rates at which all of these sources were reported also varied significantly across sites, independently of the demographic variables, with disenrollees in Sarasota, Tucson, Centre County, and Houston significantly less likely than disenrollees in the reference site (Minneapolis) to report learning of disenrollment first through a plan letter; disenrollees in Sarasota, Tucson, Centre County, Houston and Nassau County were significantly more likely than those in Minneapolis to report learning first from reading the paper, and disenrollees in Houston were significantly more likely than those in Minneapolis to report learning first from TV or radio (Appendix 5, Table A5.2).

Roughly three quarters of disenrollees in each site recalled receiving a letter from their withdrawing plan. All beneficiaries facing involuntary disenrollment were supposed to receive a letter in July, 2000 informing them of this event, followed by a letter in October, 2000 advising them about remaining options, Medigap guaranteed issue protections, and where they could turn for additional information. As seen in Table 3.3, most disenrollees did recall receiving a letter from their withdrawing plan.⁶ Disenrollees who had more education by certain measures, who were male, who were younger, who were in self-reported good health, or who had greater knowledge about managed care were significantly more likely, and disenrollees who were Hispanic or members of another (non-black) minority were significantly less likely to recall receiving a letter from their withdrawing plan (Appendix 5, Table A5.3).

Roughly one-third to one-half of disenrollees in the study sites recalled that the plan letter had suggested sources for further information on their health care options. See Table 3.3. Disenrollees who had more education by certain measures, who were younger, who were in self-reported good health, or who had greater knowledge about managed care were significantly more likely to recall that the plan letter contained suggestions of sources for further information on their health care options. The rate of recall also varied significantly across the

⁶ Note that because of the wording of the survey items, we cannot determine whether respondents were referring to the July 2000 plan letter, the October, 2000 plan letter, or some other plan communication of which we are unaware. All data and findings reported here on plan letters should be interpreted with this in mind.

study sites, with disenrollees in Sarasota significantly less likely than those in the reference site of Minneapolis to recall that the plan letter contained suggestions of sources for further information (Appendix 5, Table A5.6).

Roughly one-fifth of disenrollees made use of the plan letter's suggestions of sources for further information in each site except Sarasota, where only about one-tenth did so. See Table 3.3. Disenrollees who were college graduates, who were in self-reported good health, or who had greater knowledge about managed care were significantly more likely to report using the plan letter's suggestions of further sources for information on their health plan options. Significant variation by site remained after accounting for variation attributable to demographic variables, with disenrollees in Sarasota significantly less likely than those in the reference site of Minneapolis to report using the plan letter's suggestions (Appendix 5, Table A5.7).

Disenrollees who reported using the plan letter's suggestions were significantly more likely to report selecting traditional Medicare without a supplement. Regression models designed specifically to test the effect of reported use of the plan letter's suggestions showed no significant correlation between reported use of the plan letter's suggestions and disenrollee attitudes about the information available to help in their choice of new insurance or disenrollee attitudes about the replacement insurance they eventually selected (Appendix 5, Tables A5.13a-c). However, disenrollees who reported use of the plan letter's suggestions were significantly more likely to report selecting traditional Medicare without a supplement as their replacement insurance (Appendix 5, Tables A5.13c). While perhaps counterintuitive at first glance, this finding may reflect a greater need to seek assistance on the part of disenrollees who could not afford to purchase supplemental insurance.

The information source reported most frequently by involuntary disenrollees was "talked to insurance companies." On the Community Survey we asked disenrollees "As you considered your other Medicare insurance options last year, where did you go, or who did you talk to, and what did you read to get information about your options?" Disenrollees' unprompted responses were coded, up to a total of six per disenrollee. Table 3.3 includes the most frequently volunteered responses to this question. In every site, talking to vendors – i.e., to insurance companies, including Medigap vendors, other managed care plans, and the private fee-for-service plan vendor – was the most commonly mentioned activity, usually by a wide margin. Other information sources named with some frequency included "friends and family", the terminating managed care plan, and the Medicare handbook.

Unprompted recall of the "*Medicare & You* handbook" as an information source ranged from about 6 percent to about 13 percent in our study sites, while prompted recall ranged from about 32 percent to about 42 percent. Both sets of figures are reported in Table 3.3. When asked specifically on the Community Survey, "last year, when you had to find other insurance, did you read the "*Medicare & You* handbook" to find out about your insurance options", a substantially higher fraction of disenrollees reported using the handbook as an information source, though the reported usage rate was still well under half of disenrollees in all sites. In our disenrollee focus group discussions, most of the participants appeared to be aware of the handbook and had saved it as a reference. However, few of them had actually read the handbook or were familiar with its contents, despite the decision problem they faced.

Disenrollees with more education, greater knowledge about managed care, or who were younger were significantly more likely to report using the handbook. Handbook use also varied significantly across sites, independent of the demographic variables, with disenrollees in Centre County significantly more likely than disenrollees in the reference site (Minneapolis) to report using the handbook (Appendix 5, Table A5.8).

Regression models designed specifically to test the effect of reported use of the handbook showed no significant correlation between reported use of the handbook and disenrollee attitudes toward the information available to help in their choice of new insurance, or disenrollee attitudes about the new insurance they eventually chose. Those who used the handbook were less likely to select managed care for their replacement insurance, except in Nassau County where the proportion selecting managed care was the same, regardless of handbook use. Regression models verified that the correlation between handbook use and reduced likelihood of selecting managed care was statistically significant. Plan choice as represented in Table 3.4 below is based on EDB data. Regression models were used to test the correlation between handbook use and plan choice as self-reported on the Community Survey (Appendix 5, Table A5.13).

Table 3.4
Relationship Between Use of Handbook and Type of Replacement Insurance Selected, Disenrollees Aged 65-85

	Of those who used the handbook...		Of those who did not use the handbook...	
	Percentage who selected M+C plan*	Percentage who selected Traditional Medicare	Percentage who selected M+C plan*	Percentage who selected Traditional Medicare
Houston	27.9	72.1	38.5	61.6
Tucson	61.7	38.3	85.8	14.2
Sarasota	2.8	97.3	5.0	95.0
Minneapolis	75.2	24.8	80.5	19.5
Nassau County, NY	64.9	35.1	64.7	36.3
Centre County, PA	12.5	87.5	23.2	76.8

Source: CMS EDB extract, March 2001 (plan selection), NMEP Community Monitoring Survey, administered in January/February 2001.

*Includes a small number of Sterling PFFS enrollees in Houston and Centre County.

When prompted, roughly one-sixth to one-quarter of disenrollees in our study sites reported noticing the health plan cost and quality comparison sections in the handbook. See Table 3.3. Disenrollees with greater knowledge about managed care or more education were significantly more likely to report awareness of the cost and quality comparison information in the handbook, and disenrollees with higher incomes were significantly less likely to report awareness of this information. Awareness of the comparisons also varied significantly across sites, independent of the demographic variables; disenrollees in Tucson, Centre County and Nassau County were significantly more likely than disenrollees in the reference site of Minneapolis to report noticing the cost/quality comparison information (Appendix 5, Table A5.9).

When prompted, roughly 9 percent to 14 percent of disenrollees in our study sites reported using the cost and quality comparison information in the handbook to help choose a new health plan. There was no correlation between use of the cost/quality comparison information

and outcomes of the transition process. Disenrollees in self-reported good health, or with greater knowledge about managed care, were significantly more likely, and disenrollees with high income significantly less likely, to report use of the handbook cost and quality information (Appendix 5, Table A5.10).

Regression models designed specifically to test the effect of reported use of the cost and quality comparison information in the handbook showed no significant correlation between reported use of the information and type of replacement insurance selected, disenrollee attitudes about the adequacy of information available to help in their choice of new insurance, or disenrollee confidence that they had selected the insurance that best met their needs at an affordable price (Appendix 5, Tables A5.11-13).

The few participants in our focus groups who had actually read the handbook and noticed the cost/quality comparisons found the information unhelpful. A woman in Nassau County noted that the remaining plans looked “about the same”, and neither were very good” on the quality indicators. She and others noted that with so few plans remaining, the quality/cost comparisons are not sufficient to remove any of the scarce options from consideration.

Unprompted recall of use of other CMS information sources was extremely low for all sources and all study sites. See Table A4.8 in Appendix 4. Use of 1-800-MEDICARE was recalled by 3 percent in Houston but no more than 1 percent elsewhere, use of SHIPs counselors was recalled by no more than 1 percent anywhere, and use of the Internet was recalled by no more than 2 percent anywhere. Note that “Used the Internet”, as recorded in the Community Survey is not restricted to the *medicare.gov* web site and thus constitutes a ceiling on the potential reported beneficiary use of the site rather than a direct measure. None of the participants in our focus groups reported using any of these resources to help in their decision about replacement coverage; most had not heard of any of them, despite references to them in the plan letters and in the handbook.

3.2.1 How satisfied were disenrollees with the information available to help them make their insurance decision, and with the outcome resulting from their decision?

The great majority of disenrollees in all sites found the plan letter at least somewhat helpful. See Table 3.5. Disenrollees who had more education by certain measures, who were not in the oldest age cohort, who were in self-reported good health or who had greater knowledge about managed care were significantly more likely to report that the plan letter was helpful. The rate at which disenrollees reported the plan letter helpful also varied significantly across our study sites, with disenrollees in Sarasota and in Houston significantly less likely than those in the reference site of Minneapolis to report finding the plan letter helpful (Appendix 5, Table A5.4).

The great majority of disenrollees in all sites found the plan letter very or fairly easy to understand. See Table 3.5. Disenrollees who had more education, who were male, who were not in the oldest age cohort, who were in self-reported good health, or who had greater knowledge about managed care were significantly more likely to report that the plan letter was fairly or very easy to understand; disenrollees who were black or Hispanic were significantly less likely to report that the plan letter was fairly or very easy to understand (Appendix 5, Table A5.5).

More than half of disenrollees in all sites except Houston felt that they had enough information to select their new insurance. As can be seen in Table 3.5, the most negative attitudes about adequacy of information were in Houston, which experienced a particular market disruption not seen in the other study sites – as noted previously, the sole remaining M+C option for 2001 reached its capacity limit on 9/30/00 and closed to further enrollment. Reflecting the uncertainty faced by many disenrollees in Houston, some participants in our Houston focus group told us that they had heard that the capacity-limited plan may reopen early in 2001 or that other M+C options may enter the Houston market.

Disenrollees with higher income, who were high school graduates, who were in the 75-79 age group, or with greater knowledge about managed care were significantly more likely to report that they had enough information to select their new insurance, while disenrollees who were black were significantly less likely to report that they had enough information. Significant variation by site remained as well after accounting for variation attributable to demographic variables. Disenrollees in Tucson, Houston and Nassau County were significantly less likely to report having enough information than disenrollees in the reference site, Minneapolis (Appendix 5, Table A5.11).

Table 3.5
Attitudes of Disenrollees Aged 65-85 about Information and Insurance Outcomes

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Helpfulness of plan letter						
Percentage who found letter “very”, “fairly” or “a bit” helpful	47.9%	59.3%	46.0%	61.1%	55.3%	52.9%
Ease of understanding plan letter						
Percentage who found letter “very easy” or “fairly easy” to understand	62.9	75.7	66.4	65.7	64.9	62.7
Attitudes about information available to help choose new insurance						
Percentage who “had enough information”	45.1	64.1	60.6	69.6	61.7	57.8
Attitudes about replacement insurance selected						
Percentage who “chose the best available insurance that meets needs at affordable price”	40.6	65.3	56.2	71.4	57.6	61.8

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Most disenrollees in all sites except Houston felt that they had made the best possible choice of insurance. On this measure as well, Houston stands as the outlier among our study sites, with much lower percentages of disenrollees confident that they had made the best choice and much higher percentages reporting that their situation was still unsettled. Again, this may have been due in part to the very unsettled status of the last remaining managed care plan in

Houston, which closed to new enrollment in September, and was rumored to be possibly reopening in early 2001. Also noteworthy is the relatively large fraction of disenrollees across all sites (15 to 22 percent) who indicated that they “don’t know” how they feel about their insurance situation, compared to the percentages registered for “don’t know” on other survey questions. (See Table A4.13, Appendix 4) This may reflect an information deficit, in that respondents may feel that they lack the information or understanding needed to judge what constitutes a good insurance choice or whether they have made one.

Disenrollees with higher income, who were in self-reported good health, or with greater knowledge about managed care were significantly more likely to report that they had chosen the best insurance available, while disenrollees who were black, Hispanic, or of other minorities were significantly less likely to report that they had chosen the best insurance available.

The rate at which disenrollees reported having chosen the best insurance also varied significantly across the study sites, with disenrollees in Sarasota, Tucson, Houston and Nassau County significantly less likely than those in the reference site of Minneapolis to report that they had chosen the best insurance available (Appendix 5, Table A5.12a).

Disenrollees who were Hispanic or of other (non-black) minorities or who had completed business, vocational or trade school were significantly more likely to report that they did not know how they felt about their insurance, while disenrollees with greater knowledge about managed care were significantly less likely to report that they did not know (Appendix 5, Table A5.12b).

4.0 Additional Observations from Disenrollee Focus Groups

Our focus group moderators returned from their discussions with a number of additional observations and impressions on the disenrollee experience that are not directly linked to the specific questions discussed in the previous sections.

- One message that some beneficiaries picked up from the initial letter informing them that their managed care plan would be withdrawing from Medicare, and which they found reassuring, was that "you will always have Medicare". Some seemed to be under the impression that since they had been enrolled in managed care plans, they were no longer on Medicare.
- There are other sources of additional insurance coverage, of which many eligible Medicare beneficiaries may not be fully aware, and on which current Medicare information channels and materials do not provide information. Some beneficiaries have obtained prescription drug benefits through the VA, but others who are eligible to do so are not aware. In addition, the *Medicare & You* handbook does not mention that there are prescription drug assistance programs in many states; in New York state one has to stumble on this very valuable information. Most people learned of these things from relatives or friends (a few beneficiaries learned about the VA drug benefit or the state drug program through their participation in our focus groups!).⁷
- Information seeking this year was, for many of our focus group participants, a repeat of what they have experienced again and again since 1998. For example, every person in the Nassau County focus groups had been involuntarily disenrolled at least once before, and several two or three times. We can see in Nassau County how, over time, the character of information needs viewed at the community level may change as the population as a whole becomes increasingly experienced in dealing with changes in market offerings. Plans have been leaving these communities since M+C began, and beneficiaries have been learning from experience how to deal with these situations. They know how plans behave under these circumstances, and they know where to seek information, what kinds of questions to ask, what to do to enroll in replacement insurance, etc. By contrast, beneficiaries in less experienced communities are likelier to need basic orientation about the workings of Medicare+Choice in addition to more focused information about the available plans.
- Along with skill gained through repeated experiences with involuntary transitions, many (if not all) of our experienced focus group participants now have a strong sense of the instability of Medicare managed care plans. In Nassau county, for example, many of our focus group participants started out thinking that managed care was a great option for Medicare, and in 1998 were enrolled in managed care plans with rich benefits

⁷ In several sites where we conducted field work and observed REACH events (including Nassau County and Tucson), we observed community-based information suppliers actively informing beneficiaries about state drug assistance programs or V.A. benefits.

and low fees, which they liked very much. In the years since M+C, however, managed care plan options have dwindled, benefits have eroded, fees have increased, and the general instability has soured many of our focus group participants on the option. Some still enroll in managed care plans because they see no other affordable option that provides prescription drug coverage. The strong feelings expressed by our focus group participants suggest that the experience of the last four years has jaded many seniors who have experienced repeated plan withdrawals. Rather than "choosing to enroll" in a new managed care plan, many simply feel compelled to do so for economic reasons, and have switched to what they perceive as lesser options each year.

Appendix 1

Demographic Profile of Disenrollees Aged 65-85 in the Study Communities

Appendix 1: Demographic Profile of Disenrollees Aged 65-85 in the Study Communities

Table A1.1 displays demographic profiles of involuntary disenrollees in the six study sites, based on responses to demographic items on the NMEP Community Monitoring Survey. Data are limited to disenrollees aged 65-85, to specifically reflect the population addressed by the data reported in this paper.

Note that the sites differ substantially in a number of respects:

- *Race/ethnicity.* Only Houston has a large black disenrollee population, and only Houston and Tucson have sizable Hispanic disenrollee populations.
- *Education.* Houston has the highest percentage of disenrollees who did not graduate high school, while Minneapolis has the lowest percentage of college graduates.
- *Age.* Minneapolis disenrollees have an older profile than those in the other sites.
- *Income.* Houston and Centre County PA have somewhat higher percentages of low and very-low income disenrollees, while Tucson has somewhat higher percentages in the top income ranges.
- *Gender.* While females outnumber males among disenrollees in every community, this imbalance was greatest in Minneapolis where nearly two thirds of disenrollees are women.⁸

Some of these factors are likely inter-related, for example Minneapolis' lower proportion of college graduates may reflect the older and more female population.

Table A1.2 presents corresponding data on age distribution and gender drawn from the EDB. Unlike the data in Table A1.1, which are estimates of population characteristics based on survey responses of a sample drawn from the population, the data in Table A1.2 reflect an exhaustive census of the disenrollee population in the 65-85 age bracket. The age distributions and gender data tabulated from the EDB data differ in a few details from those estimated from the survey responses. The most consistent difference is that, in all sites, estimates based on the survey reflect a gender balance that is slightly skewed toward female compared with that seen in the EDB data.

⁸ The predominance of females and the site variation in gender balance among the disenrollee population appear to be roughly consistent with Census Bureau data on population by gender in these age ranges and locations.

Table A1.1

Characteristics of Medicare Managed Care Plan Disenrollees Aged 65-85 in Six Study Sites: Survey Data

	Houston %	Tucson %	Sarasota %	Minneapolis %	Centre County, PA %	Nassau County, NY %
RACE						
White (non-Hispanic)	67.7	87.0	94.3	95.5	97.6	90.6
Black (non-Hispanic)	18.9	1.3	1.6	1.2	0.3	2.3
Hispanic	8.0	7.7	1.0	0.0	0.6	3.0
Other Minority	4.78	3.4	2.5	2.4	1.2	2.3
DK/Refused/Missing	0.6	0.6	0.6	0.9	0.3	1.9
EDUCATION						
<High School	26.5	6.6	16.2	14.2	29.1	15.3
High School	32.6	30.3	33.3	44.3	41.6	48.6
Vocational Ed	3.5	1.2	6.0	7.8	2.8	4.1
Some College	18.9	33.4	22.5	23.5	10.4	16.5
College Grad.	16.6	27.4	20.6	9.9	16.2	14.4
DK/Refused/Missing	1.9	1.1	1.3	0.3	0.0	1.1
AGE						
65-69	32.3	33.1	30.8	13.9	32.4	37.7
70-74	32.0	28.5	32.1	26.5	33.9	29.9
75-79	22.4	21.6	22.9	34.3	19.9	21.4
80-85	13.4	16.9	14.3	25.3	13.8	11.0
INCOME						
<\$5K/year	5.4	1.6	3.5	1.8	3.7	1.5
\$5-10K/year	10.5	6.1	6.7	8.7	9.2	4.9
\$10-20K/year	26.5	17.0	26.7	35.2	39.8	22.7
\$20-40K/year	25.9	31.0	31.4	26.5	20.2	30.2
\$40-60K/year	8.6	14.5	10.2	8.7	5.2	14.6
\$60-80K/year	2.2	4.8	1.9	1.2	3.1	2.7
>\$80K/year	1.6	5.3	2.5	1.5	3.1	2.4
DK/Refused/Missing	19.2	19.7	17.1	16.3	15.9	21.0
GENDER						
Male	40.9	40.9	44.4	33.7	41.3	38.7
Female	59.1	59.1	55.6	66.3	58.7	61.3

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A1.2**Characteristics of Medicare Managed Care Plan Disenrollees Aged 65-85 in Six Study Sites: EDB Data**

	Houston %	Tucson %	Sarasota %	Minneapolis %	Centre County, PA %	Nassau County, NY %
AGE						
65-69	33.2	30.4	27.9	10.7	32.5	29.1
70-74	32.7	32.4	32.2	25.7	31.1	30.9
75-79	21.7	21.8	24.2	31.1	21.3	24.1
80-85	12.4	15.4	15.7	32.5	15.0	15.9
GENDER						
Male	43.6	43.1	47.8	34.4	43.4	43.4
Female	56.4	56.9	52.2	65.6	56.6	56.6

Source: CMS EDB extract, March 2001; NMEP Community Monitoring Survey, administered in January/February 2001.

Appendix 2

Use of the NMEP Community Survey to Collect Information on the Disenrollee Experience

Appendix 2: Use of the NMEP Community Monitoring Survey to Collect Information on the Disenrollee Experience

A2.1 Description of the survey

Survey data in this report came from Abt Associates' NMEP Community Monitoring Survey, administered through a telephone interview with community-dwelling Medicare beneficiaries. The 2001 wave of the survey was administered in ten communities around the nation. In six of the sites a separate sample was drawn of beneficiaries who were involuntarily disenrolled when their Medicare managed care plans terminated Medicare contracting. For this report we used data only from the six communities where these involuntary disenrollments from M+C plans occurred (Houston, Tucson, Sarasota, Minneapolis, Nassau County, NY and Centre County, PA). The survey excluded several groups, including those with ESRD, those whose telephone numbers we could not find, those whose physical or mental impairments prevented telephone interviews, and non-English speakers. In addition, a pilot administration of the survey yielded extremely low response rates for beneficiaries over 85 years of age so we excluded this age group as well. We oversampled beneficiaries identified as non-white, in the communities where there were more than a few such people (Houston, Tucson, and Nassau County, NY). To produce estimates of population percentages, we post-weighted the data by the inverse of the sampling fraction.

In order to meet reporting deadlines keyed to CMS's internal requirements, it was necessary to restrict the administration of the survey to a relatively short, six-week field period. Each potential respondent was phoned repeatedly over the course of several weeks, at different times of day and on different days of the week. During the first two waves of the survey, we had found that after 10 attempts there were essentially no additional completed interviews, so for this administration we made 12 attempts to reach each respondent.

We drew our samples from a complete list of beneficiaries living in each of the six study communities. CMS administrative files provided beneficiary names and addresses, and we used an automated telephone directory matching service to retrieve telephone numbers. One third of the beneficiary names did not yield telephone numbers, for various reasons (e.g., living in institutions). Some of those with listed telephone numbers were not eligible to participate in the survey (out of town during the entire field period, cognitively disabled, etc.) Because of the subjective character of many of the questions, proxy respondents were not allowed. Overall, 46 percent of eligible disenrollee beneficiaries with telephone numbers responded in the six sites. A total of 2,036 randomly selected beneficiaries, plus an additional 2,048 randomly selected M+C involuntarily disenrolled beneficiaries completed telephone surveys in the six sites.

The survey collected information about the sources beneficiaries turn to for information on Medicare, how well they are aware of, and understand some components of, Medicare+Choice, whether they need more information than they perceive to be available,

whether they received and used the handbook, their feedback on the handbook, and how those facing involuntary M+C disenrollment coped with this situation.

A2.2 Response Results

Survey response rates, documented in Table A2.1, are comparable to those achieved in prior years of the Community Survey. Numbers reported in this table include a small number of disenrollees who completed the Community Survey *without the questions about the disenrollee experience* for methodological purposes. Since prospective respondents did not know which form of the interview they would take, we classify them in this table by their actual disenrollee status, rather than by the interview form we hoped to administer.

We completed telephone interviews with 2,298 disenrollees in six communities. In the same size locations, we completed 1,865 non-disenrollee interviews. To complete these interviews, we attempted to contact a total of 10,874 distinct telephone numbers. In 2,385 of these cases, we were never able to contact the person, and another 1,048 turned out to be ineligible for the interview, because of a language barrier, physical or mental impairment, or some other status that excluded them from the target population. Of the 7,414 eligible beneficiaries whom we contacted, 56 percent completed the interview. Disenrollees were slightly more likely to talk to us (58 percent) than beneficiaries in the same communities who had not had this experience (54 percent). The total response rate for the disenrollee interview was 46 percent. For beneficiaries in the same communities who had not been disenrolled, the response rate was 41 percent.

Table A2.1
Response to 2001 NMEP Community Survey, in six communities affected by involuntary M+C disenrollment

	Beneficiary status		
	Non-dis-enrollee	Disenrollee	Total
Interview outcome			
Responded	1865	2298	4163
Ineligible	481	567	1048
Refused	1565	1686	3251
No contact	1258	1127	2385
(estimated ineligible)	155	140	295
Total	5169	5678	10847
Response rate	41%	46%	44%
Cooperation rate	54%	58%	56%

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY. Note: data in this table include disabled beneficiaries, who are excluded from the analyses reported in this

paper.

Table A2.2 documents the number of disenrollees in each community who completed the Community Survey *with the questions about the disenrollee experience*. As noted elsewhere, the findings in this report are based on responses from involuntary disenrollees aged 65 or older; responses from those under 65 were excluded from the analysis.

Table A2.2
Number of Disenrollees who Completed
Questions on Disenrollee Experience

Community	All respondents	Respondents age ≥ 65
Houston	340	313
Tucson	332	305
Sarasota	338	315
Minneapolis	333	332
Nassau County, NY	363	336
Centre County, PA	342	327
total	2048	1928

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY. Note: data in this table include disabled beneficiaries, who are excluded from the analyses reported in this paper.

Appendix 3

Reference Tables: The Disenrollee Transition Process as seen through EDB Data

Table A3.1
Enrollment Status as of February 2001 of Involuntary Disenrollees Aged 65-85
(Beneficiaries who listed their residence in these counties throughout the
transition cycle from 7/2000-2/2001)

Community	Number of beneficiaries disenrolled*	% in new M+C plan**	% still in terminating M+C plan	% returned to traditional Medicare
Houston	49,440	27.1%	<0.1%	72.9%
Tucson	12,327	78.5	0.2	21.3
Sarasota	7,455	0.1	6.3***	93.6
Minneapolis	6,460	79.9	0	20.1
Nassau County, NY	12,978	66.5	0.6	32.9
Centre County, PA	4,933	15.7	4.3	80.0

Source: CMS EDB extract, March 2001; beneficiaries enrolled as of July 2000 in plans that announced their withdrawal, and were still residing in these counties on 2/1/2001. Those who moved in, moved out, died or became newly-eligible are omitted.

*Numbers of affected beneficiaries reported here are lower than those reported in Table 1.1. Table A3.1 is restricted to beneficiaries aged 65-85, the cohort which is the basis for the survey results presented in this report. In addition, Table 1.1 contains those enrolled in terminating plans on 7/2000, regardless of whether they still resided in the county in 2001. Those who moved away or died are thus included in Table 1.1 but not in Table A3.1.

**Totals for Medicare+Choice plan enrollment include Sterling enrollees.

***Information from one of our Sarasota site informants indicates that this anomalous value may reflect inaccurate self-reporting of county of residence by M+C plan enrollees who live near the Sarasota county boundary.

Table A3.2**Number of Times Disenrollees Aged 65-85 Changed Coverage During the Period Aug 2000 – Feb 2001**

Community	% Single switch to new M+C plan by 1/1/2001, stayed in that plan through 2/1/2001	% Single switch to traditional Medicare by 1/1/2001, stayed through 2/1/2001	% Switched two or more times between 8/2000 – 2/2001	% No switch – remained in terminating plan
Houston	26.8%	71.8%	1.4%	<0.1%
Tucson	74.0	21.0	4.8	0.2
Sarasota	0.1	93.5	<0.1	6.3*
Minneapolis	79.0	19.9	1.1	0
Nassau County NY	62.3	32.5	4.6	0.6
Centre County PA	3.3	79.8	12.5	4.3

Source: CMS EDB extract, March 2001, data for beneficiaries enrolled as of July 2000 in plans that announced their withdrawal, and were still residing in these counties on 2/1/2001. In some communities, a very small number of disenrollees (0.1 percent or less) made no change until Feb. 2001.

* Local Sarasota insurance specialists indicate that this anomalous value may reflect inaccurate self-reporting of county of residence by M+C plan enrollees who live near the Sarasota county boundary.

Table A3.3**Timing of Insurance Switching by Involuntary Disenrollees Aged 65-85**

Community	% First switch effective Oct 2000 or earlier	% First switch effective Nov or Dec 2000	% First switch effective Jan 2001	% First switch effective Feb 2001	% No switch
Houston	13.6%	17.5%	68.8%	<0.1%	<0.1%
Tucson	24.9	19.1	55.8	<0.1	0.2
Sarasota	7.7	8.6	77.3	0.1	6.3
Minneapolis	20.6	10.1	69.3	0	0
Nassau County, NY	14.5	16.3	68.6	<0.1	0.6
Centre County, PA	11.2	2.8	81.6	<0.1	4.3

Source: CMS EDB extract, March 2001, data for beneficiaries enrolled as of July 2000 in plans that announced their withdrawal, and were still residing in these counties on 2/1/2001

Appendix 4

Reference Tables: Responses to Community Survey Questions

Appendix 4: Reference Tables: Responses to Community Survey Questions

Survey response percentages reported in tables A4.1-A4.13 are population estimates calculated by post-weighting survey response data to correct for oversampling of minority populations in certain sites (see Appendix 2, section A2.1). As explained in section 1.3, these data reflect responses from disenrollees aged 65-85 only. Table A4.0 presents the unweighted number of survey respondents aged 65-85 for each site.

Table A4.0
Number of Respondents Aged 65-85,
Disenrollee Module of the Community Survey

Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
313	305	315	332	336	327

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.1
Awareness of Involuntary Disenrollment, Involuntary Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes	87.5%	91.1%	88.6%	93.1%	92.0%	87.5%
No	9.9	8.8	7.0	4.8	4.9	8.3
Denies that it happened	0.6	0.0	3.8	1.2	1.4	2.8
Refused	0.0	0.0	0.0	0.0	0.5	0.3
Don't know	1.9	0.1	0.6	0.9	1.4	1.2

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.2
Recall of Receiving Letter from Withdrawing Plan, Involuntary Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes	72.2%	82.0%	74.6%	77.1%	74.4%	72.8%
No	10.9	7.3	10.5	10.8	12.5	9.2
Refused	0.3	0.0	0.0	0.3	0.0	0.9
Don't know	4.2	1.7	3.5	4.8	5.0	4.6
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.3

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Letter from withdrawing plan	48.9%	49.1%	49.5%	70.2%	65.0%	48.9%
Read about it in the paper	16.0	22.2	22.2	3.9	13.9	20.5
Story on TV or radio	5.1	3.7	3.5	1.2	2.3	3.4
Other	16.0	13.8	11.1	15.1	8.4	12.5
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Don't know	1.6	2.2	2.2	2.7	2.3	2.1

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.4**Helpfulness of Plan Letter as Perceived by Involuntary Disenrollees Aged 65-85**

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Very helpful	22.7%	20.8%	14.3%	27.7%	20.1%	19.9%
Fairly helpful	12.8	27.6	19.1	23.5	22.7	21.7
A bit helpful	12.5	11.0	12.7	9.9	12.5	11.3
Not helpful at all	19.2	18.5	21.6	11.8	16.7	17.1
Refused / don't know	5.1	4.2	7.0	4.2	2.4	2.8
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but did not recall receiving plan letter	15.3	9.1	14.0	16.0	17.6	14.7

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.5
Ease of Understanding Plan Letter as Perceived by Involuntary Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Very easy	35.1%	45.0%	37.1%	34.3%	34.4%	31.8%
Fairly easy	27.8	30.6	29.2	31.3	30.4	30.9
Fairly difficult	2.6	3.2	4.4	7.8	4.7	3.4
Very difficult	2.9	0.6	1.0	1.2	2.0	3.4
Refused/don't know	3.8	2.6	2.9	2.4	2.9	3.4
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but did not recall receiving plan letter	15.3	9.1	14.0	16.0	17.6	14.7

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.6
Awareness of Plan Letter's Suggestions of Sources for Further Information, Involuntary Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes, it suggested how to find out more	40.9%	45.2%	36.2%	47.6%	43.1%	52.0%
No, it did not suggest how to find out more	19.5	21.8	24.4	15.4	17.7	11.0
Refused / don't know	11.8	15.0	14.0	14.2	13.6	9.8
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but did not recall receiving plan letter	15.3	9.1	14.0	16.0	17.6	14.7

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.7
Use of Plan Letter's Suggestions of Sources for Further Information,
Involuntary Disenrollees Aged 65-85

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Used	18.2%	21.5%	10.5%	21.4%	17.2%	22.3%
Did not use any	22.7	23.2	25.1	24.1	24.6	28.4
Refused/don't know	0.0	0.5	0.6	2.1	1.3	1.2
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but did not recall receiving plan letter	15.3	9.1	14.0	16.0	17.6	14.7
Aware of disenrollment and recalled receiving plan letter but did not recall that plan letter had suggestions	31.3	36.8	38.4	29.5	31.3	20.8

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.8
Information Sources Used by Disenrolled Beneficiaries Aged 65-85

	Houston %	Tucson %	Sarasota %	Minneapolis %	Nassau County, NY %	Centre County, PA %
Not aware of disenrollment	12.5%	8.9%	11.4%	6.9%	8.1%	12.5%
Talked to insurance co's	23.6	27.0	34.6	21.4	23.9	29.1
Talked to friends & family	12.5	9.9	14.6	16.3	18.6	14.4
Called my M+C plan	9.3	15.8	6.4	12.4	6.6	6.1
Called my doctor's office	8.0	12.1	7.0	11.8	9.1	4.6
Read the <i>Medicare & You</i> handbook	9.0	12.7	5.7	7.2	10.4	6.1
Attended seminars/meetings	3.8	3.1	4.8	9.3	2.9	9.8
Newspapers/magazines	8.3	7.9	7.9	0.9	6.3	2.8
Talked to former employer	2.2	2.7	3.8	3.6	7.8	6.7
Talked to State offices (e.g. Medicaid)	1.9	4.2	5.4	3.9	2.3	7.3
Read mailings from managed care plans or insurance co's	4.1	3.2	3.5	6.0	5.9	0.9
Read other things that came in the mail	2.9	2.2	1.3	3.3	1.2	1.8
Called 1-800-MEDICARE	2.9	1.0	0.6	0.6	0.5	0.9
Used the Internet	0.6	1.6	1.9	0.0	0.5	1.2
Talked to SHIP/SHINE counselor	0.3	1.1	1.3	0.3	1.4	0.9
Did nothing/don't know	8.6	7.9	6.3	9.0	7.1	8.3

Source: NMEP Community Monitoring Survey, administered in January/February 2001. **Note:** totals do not sum to 100 percent because respondents could offer up to six answers; table excludes categories with very low response rates.

Table A4.9

Percentage of Involuntary Disenrollees Aged 65-85 who Read the *Medicare & You* Handbook to Find Out About Their Insurance Options

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes	33.2%	35.6%	34.6%	31.6%	37.9%	41.6%
No	50.8	53.4	50.5	55.7	50.7	42.2
Refused/don't know	3.5	2.1	3.5	5.7	3.3	3.7
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.10

Percentage of Disenrollees Aged 65-85 who Noticed the Health Plan Cost and Quality Comparison Sections in the Handbook

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes	16.6%	23.7%	18.4%	16.3%	23.7%	22.6%
No	13.4	7.2	13.3	11.1	11.0	13.8
Refused/don't know	3.2	4.7	2.9	4.2	3.2	5.2
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but had not read the handbook	54.3	55.5	54.0	61.5	54.0	45.9

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.11

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Yes	9.3%	11.6%	8.9%	10.2%	14.2%	12.2%
No	6.7	11.0	8.9	5.4	8.2	9.8
Refused/don't know	0.6	1.1	0.6	0.6	1.4	0.6
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5
Aware of disenrollment but had not read the handbook	54.3	55.5	54.0	61.5	54.0	45.9
Aware of disenrollment and had read the handbook but had not noticed the cost and quality comparisons	16.6	11.9	16.2	15.4	14.2	19.0

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.12

Attitudes of Involuntary Disenrollees Aged 65-85 about the Information Available to Help Choose a New Health Plan

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Had enough information	45.1%	64.1%	60.6%	69.6%	61.7%	57.8%
Had some of the information I needed but would have liked more	17.6	16.6	14.3	13.0	16.5	16.5
Did not have important information that I really needed	10.2	7.0	7.0	7.2	8.4	6.1
Refused	3.2	0.6	1.3	0.0	1.1	0.9
Don't know	11.5	2.8	5.4	3.3	4.3	6.1
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.13
Response of Involuntary Disenrollees Aged 65-85 to “What did you end up doing?”

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Switched to another managed care plan	35.5%	70.7%	11.4%	66.3%	62.3%	23.2%
Went back to regular Medicare and also bought a supplemental policy	20.1	6.8	51.1	12.7	12.3	39.8
Went back to regular Medicare without any other supplemental insurance	9.9	3.3	9.8	1.8	6.5	4.6
Joined Sterling PFFS	0.3	0.5	0.3	0.3	0.0	1.2
Made no change myself – decided to wait and see if I really needed to do anything	6.4	2.4	6.7	2.7	4.0	8.9
Made no change myself – wasn't aware that I should be taking any action	0.6	0.5	0.3	1.2	0.9	0.6
Made no change myself – didn't know what to do	8.0	0.7	2.5	2.4	2.4	3.1
Other	5.1	4.7	4.1	3.0	2.0	5.2
Refused	0.6	0.0	1.0	0.9	0.1	0.3
Don't know	1.0	1.6	1.3	1.8	1.5	0.6
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Table A4.14
Attitudes of Involuntary Disenrollees Aged 65-85 about the Replacement Insurance they Selected

	Houston	Tucson	Sarasota	Minneapolis	Nassau County, NY	Centre County, PA
Chose the best available insurance that meets needs at affordable price	40.6%	65.3%	56.2%	71.4%	57.6%	61.8%
Would choose differently now	3.5	1.8	1.9	2.7	5.1	2.5
Situation still not settled—not able to find insurance that is affordable and meets needs	19.8	4.5	10.2	3.6	6.9	5.2
Refused	2.2	1.1	2.2	0.6	0.5	0.3
Don't know	21.4	18.3	18.1	14.8	21.9	17.7
Not aware of disenrollment	12.5	8.9	11.4	6.9	8.1	12.5

Source: NMEP Community Monitoring Survey, administered in January/February 2001.

Appendix 5

Regression Analyses: Methods and Reference Tables of Results

Appendix 5: Regression Analyses: Methods and Reference Tables of Results

A5.1 Introduction

Cross-tabulations of survey data revealed substantial apparent variation in response patterns across sites and across demographic categories. We used multivariate logistic regression analysis to test the statistical significance of these site and demographic variations by isolating and controlling for the effects of different factors which may affect the results.

In addition, regression models were used to examine the relationship between use of two special information sources examined in detail in the survey (plan withdrawal notification letter and *Medicare & You* handbook) and two disenrollment “outcome” measures (disenrollee attitudes toward the information available to help in choosing replacement insurance, and disenrollee attitudes toward the replacement insurance they eventually selected).

The regression analyses were used to examine associations between dependent variables and the characteristics of individuals; accordingly, data used in the regression analyses were unweighted.

The results of regression analysis can sometimes be quite sensitive to the precise formulation of the analytic models used (for example, the precise set of explanatory variables included, or the choice of internal standards for comparison). Accordingly, we analyzed the survey data with a series of models with different formulations; correlations identified as significant in this report are those which were robust across these different formulations. In the body of the report, statistical significance was defined as reflecting a 95 percent confidence level (i.e., $p < .05$).

Even with this precaution, some of the regression findings we report are difficult to interpret. For example, we observed certain response patterns that appeared to be significantly different for disenrollees in the 75-79 age group compared with those in the 80-85 age group – but not significantly different for those in the 65-69 or 70-74 age groups compared to those in the 80-85 group. Accordingly, the response pattern cannot be interpreted simply as a phenomenon that correlates with age. Similar anomalies were observed in certain response patterns correlated with level of education attained. The appearance of a certain number of such anomalies is unavoidable given the approximate fit between the mathematical models we use and the full complexity of real-world phenomena.

It is also important to bear in mind that *correlation does not prove causation* – that is, it is not possible to determine from the survey data whether, for example, use of the handbook resulted in higher knowledge scores, whether people who had greater knowledge were more likely to use the handbook, or whether some unidentified third factor drove both behaviors.

Accordingly, the regression findings should be read with caution, and understood as performing two roles in this analysis – they add to our confidence in interpreting the patterns we observe in the cross-tabulations, and they suggest hypotheses about causal

relationships which may warrant further exploration by other means. They should not be interpreted as providing proof of causal relationships between the variables examined here.

A5.2 Models and Findings

Independent Variables Included in All Models

“Black”, “Hispanic” and “other minority” are binary variables with value 1 for respondents who select the corresponding response categories on a Community Survey question about race. Regression coefficients are calculated relative to the variable “white”.

“Income” is a categorical variable which maps respondents’ selections from a set of ranges on a corresponding question in the Community Survey to a linear scale.

“High school”, “business, voc. or tech. school”, “some college” and “college” are binary variables with value 1 for respondents who select the corresponding response categories on a Community Survey question about highest level of education completed. Regression coefficients are calculated relative to the variable “less than high school”.

“Male” is a binary variable with value 1 for respondents who select the corresponding response category on a Community Survey question about gender. Regression coefficients are calculated relative to non-male status.

“Age 65-69”, “age 70-74”, and “age 75-79” are binary variables with value 1 for respondents who fall into the respective categories based on EDB data used to select the survey sample. Regression coefficients are calculated relative to the variable “age 80-85”.

“Sarasota”, “Tucson”, “Centre County”, “Houston”, and “Nassau County” are binary variables with value 1 for respondents who reside in the respective communities. Regression coefficients are calculated relative to the variable “Minneapolis”.

Independent Variables that Differ Between Models

“Good health” is a binary variable with value 1 for respondents who selected either “good”, “very good” or “excellent” in response to a Community Survey question about overall health status. Regression coefficients are calculated relative to non-good-health status.

“Knowledge” is defined as the number of correct answers (0-5) to a series of questions about managed care related topics in the Community Survey; “knowledge-X” is a binary variable which takes the value 1 if the respondent provides correct answers to three or more of the questions. Regression coefficients for knowledge-X are calculated relative to null status for the variable.

“Use plan letter suggestions” is a binary variable with value 1 for respondents who answer “yes” to a Community Survey question about whether they used the suggestions of sources for further information about health plan options, provided in a letter from their withdrawing managed care plan. Regression coefficients are calculated relative to non-use status.

“Use handbook” is a binary variable with value 1 for respondents who answer “yes” to a Community Survey question about whether they read the *Medicare & You* handbook to find

out about their insurance options. Regression coefficients are calculated relative to non-use status.

“Use handbook cost/quality comparisons” is a binary variable with value 1 for respondents who answer “yes” to a Community Survey question about whether they used the health plan cost and quality comparison information provided in the handbook. Regression coefficients are calculated relative to non-use status.

Table A5.0 below catalogs the appearance of the independent variables in the various regression models. Demographics (race, income, education, gender, age) and site were used in all models and are not listed here.

Table A5.0
Use of Independent Variables in the Regression Models

	Regression Model										
	A	B	C	D	E	F	G	H	I	J	K
Self-reported good health	√	√				√	√	√	√	√	√
Knowledge about Medicare	√			√		√		√		√	
Knowledge-X		√			√		√		√		√
Used plan letter suggestions?								√	√		
Used Handbook?						√	√				
Used Handbook cost/quality comparisons?										√	√

Note: Model labels (A-K) have no meaning beyond their use for reference purposes.

A5.2.1 Awareness of disenrollment

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options

**Table A5.1
Regression Coefficients –
Awareness of Disenrollment by Involuntary Disenrollees Aged 65-85**

Independent Variables	Model A	Model B
black	-0.4981 *#	-0.5247 **
Hispanic	-0.3536	-0.3737
other minority	-0.6034 *	-0.6256 **
income	0.0673	0.0757
high school	0.2215	0.2399
business, voc. or tech. school	0.6950	0.7249
some college	0.1382	0.1715
college	0.2946	0.3159
male	0.3171 *	0.3197 *
age 65-69	0.6239 ***	0.6476 ***
age 70-74	0.6653 ***	0.6835 ***
age 75-79	0.3584	0.3626
Sarasota	-0.7123 **	-0.7240 **
Tucson	-0.6106 **	-0.6139 **
Centre County	-0.7076 **	-0.7314 **
Houston	-0.5068 *	-0.5183 *
Nassau County	-0.2359	-0.2539
good health	0.2501 ***	0.2539 **
knowledge	0.1625	
knowledge-x		0.3978

* p < 0.10 ** p < 0.05 *** p < 0.01 *# p = 0.0501

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.2 Source of news of disenrollment

Dependent variables: Binary variables with value 1 for response “yes” for different sources

**Table A5.2
Regression Coefficients –
Source of News of Disenrollment, Involuntary Disenrollees Aged 65-85**

Independent Variables	Health plan letter		Read in paper		TV or radio	
	Model A	Model B	Model A	Model B	Model A	Model B
black	0.0484	0.0401	-0.7562 **	-0.8019 **	0.3626	0.3678
Hispanic	0.2106	0.2058	-0.3307	-0.3480	-0.0241	-0.0219
other minority	0.0046	-0.0031	-0.3921	-0.4367	-0.0624	-0.0562
income	0.0225	0.0242	0.1268 **	0.1290 **	-0.3087 **	-0.3105 **
high school	0.0041	0.0119	0.3347	0.3681	0.9268 **	0.9207 **
business, voc. or tech. school	-0.0724	-0.0642	0.8181 **	0.8299 **	1.3262 **	1.3163 **
some college	-0.0777	-0.0662	0.4476 *	0.5039 **	0.8455 *	0.8383 *
college	-0.0498	-0.0388	0.6532 **	0.7005 ***	0.8681	0.8541
male	0.2804 ***	0.2815 ***	-0.1064	-0.0952	-0.5521 *	-0.5503 *
age 65-69	0.1222	0.1305	0.5745 **	0.6060 ***	1.1944 **	1.1881 **
age 70-74	0.2328	0.2385	0.4003 *	0.4115 *	0.8697	0.8654
age 75-79	0.5084 ***	0.5108 ***	-0.1558	-0.1600	0.9867 *	0.9810 *
Sarasota	-0.9120 ***	-0.9172 ***	1.9249 ***	1.8607 ***	1.0987 *	1.0982 *
Tucson	-1.0684 ***	-1.0711 ***	1.8952 ***	1.8565 ***	1.1949 *	1.1938 *
Centre County	-0.8875 ***	-0.8966 ***	1.9525 ***	1.8605 ***	1.1016 *	1.0983 *
Houston	-0.9404 ***	-0.9465 ***	1.7683 ***	1.7092 ***	1.4813 **	1.4834 **
Nassau County	-0.1953	-0.2009	1.1810 ***	1.1442 ***	0.6715	0.6709
good health	-0.0159	-0.0162	0.0855	0.0611	0.3024	0.3015
knowledge	0.0359		0.2693 ***		0.0382	
knowledge-x		0.0747		0.6476 ***		0.1524

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.3 Received letter from health plan?

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses

Table A5.3
Regression Coefficients – Recall of Receipt of Letter from Health Plan, Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	-0.3607 *	-0.3988 **
Hispanic	-0.5775 **	-0.5991 **
other minority	-0.5087 **	-0.5411 **
income	0.0241	0.0358
high school	0.3411 **	0.3744 **
business, voc. or tech. school	0.7795 **	0.8188 ***
some college	0.3650 **	0.4176 **
college	0.3452 *	0.3876 *
male	0.2669 **	0.2711 **
age 65-69	0.4784 ***	0.5165 ***
age 70-74	0.4523 ***	0.4806 ***
age 75-79	0.2961 *	0.3050 *
Sarasota	-0.2227	-0.2465
Tucson	-0.0584	-0.0689
Centre County	-0.1827	-0.2249
Houston	-0.0328	-0.0612
Nassau County	-0.0560	-0.0855
good health	0.3307 **	0.3332 ***
knowledge	0.2248 ***	
knowledge-x		0.5178 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.4 Found health plan letter helpful?

Dependent variable: Binary variable with value 1 for responses “very helpful”, “fairly helpful”, “a bit helpful”, 0 for all other response options and for missing responses

Table A5.4
Regression Coefficients – Perceived Health Plan Letter as Helpful,
Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	-0.1985	-0.2186
Hispanic	-0.3255	-0.3343
other minority	-0.1284	-0.1431
income	0.0411	0.0446
high school	0.3041 **	0.3183 **
business, voc. or tech. school	0.5614 **	0.5650 **
some college	0.2045	0.2314
college	0.2439	0.2515
male	0.0935	0.1005
age 65-69	0.3190 **	0.3379 **
age 70-74	0.3333 **	0.3481 **
age 75-79	0.3447 **	0.3416 **
Sarasota	-0.6546 ***	-0.6800 ***
Tucson	-0.2719	-0.2846
Centre County	-0.2522	-0.2959 *
Houston	-0.3602 **	-0.3810 **
Nassau County	-0.2096	-0.2294
good health	0.3113 ***	0.3099 ***
knowledge	0.2260 ***	
knowledge-x		0.6302 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.5 Found health plan letter easy to understand?

Dependent variable: Binary variable with value 1 for responses “very easy”, “fairly easy”, 0 for all other response options and for missing responses

Table A5.5
Regression Coefficients – Perceived Health Plan Letter as Easy to Understand, Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	-0.6009 ***	-0.6439 ***
Hispanic	-0.4838 **	-0.5063 **
other minority	-0.4486 *	-0.4867 **
income	0.0056	0.0190
high school	0.5256 ***	0.5646 ***
business, voc. or tech. school	0.9031 ***	0.9425 ***
some college	0.5095 ***	0.5709 ***
college	0.5977 ***	0.6474 ***
male	0.2786 **	0.2827 ***
age 65-69	0.4788 ***	0.5221 ***
age 70-74	0.4802 ***	0.5103 ***
age 75-79	0.3789 **	0.3869 **
Sarasota	-0.0332	-0.0667
Tucson	0.2471	0.2280
Centre County	-0.0333	-0.0928
Houston	0.1989	0.1582
Nassau County	0.0430	0.0047
good health	0.3017 **	0.3017 **
knowledge	0.2780 ***	
knowledge-x		0.6418 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.6 Health plan letter suggested information sources?

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses

Table A5.6
Regression Coefficients – Recalled Health Plan Letter as Suggesting Information Sources, Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	0.1652	0.1534
Hispanic	-0.2917	-0.2927
other minority	-0.2636	-0.2701
income	-0.0050	-0.0038
high school	0.2865 **	0.2923 **
business, voc. or tech. school	0.4738 *	0.4643 *
some college	0.2102	0.2236
college	0.4769 ***	0.4719 ***
male	0.1602	0.1670
age 65-69	0.4803 ***	0.4906 ***
age 70-74	0.3452 **	0.3543 **
age 75-79	0.1830	0.1764
Sarasota	-0.5827 ***	-0.6079 ***
Tucson	-0.3388 *	-0.3545 **
Centre County	0.1976	0.1586
Houston	-0.2405	-0.2579
Nassau County	-0.1931	-0.2094
good health	0.2410 **	0.2388 **
knowledge	0.2034 ***	
knowledge-x		0.6045 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.7 Use any of the information sources suggested by the health plan letter?

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses

Table A5.7
Regression Coefficients – Use of any of the Suggested Information Sources, Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	0.1665	0.1594
Hispanic	-0.1579	-0.1573
other minority	-0.0531	-0.0536
income	0.0346	0.0358
high school	0.3240 *	0.3224 *
business, voc. or tech. school	0.1422	0.1194
some college	0.0682	0.0707
college	0.6576 ***	0.6478 ***
male	0.0484	0.0543
age 65-69	-0.1896	-0.1859
age 70-74	0.0007	0.0070
age 75-79	-0.1418	-0.1514
Sarasota	-0.8915 ***	-0.9296 ***
Tucson	-0.1905	-0.2143
Centre County	0.1490	0.0983
Houston	-0.0797	-0.1013
Nassau County	-0.1858	-0.2004
good health	0.4713 ***	0.4639 ***
knowledge	0.2244 ***	
knowledge-x		0.6951 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.8 Use of handbook

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses

**Table A5.8
Regression Coefficients – Use of Medicare & You Handbook, Involuntary Disenrollees Aged 65-85**

Independent Variables	Model A	Model B
black	-0.0663	-0.0718
Hispanic	0.1787	0.1786
other minority	-0.2775	-0.2804
income	-0.0611	-0.0618
high school	0.2147	0.2134
business, voc. or tech. school	0.2682	0.2558
some college	0.4545 ***	0.4574 ***
college	0.4204 **	0.4096 **
male	0.1341	0.1383
age 65-69	0.4447 ***	0.4468 ***
age 70-74	0.1458	0.1480
age 75-79	0.1226	0.1150
Sarasota	0.0623	0.0478
Tucson	0.0602	0.0519
Centre County	0.4567 ***	0.4329 ***
Houston	0.0931	0.0849
Nassau County	0.1037	0.0953
good health	0.0759	0.0734
knowledge	0.1287 ***	
knowledge-x		0.4067 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.9 Notice the cost/quality comparisons in the handbook?

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses

**Table A5.9
Regression Coefficients – Notice the Cost/Quality Comparisons in the Handbook?**

	Model A	Model B
black	-0.1561	-0.1655
Hispanic	-0.4284	-0.4204
other minority	-0.5728 *	-0.5805 *
income	-0.1999 ***	-0.2023 ***
high school	0.1596	0.1560
business, voc. or tech. school	0.3549	0.3242
some college	0.4195 **	0.4225 **
college	0.2715	0.2537
male	0.1748	0.1851
age 65-69	0.3571 *	0.3579 *
age 70-74	0.2265	0.2279
age 75-79	0.1351	0.1182
Sarasota	0.1410	0.1125
Tucson	0.4682 **	0.4464 **
Centre County	0.4981 **	0.4468 **
Houston	0.1687	0.1513
Nassau County	0.4587 **	0.4436 **
good health	0.2919 *	0.2811 *
knowledge	0.2281 ***	
knowledge-x		0.7316 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Data source: Abt Associates Community Survey

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.10 Use of cost/quality comparisons in the handbook

Dependent variable: Binary variable with value 1 for response “yes”, 0 for all other response options and for missing responses.

Table A5.10
Regression Coefficients – Use of Cost/Quality Comparisons in the
Medicare & You Handbook, Involuntary Disenrollees Aged 65-85

Independent Variables	Model A	Model B
black	-0.0293	-0.0118
Hispanic	0.1835	0.2067
other minority	-0.2108	-0.1964
income	-0.1488 **	-0.1572 **
high school	0.2932	0.2541
business, voc. or tech. school	0.8179 **	0.7388 *
some college	0.4765 *	0.4327
college	0.4037	0.3340
male	0.1377	0.1495
age 65-69	0.2991	0.2701
age 70-74	0.4603 *	0.4425 *
age 75-79	0.1091	0.0733
Sarasota	-0.1718	-0.2007
Tucson	0.1197	0.0988
Centre County	0.3149	0.2661
Houston	0.0140	0.0071
Nassau County	0.3559	0.3512
good health	0.6572 ***	0.6460 ***
knowledge	0.2421 ***	
knowledge-x		0.9423 ***

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.11 Attitudes toward information available for insurance choice

Dependent variable: Binary variable with value 1 for response “had enough information”, 0 for all other response options and for missing responses

**Table A5.11
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Information Available for Insurance Choice**

Independent Variables	Model C	Model D	Model E	Model F	Model G	Model H	Model I	Model J	Model K
black	-0.5560 ***	-0.4611 **	-0.4751 **	-0.4229 **	-0.4378 ***	-0.4230 **	-0.4379 **	-0.4239 **	-0.4390 **
Hispanic	-0.3100	-0.2502	-0.2535	-0.2344	-0.2387	-0.2280	-0.2324	-0.2330	-0.2369
other minority	-0.4824 **	-0.3961	-0.4064 *	-0.3994	-0.4103 *	-0.4009	-0.4115 *	-0.3990	-0.4103 *
income	0.2003 ***	0.1816 ***	0.1824 ***	0.1748 ***	0.1758 ***	0.1737 ***	0.1747 ***	0.1762 ***	0.1770 ***
high school	0.5095 ***	0.4060 ***	0.4110 ***	0.3911 ***	0.3966 ***	0.3922 ***	0.3977 ***	0.3901 **	0.3962 ***
business, voc. or tech. school	0.2623	0.1388	0.1253	0.1040	0.0914	0.1110	0.0979	0.1010	0.0903
some college	0.3112 *	0.1738	0.1872	0.1480	0.1622	0.1567	0.1705	0.1515	0.1665
college	0.5364 ***	0.3649 *	0.3645 *	0.3374 *	0.3379 *	0.3414 *	0.3418 *	0.3401 *	0.3416 *
male	-0.1950 *	-0.2037 *	-0.1999 *	-0.1968 *	-0.1927 *	-0.1944 *	-0.1904 *	-0.1961 *	-0.1919 *
age 65-69	0.2776 *	0.1815	0.1924	0.1404	0.1531	0.1492	0.1613	0.1457	0.1585
age 70-74	0.3914 **	0.3271 *	0.3341 **	0.3028 *	0.3107 *	0.3055 *	0.3132 *	0.2998 *	0.3084 *
age 75-79	0.5187 ***	0.4761 ***	0.4741 ***	0.4623 ***	0.4607 ***	0.4653 ***	0.4634 ***	0.4650 ***	0.4633 ***
Sarasota	-0.3419 *	-0.3040	-0.3182 *	-0.3091	-0.3231 *	-0.3027	-0.3173 *	-0.3037	-0.3182 *
Centre County	-0.4145**	-0.3586 *	-0.3882 **	-0.3632 *	-0.3921 **	-0.3534 *	-0.3830 **	-0.3575 *	-0.3863 **

Table A5.11 (continued)									
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Information Available for Insurance Choice									
Independent Variables	Model C	Model D	Model E	Model F	Model G	Model H	Model I	Model J	Model K
Houston	-0.9156 ***	-0.8653 ***	-0.8784 ***	-0.8654 ***	-0.8782 ***	-0.8609 ***	-0.8739 ***	-0.8617 ***	-0.8745 ***
Nassau County	-0.5852 ***	-0.5510 ***	-0.5607 ***	-0.5514 ***	-0.5606 ***	-0.5477 ***	-0.5573 ***	-0.5529 ***	-0.5617 ***
good health				0.2268 *	0.2228 *	0.2240 *	0.2199 *	0.2177 *	0.2145
knowledge		0.1620 ***		0.1615 ***		0.1628 ***		0.1604 ***	
knowledge-x			0.4686 ***		0.4654 ***		0.4697 ***		0.4617 ***
use plan letter suggestions?						0.0226	0.0192		
use handbook?				0.0636	0.0593				
use handbook cost/quality comparisons?								0.1369	0.1178

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.12 Attitudes toward replacement insurance selected

Dependent variable: Binary variable with value 1 for response “chose the best insurance available”, 0 for all other response options and for missing responses

Table A5.12a
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Replacement Insurance Selected

	Model F	Model G	Model H	Model I	Model J	Model K
black	-0.7489 ***	-0.7742 ***	-0.7508 ***	-0.7759 ***	-0.7496 ***	-0.7746 ***
Hispanic	-0.7739 ***	-0.7840 ***	-0.7616 ***	-0.7714 ***	-0.7625 ***	-0.7721 ***
other minority	-0.7793 ***	-0.7979 ***	-0.7669 ***	-0.7852 ***	-0.7665 ***	-0.7850 ***
income	0.1451 ***	0.1484 ***	0.1470 ***	0.1502 ***	0.1474 ***	0.1506 ***
high school	0.0543	0.0754	0.0485	0.0697	0.0492	0.0708
business, voc. or tech. school	-0.4525	-0.4466	-0.4242	-0.4177	-0.4255	-0.4185
some college	-0.0570	-0.0244	-0.0492	-0.0164	-0.0502	-0.0170
college	0.2746	0.2977	0.2697	0.2931	0.2723	0.2964
male	-0.0573	-0.0513	-0.0513	-0.0456	-0.0515	-0.0457
age 65-69	-0.0269	-0.0012	-0.0169	0.0089	-0.0183	0.0076
age 70-74	0.1280	0.1446	0.1374	0.1536	0.1363	0.1527
age 75-79	0.1541	0.1604	0.1669	0.1727	0.1664	0.1721
Sarasota	-0.6862 ***	-0.7021 ***	-0.6687 ***	-0.6844 ***	-0.6720 ***	-0.6883 ***
Tucson	-0.5035 **	-0.5069 **	-0.4791 **	-0.4822 **	-0.4799 **	-0.4831 **
Centre County	-0.3156	-0.3483 *	-0.3090	-0.3420 *	-0.3084	-0.3411 *
Houston	-1.1454 ***	-1.1611 ***	-1.1290 ***	-1.1451 ***	-1.1290 ***	-1.1452 ***

Table A5.12a
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Replacement Insurance Selected

	Model F	Model G	Model H	Model I	Model J	Model K
Nassau County	-0.7261 ***	-0.7369 ***	-0.7096 ***	-0.7206 ***	-0.7110 ***	-0.7218 ***
good health	0.4609 ***	0.4556 ***	0.4418 ***	0.4364 ***	0.4229 ***	0.4381 ***
knowledge	0.1658 ***		0.1656 ***		0.1663 ***	
knowledge-x		0.4108 ***		0.4098 ***		0.4128 ***
use plan letter suggestions?			0.0351	0.0392		
use handbook?	-0.0653	-0.0645				
use handbook cost/quality comparisons?					0.0158	0.0084

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

Dependent variables: Binary variable with value 1 for responses “don’t really know if I chose the insurance that best meets my needs” and “don’t know”, 0 for all other response options and for missing responses

Table A5.12b
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Replacement Insurance Selected (don’t know)

	Model C	Model D	Model E	Model F	Model G	Model H	Model I	Model J	Model K
black	0.3763 *	0.2854	0.3063	0.2623	0.2838	0.2621	0.2841	0.2604	0.2819
Hispanic	0.6978 ***	0.6453 **	0.6536 **	0.6432 **	0.6521 **	0.6339 **	0.6427 **	0.6278 **	0.6363 **
other minority	0.6098 **	0.5303 **	0.5456 **	0.5424 **	0.5575 **	0.5326 **	0.5482 **	0.5369 **	0.5519 **
income	-0.0525	-0.0328	-0.0359	-0.0272	-0.0306	-0.0289	-0.0322	-0.0255	-0.0284
high school	-0.1321	-0.0292	-0.0434	-0.0256	-0.0396	-0.0206	-0.0348	-0.0253	-0.0394
business, voc. or tech. school	0.4481	0.5676 *	0.5663 *	0.6068 **	0.6060 **	0.5866 **	0.5850 *	0.5733 *	0.5728 *
some college	-0.2838	-0.1545	-0.1779	-0.1417	-0.1644	-0.1446	-0.1680	-0.1535	-0.1767
college	-0.2203	-0.0569	-0.0724	-0.0453	-0.0601	-0.0440	-0.0593	-0.0498	-0.0641
male	-0.1495	-0.1455	-0.1472	-0.1450	-0.1470	-0.1479	-0.1499	-0.1506	-0.1528
age 65-69	0.1364	0.2246	0.2069	0.2551	0.2367	0.2460	0.2275	0.2433	0.2247
age 70-74	-0.1028	-0.0431	-0.0554	-0.0188	-0.0318	-0.0274	-0.0403	-0.0348	-0.0481
age 75-79	-0.1352	-0.0910	-0.0943	-0.0742	-0.0781	-0.0854	-0.0886	-0.0857	-0.0886
Sarasota	0.3058	0.2685	0.2845	0.2778	0.2930	0.2689	0.2844	0.2706	0.2867
Tucson	0.3159	0.3125	0.3171	0.3310	0.3349	0.3141	0.3181	0.3128	0.3170
Centre County	0.2912	0.2376	0.2658	0.2353	0.2628	0.2303	0.2586	0.2235	0.2516
Houston	0.4000 *	0.3475	0.3621	0.3540	0.3679 *	0.3446	0.3589	0.3434	0.3577
Nassau County	0.4478 **	0.4124 *	0.4252 *	0.4170 *	0.4288 *	0.4083 *	0.4208 *	0.4012 *	0.4138 *
good health				-0.1310	-0.1295	-0.1169	-0.1151	-0.1283	-0.1273

Table A5.12b (continued)									
Regression Coefficients – Attitudes of Involuntary Disenrollees Aged 65-85 Toward Replacement Insurance Selected (don't know)									
	Model C	Model D	Model E	Model F	Model G	Model H	Model I	Model J	Model K
knowledge		-0.1512 ***		-0.1517 ***		-0.1524 ***		-0.1571 ***	
knowledge-x			-0.3954 ***		-0.3963 ***		-0.3975 ***		-0.4162 ***
use plan letter suggestions ?						-0.0005	-0.0041		
use handbook?				0.0440	0.0452				
use handbook cost/quality comparisons ?								0.1835	0.1960

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.13 Choice of Replacement Insurance

A5.2.13a Managed Care Plan

Dependent variable: Binary variable with value 1 for response “switched to another managed care plan”, 0 for all other response options and for missing responses

**Table A5.13a
Regression Coefficients – Choice of Replacement Insurance by Involuntary Disenrollees Aged 65-85 (Managed Care Plan)**

	Model F	Model G	Model H	Model I	Model J	Model K
black	-0.8733 ***	-0.8919 ***	-0.8714 ***	-0.8890 ***	-0.8746 ***	-0.8921 ***
Hispanic	0.1904	0.1808	0.1658	0.1564	0.1575	0.1482
other minority	-0.2138	-0.2248	-0.1957	-0.2072	-0.1930	-0.2051
income	0.0551	0.0567	0.0625	0.0644	0.0657	0.0678
high school	0.1462	0.1616	0.1288	0.1440	0.1229	0.1388
bus., voc. or tech. school	-0.1267	-0.1263	-0.1296	-0.1269	-0.1444	-0.1392
some college	0.2197	0.2403	0.1797	0.2004	0.1732	0.1948
college	0.0400	0.0585	0.0105	0.0293	0.0017	0.0221
male	-0.0494	-0.0462	-0.0519	-0.0490	-0.0556	-0.0526
age 65-69	-0.2959	-0.2796	-0.3218 *	-0.3062	-0.3245 *	-0.3085 *
age 70-74	-0.2142	-0.2026	-0.2125	-0.2011	-0.2198	-0.2078
age 75-79	0.1416	0.1450	0.1453	0.1484	0.1461	0.1496
Sarasota	-2.7748 ***	-2.7894 ***	-2.7696 ***	-2.7832 ***	-2.7638 ***	-2.7772 ***
Tucson	0.3740 *	0.3664 *	0.3706 *	0.3639 *	0.3702 *	0.3637 *
Centre Cty	-1.7794 ***	-1.8084 ***	-1.8086 ***	-1.8361 ***	-1.8194 ***	-1.8453 ***
Houston	-1.0339 ***	-1.0488 ***	-1.0326 ***	-1.0470 ***	-1.0336 ***	-1.0479 ***
Nassau Cty	-0.0766	-0.0880	-0.0797	-0.0904	-0.0858	-0.0961
good health	0.2690 *	0.2665 *	0.2649 *	0.2621 *	0.2515 *	0.2493 *
knowledge	0.1336 ***		0.1256 ***		0.1196 ***	
knowledge-x		0.3513 ***		0.3264 ***		0.3057 ***
use plan letter suggestions?			-0.0432	-0.0399		
use handbook?	-0.3973 ***	-0.3966 ***				

Table A5.13a (continued)
Regression Coefficients – Choice of Replacement Insurance by Involuntary Disenrollees Aged 65-85 (Managed Care Plan)

	Model F	Model G	Model H	Model I	Model J	Model K
use hndbk cost/quality comparisons ?					0.2064	0.1992

* $p < 0.10$ ** $p < 0.05$ *** $p < 0.01$

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.13b Traditional Medicare with supplement

Dependent variable: Binary variable with value 1 for response “went back to regular Medicare and also bought a Medigap, Medex or supplemental policy”, 0 for all other response options and for missing responses

Table A5.13b
Regression Coefficients – Choice of Replacement Insurance by Involuntary Disenrollees Aged 65-85 (Traditional Medicare with Supplement)

	Model F	Model G	Model H	Model I	Model J	Model K
black	-0.3287	-0.3392	-0.3366	-0.3472	-0.3342	-0.3454
Hispanic	-0.7810 *	-0.7871 *	-0.7238 *	-0.7290 *	-0.7364 *	-0.7427 *
other minority	-0.8700 **	-0.8792 **	-0.8995 **	-0.9081 **	-0.8989 **	-0.9082 **
income	0.2132 ***	0.2158 ***	0.2016 ***	0.2036 ***	0.2056 ***	0.2080 ***
high school	0.2641	0.2760	0.2778	0.2882	0.2785	0.2900
bus., voc. or tech. school	0.6182 *	0.6364 *	0.6300 *	0.6448 **	0.6172 *	0.6330 *
some college	0.2657	0.2806	0.3128	0.3266	0.3055	0.3202
college	0.4348 *	0.4559 *	0.4422 *	0.4598 **	0.4561 *	0.4761 **
male	-0.1788	-0.1790	-0.1655	-0.1649	-0.1700	-0.1695
age 65-69	0.7306 ***	0.7406 ***	0.7823 ***	0.7919 ***	0.7762 ***	0.7863 ***
age 70-74	0.7386 ***	0.7465 ***	0.7306 ***	0.7372 ***	0.7250 ***	0.7318 ***
age 75-79	0.4921 **	0.4992 **	0.4968 **	0.5024 **	0.4922 **	0.4982 **
Sarasota	2.1406 ***	2.1386 ***	2.1513 ***	2.1485 ***	2.1387 ***	2.1352 ***
Tucson	-0.8982 ***	-0.8979 ***	-0.8713 ***	-0.8714 ***	-0.8825 ***	-0.8830 ***
Centre Cty	1.5784 ***	1.5756 ***	1.6343 ***	1.6293 ***	1.6290 ***	1.6237 ***
Houston	0.6746 ***	0.6694 ***	0.6907 ***	0.6853 ***	0.6789 ***	0.6818 ***
Nassau Cty	-0.2604	-0.2649	-0.2242	-0.2284	-0.2413	-0.2467
good health	-0.1484	-0.1489	-0.1641	-0.1654	-0.1709	-0.1725
knowledge	-0.0064		0.0058		0.0048	
knowledge-x		-0.0788		-0.0349		-0.0426
use plan letter suggestions?			0.1272	0.1339		
use handbook?	0.5717 ***	0.5772 ***				
use hndbk cost/quality comparisons ?					0.2187	0.2280

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.13c Traditional Medicare without a supplement

Dependent variable: Binary variable with value 1 for response “went back to regular Medicare without any other Medigap, Medex or supplemental insurance”, 0 for all other response options and for missing responses

Table A5.13c
Regression Coefficients – Choice of Replacement Insurance by Involuntary Disenrollees Aged 65-85 (Traditional Medicare without a Supplement)

	Model F	Model G	Model H	Model I	Model J	Model K
black	0.4438	0.4474	0.4048	0.4093	0.4530	0.4575
Hispanic	-0.4737	-0.4679	-0.4657	-0.4578	-0.4190	-0.4175
other minority	0.7536 **	0.7534 **	0.7420 *	0.7436 *	0.7275 *	0.7289 *
income	-0.2550 **	-0.2540 **	-0.2641 **	-0.2634 **	-0.2615 **	-0.2605 **
high school	0.1050	0.1055	0.0967	0.0963	0.1250	0.1253
bus., voc. or tech. school	-0.0566	-0.0413	-0.0542	-0.0396	-0.0316	-0.0202
some college	0.1511	0.1457	0.1780	0.1714	0.1774	0.1728
college	-0.0859	-0.0706	-0.1099	-0.0951	-0.0743	-0.0619
male	0.3521 *	0.3488 *	0.3586 *	0.3550 *	0.3545 *	0.3514 *
age 65-69	0.0328	0.0297	0.0487	0.0431	0.0627	0.0605
age 70-74	0.2986	0.2969	0.3158	0.3114	0.3248	0.3228
age 75-79	0.2361	0.2384	0.2381	0.2406	0.2362	0.2388
Sarasota	1.8402 ***	1.8460 ***	1.9041 ***	1.9126 ***	1.8287 ***	1.8341 ***
Tucson	0.8531	0.8572	0.8730 *	0.8801 *	0.8536	0.8573
Centre Cty	0.9863 **	1.0020 **	0.9907 **	1.0090 **	1.0119 **	1.0250 **
Houston	1.6981 ***	1.7003 ***	1.7096 ***	1.7131 ***	1.6960 ***	1.6975 ***
Nassau Cty	0.1899 **	1.1940 **	1.2039 **	1.2109 **	1.1881 **	1.1908 **
good health	-0.1353	-0.1352	-0.1539	-0.1527	-0.0919	-0.0925
knowledge	-0.1042		-0.1207		-0.0895	
knowledge-x		-0.3325		-0.3770 *		-0.2831
use plan letter suggestions?			0.5095 **	0.5129 **		
use handbook?	0.1708	0.1750				
use hndbk cost/quality comparisons?					-0.5745	-0.5619

* p < 0.10 ** p < 0.05 *** p < 0.01

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

A5.2.14 Summary Data – Experience of Minority Disenrollees

Table A5.14
Experience of Minority Disenrollees Aged 65-85 Compared to that of White Disenrollees Aged 65-85
(Regression coefficients)

	Black	Hispanic	Other minorities
Regression model B			
Aware of disenrollment	-0.5247**	-0.3737	-0.6256**
Learned first from letter from withdrawing plan	0.0401	0.2058	-0.0031
Learned first from newspaper	-0.8019**	-0.3480	-0.4367
Learned first from TV/radio	0.3678	-0.0219	-0.0562
Recall letter from withdrawing plan	-0.3988**	-0.5991**	-0.5411**
Found health plan letter helpful	-0.2186	-0.3343	-0.1431
Found health plan letter easy to understand	-0.6439**	-0.5063**	-0.4867**
Aware of plan letter's suggestions of sources for further information	0.1534	-0.2927	-0.2701
Used plan letter's suggested sources for further information	0.1594	-0.1573	-0.0536
Used <i>Medicare & You</i> handbook to find out about insurance options	-0.0718	0.1786	-0.2804
Aware of health plan cost/quality comparisons in <i>Medicare & You</i> handbook	-0.1655	-0.4204	-0.5805*
Used health plan cost/quality comparisons in <i>Medicare & You</i> handbook	-0.0118	0.2067	-0.1964
Regression model G			
"Chose the best available insurance that meets needs at affordable price"	-0.7442***	-0.7480***	-0.7979***
"Had enough information to make the selection"	-0.4378***	-0.2387	-0.4103*
Replacement insurance = managed care plan	-0.8919***	0.1808	-0.2248
Replacement insurance = traditional Medicare with supplement	-0.3392	-0.7871*	-0.8792**
Replacement insurance = traditional Medicare without supplement	0.4474	-0.4679	0.7534**

Source: NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY; multivariate analysis by Abt Associates.

* p < 0.10, ** p < 0.05, *** p < 0.01

Appendix 6

EDB-defined Insurance Status vs. Response to Community Survey Item on Insurance Choice

Appendix 6: EDB-defined Insurance Status vs. Response to Community Survey Item on Insurance Choice

This appendix presents data on the relationship between disenrollee insurance status as reported by the EDB, and responses to a Community Survey item that asked disenrollees about what action they took in response to disenrollment.

The wording of the survey item, “Last year, when you learned that your health plan would not be taking Medicare, what did you end up doing?” is unfortunately ambiguous in that it could have been construed by some respondents as referring to their feelings or actions at some point other than the final choice of replacement insurance. As such, the question is not a direct check of respondent insurance status at any particular time, although most respondents appear to have interpreted the question as intended.

EDB-reported insurance status for each survey respondent represented in this cross-tabulation reflects status *at the time the respondent was interviewed*.

Table A6.1
EDB-defined Insurance Status vs. Response to Community Survey Item on Insurance Choice (number of respondents)

Responses to Survey Item in Insurance Choice	EDB Status: in a Managed Care Plan	EDB Status: in Traditional Medicare, not in a Managed Care Plan	EDB Status: in Sterling PFFS
Switched to another managed care plan	649	184	1
Went back to traditional Medicare with supplement	44	404	0
Went back to traditional Medicare without supplement	8	108	0
Joined Sterling PFFS	2	4	2
Made no change – decided to wait and see if I really needed to do anything	20	92	1
Made no change – wasn't aware I should be taking any action	4	9	0
Made no change – didn't know what to do	13	54	0
Other	22	56	0
Refused / don't know	18	24	0
Missing response – not aware of disenrollment	82	127	0

Sources: CMS EDB extract, March 2001; NMEP Community Monitoring Survey, administered in January/February 2001 to beneficiaries in Sarasota, Tucson, Minneapolis, Houston, Centre County PA, and Nassau County, NY.

Appendix 7

Survey Questions on the Disenrollment Experience

The Disenrollee Experience

<DISENR>

D1. The Medicare records indicate that last July you had your health insurance through a managed care plan that now no longer takes Medicare. Were you aware that you had to make a change to another Medicare health insurance choice?

- YES..... 1
NO, WASN'T AWARE (SKIP TO Q6) 2
RESPONDENT DENIES THAT IT HAPPENED (SKIP TO Q6) 3
REFUSED (SKIP TO Q6) 97
DON'T KNOW (SKIP TO Q6)..... 98

I have some questions to ask you about what you did when you learned that this was happening.

<FNDOUT>

D2. Last year (summer and fall, 2000), how did you first find out that your old health plan would no longer be taking Medicare? [READ LIST] [CHECK ONE]

- GOT A LETTER FROM THE HEALTH PLAN I WAS IN LAST YEAR..... 1
GOT A LETTER FROM A DIFFERENT HEALTH PLAN 2
GOT A LETTER FROM THE GOVERNMENT..... 3
HEARD FROM DOCTOR'S OFFICE (GOT A LETTER OR SPOKE WITH SOMEONE)..... 4
GOT A LETTER, DON'T RECALL FROM WHOM 5
READ ABOUT IT IN THE PAPER..... 6
STORY ON TV OR RADIO 7
HEARD FROM FRIEND OR RELATIVE 8
INFORMED (LETTER OR CALL) BY A SPECIFIC INSURANCE COMPANY/HMO..... 9
FROM CURRENT/FORMER EMPLOYER..... 10
OTHER (SPECIFY _____) 95
REFUSED 97
DON'T KNOW..... 98

<YUODOS1 – YUODOS6>

D3. Thinking about when you *first* found out that your managed care plan would no longer be taking Medicare, what did you do? [CODE FROM OPEN-ENDED RESPONSE, CODE ALL THAT APPLY, DO NOT READ LIST]

CALLED MY DOCTOR’S OFFICE	1
CALLED MY HMO/MANAGED CARE PLAN	2
TALKED TO FRIENDS AND RELATIVES	3
TALKED TO FORMER EMPLOYER	4
TALKED TO INSURANCE COMPANIES (INCLUDES MEDIGAP AND PRIVATE FEE FOR SERVICE).....	5
TALKED TO SHIP/SHINE/SHIBA COUNSELOR.....	6
TALKED TO STATE OFFICES (MEDICAID, SOCIAL/HEALTH SERVICES, STATE INSURANCE DIVISION, ETC.).....	7
TALKED TO FEDERAL GOV’T OFFICES (SOCIAL SECURITY, RAILROAD RETIREMENT BOARD, ETC.).....	8
TALKED TO AARP	9
CALLED 1-800-MEDICARE HELPLINE	10
READ THE MEDICARE HANDBOOK	11
USED THE INTERNET	12
DECIDED TO WAIT AND SEE WHAT HAPPENS	13
DIDN’T DO ANYTHING.....	14
LOOKED INTO OPTIONS ON THEIR OWN	15
ATTENDED INFORMATIONAL MEETINGS/SEMINARS	16
SWITCHED/SIGNED UP FOR ANOTHER HMO.....	17
HAD SOMEONE ELSE HANDLE IT	18
SIGNED UP FOR SUPPLEMENTAL INSURANCE	19
WENT BACK ON MEDICARE	20
NEWSPAPER/MAGAZINES	21
READ WHAT CAME IN THE MAIL (NON-SPECIFIC).....	22
READ MAILINGS FROM HMO/INSURANCE COMPANIES.....	23
OTHER (SPECIFY _____)	95
REFUSED	97
DON’T KNOW.....	98

<RCLTR>

D4. Last year, did you receive letters from your managed care plan, notifying you that it would no longer be offering Medicare health benefits, and providing you with information about your health care options?

YES	1
NO (SKIP TO Q.6).....	2
REFUSED (SKIP TO Q.6)	97
DON’T KNOW (SKIP TO Q.6).....	98

<LTRHLP>

D4a. How helpful were the letters in suggesting what you should do, to decide about your health care options? Would you say the letters were...

VERY HELPFUL.....	1
FAIRLY HELPFUL.....	2
A BIT HELPFUL.....	3
NOT HELPFUL AT ALL.....	4
REFUSED	97
DON'T KNOW.....	98

<ESYLTR>

D4b. How easy to understand were the letters? Would you say they were....

VERY EASY.....	1
FAIRLY EASY.....	2
FAIRLY DIFFICULT	3
VERY DIFFICULT	4
REFUSED	97
DON'T KNOW.....	98

<LTRANS>

D4c. Did the letters suggest any places you could contact, or things you could read, to find out more about your health care options or get answers to any questions?

YES, IT SUGGESTED HOW TO FIND OUT MORE.....	1
NO, IT DID NOT SUGGEST HOW TO FIND OUT MORE (SKIP TO Q.6)	2
REFUSED (SKIP TO Q.6)	97
DON'T KNOW (SKIP TO Q.6).....	98

<USEANS>

D4d. If so, did you use any of them?

YES	1
NO (SKIP TO Q.6).....	2
REFUSED (SKIP TO Q.6)	97
DON'T KNOW (SKIP TO Q.6).....	98

Disenrollee Decision Making

<HNDOPT>

D5. Last year, when you had to find other insurance, did you read the Medicare Handbook – also called *Medicare and You* – to find out about your insurance options?

- YES 1
- NO (SKIP TO Q.D6) 2
- REFUSED (SKIP TO Q.D6) 7
- DON'T KNOW (SKIP TO Q.D6) 8

<HNDSEC>

D5a. In that handbook, there are sections that compare the quality and costs of the health plans in your area. Did you notice these sections of the handbook?

- YES 1
- NO (SKIP to Q.D6) 2
- REFUSED (SKIP to Q.D6) 7
- DON'T KNOW (SKIP to Q.D6) 8

<USEQLT>

D5b. Did you use this quality and cost information to help you choose a new health plan?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

<INSFAC1 - INSFAC8>

D6. As you considered your other Medicare insurance options last year, what factors were the most important to you? [ASK OPEN END AND CODE ALL THAT APPLY FROM LIST BELOW. KEEP ASKING ‘ANY OTHER FACTORS?’ UNTIL RESPONDENT STOPS OFFERING MORE.]

WHETHER I COULD KEEP MY DOCTOR(S)	1
WHETHER I COULD USE THE HOSPITAL I PREFER.....	2
WANTED THE BEST DRUG COVERAGE I COULD AFFORD	3
WANTED THE LOWEST COST OPTION AVAILABLE	4
WANTED EASY TO REACH LOCATIONS	5
HAD TO CHOOSE OPTIONS OFFERED BY FORMER EMPLOYER	6
BEST/MOST OVERALL COVERAGE OPTIONS	7
REPUTATION OF INSURANCE COMPANY	8
SAME CHOICES/COVERAGE AS I HAD BEFORE	9
INSURANCE THAT WOULDN'T DROP THEM/LEAVE AREA	10
NO/LITTLE PAPERWORK	11
QUALITY OF DOCTORS	12
COVER WHAT MEDICARE DOESN'T	13
PRESCRIPTION COVERAGE.....	14
COVERAGE WHILE TRAVELING.....	15
DENTAL COVERAGE	16
VISION COVERAGE	17
RECOMMENDED BY FRIEND/RELATIVE	18
HOSPITAL/AMBULANCE.SURGERY COVERAGE.....	19
JUST TO BE COVERED/HAVE INSURANCE.....	20
AVAILABILITY OF HMOs.....	21
SUPPLEMENTAL COVERAGE	22
OTHER (SPECIFY _____)	95
REFUSED	97
DON'T KNOW.....	98

<OTHFAC1 - OTHFAC8>

D7. As you considered your other Medicare insurance options last year, where did you go, or who did you talk to, and what did you read to get information about your options? [CODE FROM OPEN END RESPONSES, CODE ALL THAT APPLY.]

CALLED MY DOCTOR'S OFFICE	1
CALLED MY HMO/MANAGED CARE PLAN	2
TALKED TO FRIENDS AND RELATIVES	3
TALKED TO FORMER EMPLOYER	4
TALKED TO INSURANCE COMPANIES (INCLUDES MEDIGAP AND PRIVATE-FEE-FOR-SERVICE).....	5
TALKED TO SHIP/SHINE/SHIBA COUNSELOR.....	6
TALKED TO STATE OFFICES (MEDICAID, SOCIAL/HEALTH SERVICES, STATE INSURANCE DIVISION, ETC.).....	7
TALKED TO FEDERAL GOV'T OFFICES (SOCIAL SECURITY, RAILROAD RETIREMENT BOARD, ETC.).....	8
TALKED TO AARP	9
CALLED 1-800-MEDICARE HELPLINE	10
READ THE MEDICARE HANDBOOK	11
USED THE INTERNET.....	12
DECIDED TO WAIT AND SEE WHAT HAPPENS	13
DIDN'T DO ANYTHING.....	14
LOOKED INTO OPTIONS ON THEIR OWN	15
ATTENDED INFORMATIONAL MEETINGS/SEMINARS	16
SWITCHED/SIGNED UP FOR ANOTHER HMO.....	17
HAD SOMEONE ELSE HANDLE IT	18
SIGNED UP FOR SUPPLEMENTAL INSURANCE	19
WENT BACK ON MEDICARE.....	20
NEWSPAPER/MAGAZINE	21
READ WHAT CAME IN THE MAIL (NON-SPECIFIC).....	22
READ MAILINGS FROM HMO/INSURANCE COMPANIES.....	23
OTHER (SPECIFY _____)	95
REFUSED	97
DON'T KNOW	98

<DSCINF>

D8. Which of these three statements best describes how you feel about the information you had when you chose your new insurance policy or option? [READ LIST.]

I HAD ENOUGH INFORMATION TO MAKE THE SELECTION	1
I HAD SOME OF THE INFORMATION I NEEDED TO MAKE THE SELECTION, BUT I WOULD HAVE LIKED MORE.....	2
I DID NOT HAVE IMPORTANT INFORMATION THAT I REALLY NEEDED TO MAKE THE SELECTION	3
REFUSED	7
DON'T KNOW.....	8

<NOMED>

D9. Last year, when you learned that your health plan would not be taking Medicare, what did you end up doing? [READ LIST, CHECK ONE]

I SWITCHED TO ANOTHER HMO OR MANAGED CARE PLAN..... 1
I WENT BACK TO REGULAR MEDICARE AND ALSO BOUGHT A MEDIGAP,
MEDEX, OR SUPPLEMENTAL POLICY 2
I WENT BACK TO REGULAR MEDICARE WITHOUT ANY OTHER MEDIGAP,
MEDEX, OR SUPPLEMENTAL INSURANCE..... 3
I JOINED THE STERLING OPTION 1 PRIVATE FEE FOR SERVICE
PLAN 4
I MADE NO CHANGE MYSELF – I DECIDED TO WAIT AND SEE IF I REALLY
NEEDED TO DO ANYTHING 5
I MADE NO CHANGE MYSELF – I WASN’T AWARE THAT I SHOULD BE
TAKING ANY ACTION 6
I MADE NO CHANGE MYSELF – I DIDN’T KNOW WHAT TO DO 7
WENT TO INSURANCE FAIR 8
DID NOTHING 9
RESEARCHED OPTIONS BEFORE I DECIDED 10
AARP
11
OTHER (SPECIFY) 95
REFUSED 97
DON’T KNOW 98

<INSSEL>

D10. Which of these statements best describes how you feel about the insurance you selected? [READ LIST.]

I CHOSE THE BEST INSURANCE AVAILABLE, THAT MEETS MY
NEEDS AT AN AFFORDABLE PRICE 1
KNOWING WHAT I KNOW NOW, I PROBABLY WOULD CHOOSE A
DIFFERENT INSURANCE OPTION, IF I HAD THE DECISION TO DO
OVER 2
I DON’T REALLY KNOW IF I CHOSE THE INSURANCE THAT BEST
MEETS MY NEEDS AT AN AFFORDABLE PRICE 3
MY INSURANCE SITUATION IS NOT SETTLED, I HAVE NOT BEEN
ABLE TO FIND INSURANCE THAT IS AFFORDABLE AND MEETS MY
NEEDS 4
REFUSED 7
DON’T KNOW 8