

**SOCIAL SECURITY NUMBER REMOVAL INITIATIVE (SSNRI)  
NOTICE AND CARD DESIGN RESEARCH  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
Topline Report – October 2016**

**Overview**

This topline report summarizes findings from eighty in-depth interviews with Medicare beneficiaries and caregivers to explore reactions to the Social Security Number Removal Initiative (SSNRI) notice and card designs. More specifically, respondents were exposed to a draft notice informing them of the changes and ten new Medicare card designs. The interviews were conducted in four cities including Baltimore, Chicago, Oklahoma City, and Los Angeles. Interviews were approximately 45 minutes in length and 14 of the interviews were conducted in Spanish. Respondents were recruited to ensure geographic diversity, broad ethnic representation, a mix of males and females, and a mix of insurance types including Medicare Advantage. The following summary describes key themes identified and is followed by conclusions and recommendations.

**Key Themes**

- Overall reaction to the Social Security Number Removal Initiative is consistently positive.
- Consumers say they believe that taking Social Security Numbers (SSNs) off of Medicare cards is:
  - A Good Thing to Do – will protect people’s identity in the long-run
  - Helpful – need a new card since their current card is worn or frayed
  - Smart - will keep their SSN out of the hands of criminals
  - Long overdue - should have been done some time ago
- Some consumers say they have been concerned about having their SSN on their Medicare card and believe it increases their susceptibility to identity theft or Medicare fraud. Other consumers, however, are unaware that their current Medicare card displays their SSN.
- Only a few individuals express concern about the SSNRI as unnecessary. Consumers who express concerns include a small minority of:
  - Spanish-speaking consumers who feel the Medicare card with SSN is an important, alternative form of identification they don’t want to give up.
  - Rural respondents who distrust the government and feel it is unnecessary for the government to spend a lot of money on this change.
  - Medicare Advantage plan participants who do not carry the Medicare card with them, but carry a plan provider card instead.
  - Seniors who do not have a Social Security card or say they use their Medicare card to reference their SSN.

- After reviewing materials, most beneficiaries and caregivers understand that CMS is removing social security numbers from Medicare cards to protect their identity. Some liken the initiative to similar, prior initiatives, such as removing SSNs from drivers' licenses or bank accounts. A few do not make the connection to fraud or identity theft and thus are unsure why Medicare is taking this action.
- Respondents indicate that the notice is clear and easy to understand. The card text is generally considered clear, with some suggestions for improvement.
- The card designs are met with mixed reviews, with some designs having higher and some having lower appeal. Cards with red, white, and blue were clearly favored over other color combinations and large font sizes were important.
- Some also would expect or hope for the card to be printed on thicker stock, plastic, or with some type of coating or lamination. A few mention they would expect the new card to include a "chip" like their more recent credit cards.
- Beneficiaries indicate that they want to learn about the SSNRI through the mailing, email, word-of-mouth, senior centers, churches, news media (television, radio, and newspaper coverage), advertising or PSAs (television, radio, print), membership organizations (AARP newsletter), health care providers (posters or flyers in physicians' offices), provider communications (Mayo Newsletter), Medicare Advantage plan providers (e.g. Kaiser, Human, BCBS), and the M&Y Handbook.
- They generally indicate that they would not be concerned if they did not receive their new card at the same time someone else got their card. They explain that they would assume that new cards would be phased in and that they would get their card eventually. It would be helpful, however, if spouses in the same household received their cards at approximately the same time to avoid calls to 1-800-MEDICARE.

### **Summary of Reactions to New Medicare Card Designs**

The following chart summarizes findings from worksheets filled out by respondents during the interviews. More specifically, respondents were handed a stack of 10 cards and then asked to sort them into order from their "most favorite" to "least favorite". The order of the cards was rotated following a set schedule to remove order bias. Once respondents ordered the cards in their preferred order, they were then asked to answer three questions for each card prior to further discussion:

- What is your overall reaction to the design? (5 point scale)
- Does this card look official? (yes/no/don't know)
- Does this card look similar to other cards you carry? (yes/no/don't know)

# Consumer Reactions to New Medicare Card Designs

	Card	Overall Reaction					Appearance		When Ranked			
		Mean Rating	Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative	Looks Official	Not Similar	Most Favorite	In Top 3	Bottom 3
Tier 1 (Optimal)	D	4.39	50%	39%	11%	--	--	94%	58%	18%	63%	5%
	C	4.35	56%	28%	13%	4%	--	84%	55%	34%	54%	9%
	A	4.35	51%	35%	11%	3%	--	90%	54%	14%	58%	9%
Tier 2 (Optimal)	B	3.75	28%	38%	19%	11%	4%	72%	67%	4%	19%	29%
	F	3.74	28%	36%	24%	8%	5%	76%	56%	10%	26%	25%
Tier 3 (Optimal)	H	3.25	9%	38%	32%	13%	9%	56%	79%	5%	14%	35%
	I	3.08	19%	23%	16%	30%	11%	52%	89%	8%	24%	47%
	E	3.03	19%	18%	27%	20%	16%	46%	82%	6%	18%	41%
	J	3.00	9%	27%	30%	24%	10%	43%	78%	3%	14%	47%
	G	2.85	9%	19%	33%	24%	14%	44%	79%	--	13%	53%

Base: 80 Consumers  
October 2016



## **Key Themes – Card Designs**

- The most favored designs are card D, C, and A (Tier 1). The intermediate tier includes cards B and F. And the least favored designs are cards H, I, E, J, and G (Tier 3).
- Card C is selected the most often as their “favorite card” (34%), followed by card D (18%) and card A (14%). However, looking at the top 3 cards, card D is the most frequently selected in the top 3 at 63%, followed by card A (58%) and card C (54%). Card D also is the least frequently selected card in the bottom 3 (5%).
- The top tier cards all receive high marks for “looking official”, with card D (94%) on top.
- Regardless of design, the vast majority of respondents prefer the use of the colors red, white, and blue. Many expect this based on the old card design and say these colors represent America, Medicare, or the U.S. Government. Some also say that red in particular is a color they associate with the medical community. On the other hand, green is the least popular alternative choice, but a few did like the use of yellow or gold.
- Most respondents also prefer a large band of either red or blue across the top of the card. Beneficiaries say this is eye-catching and also makes the card easier to locate from their billfolds. That is, once inserted, the top portion of the card is still visible. Some also say this helps make the text (in white) stand out.
- All beneficiaries say the 1-800 Medicare number should be included on the front of the card and many say it also needs to be “written out” numerically as seniors might have trouble seeing small letters on their phone keypad and/or translating the number. Most also agree the font size should be as big as possible (like card F, but in the largest font possible).
- Inclusion of the website address is more mixed. For those who use the internet, they appreciate having that information available and some say it will be helpful for their children or caregivers. Others object saying most seniors don’t use the internet.
- Most respondents are able to identify the type of coverage indicated on the card. Many agree this is important to include, although some say it is more for the doctor’s benefit than for themselves.
- Reaction to the new number itself is mixed. Nearly all can identify the new number on the cards, but some are surprised at the inclusion of letters. Their initial response is concern they will not be able to memorize the new number as a result, but then most say they wouldn’t need to since they carry their card with them. Some mention the use of letters and numbers in passwords and a few say this makes the number more “safe”.
- Many respondents do not notice the use of Spanish on the cards and the majority do not have any objections. After pointing out the Spanish on the card, a few seniors from more rural or conservative areas do have more negative reactions and say they would prefer not to have Spanish on their card at all, but they are in the significant minority.

## **Key Themes – Envelope, Notice/Letter, and Card Text**

### **Envelope**

- The vast majority of beneficiaries and caregivers agree they would open the envelope from DHHS and not throw it out or mistake it for junk mail.
- Many say the DHHS heading and/or CMS' address signal to them it is "official mail" and something that should be opened.
- A few participants mention that the blue type and the statement "official business" further suggest the envelope contains important information.
- At least one respondent indicates that adding a seal or logo to the envelope would help increase association with DHHS and official status.
- Another respondent indicates that the way the letter is mailed and postmarked may influence whether he reads it or not; that is, a letter sent via first class mail would seem more official than one sent in bulk mail, given that so much junk mail is sent via bulk.

### **Notice**

- Nearly all beneficiaries and caregivers praise the SSNRI notice for its clarity, simplicity, and directness. Across educational and socioeconomic levels, no respondents describe the notice as confusing or unclear and only a few say it prompts questions.
- Most agree that the letter looks official and is something they would read immediately.
- Most respondents do not initially notice the headline, "Important: Your new Medicare card is inside". Instead, they explain that their eyes are drawn to the first question in bold: "Why am I getting a new Medicare card?" Most beneficiaries suggest using a bold font, larger font, or different colors to make the initial heading stand out.
- The main point of the letter is clear to beneficiaries. In their own words, they often say the message is that 'they're taking social security numbers off our Medicare cards.' It should be noted that the phrase 'taking SSNs off' may be more consumer-oriented language than 'removing SSNs'.
- The call-to-action is clear and beneficiaries recognize they are being asked to destroy their old card and that their card is ready to use immediately. When asked if they would destroy their old card, most say they would (by using a shredder, cutting it up, or burning it), but some admit they would keep it in a file at home or at least until they knew the new card worked. While clear for nearly all MA respondents, one MA respondent (in CA) did have some confusion about which card they should destroy.
- There are generally few questions about the SSNRI, however, some beneficiaries need reassurance that the new number will be unique to them. That is, beneficiaries want to be assured that the new number will not be duplicated or used by anyone else. Will this new number be "my number" or "unique to me"?

## Tear-Off Text

- On the front of the tear-off for the card, consumers' reaction to the term '**randomly generated**' is mixed and its use may raise more questions than it answers.
  - While some appreciate the information, others suggest that more information is not necessarily better and say that this reference is unnecessary.
  - Most suggest that 'randomly generated' means the number was "likely made by computers". Several liken CMS' random approach to electronic Bingo or drawing Lottery balls.
  - Some suggest that knowing that the number is 'randomly generated' implies the number is 'more secure' and 'harder to crack.'
  - A few wonder whether the new 'randomly generated' number, however, was derived by randomly scrambling the numbers in their social security number, which implies that the number may actually be 'less secure'.
- Reaction to the **Part B enrollment warning** on the back of the tear-off was mixed.
  - A few respondents who have Part B report that this text should not be included because it does not apply to them and is therefore "confusing" or "arcane". Other beneficiaries with Part B say they would just assume the text does not apply to them and that it is intended for others. Yet, others who have Part B say they may call 1-800-MEDICARE to confirm that they are enrolled or to "check the status of their Part B."
  - The Part B text is clear for most beneficiaries, especially for respondents who already know that there are penalties for not signing up for Part B when you first become eligible to do so.
  - The text is not clear for all, however, especially for beneficiaries who confuse Part A and B, or struggle to comprehend the conditional nature of the statements.
  - There were generally few beneficiaries without Part B in the research, and hence not a sufficient base to isolate reactions to the text from those it did apply to.

### Text on Back of the Card

- The text on **fraudulent use of Medicare cards** is clear in both forms, but respondents have varying reactions to the way the information is conveyed.
  - Most beneficiaries accurately explain the intended meaning of **'willful misuse'**, often substituting the words "intentionally misusing" or "knowingly allowing someone else to use your card."
  - Instead of using the word **'unlawful'**, consumers more simply say, "it is against the law".
  - And, instead of **"fines, imprisonment, or other penalties,"** they say, it's telling you that "there are serious consequences for breaking the law" or "you may face serious punishment if you intentionally allow someone else to use your card."
  - Reactions to the alternative warning text is mixed, with some beneficiaries saying that the text is "more direct", "strong", and more clearly spells out the penalties for fraud. These respondents indicate that this text applies to others, and hence stronger language may help deter others who would commit fraud.
  - Other beneficiaries, however, describe the warning text as "over the top", "forceful," or "too scary." An African American man indicates that it makes him uncomfortable when the Government starts talking about imprisonment and other penalties because trust can be uncertain.
  - Regardless of the format, use of the word 'Warning' in bold or 'Important' is said to increase likelihood of respondents to read the information.

## Spanish Results

- Spanish-speaking respondents indicate that the Spanish notice is clear and report that it is also easy to understand. A few point out that ...
  - The first sentence of the footnote is missing a period. That is, “...*formato alternative.*”
  - Addition of an adjective may be helpful in the sentence that indicates that Medicare is replacing the [old] cards. That is, in the sentence “*Medicare esta reemplazando las tarjetas*” [Consider adding ... *viejas* or *anteriores*].
  - It may be important to clarify that the SSA is not taking away your SSN; your SSN will be maintained, but just not shown on the face of your Medicare card.
- The front card text is also clear and easy to understand, but many suggest using “Seguro Social” instead of “Seguridad Social”. Seguridad is said to refer to physical security.
- Back card text on fraud is generally understood, but there are several translation suggestions:
  - Translation of willful misuse not clear; alternative reference ‘El uso intencional impropio de esta tarjeta es ilegal’ is better
  - Consider simplifying use of the ‘Otorgado’, which means to award or issue and is more of a legal term; instead ‘Esta tarjeta esta ...’
  - The text about penalties does not match the English. English says: ‘and may be punishable by fines, imprisonment, and other penalties.’ Spanish says: ‘the personal offense may be subject to a penalty.’
  - The reference to ‘imprisonment’ is not included in Spanish version; would need to use the word ‘castigable’.
  - The reference to ‘multiple penalties’ is not as clear, given that the text in Spanish says a penalty (‘una penalidad’); should clarify ‘multas, carcel u otras penalidades’.
- Back card text on Part B is more confusing and “too wordy” for some. Suggestions include:
  - The reference to ‘(Medical Insurance)’ used in the English version was omitted in the Spanish version; consider adding ‘(Seguro Medico)’ for clarity.
  - Reference to ‘a late penalty’ should be ‘una’ rather than ‘la’.
  - The reference to ‘Medicare’ in relation to the general enrollment period was omitted in the Spanish version; need to add ‘inscripcion de Medicare’.
  - The reference to the enrollment period in Spanish is not translated correctly; should be (desde el 1...).
  - The phrase ‘en la Parte B’ should be used consistently; missing the word ‘la’ in the third reference.



- The reference to ‘that year’ should be ‘ese’ not ‘eso’.

### **Conclusions and Recommendations**

- Cards D, C, and A, are the overwhelming favorites among beneficiaries. All three designs are also deemed the most official looking. Any of these three designs will likely be met with favorable reactions.
- Regardless of design, guiding principles are:
  - Use as large a font as possible, particularly for the header
  - Have a large band of color at the top of the card
  - Use red, white, and blue
  - Have the Medicare number come immediately after the name
  - Include 1-800 Medicare AND the phone number written out
- With regard to the text on the back of the card:
  - Include the bold “warning” for willful misuse, consider toning down the language by removing references to imprisonment
- With regard to the text on the tear-off:
  - Do not include the words “randomly generated”
  - Preface the Part B warning by starting with “If you do not have Part B...”
  - In light of Medicare Advantage beneficiaries who typically do not show their card, consider saying “You *may* have to show your card...”
- With regard to the notice/letter:
  - Bold the header to draw attention
  - Add a sentence to reinforce the exclusivity of the new number. For example, explaining the new number is “unique to you” and will not be assigned to anyone else.
  - Consider adding additional language for Medicare Advantage beneficiaries who might be confused. If possible, include a picture of the old card so they do not accidentally destroy their MA card.
- With regard to Spanish translations:
  - Ensure that the text says the same thing in Spanish as it does in English. Consider having the text back translated for better accuracy.
  - Consider using less technical terms/literal translations and more use of common colloquial phrases (e.g. Seguro Social instead of Seguridad Social).
  - Insert the word “old” into the sentence that indicates that Medicare is replacing the [old] cards (under second bullet point). That is, in the sentence which reads, “*Medicare esta reemplazando las tarjetas*” [Consider adding ... viejas or anteriores].

**Card**

**Summary**

**D**



Strong positive reactions to the blue header, but request larger font size.  
 Positive reaction to the arch design.  
 Positive reaction to bottom red border and font size of the phone number.  
 Request for phone number written out.

**C**



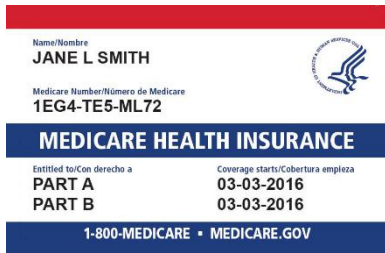
Strong positive reaction to the bold red header and the large font size of header.  
 Positive reaction to the bottom blue border.  
 Strong negative reaction to missing phone number. Requests for number written out.  
 Neutral reaction to bar across the middle.

**A**



Strong positive reaction to the bold blue header and the larger logo on the right.  
 Positive reaction to bottom red border and inclusion of the phone number written out.  
 Request for larger font size for header and phone number at the bottom.

**B**

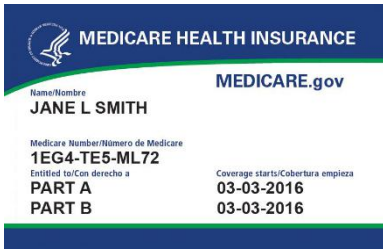


Negative reaction to the middle bar and lack of header text. Some say header looks "cut off" and would be hard to find in wallet.  
 Positive reaction to phone number and website, but want number written out.

**F**



Positive reaction to the "clean" design, but some say the red line is too thin.  
 Positive reaction to the bottom blue border and inclusion of phone number written out.



H

Negative reaction to the use of green color. Neutral reaction to the header curve design. Negative reaction to the placement of the website and lack of a phone number.



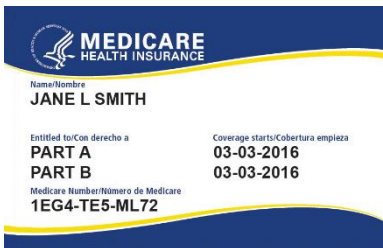
I

Negative reaction to the use of yellow color. Association of yellow with highlighters, the sun, corporate logos, or Jamaica. Mild support for use of yellow bar to highlight phone number and website.



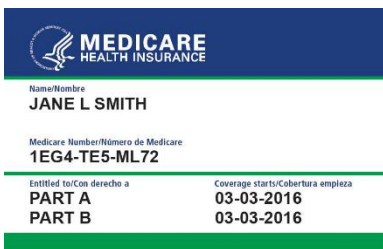
E

Strong negative reaction to the vertical blue border, but like the large font size. Positive reaction to the font size of the phone number, but confusion over placement at the top of the card.



J

Mild support for use of the “wave” design. Association of wave with corporate or non-government entities. Negative reaction to use of yellow color. Strong negative reaction to the lack of a phone number.



G

Strong negative reaction to the use of green color. Association with Ireland or money. Strong negative reaction to the lack of a phone number.