When telemarketers call, make the decision that is best for you...

Remember ABC!

Ask
Before
Changing

Call your doctor or pharmacist BEFORE making changes to your health insurance
The ABC Social Marketing Plan:
Defending Seniors Against Medicare Advantage Marketing Fraud in Washington County

Joy Ferlisi
Clare Reidy
HPRB 7370
Spring 2009

Community Partner
- Archway Partnership: Health
  - Laura Bland, MPH
- Washington County, GA

Archway Partnership
Step 1: Background

- What is Medicare Advantage (MA) marketing fraud?

- Why do Public Health professionals care about it?

**Indirect Contributing Factor**

- Senior becomes victim MA marketing fraud

**Direct Contributing Factors**

- Senior accrues high medical bills while unaware of changes to coverage
- Senior changes established healthcare routine because it is no longer covered

**Risk Factors**

- Senior has less money for basic needs, including medications and future healthcare
- Senior’s continuity of care is disrupted
- Senior has to travel farther to receive care

**Health Problem**

- Decreased likelihood of positive health outcomes

**Quality of Life Issue**

- Diminished quality of life
Step 1: Background

- What causes it?

- Purpose and Focus

- Purpose: To reduce vulnerability to MA marketing fraud by enabling Washington County seniors to make good decisions regarding their health insurance plans when contacted by telemarketers.

- Focus: To have Washington County seniors consult with a trusted healthcare professional before making changes to their health insurance plans.
### Step 2: SWOT Analysis

#### Internal Factors

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established rapport with community members</td>
<td>Washington County office is 1+ hours away from Athens</td>
</tr>
<tr>
<td>Archway Partnership links Washington County with UGA resources</td>
<td>Unsure of funding sources</td>
</tr>
<tr>
<td>Past success of other Archway Partnership programs</td>
<td>Must consider vision and literacy issues of at-risk population when developing messages</td>
</tr>
<tr>
<td>Campaign purpose is a priority issue for Archway Partnership Project</td>
<td>Mobility and transportation issues of at-risk group necessitate extensive outreach for primary data collection, distribution of products</td>
</tr>
<tr>
<td>Access to existing Archway Health Committee and other stakeholders</td>
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</tbody>
</table>

#### External Factors

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
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<tbody>
<tr>
<td>Community has identified need through focus groups, stakeholders</td>
<td>Unscrupulous telemarketers and salespeople</td>
</tr>
<tr>
<td>Concordant with Healthy People 2010 and CDC goals to improve access</td>
<td>Ingrained sense of propriety</td>
</tr>
<tr>
<td>Concordant with societal value of “respect for elders”</td>
<td>Economic recession may mean fewer outside funding options</td>
</tr>
<tr>
<td>Increased awareness among policymakers</td>
<td>20% of Washington County is below Federal Poverty Level – hit harder by recession</td>
</tr>
<tr>
<td>Stricter marketing laws enacted in 2008</td>
<td>Seniors may not feel comfortable discussing insurance plans or finances with healthcare professionals</td>
</tr>
<tr>
<td>Insurance Commission task force formed in 2007</td>
<td>Technological limitations for at-risk group (internet and email are not viable communication options)</td>
</tr>
<tr>
<td>GeorgiaCares is championing similar messages</td>
<td>Medicare open enrollment event planned for Fall 2009</td>
</tr>
</tbody>
</table>
Step 3: Audience Segmentation

- Geographics
  - Washington County
  - Rural

- Demographics
  - Age 70+
  - Income <$30,000
  - Some high school
  - Retired
  - Non-institutionalized – living alone or with elderly spouse
  - Medicare
  - Multiple chronic conditions and medications

- Psychographics
  - Traditional, conservative
  - Value their independence
  - Responsible for own healthcare and insurance
  - Sustaining Seniors and Rustic Living (PRIZM)
    - Back Country Folks
    - Golden Ponds
  - Church and Senior Center
  - Watch TV and use telephone

- Behavior
  - Have healthcare provider
  - Benefits: quality and convenience
Research Plan

- What is the intervention most effective in enabling seniors to make good decisions about their health insurance, thereby reducing their vulnerability to unethical telemarketers?

- Existing Data:
  - US Census, CMS, PRIZM NE
  - Factiva, EBSCOhost
  - Previous Archway focus groups

Research Plan

- New Data:
  - Discussion with stakeholders
    - Meeting with Health Committee Members
  - Target audience survey (N=12)
    - 11 items
    - Promoted and held event at Wellness Works
    - Key finding: 100% believe vs. 67% do
  - Key informant interviews (N=3)
    - Local healthcare provider offices and pharmacies
    - 4-5 items by telephone
    - Key finding: Feasible!
Step 4: Goals and Objectives

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Knowledge</th>
<th>Belief</th>
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<tbody>
<tr>
<td>Call primary healthcare provider prior to making changes to health insurance plan</td>
<td>Be aware that your existing doctor, hospital, or medications may not be covered under a new health insurance plan</td>
<td>Checking with your healthcare provider before making changes to your health insurance plan will help you to make the right decisions</td>
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Goal

<table>
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<th>Objective</th>
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<th>Belief</th>
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<tr>
<td>Increase by 15% within 4 months of implementation the number of TA who intend to call their PCP before changing their health insurance plan</td>
<td>Increase by 15% within 4 months of implementation the number of TA who know that their existing doctor, medications, and preferred hospital may not be covered under a new plan</td>
<td>Increase by 15% within 4 months of implementation the number of TA who believe that calling their PCP before changing plans will lead to better decision making</td>
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</table>

Step 5: Barriers & Benefits

Perceived Barriers:
- Decision-making independence curtailed
- Uncomfortable discussing finances
- Hesitant to be rude to telemarketers

Potential Benefits:
- Convenience of existing routine
- Continuity of care
- No surprise costs
Step 5: Competition

The Competition:

- Not calling primary health care provider prior to making health insurance changes
- Telemarketers can be aggressive and promise expanded benefits and lower costs

Step 6: Positioning Statement

- We want non-institutionalized Washington County seniors, aged 70 to 85, who have health insurance, a regular healthcare provider and are responsible for their own healthcare decisions, to see consulting with their healthcare provider prior to changing their insurance plans as a way to make the best health insurance decision and as more important and beneficial than making a quick choice to please a telemarketer.
Step 7.1: Product

Core Product:
- Reduce vulnerability
- Make good decisions
- Avoid hidden costs
- Protect continuity of care
- Maintain convenience of routine

Actual Product:
Call doctor/pharmacist before making changes to health insurance plan

Augmented Product:
- Magnet
- Postcard

Step 7.2: Price

Monetary
- **Cost:** Augmented product will be free
- **Benefit:** Avoid hidden costs associated with competition

Nonmonetary
- **Cost:** Being “rude” to telemarketers
  - Will reframe issue, i.e. being “firm” instead of “rude”
- **Benefit:** Avoid unnecessary disruptions to:
  - Continuity of care
  - Convenience of existing routine
Step 7.3: Place

Where
- Direct mail to homes
- Point of decision making
- Healthcare provider offices and pharmacies
- Medicare open enrollment event

When
- 3 month period prior to Medicare open enrollment

Step 7.4: Promotion

Messages
- Do not let telemarketers sell you anything you don’t need or want
- Be firm with salesman
- Get the name of the insurance plan and telephone number of salesperson
- Call your doctor or pharmacist to discuss your health insurance options
- Make the best decision for YOU!!
Step 7.4: Promotion

Messengers
- Healthcare Professionals
- Archway Partnership Project

Creative Strategy

Channels and Promotional Items
Step 8: Evaluation and Monitoring

Output/Process

- Bi-weekly monitoring of the number of materials distributed

Outcome/Impact

- Measures:
  - Changes in behavior, behavior intent, knowledge and beliefs (r/t goals)
  - Campaign awareness
- Techniques:
  - Randomized intervention and control groups
  - Pre- and post- data collection

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Step 9: Budget

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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<tbody>
<tr>
<td>1000 postcard w/ magnets (mail 500, handout or display 500)</td>
<td>$520</td>
</tr>
<tr>
<td>Shipping (from printer)</td>
<td>$21</td>
</tr>
<tr>
<td>Postage (500 postcards at $0.18)</td>
<td>$90</td>
</tr>
<tr>
<td>Staff wages (5 offices x 5 hours x $8.00/hr)</td>
<td>$200</td>
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<tr>
<td>Office Incentives (gift basket or lunch for 10 offices)</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,331</strong></td>
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### Step 10: Implementation Plan

<table>
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<tr>
<th>Key Activities</th>
<th>Responsibility Lead</th>
<th>Timing</th>
<th>Budget</th>
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</thead>
<tbody>
<tr>
<td>•Pretest, revise, and print augmented product</td>
<td>Laura Bland, Archway Partnership</td>
<td>May and June</td>
<td>$541</td>
</tr>
<tr>
<td>•Recruit participating offices</td>
<td>UGA Interns working with Archway</td>
<td></td>
<td></td>
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<tr>
<td>•Randomize participating offices to control and intervention groups</td>
<td>Wellness Works Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•Collect pre-intervention data at all offices</td>
<td>Laura Bland, Archway Partnership</td>
<td>July</td>
<td>$0</td>
</tr>
<tr>
<td>•Distribute augmented product to intervention offices</td>
<td>Office Managers, All Offices</td>
<td></td>
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<td>•Intervention offices mail products to patients</td>
<td>Office Managers, Intervention Offices</td>
<td>August through November</td>
<td>$290</td>
</tr>
<tr>
<td>•Display product in waiting room of intervention offices</td>
<td>Laura Bland, Archway Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•Distribute product at open enrollment event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>•Collect post-intervention data at all offices</td>
<td>Laura Bland, Archway Partnership</td>
<td>December</td>
<td>$500</td>
</tr>
<tr>
<td>•Analyze results and write report</td>
<td>Office Managers, All Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•Provide lunch to all offices</td>
<td></td>
<td></td>
<td></td>
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When a telemarketer calls, remember ABC!

- Ask
- Before
- Changing
When telemarketers offer you health insurance,
Remember ABC...
Ask Before Changing!

STOP! Don’t let them sell you anything you don’t need or want. Be firm with them!

CAUTION! Get the name of the company and the plan that is being offered, as well as the phone number of the salesperson. Then hang up and call your doctor or pharmacist to discuss your options.

GO! After talking to your doctor or pharmacist, make the best decision for YOU, not the telemarketer!
Keep this magnet somewhere visible to remember ABC

Archway Partnership: Health
PO Box 310
Sandersville, GA 31082
The ABC Social Marketing Plan:
Defending Seniors Against
Medicare Advantage Marketing Fraud
in Washington County

Joy Ferlisi
Mary Clare Reidy

University of Georgia
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Executive Summary

Medicare Advantage (MA) marketing fraud has been on the rise since the introduction of Medicare’s Part D prescription drug plan (Lankford, 2008). Public health officials are concerned about the rise in MA marketing fraud because it negatively affects quality of life by decreasing the likelihood of positive health outcomes. Laura Bland, MPH, of the Archway Partnership Project, along with the Archway Health Committee has identified MA marketing fraud as a threat to the seniors of Washington County, GA. The purpose of this social marketing effort is to reduce vulnerability of MA marketing fraud by enabling Washington County seniors to make good decisions regarding their health insurance plans when contacted by telemarketers.

The target audience consists of seniors, aged 70 to 85, who have health insurance, a regular healthcare provider, live alone or with a spouse, are responsible for their own healthcare decisions, and are in the precontemplation or contemplation stage with regards to changing their health insurance. The objectives are (1) call your healthcare provider prior to making changes to your health insurance plan, (2) be aware that your existing doctor, hospital, or medications may not be covered under a new health insurance plan, and (3) believe that checking with your healthcare provider before making changes to your health insurance plan will help you make the best decision. The goal is to increase the number of target audience members who can meet these objectives by 15% within 4 months of program implementation. Our positioning statement is that we want our target audience to see consulting with their healthcare provider prior to changing their insurance plans as a way to make the best health insurance decision and as more important and beneficial than making a quick choice to please a telemarketer.

The augmented product is a postcard with a magnet, and has no monetary cost for the seniors. The key message is to call your healthcare provider before making changes to your insurance plan. The materials will be mailed to the seniors from doctors’ offices and pharmacies and will be displayed at the Medicare open enrollment event. This intervention will be evaluated using pre- and post-test surveys. The estimated budget is $1,331. The marketing effort will span a six-month time period prior to Medicare open enrollment, and will be implemented by Laura Bland of Archway Partnership and the office managers of participating offices and pharmacies in Washington County.
Step 1: Background, Purpose, and Focus

**Background**

In January 2009, we were approached by Laura Bland, MPH, of the Archway Partnership Project, for assistance in addressing the Medicare Advantage (MA) marketing fraud occurring in Washington County, Georgia. Originally identified as a potential topic for public health education in the Washington County area, MA marketing fraud has been selected as a priority of the Archway Health Committee and is considered by stakeholders to be a real rather than perceived threat to their community (L. Bland, personal communication, March 27, 2009).

MA marketing fraud has been on the rise since the introduction of Medicare’s Part D prescription drug plan (Lankford, 2008). Although the Medicare Prescription Drug Improvement and Modernization Act passed in 2003, Part D benefits were not effective until January 1, 2006. The advent of Medicare Part D presented seniors with new insurance options: Supplement their existing Medicare coverage with a Part D prescription drug plan, or enroll in a private MA insurance plan. The latter option is appealing to seniors because these plans offer coordinated benefits for hospitals, doctors, and drugs – a “one-stop shopping” approach. However, MA plans also require the beneficiary to opt out of Medicare entirely, a detail which is often and intentionally left unexplained by some insurance agents. Consequently, many seniors have mistakenly enrolled in MA plans, believing they were only supplementing their Medicare prescription coverage rather than ending their Medicare benefits all together. Furthermore, enrollment in these MA plans often requires patients to “use a panel of doctors, or specific hospitals and pharmacies” (King, 2008). Unfortunately, many seniors do not even realize that their existing healthcare providers or preferred hospitals are no longer covered by their new MA plans.

But why are public health professionals so concerned about a problem related to the fine-print of business and legal issues? Well, unfortunately, MA marketing fraud negatively affects quality of life by decreasing the likelihood of positive health outcomes (see Figure 1). This occurs for two main reasons. First, victims of MA marketing fraud are often forced to switch to new healthcare providers and leave their trusted doctors behind. This disrupts continuity of care, which is extremely important for positive health outcomes (Cabana, 2004). Second, victims of
MA marketing fraud who realize too late that their preferred hospital or provider is no longer covered accrue catastrophic medical bills. These seniors are crippled by financial debt and forced to cut back on all expenses, including those for basic needs like food, shelter, necessary medications, and future healthcare. Meanwhile, the providers also suffer, left with no option but to absorb tremendous losses from uncompensated care. This jeopardizes the healthcare system overall, placing society – and not just MA marketing fraud victims – at risk.

Many, including Oklahoma Insurance Commissioner Kim Holland and Georgia Insurance Commissioner John Oxendine, blame the high commissions paid per enrollee by insurance companies for the unethical marketing tactics used by some insurance agents (Lankford, 2008; King, 2008). While an agent may receive $60 to $80 for enrolling a new beneficiary in a Medicare Part D plan (Lankford, 2008), the same agent could receive between $350 and $600 for enrolling the same beneficiary in a MA plan (Miller, 2008). Clearly, this considerable disparity in commissions could result in the shift of motivation from what is best for the client to what is best for the agent.

The addition of a vulnerable client population would further facilitate MA marketing fraud in an already ripe environment. Unfortunately, data from a 2008 focus group held with Washington County seniors reveal this exact vulnerability that unethical marketers potentially thrive on. Participating seniors criticized the “red tape” of insurance policies, lamented prescription drug costs, and reported that information on helpful services like assistance programs were poorly publicized (Archway Partnership Project, 2008). The focus group discussion clearly indicated that the participants were having problems navigating the insurance system and unsure of how to utilize available services. Concerned about rising costs and unable to self-advocate, these seniors are extremely vulnerable to sales pitches promising expanded coverage for lower prices, with or without the fine-print explained.

In March of 2008, the Atlanta Journal Constitution reported that nearly 100,000 Georgians had opted out of Medicare and enrolled in MA plans over the previous two years (King, 2008). New data for March 2009 from the Centers for Medicare and Medicaid Services indicate a 22% penetration rate of MA insurance plans in Washington County compared to a 13% penetration rate for the state of Georgia (“penetration rate” is determined by dividing number of enrollees by number of eligibles; CMS data, 2009). The high penetration rate in
Washington County could be a result of MA marketers targeting the area or higher susceptibility of local seniors to marketing techniques.

In sum, financial incentives for agents, a vulnerable client population, and the high prevalence of marketing by insurance companies in the area are creating the perfect environment for MA marketing fraud in Washington County (see Figure 2). Of these three factors, the vulnerable client population provides the most realistic opportunity for successful intervention in the community as the other factors are more external.

Figure 1: MA Marketing Fraud Pathways to Health and Quality of Life

Figure 2: Indirect and Direct Contributing Factors in MA Marketing Fraud
Purpose

The purpose of this social marketing campaign is to reduce vulnerability to MA marketing fraud by enabling Washington County seniors to make good decisions regarding their health insurance plans when contacted by telemarketers.

Focus

The focus of this social marketing campaign is to have Washington County seniors consult with a trusted healthcare provider before making changes to their health insurance plans.

Step 2: Situation Analysis

Strengths

When mapping the internal factors of the microenvironment, a plethora of organizational strengths is identified. These positive factors are related to management support, issue priority, current alliances and partners, and past performances.

The first strength of our project was evident from the very beginning: strong management support. Ms. Bland, our organizational contact, has graciously provided all information we have requested from her and allowed us to utilize existing Archway Partnership Project resources in our research. With her continued backing, we have had no difficulties thus far garnering additional support for our efforts.

The second strength arises from the alignment of our campaign purpose with the Archway Health Committee’s priorities. As mentioned previously, MA marketing fraud has been selected as a crucial issue in the Washington County community. Due to this prioritization, the development and dissemination of our anti-marketing fraud campaign is likely to be expedited.

The third strength, perhaps our key to success, is access to existing Archway Partnership Project alliances and partners. Thanks to our affiliation with Archway, we were introduced to and readily accepted in the Washington County community. We have been able to bring community stakeholders who are willing to collaborate with us to the table from the beginning of the project. Another key strength derived from these existing alliances is the ability to be
identified with trusted community leaders by target audience members. This linkage is vital in a tight-knit community such as Washington County.

The Archway Partnership Project is proving to be an excellent host organization for our social marketing campaign. The organizational structure is designed to fulfill its mission of linking University of Georgia resources with communities throughout the state. We are fortunate to have such a well-suited partner with plenty of past successes for our endeavor.

**Weaknesses**

The microenvironment also has a few weaknesses, primarily related to availability of resources. The main resource issue revolves around securing adequate funding for our campaign. While the program will be designed with a tight budget in mind, basic costs related to the augmented product, including printing and distribution, will be unavoidable. We will also be limited by the small number of available staff for implementing our program.

Another potential weakness is our distance from the Washington County community. The nature of our target audience, which includes rural seniors, many of whom have mobility and transportation limitations, requires more persistence on our part to ensure adequate research for the development and dissemination of tailored messages. Unfortunately, with over 100 miles between Athens and Sandersville, we are limited in the amount of time we can spend directly interacting with our target audience and community partners.

**Opportunities**

When mapping the external forces of the macroenvironment, we find four major opportunities to take advantage of, including cultural and political/legal trends as well as external publics. The first opportunity arises from the fact that Washington County residents and stakeholders have identified MA marketing fraud as a community need. This community participation heightens cooperation, thereby increasing the likelihood of overall campaign success.

The second opportunity comes from the concordance of our campaign purpose with the Healthy People 2010 and the Centers for Disease Control and Prevention goals to improve quality of life. Our purpose also builds upon the traditional societal value of “respect for elders.”
This opens the door for potential support from much larger campaigns, organizations, and society in general.

The third opportunity is a result of increased awareness among policy makers over the past two years regarding MA marketing fraud. In 2007, the Subcommittee on Oversight and Investigations held a hearing entitled “Predatory Sales Practices in Medicare Advantage” which highlighted “abusive sales tactics” used by some MA plans (Dingell, 2008). The hearing was followed up by the Majority Staff Report on Medicare Advantage in 2008 by U.S. Representative John Dingell (D-MI). The Report makes numerous recommendations that would curtail MA marketing fraud, including the standardization of plan benefit packages, strengthening agent training, and improved tracking of beneficiary complaints concerning MA plans (Dingell, 2008). In September of 2008, the Centers for Medicare and Medicaid Services (CMS) enacted new regulations which prohibit cold calling by telemarketers and unsolicited door-to-door marketing during open enrollment periods (CMS press release, 2008). Since October of 2008, four MA organizations and prescription drug sponsors have had their enrollment and marketing suspended by CMS for contract violations (CMS, 2009). On a more local level, Georgia Insurance Commissioner John Oxendine formed a task force in 2007 to investigate MA marketing fraud complaints (Miller, 2008).

The fourth and final opportunity is the Medicare open enrollment event planned for fall 2009 in Washington County. This event will provide easy access to a large portion of our target audience and serve as a distribution channel for our campaign message.

Threats

The macroenvironment also poses many threats in the form of external publics and cultural, demographic, economic, and technological forces. The first and most obvious threat is posed by unethical telemarketers and salespeople, part of the external public, who personify the main issue driving this social marketing campaign. The second threat stems from a culturally ingrained sense of propriety that instills in seniors an unwillingness to be “rude” to telemarketers or salespeople. Similar social norms may make seniors hesitant or unwilling to discuss their health insurance plans, a conversation which undoubtedly includes finances, with others. The third threat becomes evident through a demographic break down of Washington County revealing that 20% of residents are below the Federal Poverty Level (US Census, 2004). Seniors
in this category are vulnerable to MA marketing fraud due to their financial circumstances and urgent need to control costs. The fourth threat is related to the current economic situation in the United States as it exacerbates the poverty already prevalent in Washington County and limits potential funding sources for our campaign. The fifth and final threat is related to the lack of technological exposure among seniors. This closes many distribution channels, including the internet, and makes reaching our target audience more difficult.

Table 1: SWOT Analysis Summary

<table>
<thead>
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<th>Internal Factors: Archway Partnership Project</th>
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<tbody>
<tr>
<td><strong>Strengths</strong></td>
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<td>• Established rapport with community members</td>
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Similar Efforts

GeorgiaCares, sponsored by the Georgia Department of Human Resources Division on Aging Services and Area Agencies on Aging, is a state insurance counseling service. It provides trained staff and volunteers to help seniors with many aspects of their health insurance, including the prevention of Medicare fraud. One particular program, entitled GeorgiaCares Senior Medicare Patrol, is “dedicated to promoting consumer awareness, preventing elder victimization, and working to implement community partnerships to prevent Medicare and Medicaid fraud, error, and abuse” (GeorgiaCares, n.d., ¶1). They use a simple message: “Be informed, be aware, and be involved” (GeorgiaCares, n.d., ¶1). In 2008, GeorgiaCares reported a call volume of about 1,400 per month, at least half of which were regarding Medicare Advantage (Miller, 2008).

While the objectives of GeorgiaCares are similar to our own, it is important to remember that we have a narrower scope – one that is limited to marketing fraud.

Step 3: Target Market Profile

Size

According to the U.S. Census Bureau (2007), the total population in Washington County is approximately 20,483 people. Of the total population, roughly 7.5% are senior citizens ages 70-85, equaling about 1,540 people.

Geographic

Washington County is a rural county in east central Georgia. The population density is only 31 persons/square mile, compared to the Georgia average of 168 persons/square mile (U.S. Census Bureau, 2008). Because the population is so spread out, the seniors may have less access to medical resources, health information, and have a smaller network of health professionals.

Demographic

Our target population contains senior citizens ages 70-85 that live independently (not in a nursing home or assisted living community). We had originally thought our target population
would contain seniors ages 65-74 since many of the seniors in this age range are still active and living at home. However, during a meeting with the Archway Partnership Health Education Subcommittee (see Appendix A), one of the health committee members suggested that we increase the age range of our target population. She noticed that by limiting our age range to 65-74 year olds, we might miss many people who could benefit from our social marketing campaign. The health committee member stated that many Washington County seniors over the age of 70 still live at home, and are responsible for their own health decisions. This idea was confirmed while gathering preliminary data from seniors at the Washington County Regional Medical Center (WCRMC) Wellness Works facility. Most of the seniors interviewed were over the age of 70 and still making their own decisions regarding health insurance (see Appendix F, item 1). The health committee members also noted that the older seniors might be more at risk for MA marketing fraud since they tend to be less well informed regarding their Medicare plans.

Senior citizens are also more likely to be poorer than the general population. The U.S. Department of Health and Human Services reports that 11.6% of seniors over the age of 75 and 9% of those ages 65-74 fall below the poverty threshold (He, Sengupta, & DeBarros, 2005). In Washington County, almost 23% of seniors fall below the national poverty level (U.S. Census Bureau Poverty Status, 2007). Retirement is a contributor to low-income status since many seniors, especially those over the age of 70, no longer work and are entirely dependent on social security, pension plans, and asset income (He, Sengupta, & DeBarros, 2005). Those seniors who are retired might be concerned about the cost of their Medicare plan, and could be more willing to switch their plans in order to reduce costs.

All of the members of our target audience currently have health insurance through Medicare. In addition, most seniors have supplemental health insurance either through the Medicare Advantage plan or through private insurance (Federal Agency Forum on Aging-Related Statistics, 2008). We expect that most of the seniors in Washington County will have Medicare along with some type of supplemental insurance. Therefore, we will tailor our social marketing efforts towards those seniors who already have Medicare and/or some other type of health insurance.

Other demographic characteristics of our target audience are education level, retirement status, and health status. Almost half (47.4%) of the senior population in Washington County
has graduated from high school, and only 11.4% has earned a bachelor degree or higher (U.S. Census Bureau Educational Attainment, 2007). Therefore, this population may have difficulties understanding their Medicare plan, and could be vulnerable to the persuasive tactics of telemarketers. In addition to the financial concerns associated with retirement, retired people can be more susceptible to telemarketers because they spend much of their time at home during the day. Limited mobility could reduce the amount of time that a senior spends outside his/her home, thus increasing the chance that she could be reached by a telemarketer. Finally, seniors often have multiple chronic conditions and medications (He, Sengupta, & DeBarros, 2005). Because they have to take many different kinds of medications, some of which are expensive, seniors may be highly motivated to change health care coverage plans in order to reduce the costs of their medications.

Psychographic

In order to gather more information about our target audience, we used the PRIZM NE classification system (n.d.). The PRIZM NE system clusters groups of people into segments based on common socioeconomic characteristics, lifestyle preferences, and consumer behaviors (n.d.). Each zip code contains one or more segments, so we focused our research on segments that pertained to our target population. After inputting all the Washington County zip codes into the PRIZM NE system, we identified at least three repeated segments. From those segments, we chose common characteristics to describe our target population. Our target population is traditional and conservative. They like to watch television and use the telephone. They value their independence, and are responsible for their own healthcare and insurance. In addition, many of the seniors in Washington County attend church and frequent the senior center.

Behavior

Our target audience will consist of seniors who currently have a healthcare provider. Many seniors have at least one physician, and could potentially have more than one. Those seniors who have healthcare providers are utilizing their health insurance plans, and could face negative health impacts if their coverage changed as a result of MA marketing fraud.
**Stage of Change**

We want to target those seniors who are in the precontemplation and the contemplation stages. Seniors in these stages are at the greatest risk for MA marketing fraud. Precontemplators are at risk because they are not thinking about their current Medicare plan. They may not be sure what benefits are covered by their current plan, and they may not understand the risks involved with switching plans. Because these seniors may be unaware of their satisfaction or dissatisfaction with their current Medicare plan, they may easily fall victim to a telemarketer’s sales pitch.

Contemplators are also at risk for MA marketing fraud. These seniors may be vaguely aware of their current health insurance policy, and have thought about the benefits and drawbacks of their current policy. They may or may not be satisfied with their current Medicare policy and may be looking to buy additional coverage or switch their policy altogether. However, they are not actively preparing to switch coverage, and therefore may not have all the information they need to make an informed decision. Telemarketers can use this uncertainty to their advantage by pressuring the seniors into buying a new health policy before the seniors have a chance to weigh the pros and cons of their current policy.

**Research Plan**

The main focus of our research is to find the intervention most effective in enabling seniors to make good decisions about their health insurance, thereby reducing their vulnerability to unethical telemarketers. This requires extensive information about the target audience as well the capacity of potential adopters.

To accomplish our research goals, we are using a variety of both primary and secondary sources. Descriptive data collected from secondary sources such as the U.S. Census Bureau, the Centers for Medicare and Medicaid Services, and PRIZM NE help us to better understand our target audience members and provide valuable demographic and behavioral information. Primary research, including prior data collected during Archway-led focus groups, existing literature, and data collected for this marketing plan, provides us with the rest of the information we need. We have already collected our own primary data from three groups of participants:
Stakeholders, target audience members, and local office managers for healthcare providers and pharmacies. Through informal discussions with local stakeholders, including healthcare professionals and community contacts, we initially gained insight into our target audience and identified locations to interact with target audience members. We were also able to use our relationship with stakeholders to establish credibility with target audience members, easing the data collection process.

For collecting primary data from target audience members, we developed a brief survey comprising 11 items (see Appendix E). These items were specifically designed to assess membership in our target audience, including age, health insurance and provider status, and responsibility for health insurance management; exposure to MA marketing fraud and familiarity with the term; current behaviors, beliefs, and knowledge; trusted message sources; and attitude towards our proposed behavior. A date and time for data collection were arranged at Wellness Works, a health and fitness center affiliated with Washington County Regional Medical Center, and a flyer was provided to promote our visit (see Appendix C). This location was chosen because of the high concentration of potential target audience members, particularly those with health insurance and regular healthcare providers. We supplied a letter of informed consent (see Appendix D) and then read the survey to the participants. Communication barriers, comprehension, and literacy, when possible, were assessed through observation during administration of the surveys. Results of the surveys were analyzed using simple statistical methods and are reported in Appendix F. Most notably, the results revealed that although 100% of participants indicated that they believed it was important to consult with a healthcare provider or pharmacist before making a decision about health insurance, only 67% responded that they were likely to consult with anyone at all (see Appendix F, items 8 and 11).

We also conducted key informant interviews with local office managers for healthcare providers and pharmacies. The interviews were conducted over the phone and included 3 to 6 items assessing current practices in the offices, their capacity for program adoption, and what information would be needed to evaluate proposed changes to health insurance plans (see Appendix G). Results were analyzed by identifying common themes in the qualitative data and reported in Appendix H. Fortunately, the results indicate that potential adopters are indeed capable of providing the information will be encouraging seniors to seek.
Finally, we have also used existing literature on MA marketing fraud to supplement our research, including articles and documents from both private and public organizations, as well as major U.S. newspaper articles found through a Factiva search.

Step 4: Marketing Objectives and Goals

*Table 2: Objectives and Goals*

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To reduce the vulnerability of MA marketing fraud among WaCo seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Talk to your doctor or pharmacist before changing your health insurance plan</td>
</tr>
<tr>
<td><strong>Objectives and Goals</strong></td>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>Call your healthcare provider prior to making changes to health insurance plan</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Increase by 15% within 4 months of program implementation, the number of target audience members who intend to call their healthcare provider before changing their health insurance plan</td>
</tr>
</tbody>
</table>

Step 5: Target Market Barriers, Benefits, and the Competition

*Perceived Barriers to Desired Behavior*

The desired behavior we would like to see the seniors accomplish is to call their healthcare provider prior to making changes to their health insurance plan. However, we realize that within the short time frame of this social marketing effort, seniors may not actually be contacted by telemarketers. Therefore, we will measure intention to perform the behavior since behavioral intent has been positively associated with behavioral performance (Ajzen, 1991).
Seniors may have some perceived barriers preventing them from completing this action. One barrier is a senior may feel as though his/her decision-making independence is being curtailed. Being able to live independently and to make their own health decisions is important to many senior citizens. This sentiment was not only mentioned in a meeting by the Archway Health Education Subcommittee members, but is also discussed in a speech given by AARP CEO William Novelli (2004). Senior citizens want to remain independent for as long as possible, and therefore might feel that their independence is being taken away from them if they have to discuss their health insurance plans with their healthcare provider. In addition, seniors may feel uncomfortable discussing finances with their healthcare provider. They may not feel comfortable discussing financial matters with someone outside their family, especially their doctor. Finally, seniors might be hesitant to be rude to telemarketers. Wanting to be nice to the telemarketer can put the senior a greater risk for being a victim of fraud.

For those seniors in the precontemplation stage and contemplation stage, a barrier to performing the behavior could simply be a lack of knowledge. Precontemplators may have no knowledge about their Medicare plan, and contemplators may only have limited knowledge of their plan. Therefore, they may want to stay on the phone and listen to the telemarketer give his sales pitch simply to learn more about health insurance and what types of benefits are offered. Precontemplators and contemplators also may not even realize that they are a target of MA marketing fraud or that MA marketing fraud even exists, and therefore would not think to consult their doctor about their insurance plan.

**Potential Benefits for Desired Behavior**

The benefits of checking with a primary care provider before switching health insurance plans are that the seniors have the convenience of keeping their existing routine, they have the continuity of care, and there are no surprise costs involved. Especially in a rural area such as Washington County, many of the seniors have been going to the same doctors and hospitals for years. While they may be covered by their current healthcare plan, if the seniors switch to a new plan, their current doctor and medication may not be covered. The seniors may potentially lose time while searching for a new doctor that accepts their health insurance and waste money by paying full price for medications that are no longer covered under their new health insurance plan. In addition, seniors may not realize what procedures their new plan does and does not
cover. Hidden costs and fees can be avoided if the senior maintains her current healthcare plan. Checking with a healthcare provider before switching plans can help seniors make the best decisions about their health insurance, save them from wasting time and money trying to find a new healthcare provider, and ensure that they do not have to face any surprise medical bills or pay hidden fees.

The Competition

The competition to calling the primary care provider before switching health insurance plans is to stay on the phone with a telemarketer and switch plans immediately. We want the seniors to avoid this scenario if at all possible. Telemarketers can be pushy and aggressive while trying to sell their insurance plan. Many times, the telemarketers will promise expanded benefits and lower costs, but only if the seniors sign up that day. If the seniors do not know their policy well or understand what the telemarketers are saying, then they can easily fall victim to telemarketing fraud. Although seniors might believe that it will be easier if they stay on the phone and listen to the telemarketer, in the long run, it could cost them a lot more in time and money.

Step 6: Positioning Statement

We want non-institutionalized Washington County seniors, aged 70 to 85, who have health insurance, a regular healthcare provider, and are responsible for their own healthcare decisions, to see consulting with their healthcare provider prior to changing their insurance plans as a way to make the best health insurance decision and as more important and beneficial than making a quick choice to please a telemarketer.

Step 7.1: Product

Core Product

The center of our product platform will be the promise of good decision making abilities by seniors who engage in our behavior. Seniors who discuss a telemarketer’s offer with their healthcare provider will make the best decision, whether that is acceptance or refusal of the offer.
The discussion will allow seniors to consider implications of health insurance changes which may not have been expressed by the telemarketer. These implications include how continuity of care, convenience of existing routines, and provider/medication/hospital coverage would be affected.

*Actual Product*

As a means to attain our core product, we are promoting an actual product which entails target audience members calling their healthcare providers (doctors and/or pharmacists) prior to making changes to their health insurance plans.

*Augmented Product*

In terms of tangible objects, our augmented product will include an oversized postcard with simple messages and an attached magnet for target audience members. The magnet will serve as a visible, enduring reminder of our actual and core products. We hope that the magnet will be conveniently located near the kitchen telephone, often the main phone, and therefore function as a point-of-decision reminder to seniors speaking with telemarketers.

*Figure 3: Three Levels of Social Marketing Product*
Step 7.2: Price

Monetary

Our augmented product will be available free of charge to target audience members. We will highlight the benefit of avoiding hidden costs that accrue when seniors are victims of MA marketing fraud as the monetary incentive for our actual product. These hidden costs occur when seniors fail to realize that their doctor, medications, or preferred hospital are no longer covered after changing their health insurance plans, perhaps due to an intentional omission of detail by the salesperson.

Nonmonetary

Nonmonetary incentives to use our product include the avoidance of unnecessary disruptions to continuity of care and existing convenient routines. 75% of target audience members that we surveyed said they would NOT consider a new health insurance plan if it did not cover their existing provider, medications, or preferred hospital (see Appendix F, item 7). Clearly, these seniors value continuity of care – and rightfully so since continuity of care positively affects health outcomes (Cabana, 2004). Furthermore, of participants aged 65+ in a 2008 Archway focus group, 92% reported having a personal doctor in Washington County and 96% reported using WCRMC, the only hospital in the area (Archway Partnership Project, 2008). Therefore, we will highlight the potential to maintain existing convenient routines and continuity of care as nonmonetary incentives for our product.

Potential nonmonetary costs include target audience members’ perceptions of curtailed independence from needing to “ask permission” from healthcare providers and/or “being rude” to telemarketers. We will address this issue by reframing the situations in our messages, i.e. “being firm” instead of “being rude” and “making the best decision” instead of “asking permission.”

Step 7.3: Place

Even with recent policy changes restricting MA marketing, seniors will be most vulnerable in the months leading up to the annual Medicare open enrollment period from
November 15 to December 31 (CMS, 2007). Therefore, our augmented product will be actively distributed to the target audience starting in mid-August. We will use cooperating local healthcare provider offices and pharmacies as distribution channels and will supply them with our augmented product, i.e. the postcards with attached magnets. The postcards and magnets can either be handed out in the office or mailed directly to clients. We will cover mailing costs for the latter option. By using doctors’ offices and pharmacies, we will certainly capture target audience members – those with regular providers and health insurance. By using direct mail, we will even capture harder to reach seniors, including those socially isolated by mobility and/or transportation issues. Our augmented product will also be handed out to target audience members in attendance at the fall 2009 Medicare open enrollment event in Washington County.

To ensure proper distribution of our product, we will utilize existing Archway Partnership Project networks to select potential local healthcare provider offices and pharmacies for participation. Laura Bland, MPH, as the Archway Public Health Professional, will foster relationships with participating office managers and assume responsibility for distributing products and maintaining supplies at the offices.

Step 7.4: Promotion

Messages

The messages for our social marketing effort are derived from the objectives presented in Step 4. Our message strategy is what we want our target audience to do, know, and believe. The message strategy will also address the barriers, benefits, and the competition from Step 5.

What we want our target audience to do:

- Ask for the name of the health insurance plan and a telephone number they can call if they are still interested in the insurance plan
- End their telephone conversation with the telemarketer before agreeing to switch insurance plans
- Call their healthcare provider prior to making changes to their health insurance plan
What we want our target audience to know:

- Their existing doctor, hospital, or medications may not be covered under a new health insurance plan
- Telemarketers may offer the seniors special limited offers, but these offers are usually just a ploy to get the seniors to switch plans and aren’t necessarily better
- If the seniors switch plans, their new plan may have hidden costs and fees, which could cost them more money

What we want our target audience to believe:

- Checking with their healthcare provider before making changes to their health insurance plan will help them to make the right decisions
- Talking to their doctor or pharmacist about health insurance doesn’t curtail their independence
- That it is okay to end a telephone conversation with a telemarketer

The materials will be pre-tested at Washington County Medical Center Wellness Works. A prototype of the postcard and magnet, along with a simple questionnaire, will be administered to seniors at Wellness Works. The material prototypes will be pre-tested for readability, message content, and aesthetic appeal. The seniors will also be asked how likely they would be to display the magnet on their refrigerators.

*Messengers*

The messengers for this marketing effort are Archway Partnership Project and local healthcare providers. Archway Partnership Project is part of a health education subcommittee, which contains members from Washington County Regional Medical Center (WCRMC) and the Washington County Cooperative Extension. Members of this health committee not only have the expertise from working in a health care setting, but also see MA marketing fraud as a problem for Washington County, and are therefore more likely to endorse this marketing effort.

During the month of November, Archway Partnership Project will hold a Medicare open enrollment event. Details for this event have not been confirmed, but our materials will be displayed. In addition to Archway Partnership Project, we will ask local doctor’s offices in our intervention group to display the postcard with the attached magnet and mail them to their
patients. Doctors can be viewed as trustworthy because they want their patients to be insured. If a patient changes insurance coverage and cannot pay his doctor’s bills, it causes a problem not only for the patient, but for the doctor also. Furthermore, our survey results indicate that target audience members view healthcare providers as trusted message sources (see Appendix F, item 9).

Creative/Executional Strategy

We designed our program logo and tagline to be simple yet memorable for the seniors in Washington County. The ABC theme was chosen to emphasize the ease and simplicity of our desired behavior. The acronym “ABC” stands for Ask Before Changing. Our message is simple: “Call your healthcare provider before making changes to your health insurance plan.” We believe this simple message will empower our target audience to make the best decisions regarding their health insurance.

The symbol of a stoplight compliments the theme of our message. A stoplight is a very recognizable symbol in American culture: a red light is synonymous with stop, yellow light with use caution, and green light with go. The stoplight symbol provides a visual image of the steps taken by the target audience when they are contacted by a telemarketer: Stop potential MA marketing fraud, use caution by calling your healthcare provider, and go with the best decision.

Channels and Promotional Items

The media channels we will use include printed materials (postcards) and special promotional items (magnets). The postcards will provide brief information about MA marketing fraud, and a reminder to consult a healthcare provider before making changes to insurance plans. The magnet will contain the ABC stoplight logo and can be conveniently located near the kitchen telephone. The function of the magnet is to remind seniors to “Ask Before Changing” their health insurance plans when speaking to a telemarketer.

This marketing effort will begin five months prior to Medicare Open Enrollment. The doctor’s offices that have agreed to participate in this marketing effort will be randomly assigned to either an experimental or control group. The offices in the experimental group will receive the postage paid postcards to disseminate to their patients. The control group will not receive any
materials. Office managers will mail postage paid postcards to all of their senior citizen patients. By using the doctor’s offices to directly mail to postcards to the patients, we avoid the problem of having to obtain the addresses of the target audience. Also, the target audience might be more likely to read the postcard (as opposed to thinking it is junk mail and discarding it) if it was sent by their doctor’s office, which the target audience considers to be a credible source. Postcards and magnets will also be given out during the Archway Medicare open enrollment event.

In addition to the printed materials and the special promotional items, there is a possibility our marketing effort will get mass media exposure via a newspaper article. A student associated with the Archway Partnership Project interviewed us about our social marketing project on April 06, 2009. Currently, the student is working to publish a story about our project in a local Washington County newspaper.

Creative Brief

Key Message:
• Call your healthcare provider before making any changes to your insurance plan.

Target Audience:
• Washington County seniors, ages 70-85 that live independently, make their own decisions regarding health insurance, and have a primary healthcare provider. Primary data collection showed that 100% of the seniors interviewed had health insurance and 100% had a regular healthcare provider. However, this population is vulnerable to MA marketing fraud. Only 58% of the seniors interviewed had ever heard of the term “Medicare Advantage marketing fraud,” and 33% were either unsure or unlikely to consult with someone before making a decision about health insurance (see Appendix).

Communication Objectives:
• To know: A new insurance plan may not cover your existing doctors, medications, or hospitals.
• To believe: Calling a healthcare provider before switching insurance plans will help you make the best decision about your health insurance.
• To do: Call your healthcare provider before making changes to your health insurance plans.
Benefits to Promise:

- You will avoid unnecessary changes to your regular doctor, hospital, and medications
- You will not have to pay any unexpected costs

Supports to Promise:

- Make the best decision for YOU, not the telemarketer!

Openings:

- Answering the phone

Positioning:

- Seniors who switch health insurance plans may no longer be covered for their current doctors, medications, or preferred hospital, and could therefore receive unexpected bills.

Step 8: Monitoring and Evaluation

Archway Partnership: Health will carry out planned process and impact evaluation to improve the program and garner support for funding. Results of the evaluation will be reported in a brief paper for use in future grant proposals.

Output/Process Evaluation

Process evaluation will mostly involve bi-weekly monitoring of the number of materials distributed by Archway to the intervention offices and also by the offices to their patients during the campaign months. Only a fixed number of our augmented product will be printed, therefore this measurement should not be difficult to monitor.

Outcome/Impact Evaluation

Outcome measures of interest are changes in behavior or behavior intent, knowledge and beliefs related to our program goals (see Step 4), as well as campaign awareness. To evaluate these outcomes, we will randomize participating offices to intervention and control groups. Offices in the intervention group will receive our augmented product for distribution to patients by direct mail and for display in the waiting areas during the three months leading up to Medicare’s open enrollment period. Offices in the control group will continue their practices as
usual. Patients and managers of offices in both groups will participate in pre- and post-intervention data collection to evaluate the effect of our program.

For patients, the pre-test will be a brief self-administered survey including an informed consent section and 3 simple items to establish baseline behaviors (or intention), beliefs, and knowledge related to our program goals. Office managers or other appropriate staff members will give the short survey to patients as they check in for appointments. This data collection period will last for one week in July. The post-test, conducted in the same manner but during December, will include all items from the pre-test as well as two additional items. The first additional item will assess ABC campaign awareness. Any participant who responds positively to campaign awareness will be prompted to provide where he/she has heard about the ABC brand. This item will help reduce bias in our results since patients in the control group could possibly be exposed to our intervention at the Medicare open enrollment event.

For office managers, the pre- and post-intervention tests will comprise just one measurement: The number of phone calls received each month from patients consulting with their providers prior to making changes to their health insurance plans.

Potential impact measures include MA penetration rates (as reported by CMS) and number of MA marketing fraud complaints received by GeorgiaCares.

Step 9: Budget

Table 3: Program Budget

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000 postcards with magnets (Mail 500, handout or display 500)</td>
<td>$520</td>
</tr>
<tr>
<td>Shipping (From Printer)</td>
<td>$21</td>
</tr>
<tr>
<td>Postage (500 postcards at $0.15/each - nonprofit rate)</td>
<td>$90</td>
</tr>
<tr>
<td>Staff wages for preparing mailers (5 offices x 5 hours x $8.00/hr)</td>
<td>$200</td>
</tr>
<tr>
<td>Office Incentives (Gift Basket or Lunch for 10 offices)</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,331</strong></td>
</tr>
</tbody>
</table>
Step 10: Plan for Program Implementation and Campaign Management

Table 4: Implementation Plan

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Responsibility/Lead</th>
<th>Timing</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pretest, revise, and print augmented product</td>
<td>Laura Bland, Archway Partnership</td>
<td>May – June, 2009</td>
<td>$541</td>
</tr>
<tr>
<td>• Recruit participating offices</td>
<td>UGA graduate student interns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Randomize participating offices to control and intervention groups</td>
<td>Wellness Works staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collect pre-intervention data at all offices</td>
<td>Laura Bland, Archway Partnership</td>
<td>July, 2009</td>
<td>$0</td>
</tr>
<tr>
<td>• Distribute augmented product to intervention offices</td>
<td>Office Managers, All Offices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intervention offices mail product to patients</td>
<td>Office Managers, Intervention Offices</td>
<td>August – November, 2009</td>
<td>$290</td>
</tr>
<tr>
<td>• Display product in waiting room of intervention offices</td>
<td>Laura Bland, Archway Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Distribute product at open enrollment event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collect post-intervention data at all offices</td>
<td>Laura Bland, Archway Partnership</td>
<td>December, 2009</td>
<td>$500</td>
</tr>
<tr>
<td>• Analyze results and write report</td>
<td>UGA graduate students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A: Meeting 3/20/2009 Participants and Agenda

Laura Bland, MPH
Archway Public Health Professional
Archway Partnership: Health

Shannon Brinson
Director, Wellness Works
WCRMC

Jan Horadan, RN
Assistant Director of Nursing
WCRMC

Joann Milam
Family and Consumer Science Agent
Washington County Cooperative Extension
Appendix B: Meeting 3/20/2009 Handout

Washington County Medicare Fraud
Overview of Social Marketing Process and Plan
March 20, 2009

Joy Ferlisi
joy.ferlisi@gmail.com

Clare Reidy
creidy@uga.edu

REVIEW...

Step 1 – Background, Purpose, and Focus
• Background: Medicare fraud and victimization of seniors
• Purpose: To reduce the vulnerability of Washington County seniors
• Focus: Talk to your doctor before changing your health insurance plan

Step 2 – Situation Analysis
• Medicare Open Enrollment event planned for Fall 2009
• GeorgiaCares Senior Medicare Patrol

Step 3 – Target Market Profile
• Aged 65-74
• Living at home
• Responsible for own health insurance decisions
• < 2,500 people

Step 4 – Marketing Objectives and Goals
• Behavior: Call primary care provider (or GeorgiaCares) prior to making changes to health insurance plan
• Knowledge: Your existing doctor/hospital/medications may not be covered under a new health insurance plan
• Belief: Checking with your primary care provider before making changes to your health insurance plan will help you make the right decisions
• Measurable goals to be determined – need to establish baseline data and realistic timeframe. If timeframe does not allow for outcome to occur, we will measure intention instead.

Step 5 – Target Market Barriers, Benefits, and the Competition
• Perceived barriers to desired behavior
  o Seniors may feel as though their decision-making independence is being curtailed
  o Seniors may be uncomfortable discussing finances with PCP or GeorgiaCares
  o Seniors may be hesitant to be “rude” to telemarketers
• Potential benefits for desired behavior
  o Convenience of existing routine
  o Continuity of care
  o No surprise costs
• The “competition” - not calling a PCP prior to making health insurance changes
  o Telemarketers can be pushy and promise expanded benefits and lower costs
GOING FORWARD...

Step 6 – Positioning Statement

Step 7 – Marketing Mix Strategies

• Product (core, actual, augmented)

• Price (monetary and nonmonetary)

• Place (where and when to promote or distribute)

• Promotion (messages, messengers, communication channels)

Step 8 – Evaluation Plan

Step 9 – Budget

Step 10 – Implementation Plan

RESEARCH PLAN...

Main research question: What interventions would be most effective in reducing the vulnerability of seniors to Medicare fraud by telemarketers?

Informational needs: Demographics, health conditions, health insurance status and satisfaction communication barriers or limitations, trusted message sources, social networks, current behaviors, attitude towards proposed behavior

Who will supply this information: Target audience members, key informants

How will we gather this information: Anonymous self-administered questionnaires (given where?), key informant interviews, secondary research sources (BRFSS, US Census, etc)

THANK YOU
Your help is needed!

Students from the University of Georgia would like to ask you some questions for a class project on senior health and wellness.

The students will be at Wellness Works on Thursday, April 16th

They will be conducting brief interviews, each lasting about 5 minutes.

Your participation would be greatly appreciated.

Thank you!
Appendix D: Letter of Informed Consent

April 16, 2009

Dear Participant,

You are invited to participate in a project conducted as part of a class in the Department of Health Promotion and Behavior in the College of Public Health at the University of Georgia. For this project we will be using a survey to collect information about how you make decisions regarding health insurance.

The results from this survey will be used to develop a marketing campaign to help seniors in your community protect themselves from Medicare Advantage marketing fraud. The information from this survey will be used to create more effective marketing materials.

Your participation is voluntary and you are free to withdraw your participation at any time. You will not be identified by name and all information will be assessed only on a group basis. If you have questions or concerns about this survey, feel free to contact Clare Reidy at (706) 389-6099. We value your opinions and appreciate your time and input on this survey.

Thank you for your help!

Sincerely,

Joy Ferlisi and Clare Reidy
Masters Candidates
Health Promotion and Behavior
College of Public Health
University of Georgia
(706) 389-6099

Fred Fridinger, DrPH, CHES
Assistant Professor
Health Promotion and Behavior
College of Public Health
University of Georgia
(404) 498-2431

For questions or problems about your rights, please call or write:

Chairperson, Institutional Review Board, University of Georgia,
612 Boyd Graduate Studies Research Center, Athens, Ga 30602-7411; Telephone (706) 542-3199; e-mail address: IRB@uga.edu.
Appendix E: Target Audience Survey

Assessment Site: Wellness Works
Interviewer:

Medicare Advantage Marketing Fraud Survey

READ THE FOLLOWING STATEMENT TO THE PARTICIPANT:
Thank you for agreeing to answer some questions for us today. My colleagues and I are students at the University of Georgia working on a class project to design a program for your community. We hope this program will enable you to protect yourself from certain kinds of health insurance fraud. Your participation is voluntary and your answers will be kept confidential and anonymous. You do not need to answer any of these questions if they make you feel uncomfortable.

READ THE FOLLOWING QUESTIONS AND ANSWERS TO THE PARTICIPANT. CIRCLE THE MOST APPROPRIATE ANSWER BASED ON THE PARTICIPANT’S RESPONSE.

1. Are you between the ages of 70 and 85?
   Yes 
   No

2. Do you have health insurance?
   Yes 
   No 
   I don’t know

IF THE PARTICIPANT ANSWERS “YES” TO #2, ASK:
3. Are you responsible for making the decisions regarding your health insurance?
   Yes 
   No

IF THE PARTICIPANT ANSWERS “NO” TO #2, ASK:
4. Who makes these decisions for you?
   Spouse
   Family Member
   Other: __________________________

5. How many times in the past two years have you (OR THE PERSON IDENTIFIED IN #4) been contacted by a telemarketer or other salesperson about health insurance?
   Never
   (0)
   A few times
   (once or twice)
   Many times
   (3 or more)
   I don’t know
6. Do you have a regular healthcare provider (doctor/nurse practitioner/other healthcare professional) or pharmacist?

| Yes | No |

*IF THE PARTICIPANT ANSWERS “YES” TO #6, ASK:*

7. Would you (OR THE PERSON IDENTIFIED IN #4) consider selecting a health insurance plan if you knew your existing healthcare provider, medications, or preferred hospital were NOT covered by the new plan?

| Would Not Consider | Might Consider | Would Consider |

8. How likely are you (OR THE PERSON IDENTIFIED IN #4) to consult with someone BEFORE making a decision about health insurance?

| Unlikely | Unsure | Likely |

9. Who would you (OR THE PERSON IDENTIFIED IN #4) consult?

| Healthcare Provider | Pharmacist | Family Member | Friend  | Other: |

10. How comfortable would you (OR THE PERSON IDENTIFIED IN #4) feel discussing health insurance options with a healthcare provider or pharmacist?

| Uncomfortable | Unsure | Comfortable |

11. How important do you (OR THE PERSON IDENTIFIED IN #4) think it is to consult with a healthcare provider or pharmacist BEFORE making a decision about health insurance?

| Not at all important | Unsure | Very Important |

12. Have you heard of “Medicare Advantage marketing fraud”? Sometimes people just say “Medicare marketing fraud.”

| Yes | No |

*READ THE FOLLOWING STATEMENT TO THE PARTICIPANT:*

We are done! Your responses will help us design the best program for your community. And remember, we'll keep your answers confidential and anonymous. Thank you!
Appendix F: Target Audience Survey Results (N=12)

Item 1: Are you between the ages of 70 and 85?*

* Original response options were “yes” and “no” but of the four who answered “no,” three specified whether they were above or below the age range

Item 2: Do you have health insurance?

Item 3: Are you responsible for making the decisions regarding your health insurance?

Item 4: If not, who makes these decisions for you?
Item 5: How many times in the past two years have you been contacted by a telemarketer or other salesperson about health insurance?*

*Some people who responded “0” said they do not answer the phone if they do not recognize the number

Item 6: Do you have a regular healthcare provider or pharmacist?

Item 7: Would you consider selecting a health insurance plan if you knew your existing healthcare provider, medications, or preferred hospital were NOT covered by the new plan?
Item 8: How likely are you to consult with someone BEFORE making a decision about health insurance?

- Likely: 25%
- Unsure: 8%
- Unlikely: 67%

Item 9: Who would you consult?

- Healthcare Provider: 75%
- Family Member: 17%
- Other*: 8%

* “Other” response: Attorney

Item 10: How comfortable would you feel discussing health insurance options with your healthcare provider or pharmacist?

- Comfortable: 75%
- Unsure: 17%
- Uncomfortable: 8%
Item 11: How important do you think it is to consult with a healthcare provider or pharmacist BEFORE making a decision about health insurance?

- Not Important
- Unsure
- Very Important

Item 12: Have you heard of “Medicare Advantage marketing fraud”? 

- Yes
- No
Appendix G: Key Informant Interview

OFFICE:

INTERVIEWEE POSITION TITLE:

INTERVIEWER:

DATE/TIME:

I understand that participation in this survey is voluntary.

Yes

No

If an existing patient is considering a new insurance plan, could she call your office and verify that you accept the plan under consideration?

Yes

No

IF YES:
1. To whom in your office would this patient direct her question? Please provide the position title, e.g. “Office Manager.”

2. Is this person usually available by phone during normal business hours OR able to return phone calls within a few days?

3. Is the plan name sufficient to answer this question or would additional information about the plan be required? Please list any additional information required.

IF NO:
1. Who would you recommend that this patient speak with to verify that your office accepts the plan under consideration?

About how many calls per month do you currently receive from patients consulting with you before making changes to their health insurance plans?

None 1-10 11-20 21+ Unknown

Interviewer Comments:
Appendix H: Key Informant Interview Results (N=4)

Question: If an existing patient is considering a new insurance plan, could he/she call your office and verify that you accept the plan under consideration?
- Yes: 100%
- No: 0%

Question: To whom in your office would this patient direct his/her question? Please provide the position title, e.g. “Office Manager.”
- Provider offices responses: “Secretary” and “Insurance Clerk”
- Pharmacy responses: “Pharmacist” or “Pharmacist Technician”

Question: Is this person usually available by phone during normal business hours OR able to return phone calls within a few days?
- Yes: 100%
- No: 0%

Question: Is the plan name sufficient to answer this question or would additional information about the plan be required? Please list any additional information required.
- 50% indicated that a plan name would be sufficient
- 50% preferred a plan name plus type (both explained that one provider, e.g. BCBS, may have multiple types of plans)

Question: About how many calls per month do you currently receive from patients consulting with you before making changes to their health insurance plans?
- None: 25%
- 1-10: 50%
- 11-20: 0%
- 21+: 0%
- Unknown: 25%

Interviewer Comments:
One participant reported that calls increase whenever the state insurance plan changes its benefits.
When telemarketers offer you health insurance, Remember ABC… Ask Before Changing!

**STOP!** Don’t let them sell you anything you don’t need or want. Be firm with them!

**CAUTION!** Get the name of the company and the plan that is being offered, as well as the phone number of the salesperson. Then hang up and call your doctor or pharmacist to discuss your options.

**GO!** After talking to your doctor or pharmacist, make the best decision for YOU, not the telemarketer!
References


