

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICARE BENEFICIARY SATISFACTION:
1993**



AUGUST 1993

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AUGUST 1993 OEI-04-92-00480

EXECUTIVE SUMMARY

PURPOSE

To determine Medicare beneficiary experience and satisfaction with Medicare services in 1993.

BACKGROUND

The Office of Inspector General (OIG), Department of Health and Human Services (HHS), surveyed a random sample of Medicare beneficiaries. We mailed a questionnaire to 1293 randomly selected beneficiaries for whom Medicare Part B claims were submitted in Calendar Year 1991. Participation in the survey was voluntary and yielded a response rate of 84 percent.

We attempted to compare the level of beneficiary satisfaction in 1993 to that expressed by beneficiaries in 1989 and 1991. However, a comparison was not always possible because of differences in survey questions for the three survey years. In instances where our survey questions were the same, we did compare beneficiary satisfaction and experience.

FINDINGS

Overall, most beneficiaries expressed satisfaction with the Medicare program. We draw this conclusion from the following findings:

Most beneficiaries said the program was understandable and they were able to get general Medicare information when they needed it.

- Seventy-five percent of the beneficiaries said they think the Medicare program is understandable. This number is comparable to the number of beneficiaries who expressed understanding in 1989 and 1991 when 73 and 79 percent, respectively, said the program was understandable.
- Seventy-two percent of the beneficiaries said they could get information about Medicare when they needed it. Only seven percent said they could not get information when they needed it. Twenty-one percent said they did not know if they could get information.

Most beneficiaries expressed satisfaction with, although some lacked understanding of, claims processing.

- Eighty-three percent of Medicare beneficiaries said they were at least generally satisfied with the way Medicare processed their claims.

- Thirty-five percent of all the beneficiaries had experienced a problem with their last claim. However, this is significantly less than the 67 percent who cited problems in 1991.
- In the 1991 and 1993 surveys, the most frequently cited problem with claims processing was understanding what Medicare paid for and why.

Most beneficiaries who called their carriers were satisfied with services, but some telephone problems were encountered.

- Seventy-four percent of the beneficiaries who had called their carriers were at least generally satisfied with the service they received.
- Half of the 288 beneficiaries who called had experienced problems the last time they tried calling. This is significantly less than the 82 percent who said they had problems calling their carriers in 1991.
- In the 1991 and 1993 surveys, the most frequently cited problem with calling carriers was finding the line busy.

Some beneficiaries are aware that Medicare pays for second opinions prior to surgery, but few obtain them.

- Thirty-nine percent of the beneficiaries said they were aware that Medicare pays for second opinions prior to surgery. While this is fewer than the 43 percent and 41 percent who were aware of second opinions in 1989 and 1991, respectively, the result is not statistically significant.
- Only 19 percent of the beneficiaries surveyed in 1993 who had non-emergency surgery obtained a second opinion.

Most beneficiaries are aware of participating physicians, and the majority use them.

- Eighty-three percent of the beneficiaries said they were aware of Medicare's participating physicians. This is more than the 77 percent and 76 percent who were aware of participating physicians in 1989 and 1991 respectively.
- In the 1993 survey, 65 percent of the beneficiaries said they used participating physicians. This use is about the same as in 1989 and 1991.

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INTRODUCTION

PURPOSE

To determine Medicare beneficiary experience and satisfaction with Medicare services in 1993.

BACKGROUND

Medicare Program

Medicare is a Federal health insurance program for individuals age 65 and older, and for certain categories of disabled people. Authorized in 1965 by title XVIII of the Social Security Act, Medicare serves approximately 35 million people, known as beneficiaries. In Fiscal Year 1992, Medicare paid benefits totalling approximately \$129 billion.

The Medicare program has two parts. Part A (hospital insurance) helps pay for inpatient hospital care, some inpatient care in a skilled nursing facility, skilled home health care, and hospice care. A person entitled to Medicare automatically receives this coverage. Part B (medical insurance) covers physician services, outpatient hospital services, and other medical services and supplies. Part B is optional. Beneficiaries desiring this coverage pay a monthly premium. Both Part A and Part B have deductible and coinsurance requirements. Beneficiaries must pay these either out of pocket or through supplemental insurance coverage.

The Health Care Financing Administration (HCFA) within the Department of Health and Human Services (HHS) has responsibility for the Medicare program. However, other organizations share program administration. The Social Security Administration establishes eligibility, enrolls beneficiaries in the program, and collects premiums for Part B coverage. Private health insurance companies contract with the Federal Government to service claims for Medicare payment. Insurance companies that handle Part A claims are called intermediaries. Those handling Part B claims are called carriers.

Recent Changes

The Medicare program is continually undergoing change. The 1989 Omnibus Budget Reconciliation Act added Section 1848 to title XVIII of the Social Security Act. This new section required that, effective September 1, 1990, physicians and other providers submit all claims rather than beneficiaries submitting their own. Effective January 1, 1991, it also limited the amount physicians can charge Medicare beneficiaries.

Related Studies

In 1989, we conducted a national survey of Medicare beneficiaries to assess their awareness of and satisfaction with various aspects of the Medicare program. The report was entitled "A Survey of Medicare Beneficiary Satisfaction" (OAI-04-89-89040). As a result of that study, HCFA requested that we conduct similar surveys of beneficiaries in Georgia¹ and New Jersey² -- States where there had been reports of beneficiary dissatisfaction with Part B carriers. As a follow-up to the 1989 survey, we conducted a second national survey of Medicare beneficiaries in 1991. That study was entitled "Medicare Beneficiary Satisfaction: 1991." (OEI-04-90-89030).

METHODS

1993 Survey

In February 1993, we mailed a survey instrument composed of 51 questions to 1293 randomly selected Medicare beneficiaries. We selected beneficiaries for whom Medicare Part B claims had been filed in Calendar Year 1991.

Based upon previous experience with similar client and beneficiary surveys, the sample size was calculated to produce an estimate within 3.5 percent of the true value at the 95 percent confidence level. We used standard equations for estimating sample size with a binary response variable.

Thirty-seven beneficiaries were dropped from the sample for various reasons: 21 questionnaires were undeliverable, 7 beneficiaries were deceased, and 9 individuals were erroneously selected. This reduced the sample size from 1293 to 1257.

Beneficiaries' participation in the survey was voluntary. A total of 1053 beneficiaries returned completed questionnaires, for a response rate of 84 percent. Given the size of our sample and response rates, results of our survey are projectable to the universe of 35 million Medicare beneficiaries. Percentages in the report are based on the number of respondents answering each question except in two instances noted in the report.

¹ Office of Inspector General, United States Department of Health and Human Services. Beneficiary Satisfaction with Georgia's Medicare Carrier. OEI-04-90-01050.

² Office of Inspector General, United States Department of Health and Human Services. New Jersey Medicare Beneficiary Satisfaction. OAI-02-90-02040.

Comparison to 1989 and 1991 Surveys

The majority of the questions in this survey were also used in the 1989 and 1991 OIG surveys. However, in some instances we worded and sequenced the questions slightly different. In addition, we provided more possible responses to some questions in the 1993 survey than we had provided in the earlier surveys. This made it impossible to directly compare responses for these questions in the three years. However, we did make comparisons among the three years whenever possible. We determined "significant" differences through use of a t-test.

Appendix A shows responses to all questions in this survey. Appendix B provides a general comparison of the 1993 survey instrument to our 1989 and 1991 survey instruments. Appendix C presents an analysis of respondents and non-respondents.

We conducted this inspection in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

FINDINGS

Overall, most beneficiaries expressed satisfaction with the Medicare program. They said the program was understandable and they were able to get general Medicare information when they needed it. Most were also satisfied with claims processing and said their claims were paid quickly enough. However, some beneficiaries had problems understanding exactly what Medicare pays for. They did not understand Medicare's "Explanation of Benefits." Most beneficiaries who had called their carriers were satisfied with services received. Although, some beneficiaries found telephone lines busy when they called their carriers.

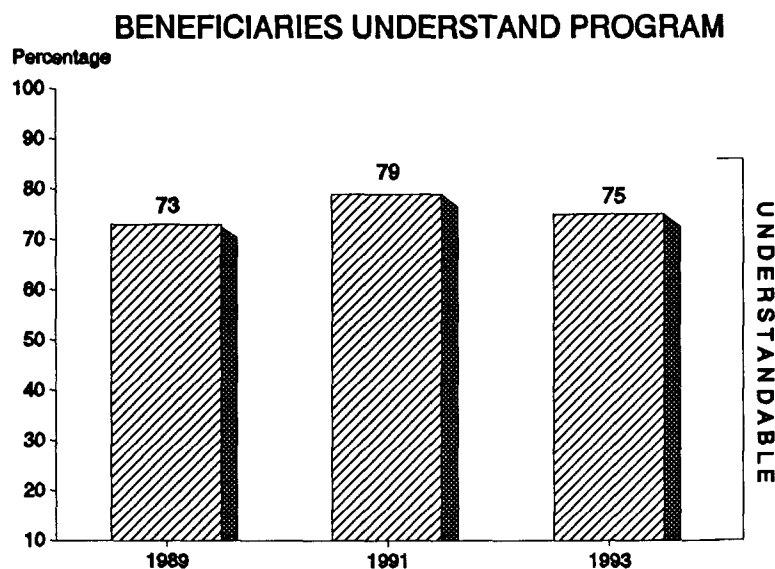
Approximately 67 percent of the beneficiaries responding considered themselves to be in good health. Eighty percent said they have medical coverage in addition to Medicare.

MOST BENEFICIARIES UNDERSTAND THE MEDICARE PROGRAM

Three-fourths of the beneficiaries said the Medicare program is understandable.

Figure 1 shows that a 75 percent level of understanding in 1993 is comparable to the levels expressed by Medicare beneficiaries in 1989 and 1991.

FIGURE 1



Of the beneficiaries who had been hospitalized, 61 percent said they understood what services Medicare paid for. Twenty-two percent said it had not been clear. The remaining 17 percent either did not remember or Medicare had not yet paid their bills.

Most of the beneficiaries (68 percent) who received home health services said they understood what services Medicare paid for.

We asked all the beneficiaries surveyed if they understood what Medicare would pay for on a doctors' office visit. Fifty-seven percent of the 985 beneficiaries who had gone to a doctor since they have had Medicare said they understood what Medicare would pay for. Thirty-five percent said they did not understand, and the remaining eight percent did not remember whether or not they had a clear understanding of what Medicare would pay for.

Medicare can limit how much doctors charge beneficiaries for specific services. Sixty-four percent of all the beneficiaries surveyed said that they were aware of this limitation. The remaining 36 percent were not aware of this.

BENEFICIARIES CAN GET INFORMATION WHEN NEEDED

Getting General Information

Seventy-two percent of the beneficiaries said they thought they could get general information about Medicare when they needed it. Table 1 illustrates this is a decrease from previous years. However, the 1993 survey had a "Don't Know" response option that was not offered in the previous surveys.

TABLE 1
CAN GET GENERAL INFORMATION

	1989	1991	1993
Yes	85 %	90 %	72 %
No	15 %	10 %	7 %
Don't Know			21 %

Using the Medicare Handbook

Over half of the beneficiaries said they refer to the *Medicare Handbook* for Medicare information. From a list of possible places people might go to get answers if they

have questions about what Medicare pays for, beneficiaries were asked to indicate which places they would go. They could check more than one likely source. Fifty-four percent of all beneficiaries said they would refer to the *Medicare Handbook*. Forty-eight percent said they would go to their doctor's office. Forty-five percent said they would go to the Social Security Office.

Although 54 percent of all beneficiaries said they would refer to the *Medicare Handbook* when they needed information, only 42 percent said they had actually used it. Ninety-three percent of those who had used it found the handbook either "very helpful" or "generally helpful." Most said the handbook is easy to understand, contains adequate information, and the print is easy to read.

Twenty-four percent of all beneficiaries surveyed either did not know what the *Medicare Handbook* is or did not recall receiving one. The *Medicare Handbook* is issued to beneficiaries when they enroll in the Medicare program. Beneficiaries are usually notified of changes to the Medicare program through notices in the mail. However, HCFA mailed new handbooks to each beneficiary in 1989 after the Catastrophic Coverage Act was passed by Congress, and then again in 1990 after the Act was repealed.

When asked how they would like to be notified of changes in the Medicare Program, more beneficiaries (38 percent) said they preferred to receive a new *Medicare Handbook* rather than any other type of notification. However, almost as many (35 percent) said they preferred that a pamphlet describing the changes be mailed to them.

Getting Specific Information

Sixty percent of those beneficiaries who have needed specific information about their Medicare coverage said they have been able to obtain it most of the time.

Table 2 shows that this number had decreased since our 1991 survey.

**TABLE 2
CAN GET SPECIFIC INFORMATION**

	1989	1991	1993
Most of the Time	58 %	67 %	60 %
Some of the Time	29 %	23 %	28 %
Seldom or Never	13 %	10 %	12 %

BENEFICIARIES WERE GENERALLY SATISFIED WITH MEDICARE'S PROCESSING OF CLAIMS

Eighty-three percent of the beneficiaries said they are at least "generally" satisfied with the way Medicare processed their claims. (See Figure 2.) Likewise, 86 percent said Medicare paid their claims quickly enough.

FIGURE 2

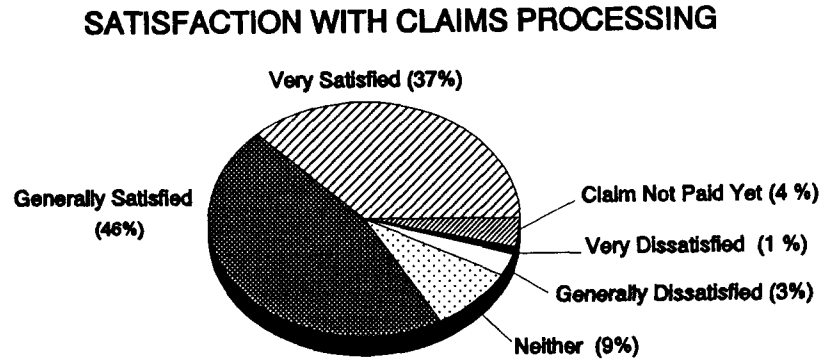
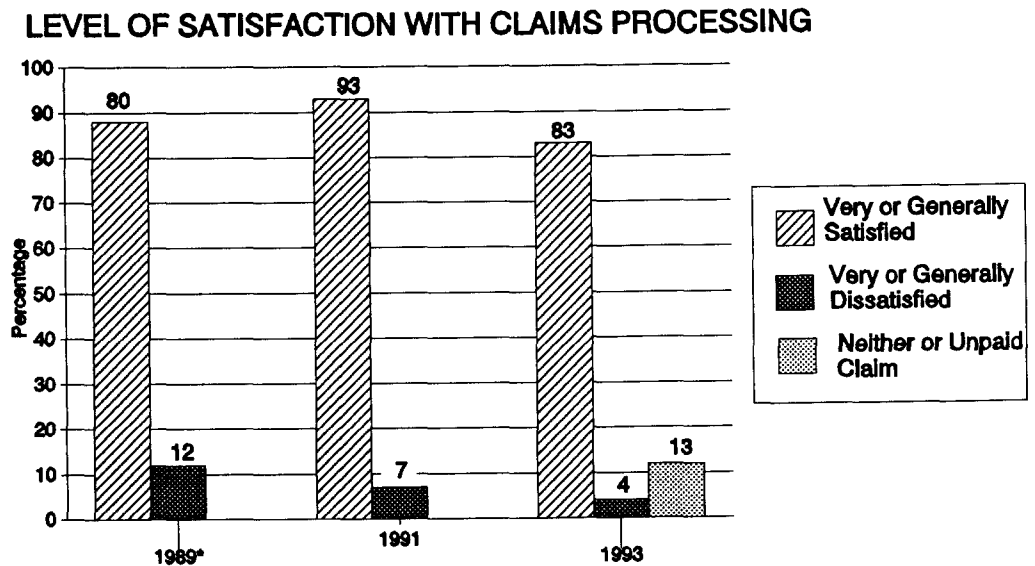


Figure 3 shows that the number of beneficiaries expressing satisfaction has declined, but the 1993 survey had a response option that was not offered in the 1989 and 1991 surveys.

FIGURE 3

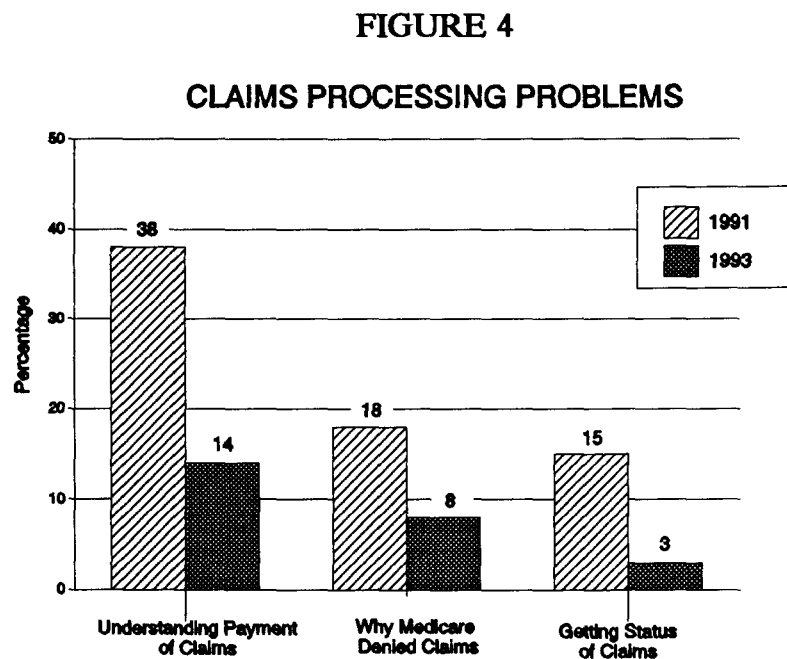


* In 1989 we asked only those beneficiaries who submitted their own claims about their satisfaction

Claims Processing Problems

Although 83 percent of the beneficiaries said they were generally satisfied or better with the way Medicare processed their claims, some had encountered difficulties. When given a list of possible reasons beneficiaries might be dissatisfied, 35 percent of the beneficiaries surveyed identified one or more problems with their last Medicare claim. This is significantly less than the 67 percent who cited one or more problems in 1991.

Figure 4 shows that the number of beneficiaries experiencing problems³ has decreased, but some beneficiaries still have difficulty understanding Medicare payments.



- Thirteen percent of the beneficiaries surveyed said they did not understand the "Explanation of Medicare Benefits" Medicare sent after processing their claims.⁴
- Nine percent said Medicare took too long to pay their claims.⁵

³ Numbers shown in Figure 4 represent the percent of all beneficiaries surveyed rather than the percent who responded to the question about claims processing problems.

⁴ This question was added for the 1993 survey. Therefore, we were unable to compare it to the 1989 and 1991 surveys.

⁵ This question was added for the 1993 survey. Therefore, we were unable to compare it to the 1989 and 1991 surveys.

At least 10 percent of beneficiaries who said they were generally satisfied or better with the way Medicare processed their claims also said they had a problem with their last claim. However, Table 3 illustrates that the majority of beneficiaries who had problems still expressed overall satisfaction with claims processing. To illustrate, of the 72 beneficiaries who cited a problem with having claims denied, 71 percent were very or generally satisfied.

TABLE 3
PROBLEMS WITH CLAIMS PROCESSING
RELATED TO BENEFICIARY'S LEVEL OF SATISFACTION

Problems Cited	Number of Beneficiaries ¹	Level of Satisfaction		
		Very or Generally Satisfied	Neither Satisfied Nor Dissatisfied	Very or Generally Dissatisfied
Getting Status of Claims	24	42 %	16 %	42 %
Understanding Medicare Payments & Why	134	66 %	23 %	11 %
Had Claims Denied	72	71 %	11 %	18 %
Took Too Long To Pay Claims	26	71 %	11 %	18 %
Understanding "Explanation of Benefits"	118	72 %	16 %	12 %
¹ Number of beneficiaries who cited a particular problem and a level of satisfaction.				

Understanding and Use of Appeal Rights

Medicare beneficiaries have a right to appeal or request a review of any decision made on their Medicare claims.

Seventy-five percent of the beneficiaries we surveyed knew they could appeal or request a review of their claims. This number is slightly lower than in 1991 when 78 percent knew of their appeal rights.

As in 1991, only six percent (60) of the beneficiaries in the 1993 survey had ever appealed a decision. Of these, 67 percent in 1993 said they understood the final decision made on their claims, and 59 percent thought their appeals were handled fairly.

MOST BENEFICIARIES WERE SATISFIED WITH CARRIERS' TELEPHONE SERVICES

The *Medicare Handbook* and the "Explanation of Medicare Benefits" notice include toll-free telephone numbers of Medicare carriers for beneficiaries who may have questions about their claims.

Only 29 percent of the beneficiaries had tried to call their carriers. Figure 5 shows that 74 percent of the beneficiaries who had called said they were generally or very satisfied with the service they received.

FIGURE 5
SATISFACTION WITH PHONE SERVICE

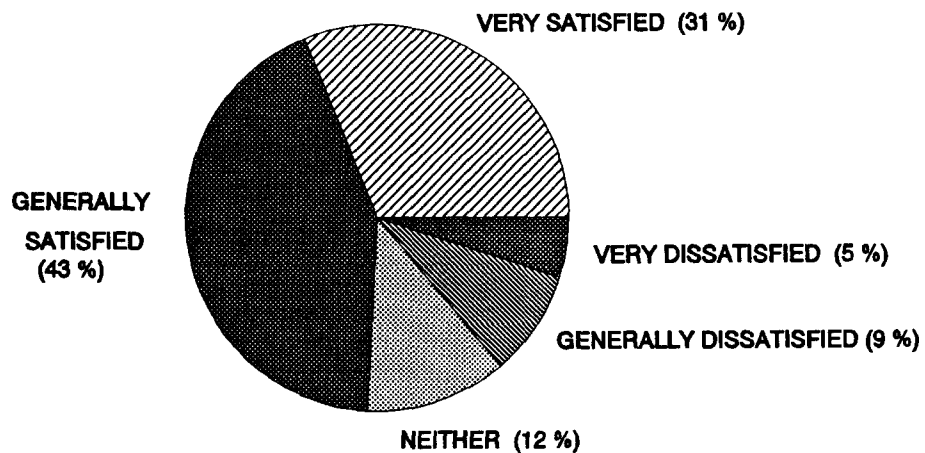
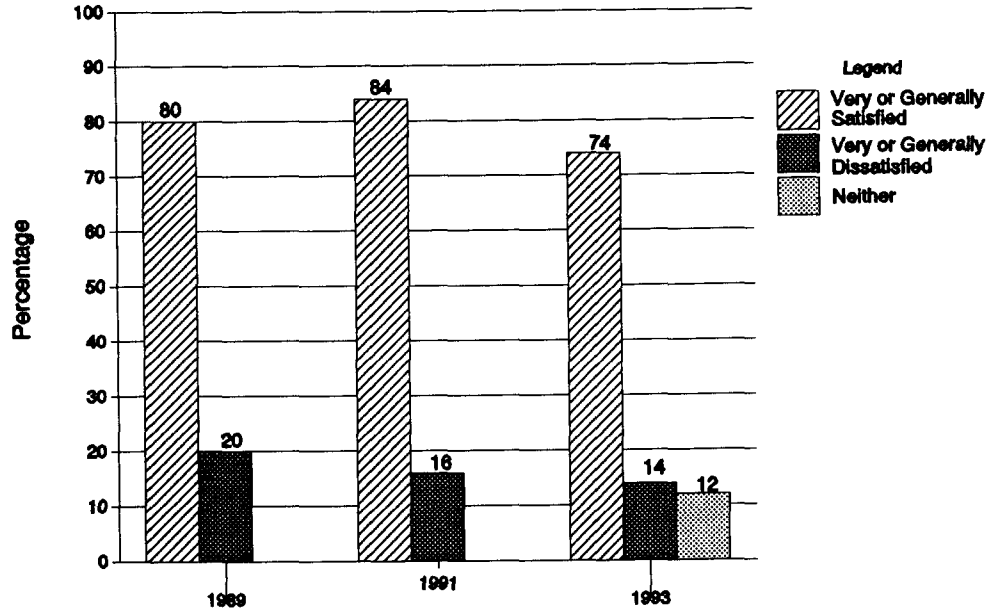


Figure 6 shows a comparison of 1993 satisfaction levels with those of 1989 and 1991. Although fewer beneficiaries expressed satisfaction in 1993, the 1993 survey offered a "Neither Satisfied nor Dissatisfied" option that was not offered in the previous surveys.

FIGURE 6

LEVEL OF SATISFACTION WHEN CALLING CARRIERS

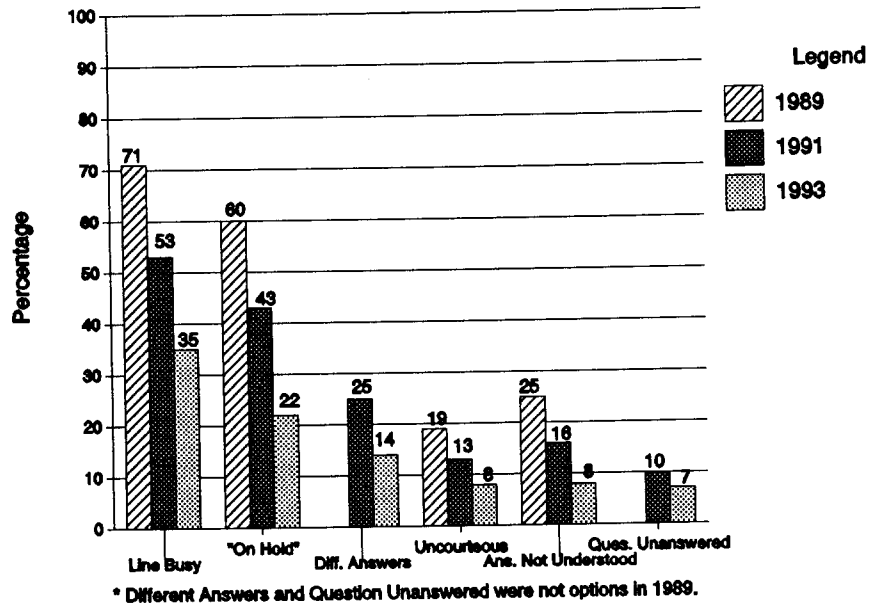


Problems with Telephone Services

The 29 percent of the beneficiaries (288) who had called their carriers were given a list of possible reasons why they might have been dissatisfied the last time they called. Half of them cited one or more problems. In 1991, 82 percent of the beneficiaries who had called their carriers cited one or more problems.

Figure 7 illustrates that while the number of beneficiaries who have problems calling carriers has declined, some beneficiaries still find the lines busy when they try to call. The numbers shown in Figure 7 represent the percent of all beneficiaries surveyed rather than the percent who responded to the question about problems calling carriers.

**FIGURE 7
PROBLEMS WITH TELEPHONE SERVICES**



Of the 74 percent of the beneficiaries who had called their carriers and were either very or generally satisfied, at least 30 percent cited a problem the last time they called. Table 4 on the next page relates the level of beneficiary satisfaction to the beneficiaries who identified a problem calling their carriers.

**TABLE 4
PROBLEMS CALLING CARRIERS RELATED TO
BENEFICIARY'S LEVEL OF SATISFACTION**

Problem Cited	Number of Beneficiaries ¹	Level of Satisfaction		
		Very or Generally Satisfied	Neither Satisfied Nor Dissatisfied	Very or Generally Dissatisfied
Line Busy	95	66 %	15 %	19 %
"On Hold" Too Long	63	57 %	19 %	24 %
Received Conflicting Answers	38	40 %	20 %	40 %
Answers Not Understood	22	41 %	36 %	23 %
Not Very Courteous	23	39 %	22 %	39 %
Inquiry Not Answered	20	25 %	15 %	60 %

¹Number of beneficiaries who cited a particular problem and a level of satisfaction.

Automated Voice Systems

Some Medicare carriers use automated voice systems to handle telephone calls.

Eighty beneficiaries who had called their carriers had experienced automated systems. Table 5 shows that more beneficiaries are encountering automated voice systems in 1993 than in 1991.

**TABLE 5
AUTOMATED VOICE SYSTEM**

CALL HANDLED BY:	1991	1993
AUTOMATED VOICE	23 %	31 %
MEDICARE EMPLOYEE	77 %	69 %

About 60 percent of the beneficiaries using automated voice systems had encountered problems with them. Those beneficiaries who had experienced these systems were asked to check possible problems they may have had. They could check one or more problems. Thirty-five beneficiaries said they did not have a touch-tone telephone to respond to the automated voice system, 18 beneficiaries said they could not understand the directions given by the system, and 7 beneficiaries cited other problems, such as being disconnected too many times and the system going too fast.

BENEFICIARIES USED SOME SPECIAL SERVICES OFFERED BY MEDICARE

We asked our sample of Medicare beneficiaries to provide information on the extent they use a second opinion for surgery and participating physicians.

Second Opinion on the Need for Surgery

Less than half (39 percent) of all the beneficiaries surveyed were aware that Medicare pays for a second opinion on the need for surgery. Only 19 percent of the beneficiaries who had received non-emergency surgery obtained a second opinion before having the surgery.

Table 6 shows that the number of beneficiaries who were aware that Medicare paid for second opinions has decreased each of the three survey years.

**TABLE 6
SECOND SURGICAL OPINIONS**

	1989	1991	1993
AWARE OF SECOND OPINIONS	43 %	41 %	39 %

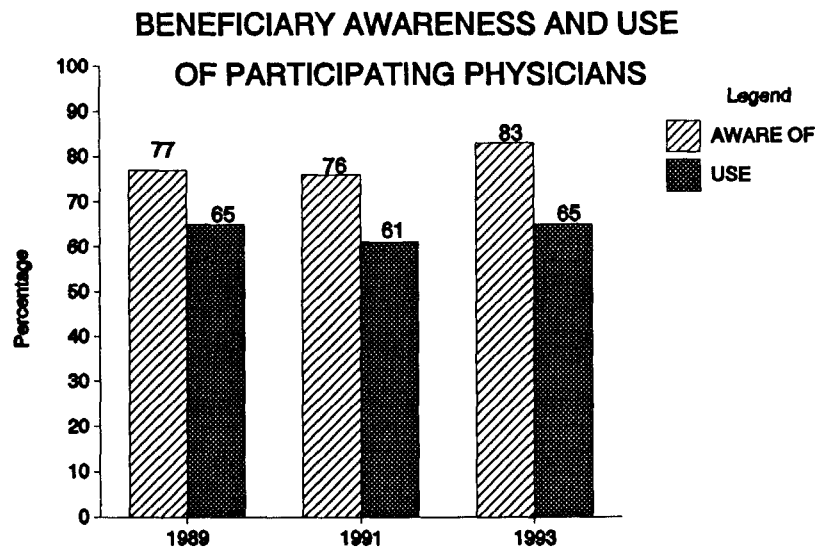
About half of all beneficiaries (51 percent) said they thought people should be required to get a second opinion from another doctor to make sure non-emergency surgery is really necessary. Many beneficiaries (44 percent) said it would depend on the type of surgery recommended. Five percent of the beneficiaries said that a second opinion should not be required.

Participating Physician Program

Medicare has "participating physicians" who agree to charge no more than Medicare's approved amount. Medicare pays 80 percent of the approved amount. A beneficiary is only responsible for paying a deductible and a 20 percent coinsurance.

Figure 8 shows that the number of beneficiaries who were aware of participating physicians in 1993 has increased when compared to the 1989 and 1991 surveys. Use of "participating physicians" has remained about the same.

FIGURE 8



Sixty-nine percent of all the beneficiaries surveyed said they had never called their carriers to get the names of "participating physicians," and 24 percent of those surveyed said they did not know their carriers provided this type of information.

CONCLUSION

Medicare carriers seem to be doing a better job this year processing Part B claims than in previous years. Most beneficiaries are satisfied with claims processing and said their claims are processed quickly enough. The number of beneficiaries experiencing problems with claims has declined since our previous survey.

Some beneficiaries do, however, have trouble understanding Medicare payments. Some do not understand what part of a claim was paid and why. Carriers began using a revised "Explanation of Medicare Benefits" (EOMB) in 1992 which HCFA is assessing. An OIG study on the EOMB should provide HCFA with specific information to help increase beneficiaries' understanding of Medicare payments.

Most beneficiaries who had called their carriers for assistance were satisfied with the service they had received. Further, the number of beneficiaries experiencing problems calling their carriers decreased from the 1991 survey. Over one-third (43 percent) of the beneficiaries who had called and experienced a problem said the line was busy. Carriers may be trying to improve their telephone service by using automated voice systems. However, the majority of beneficiaries using those systems have problems with them. Carriers need to continue their efforts to improve beneficiary access to their services.

APPENDIX A

RESPONSES TO 1993 SURVEY OF MEDICARE BENEFICIARY SATISFACTION

- Not every respondent answered every question. Percentages are based on actual responses. The number of respondents not answering an individual question is not included in the calculation of percentages.
- The sum of individual percentages may not equal 100 percent due to independent rounding.
- For Questions 2, 9, 11, 19, 23, and 25, respondents could check more than one choice. The sum of the percentages will total more than 100.

Question	Responses	Percentage
PART 1: MEDICARE COVERAGE		
1. In general, do you think...		
a. The Medicare program is understandable?		
YES	753	75
NO	256	25
NO ANSWER: 44		
b. You can get information about Medicare when you need it?		
YES	730	72
NO	76	7
DON'T KNOW	215	21
NO ANSWER: 32		
c. Medicare pays your claims quickly enough?		
YES	727	71
NO	153	15
DON'T KNOW	144	14
NO ANSWER: 29		

Question	Responses	Percentage
<p>2. What types of medical insurance do you or your spouse have in addition to Medicare?</p> <p>(Check all that apply)</p> <p>(N = 1010 - Number Responding to Question)</p>		
DO NOT HAVE ADDITIONAL INSURANCE COVERAGE	199	20
MEDICAID	111	11
HEALTH INSURANCE THROUGH YOUR OR YOUR SPOUSE'S <u>CURRENT OR FORMER</u> EMPLOYER	329	33
PRIVATE MEDICARE SUPPLEMENT	273	27
CHAMPUS	5	.5
OTHER	238	24
NO ANSWER: 43		
<p>3. Do you feel at this time you are in good health?</p>		
YES	664	67
NO	331	33
NO ANSWER: 58		
<p>4. Thinking about the most recent time you were a patient <u>in a hospital</u> for at least one night, was it clear to you what Medicare paid for?</p> <p>(Check <u>one</u> answer.)</p>		
I HAVE NOT BEEN IN THE HOSPITAL FOR AT LEAST ONE NIGHT SINCE I HAVE HAD MEDICARE COVERAGE	352	34
YES, IT WAS CLEAR WHAT MEDICARE PAID FOR	416	40
NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE PAID FOR	151	15
I DO NOT REMEMBER IF IT WAS CLEAR WHAT MEDICARE PAID FOR	100	10
MEDICARE HAS NOT YET PAID THE HOSPITAL	13	1
NO ANSWER: 21		

Question	Responses	Percentage
5. Thinking about the most recent time you received medical services <u>in your home</u> from a <u>home health agency</u> , was it clear to you what Medicare paid for?		
(Check <u>one</u> answer.)		
I HAVE NOT RECEIVED MEDICAL SERVICES FROM A HOME HEALTH AGENCY SINCE I HAVE HAD MEDICARE	783	78
YES, IT WAS CLEAR WHAT MEDICARE PAID FOR	154	15
NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE PAID FOR	30	3
I DO NOT REMEMBER IF IT WAS CLEAR WHAT MEDICARE PAID FOR	30	3
MEDICARE HAS NOT YET PAID FOR THE HOME HEALTH SERVICES	12	1
NO ANSWER: 44		
6. Thinking about the last time you went to the doctor, was it clear to you <u>before you went</u> what Medicare would pay for?		
(Check <u>one</u> answer.)		
I HAVE NOT BEEN TO THE DOCTOR SINCE I HAVE HAD MEDICARE	36	4
YES, IT WAS CLEAR WHAT MEDICARE WOULD PAY FOR	563	55
NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE WOULD PAY FOR	348	34
I DO NOT RECALL	74	7
NO ANSWER: 32		
7. Did you know <u>before today</u> that Medicare limits how much doctors can charge you for specific services?		
YES	653	64
NO	373	36
NO ANSWER: 27		

Question	Responses	Percentage
8. If you should ever need nursing home care, do you have a way to cover the cost?		
YES	362	37
NO (Skip to Q-10)	587	60
I AM CURRENTLY IN A NURSING HOME (Skip to Q-11)	32	3
NO ANSWER: 72		

9. Listed below are some ways people might pay for nursing home care. Which of these would you rely on if you ever needed nursing home care for more than 5 months?

(Check all that apply.)

(N = 286 - Number Responding to Question)

PERSONAL SAVINGS	160	56
RETIREMENT INCOME	126	44
PRIVATE INSURANCE	88	31
MEDICAID	87	30
EQUITY IN YOUR HOME	91	32
OTHER	25	9
NO ANSWER: 76		

10. Many people think Medicare will pay for long-term nursing home care. It currently does not. Before today, did you think that Medicare WOULD PAY for long-term nursing home care for more than 5 months?

YES	222	24
NO	702	76
NO ANSWER: 97		

Question	Responses	Percentage
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PART 2: GETTING INFORMATION ABOUT MEDICARE

11. The following are some places people might go to get answers if they have questions about what Medicare pays for.

Where would you go to get information about what Medicare pays for?

(Check all that apply.)

(N = 1025 - Number Responding to Question)

YOUR DOCTOR'S OFFICE	495	48
A FRIEND OR RELATIVE	103	10
AARP OR OTHER MEMBERSHIP ORGANIZATION	200	20
INSURANCE COMPANY THAT PROCESSES YOUR MEDICARE CLAIMS	324	32
THE SOCIAL SECURITY OFFICE	465	45
A LOCAL SENIOR CITIZENS' GROUP	83	8
AN INSURANCE SALESPERSON	17	2
THE <u>MEDICARE HANDBOOK</u>	552	54
OTHER	40	4
NO ANSWER:	28	

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12. When you have needed specific information about what Medicare pays for, how often were you able to get the information you needed?

(Check one answer.)

MOST OF THE TIME	393	39
SOME OF THE TIME	182	18
SELDOM OR NEVER	82	8
I HAVE NEVER NEEDED INFORMATION	360	35
NO ANSWER:	36	

Question	Responses	Percentage
13. Listed below are ways the Government could use to tell people about changes in the Medicare program.		
Which way is best for notifying you of Medicare changes?		
(Please check <u>ONLY ONE</u> .)		
(N = 1032 - Number Responding to Question)		
ANNOUNCEMENTS ON TELEVISION AND RADIO	70	7
PAMPHLETS DESCRIBING THE CHANGES MAILED TO ME	357	34
NOTICES INCLUDED WITH MY SOCIAL SECURITY CHECK	179	17
A NEW <u>MEDICARE HANDBOOK</u> MAILED TO ME THAT INCLUDES THE CHANGES	394	38
ANNOUNCEMENTS IN THE NEWSPAPER	12	1
SPEECHES OR PRESENTATIONS BY MEDICARE REPRESENTATIVES	11	1
OTHER	9	.8
NO ANSWER: 21		

14. How many times in the past year have you used your Medicare Handbook?

(Check one answer.)

1 TO 3 TIMES	368	36
MORE THAN 3 TIMES	57	6
I HAVE NEVER USED THE <u>MEDICARE HANDBOOK</u> (Skip to Q-17)	345	34
I DO NOT KNOW WHAT THE <u>MEDICARE HANDBOOK</u> IS (Skip to Q-17)	27	3
I DO NOT RECALL RECEIVING A <u>MEDICARE HANDBOOK</u> (Skip to Q-17)	213	21
NO ANSWER: 43		

Question	Responses	Percentage
15. Do you think the <u>Medicare Handbook</u> is:		
(Check <u>one</u> answer.)		
VERY HELPFUL	113	27
GENERALLY HELPFUL	272	66
GENERALLY NOT HELPFUL	19	5
NOT HELPFUL AT ALL	7	2
NO ANSWER: 14		
16. Thinking about the <u>Medicare Handbook</u> you have received, would you say that...		
a. The wording is easy to understand?		
YES	314	80
NO	78	20
NO ANSWER: 33		
b. The lettering is large enough to read?		
YES	345	94
NO	23	6
NO ANSWER: 57		
c. It covers enough information?		
YES	284	85
NO	51	15
NO ANSWER: 90		
PART 3: MEDICARE CLAIMS		
17. Did you know <u>before today</u> that your doctors are supposed to file your Medicare claims for you?		
YES	921	90
NO	100	10
NO ANSWER: 32		

Question	Responses	Percentage
18. Overall, how satisfied are you with the way Medicare has processed your claims?		
VERY SATISFIED	378	37
GENERALLY SATISFIED	472	46
NEITHER SATISFIED NOR DISSATISFIED	91	9
GENERALLY DISSATISFIED	26	3
VERY DISSATISFIED	12	1
MEDICARE HAS NOT YET PAID CLAIM	39	4
NO ANSWER: 35		

19. Did you have any of the following problems the last time you had a Medicare claim for a doctor's visit?

(N = 988 - Number Responding to Question)

(Check as many as apply.)

I HAD DIFFICULTY GETTING INFORMATION FROM MEDICARE ON THE STATUS OF MY CLAIM	27	3
I DID NOT UNDERSTAND WHAT PART OF MY CLAIM MEDICARE PAID AND WHY	144	15
I DID NOT UNDERSTAND WHY MEDICARE DENIED THE CLAIM	79	8
MEDICARE TOOK TOO LONG TO PAY MY CLAIM	85	9
I DID NOT UNDERSTAND THE NOTICE MEDICARE SENT AFTER PROCESSING MY CLAIM. (THE NOTICE IS CALLED "EXPLANATION OF MEDICARE BENEFITS.")	128	13
I DID NOT HAVE A PROBLEM WITH MY MEDICARE CLAIM	643	65
OTHER	34	3
NO ANSWER: 65		

Question	Responses	Percentage
PART 4: CALLING MEDICARE		
20. Have you ever tried to call the insurance company that processes your Medicare claims?		
YES - Month and Year of Last Call:	288	29
NO (Skip to Q-26)	708	71
NO ANSWER: 57		
21. Thinking about the last time you tried to call, how many tries did it take you to reach them?		
(Check <u>one</u> answer.)		
FIRST TRY	95	35
SECOND TRY	71	25
THREE OR MORE TRIES	85	32
NEVER GOT THROUGH	22	8
NO ANSWER: 15		
22. How satisfied were you with the service you received the last time you called?		
(Check <u>one</u> answer.)		
VERY SATISFIED	87	31
GENERALLY SATISFIED	119	43
NEITHER SATISFIED NOR DISSATISFIED	32	12
GENERALLY DISSATISFIED	25	9
VERY DISSATISFIED	13	5
NO ANSWER: 12		

Question	Responses	Percentage
23. Listed below are possible problems someone might have when calling the Medicare insurance company.		
Did you have any problems the last time you called?		
(N = 230 - Number Responding to Question)		
(Check <u>as many as apply.</u>)		
I WAS NOT ABLE TO GET MY QUESTION ANSWERED	20	9
THE LINE WAS BUSY	100	43
I GOT DIFFERENT ANSWERS FROM DIFFERENT PEOPLE	39	17
I WAS PUT ON "HOLD" TOO LONG	63	27
I COULD NOT UNDERSTAND THE ANSWER THEY GAVE ME	23	10
THE PERSON ANSWERING THE CALL WAS NOT VERY COURTEOUS	23	10
I DID NOT HAVE A PROBLEM WITH THE SERVICE I RECEIVED	116	50
OTHER	7	3
NO ANSWER: 58		

24. Some Medicare insurance companies use an automated voice system to handle telephone calls.

Thinking about the last time you called the Medicare insurance company that processes your claims, how was your call answered?

BY AN AUTOMATED VOICE	80	31
BY A MEDICARE EMPLOYEE	177	69
(Skip to Q-26)		
NO ANSWER: 37		

Question	Responses	Percentage
25. Listed below are possible reasons that someone would be dissatisfied with calling the Medicare insurance company and getting an automated voice.		
Did you have any of these problems the last time you called?		
(N = 48 - Number Responding to Question)		
(Check <u>as many as apply.</u>)		
I DID NOT HAVE A TOUCH-TONE TELEPHONE TO RESPOND TO THE AUTOMATED VOICE SYSTEM	35	73
I COULD NOT UNDERSTAND THE DIRECTIONS GIVEN BY THE AUTOMATED VOICE SYSTEM	18	38
OTHER	7	14
NO ANSWER: 32		

PART 5: APPEALING CLAIMS

26. Sometimes people disagree with the decisions made on their Medicare claims. When this happens, you may appeal or request a review of those decisions.

Did you know before today that you could appeal or request a review?

YES	749	75
NO	254	25
NO ANSWER: 50		

27. Have you ever appealed a decision made by Medicare on a claim you submitted?

YES	60	6
NO (Skip to Q-30)	904	94
NO ANSWER: 89		

28. Did you understand the final decision made on your claim?

YES	35	65
NO	19	35
NO ANSWER: 6		

Question	Responses	Percentage
29. Do you think your appeal was handled fairly?		
YES	28	59
NO	20	41
NO ANSWER: 12		

PART 6: GETTING SECOND OPINIONS

30. If your doctor recommends that you have surgery, Medicare will help you pay to get the opinion of another doctor to make sure the surgery is really necessary.

Were you aware before today that Medicare would help to pay for you to get a second opinion before having surgery?

YES	397	39
NO	624	61
NO ANSWER: 32		

31. Do you think people should be required to get a second opinion from another doctor to make sure non-emergency surgery is really necessary?

YES	526	51
NO	49	5
DEPENDS ON THE TYPE OF SURGERY	447	44
NO ANSWER: 31		

32. Thinking about the last time you had non-emergency surgery, did you get a second doctor's opinion before having the surgery?

YES	185	19
NO	425	43
I HAVE NEVER HAD NON-EMERGENCY SURGERY	382	39
NO ANSWER: 61		

Question	Responses	Percentage
PART 7: "PARTICIPATING DOCTORS" PROGRAM		
33. Medicare has "participating doctors" who agree to charge no more than Medicare's approved amount. Medicare pays 80% of the approved amount. You are only responsible for paying the deductible and the 20% coinsurance.		
<u>Before today</u>, had you ever heard about Medicare "participating doctors?"		
YES	853	83
NO	172	17
NO ANSWER: 28		
34. Are any of your doctors "participating doctors?"		
YES	677	65
NO	94	9
DON'T KNOW	262	25
NO ANSWER: 20		
35. Have you ever contacted the insurance company that processes your Medicare claims to get the names of doctors who are "participating doctors?"		
YES	65	6
NO	703	69
I DID NOT KNOW I COULD GET THIS INFORMATION FROM THE INSURANCE COMPANY THAT PROCESSES MY CLAIMS	246	24
NO ANSWER: 39		
36. Thinking about the future, how likely are you to select a "participating doctor" for health care services?		
(Check <u>one</u> answer.)		
LIKELY TO SELECT "PARTICIPATING DOCTOR"	634	65
NOT LIKELY TO SELECT "PARTICIPATING DOCTOR"	78	8
WILL NOT MATTER IF DOCTOR IS "PARTICIPATING"	262	27
NO ANSWER: 79		

APPENDIX B

COMPARISON TO THE 1989 AND 1991 SURVEYS

I. SIMILARITIES BETWEEN THE SURVEYS

The majority of the questions from the 1991 Medicare Beneficiary Survey (OEI-04-90-89030) were used in the 1993 survey. Twenty-nine questions from the 1991 survey were essentially duplicated in the 1993 survey.

II. DIFFERENCES BETWEEN THE SURVEYS

The 1993 survey was designed to offer a greater number of optional responses, such as the possibility of not having experienced a problem or not recalling a particular issue. We tried to eliminate "skip to" situations, so we combined questions wherever possible. For example, in 1991, we first asked beneficiaries if they had ever received medical services in their home from a home health agency. If they had not, beneficiaries were asked to skip questions. Then, we asked only those who had received such services if it was clear what Medicare paid for. In the 1993 survey, we asked only one question (Question 5) about home health agencies. This question included three additional options that the 1991 survey did not include. The three options were "I have not received medical services from a home health agency...", "I do not remember if it was clear what Medicare paid for," and "Medicare has not yet paid for the home health services."

Response Rates

In 1989 and 1991, the response rates to our surveys were 65 and 83 percent, respectively. The response rate to our 1993 survey was 84 percent.

III. FINDINGS OF SIGNIFICANT DIFFERENCE BETWEEN THE THREE SURVEYS

Where sufficient similarities existed between questions in the three surveys, we compared responses to determine if differences were statistically significant. We determined "significant" differences by using the t-test. Our purpose was to determine whether the three surveys reflect significant differences regarding beneficiaries' experience and satisfaction over the three survey years.

Because we offered more options for beneficiary responses to questions in the 1993 survey, we could not do a direct comparison to determine changes in levels of satisfaction for all Medicare issues.

APPENDIX C

ANALYSIS OF RESPONDENTS VS. NON-RESPONDENTS

A consideration in surveys of this type is that the results may be biased if the non-respondents are significantly different from the respondents. To determine whether significant differences exist in this survey, we performed various analyses, including a comparison of the age and gender for the 1053 respondents and the 204 non-respondents. The analyses revealed no significant difference, which suggests that our survey results were not biased.

ANALYSIS BY AGE

The average age for respondents was 74, compared to age 77 for non-respondents. A means test revealed that the difference in average ages for the two groups was statistically significant. Therefore, to analyze for potential bias related to age, we divided respondents into two groups, those younger than 73 1/2 and those older than that age. We then performed a t-test on each group's responses to three key questions on the questionnaire (Questions 1a, 1b, and 1c). Those three questions, posed to all respondents, relate to program understandability, availability of information, and claims processing quickness. The t-tests revealed no statistically significant differences between responses to those questions by younger beneficiaries and responses by older beneficiaries. That is, the frequency of positive and negative responses for the two age groups was not significantly different. Therefore, no statistical evidence of age bias was shown.

ANALYSIS BY GENDER

The analysis by gender showed that the distribution of male and female respondents was not comparable to the distribution of non-respondents.

	SAMPLE	RESPONDENTS	NON-RESPONDENTS
MALE	40%	42%	31%
FEMALE	60%	58%	69%

Due to the significant percentage differences between male and female respondents versus non-respondents, additional analysis was necessary.

Using three questions (Questions 1a, 1b, and 1c) on the questionnaire as key questions, we concluded there was an absence of bias among the sexes. The positive

(YES) responses to the key questions were, cumulatively, 71 percent for male respondents and 70 percent for female respondents.

ANALYSIS BY TIME OF RESPONSE

As an additional guard against obtaining biased results, some surveys similar to this one are reviewed for differences which may exist between early and late responses. The rationale is that late respondents and non-respondents may share certain tendencies. For example, when compared to early respondents, late respondents could hold more negative (or, at least, less enthusiastic) opinions.

To test for possible late response bias in this survey, the first 800 responses (76 percent) were compared to the last 253 responses.

Again, three key questions were used for analysis. The early responses to the key questions were, cumulatively, 65 percent positive. The later responses were 63 percent positive. The difference of two percentage points is not statistically significant.