

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICARE BENEFICIARY SATISFACTION:
1991**



**Richard P. Kusserow
INSPECTOR GENERAL**

OCTOBER 1991

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program, and management problems, and recommends courses to correct them.

OFFICE OF AUDIT SERVICES

The OIG's Office of Audit Services (OAS) provides all auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations in order to reduce waste, abuse, and mismanagement and to promote economy and efficiency throughout the Department.

OFFICE OF INVESTIGATIONS

The OIG's Office of Investigations (OI) conducts criminal, civil, and administrative investigations of allegations of wrongdoing in HHS programs or to HHS beneficiaries and of unjust enrichment by providers. The investigative efforts of OI lead to criminal convictions, administrative sanctions, or civil money penalties. The OI also oversees State Medicaid fraud control units which investigate and prosecute fraud and patient abuse in the Medicaid program.

OFFICE OF EVALUATION AND INSPECTIONS

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

This report was prepared in the Atlanta Regional Office under the direction of Jesse J. Flowers, Regional Inspector General, and Chris Koehler, Deputy Regional Inspector General, Office of Evaluation and Inspections. Project staff:

ATLANTA

Betty Apt, *Project Leader*
Peggy Daniel, *Lead Analyst*
Joe Townsel
Christopher Anglin
Kimberly Graves
Paulette Roberts Monroe

HEADQUARTERS

Wm. Mark Krushat, MPH
Barbara Tedesco
Brian Ritchie
Vicki Greene

RUSSO AND ASSOCIATES

J. Robert Russo, Ph.D.
Daniel Craig Lockhart, Ph.D.
Janice S. Rogan, Ph.D.

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICARE BENEFICIARY SATISFACTION:
1991**



**Richard P. Kusserow
INSPECTOR GENERAL**

OEI-04-90-89030

EXECUTIVE SUMMARY

PURPOSE

This survey of Medicare beneficiaries was conducted to assess beneficiary experience and satisfaction with various aspects of the Medicare program.

BACKGROUND

The Office of Inspector General (OIG) for the Department of Health and Human Services (HHS) has conducted a survey of a random sample of Medicare beneficiaries. Participation in the survey was voluntary and yielded a response rate of 83 percent. Responses were compared to those of a 1989 OIG survey to determine if there were significant differences.

FINDINGS

This survey of Medicare beneficiaries found that:

- ▶ Overall, beneficiaries appear very satisfied with Medicare.
 - Seventy-nine percent say they think the program is understandable--a percentage which is significantly higher than in 1989 when 73 percent thought the program was understandable.
 - Seventy-four percent understand the payment policies compared to 69 percent in 1989.
 - Ninety percent of the beneficiaries can get information about Medicare when they need it--a significant improvement over the 85 percent in 1989.
 - Ninety-three percent are satisfied with the way Medicare processes their claims. In 1989, only those beneficiaries who submitted their own claims were polled, and 88 percent were satisfied.
 - Eighty-four percent of those who have called their carrier were satisfied with the services they received. In 1989, 80 percent of those who called carriers' toll-free numbers were satisfied with the services they received.

- ▶ However, beneficiaries did experience some problems with Medicare services.
 - Two-thirds (67 percent) identified one or more problems they had experienced, such as understanding what Medicare paid on their claims and why (38 percent).
 - Eighty-two percent of the callers identified problems, particularly with the line being busy (53 percent) or being put "on hold" too long (43 percent).
- ▶ Few beneficiaries are aware of or use the special services Medicare offers, such as hospital mortality data and nursing home inspection reports. This finding is similar to that of the 1989 survey:

TABLE OF CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION.	1
Purpose	1
Background	1
Methods	2

FINDINGS	4
Overall Understanding of the Medicare Program	4
How Beneficiaries Get Information	5
Satisfaction with Claims Processing	7
Satisfaction with Carriers' Telephone Services	8
Use of Special Services Offered by Medicare	9

ENDNOTES	11
----------------	----

APPENDIXES

Appendix A: Methods and Sample Selection	A-1
Appendix B: Responses to 1991 Survey of Medicare Beneficiary Satisfaction	B-1
Appendix C: Comparison to the 1989 Survey	C-1
Appendix D: Analysis of Respondent vs. Non-Respondents	D-1
Appendix E: Problems with Telephone Services	E-1
and Claims Processing	

INTRODUCTION

PURPOSE

This survey of Medicare beneficiaries was conducted to assess beneficiary experience and satisfaction with various aspects of the Medicare program.

Responses were also compared to a 1989 Office of Inspector General (OIG) national survey to determine if there were significant differences.

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 33 million people, known as **beneficiaries**. In 1990, Medicare paid benefits totalling \$105 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 physicians' 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 in the program's administration. The Social Security Administration (SSA) establishes eligibility, enrolls beneficiaries in the program, and collects the 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. In recent years Congress has passed and repealed the Catastrophic Health Care Coverage Act, which would have imposed the most far-reaching changes to Medicare since its inception. Other legislation requires that physicians and other providers submit all Medicare claims for beneficiaries. In addition, HCFA has implemented changes aimed at better service for beneficiaries. Among them is the introduction of an automated telephone system for the carriers in some States.

Related Studies

In 1989, the Inspector General 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 the Inspector General conduct similar surveys of beneficiaries in Georgia¹ and New Jersey²--States where there had been reports of beneficiary dissatisfaction with the Part B carriers.

METHODS

1991 Survey

A survey instrument composed of 47 questions was mailed in December 1990 to 637 randomly selected beneficiaries for whom Medicare Part B claims had been filed in Calendar Year 1989. Their participation in the survey was voluntary.

Nine beneficiaries were eliminated from the sample for various reasons: five questionnaires were undeliverable, two beneficiaries were deceased, and two individuals had been erroneously selected. This reduced the sample size from 637 to 628.

A total of 519 beneficiaries returned completed questionnaires, for a response rate of 83 percent. (See appendix A for additional information on methods used in this survey.)

Comparison to 1989 Survey

The majority of the questions in this survey were also used in the 1989 OIG survey, though in some instances there were slight differences in the wording and sequencing of the questions. Where applicable, responses to the surveys were compared to determine if differences were statistically significant. For purposes of this survey, "significant" differences refer to those which were determined, using the t-test, to be

substantial. Instances where such differences were calculated are noted in the Findings section of this report. (See appendix B for responses to all questions in this survey and appendix C for a comparison of the two surveys.)

FINDINGS

This survey of Medicare beneficiaries found that:

- ▶ Overall, beneficiaries appear very satisfied with Medicare.
 - Seventy-nine percent say they think the program is understandable, a percentage which is significantly higher than in 1989.
 - Seventy-four percent understand the payment policies.
 - Ninety percent can get information when they need it.
 - Ninety-three percent are satisfied with the way Medicare processes their claims.
 - Eighty-four percent of those who have called their carrier were satisfied with the services they received.

- ▶ Few beneficiaries are aware of the special services Medicare offers, such as hospital mortality data and nursing home inspection reports.

Approximately 66 percent of the respondents consider themselves to be in good health, and 81 percent have medical coverage in addition to Medicare.

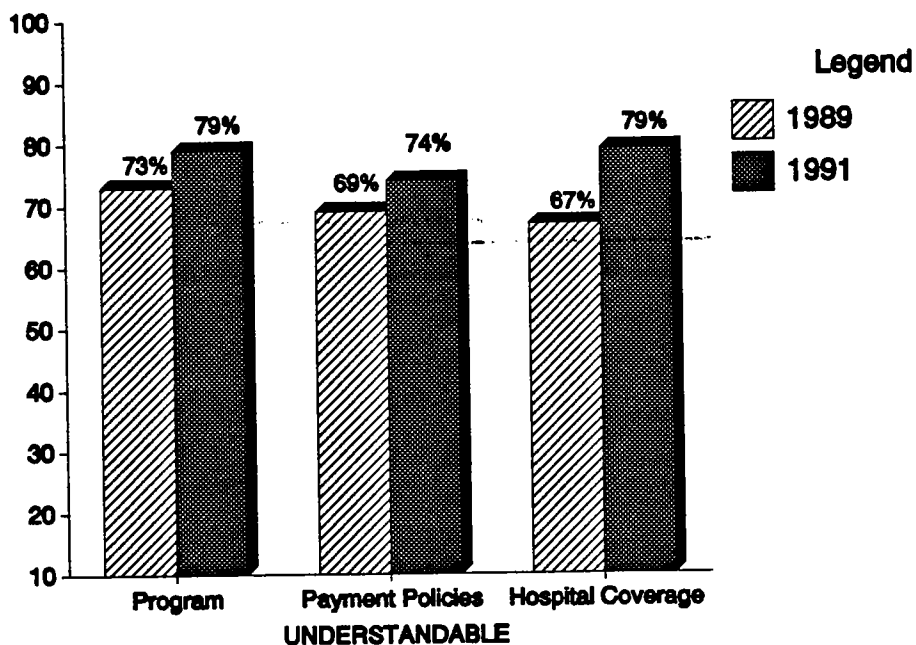
MOST BENEFICIARIES UNDERSTAND THE MEDICARE PROGRAM.

Over three-fourths (79 percent) of the beneficiaries think the Medicare program is understandable. Statistically, this rate is significantly higher than on the previous survey, when 73 percent thought the program was understandable. The repeal of catastrophic coverage since the last survey could have contributed toward more favorable responses.

Seventy-four percent of the beneficiaries understand Medicare's overall payment policies, compared to 69 percent in 1989.

Of the beneficiaries who have been hospitalized, 79 percent say they understand what Medicare paid for. This response is also significantly higher than the rate in 1989, when only 67 percent understood their hospital coverage.

BENEFICIARIES UNDERSTAND PROGRAM BETTER



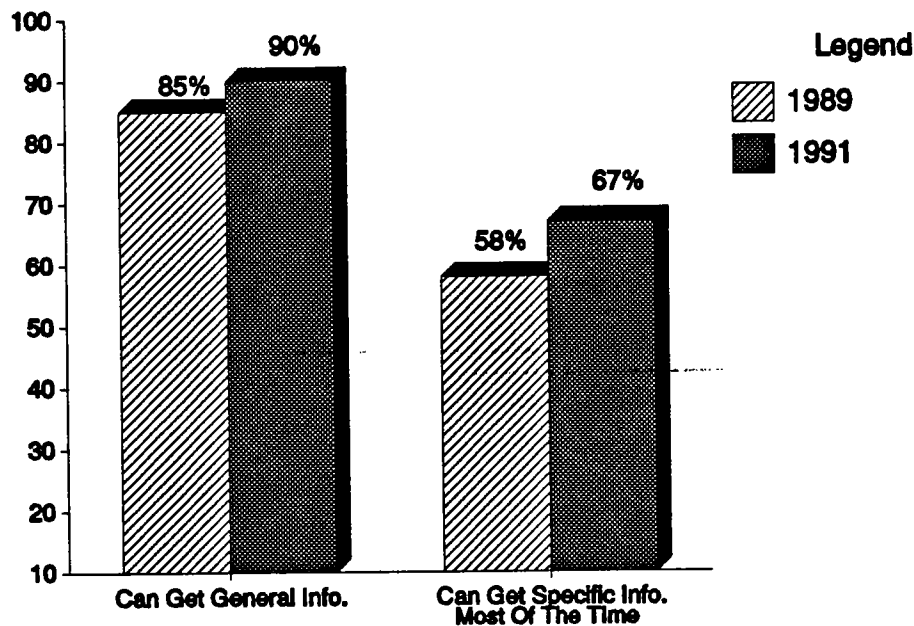
Three-fourths of the beneficiaries who received home health services understand payments for those services.

BENEFICIARIES CAN GET INFORMATION WHEN NEEDED.

Ninety percent of the beneficiaries say they can get information about Medicare when they need it. This response is a significant improvement over the 85 percent who gave that response in 1989.

A third of the beneficiaries say they have never needed to get specific information about their Medicare coverage, but of those who have needed such information, 67 percent were able to get help most of the time. This is significantly higher than in 1989, when 58 percent were able to get help most of the time.

MORE BENEFICIARIES CAN GET INFORMATION



From a list of possible information sources, beneficiaries were asked to indicate which places they would be likely to go if they had questions. Sixty-one percent say they would go to their Social Security offices. Sixty percent say they would consult the Medicare Handbook, and 35 percent would call their carriers.

The Medicare Handbook is issued to beneficiaries when they enroll in the program. Beneficiaries are usually notified of changes to the program through notices in the mail. However, a new handbook was mailed to each beneficiary in 1989 after the Catastrophic Coverage Act was passed by Congress, and then again in 1990 after the Act was repealed.

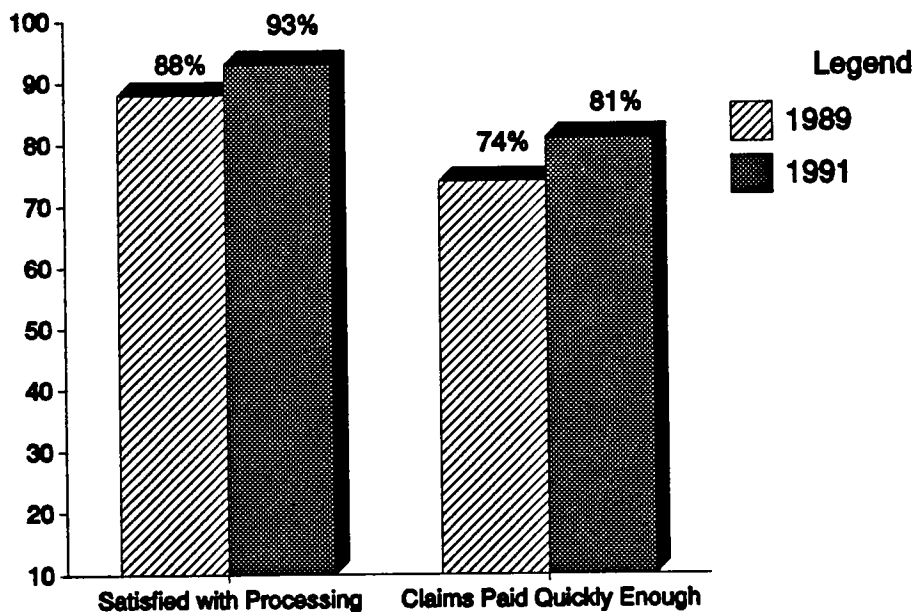
Most beneficiaries (90 percent) think the Medicare Handbook is "generally helpful," although only 15 percent say they have used it 3 or more times in the last year. When asked how they would like to be notified of Medicare changes, 61 percent of the beneficiaries indicate a preference for notification through the mail. Forty-two percent think Medicare should mail a new handbook each year.

BENEFICIARIES ARE GENERALLY SATISFIED WITH MEDICARE'S PROCESSING OF CLAIMS.

Effective September 1, 1990, beneficiaries no longer submit claims. Providers submit claims for them. Ninety-three percent of the beneficiaries are at least "generally satisfied" with the way Medicare processes their claims. In 1989, only those beneficiaries who submitted their own claims were polled, and 88 percent were satisfied.

This year 81 percent think their claims are paid quickly enough, which is significantly higher than in 1989 when only 74 percent thought so.

BENEFICIARIES ARE SATISFIED WITH CLAIMS PROCESSING



Claims Processing Problems

Although ninety-three percent of the beneficiaries, in general, were satisfied with claims processing, many had encountered some difficulties. When given a list of possible reasons they might be dissatisfied with claims processing, two-thirds (67 percent) identified one or more problems they had experienced.³

- ▶ Thirty-eight percent of all beneficiaries say they have had problems understanding what Medicare paid on their claims and why.
- ▶ Twenty-four percent cited a problem determining how much their other insurance should pay.
- ▶ Eighteen percent have had claims denied.

- ▶ Fifteen percent have had difficulty getting information on the status of their claims.

Appendix E gives a breakdown of the problems beneficiaries cited, with relationship to whether they were satisfied or dissatisfied with claims processing.

Appeals

Over three-fourths (78 percent) of the beneficiaries knew they could appeal decisions made on their Medicare claims, but only 30 beneficiaries had ever filed an appeal. Most of the 30 understood the final decisions on their appeals (74 percent) and thought their appeals had been handled fairly (65 percent).

MOST BENEFICIARIES ARE SATISFIED WITH CARRIERS' TELEPHONE SERVICES.

To facilitate their assistance to beneficiaries, Medicare carriers have toll-free telephone numbers. The numbers are included in the Medicare Handbook and on each notice sent to beneficiaries when a claim has been processed.

Thirty-four percent of the beneficiaries have called their carriers to obtain information--using either the toll-free number or a local number. Eighty-four percent of those who have called say they were satisfied with the service they received. However, 82 percent of the callers cited various difficulties they have experienced when calling carriers.

Problems with Telephone Services

From a list of possible reasons beneficiaries might have been dissatisfied the last time they called their carriers:⁴

- ▶ Fifty-three percent (70 percent of those who say they were satisfied) say the line was busy.
- ▶ Forty-three percent (49 percent of those who say they were satisfied) were put "on hold" too long.
- ▶ Twenty-five percent say they received different answers from different people.
- ▶ Sixteen percent did not understand the carriers' answer(s).
- ▶ Thirteen percent said the person answering the call was not very courteous.
- ▶ Ten percent were unable to get their questions answered.

Appendix E gives a breakdown of the problems beneficiaries cited, with relationship to whether they were satisfied or dissatisfied with carriers' telephone services.

Automated Voice System

Some carriers use an automated voice system for responding to inquiries. Thirty-five beneficiaries in the survey had experienced these systems. Nineteen of the beneficiaries, however, said they did not have a touch-tone phone to utilize the service, and 12 reported difficulty understanding the directions.

FEW BENEFICIARIES USE SPECIAL SERVICES OFFERED BY MEDICARE.

Second Opinion on the Need for Surgery

Less than half (41 percent) of the beneficiaries are aware that Medicare pays for a second opinion concerning the need for surgery.

Half of all the beneficiaries think second opinions should be required for non-emergency surgery. Most of the others say it should depend on the type surgery recommended.

Of the beneficiaries who have had surgery since being covered by Medicare, only 28 percent have sought a second opinion. Most got the name of the second physician from the physician who recommended the surgery. Only two beneficiaries had ever used Medicare's Second Opinion Referral Center.

Participating Physicians

Physicians who agree to charge beneficiaries no more than Medicare's approved amount for various services are called "participating physicians." Over three-fourths (76 percent) of the beneficiaries are aware that some physicians work under this arrangement. Sixty-one percent of the beneficiaries go to participating physicians. Twenty-eight percent do not know if any of their physicians are "participating."

About half (51 percent) of the beneficiaries know they can get information from Medicare about participating physicians. That response is significantly higher than the 43 percent in 1989. However, only 16 percent of those who know of this service have ever used it. Sixty-five percent of all the beneficiaries indicate they would be likely to contact Medicare about participating physicians in the future.

Mortality Figures and Nursing Home Reports

Every year HCFA publishes Medicare beneficiary mortality rates for individual hospitals. The information is designed to help beneficiaries (and others) make informed choices in selecting hospitals. The HCFA also publishes the results of nursing home inspections.

Beneficiaries are more aware of the nursing home reports than they are of the mortality figures, as the following chart shows:

FEW ARE AWARE OF MEDICARE REPORTS				
	Mortality Rates		Nursing Home Inspections	
	1989	1991	1989	1991
Respondents Aware Of Information	10%	7%*	21%	25%
Those Aware Who Have Used Information	8%	6%	4%	10%
Respondents Likely To Use Information In Future	54%	51%	86%	88%
<i>*significantly different</i>				

In summary, the level of beneficiary satisfaction in 1991 is at least as high as in 1989, and is significantly higher for some aspects of the program.

ENDNOTES

1. Office of Inspector General, United States Department of Health and Human Services. Beneficiary Satisfaction with Georgia's Medicare Carrier. OEI-04-90-01050. February 1990.
2. Office of Inspector General, United States Department of Health and Human Services. New Jersey Medicare Beneficiary Satisfaction. OAI-02-90-02040. October 1990.
3. A beneficiary's failure to cite a problem from the list is interpreted as not having experienced that problem. Percentages are calculated accordingly.
4. A beneficiary's failure to cite a problem from the list is interpreted as not having experienced that problem. Percentages are calculated accordingly.

APPENDIX A

METHODS AND SAMPLE SELECTION

The purpose of this survey was to assess beneficiary experience and satisfaction with the Medicare program. The sample universe was comprised of beneficiaries who received Part B Medicare benefits in Calendar Year 1989.

From approximately 25 million individuals who received such benefits, a non-stratified simple random sample was selected.

Based upon previous experience with similar client and beneficiary surveys, the sample size was calculated to produce an estimate within 10 percent of the true value at the 95 percent confidence level. To arrive at the sample size, standard equations were used for estimating sample size with a binary response variable.

A sample of 637 Health Insurance Claim (HIC) numbers was drawn from HCFA's Part B Medicare Annual Data System (BMAD) files. Those numbers were cross-matched with Social Security's Master Beneficiary Record (MBR) files to obtain the name and address associated with each HIC.

Six hundred thirty-seven questionnaires were mailed on December 14, 1990. It was subsequently learned that two beneficiaries were deceased and two were erroneously selected. In addition, five questionnaires were undeliverable. This reduced the sample from 637 to 628.

A second mailing to 247 non-respondents was done on January 8, 1991. Two weeks later, telephone calls were made to those for whom numbers could be obtained. These follow-up efforts resulted in the receipt of 163 responses.

Ultimately, beneficiaries returned 519 completed questionnaires. The response rate was 83 percent.

APPENDIX B

RESPONSES TO 1991 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, 13, 19, 22, 24 and 44, 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	395	79
NO	107	21
NO ANSWER: 17		

b. You can get information about Medicare when you need it?

YES	446	90
NO	50	10
NO ANSWER: 23		

c. Medicare payment policies are understandable?

YES	366	74
NO	128	26
NO ANSWER: 25		

Question	Responses	Percentage
----------	-----------	------------

d. Medicare pays your claims quickly enough?

YES	399	81
NO	93	19
NO ANSWER: 27		

2. What types of medical insurance do you or your spouse have in addition to Medicare?

(N=497 - Number Responding to Question)

MEDICAID	67	13
HEALTH INSURANCE RELATED TO EMPLOYMENT	155	31
PRIVATE INSURANCE TO SUPPLEMENT MEDICARE	126	25
CHAMPUS	5	1
OTHER	134	27
DO NOT HAVE ADDITIONAL INSURANCE COVERAGE	93	19
NO ANSWER: 22		

3. Do you feel at this time you are in good health?

YES	325	66
NO	171	35
NO ANSWER: 23		

4. Have you ever been a patient in a hospital for at least one night since you have been covered by Medicare?

YES	334	66
NO (Skip to Q-6)	173	34
NO ANSWER: 12		

5. Thinking about the most recent time you were a patient at least one night in a hospital, was it clear to you what Medicare paid for?

YES	251	79
NO	66	21
NO ANSWER: 17		

Question	Responses	Percentage
6. Have you ever received medical services in your home from a home health agency since you have been covered by Medicare?		

YES	75	15
NO (Skip to Q-8)	424	85
NO ANSWER: 20		

7. Thinking about the most recent time you received medical services in your home from a home health agency, was it clear to you what Medicare paid for?		
---	--	--

YES	55	75
NO	18	25
NO ANSWER: 2		

8. If you should ever need nursing home care, do you have a way to cover the cost?		
---	--	--

YES	125	27
NO (Skip to Q-10)	320	69
CURRENTLY LIVING IN NURSING HOME (Skip to Q-11)	18	4
NO ANSWER: 56		

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?		
--	--	--

(N=118 - Number Responding to Question)

PERSONAL SAVINGS	67	57
RETIREMENT INCOME	39	33
PRIVATE INSURANCE	39	33
MEDICAID	23	20
EQUITY IN YOUR HOME	31	26
OTHER	5	4
NO ANSWER: 7		

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

YES	107	25
NO	313	75
NO ANSWER: 25		

Question	Responses	Percentage
----------	-----------	------------

PART 2: GETTING INFORMATION ABOUT MEDICARE

11. The following are some places people might go to get answers if they have questions about their Medicare coverage. Would you be likely to go to any of the following?

(N=509 - Number Responding to question)

INSURANCE COMPANY THAT PROCESSES YOUR MEDICARE CLAIMS	180	35
THE MEDICARE HANDBOOK	303	60
THE SOCIAL SECURITY OFFICE	312	61
A FRIEND OR RELATIVE	84	17
YOUR DOCTOR'S OFFICE	198	39
AN INSURANCE SALESPERSON	13	3
A SENIOR CITIZEN'S GROUP	60	12
AARP OR OTHER MEMBERSHIP GROUP	114	22
OTHER	11	2
NO ANSWER:	10	

12. We would like to ask you about times when you have needed to get specific information about your Medicare coverage. How often were you able to get the information you needed?

MOST OF THE TIME	228	45
SOME OF THE TIME	77	15
SELDOM OR NEVER	34	7
I HAVE NEVER NEEDED INFORMATION	168	33
NO ANSWER:	12	

Question	Responses	Percentage
13. Listed below are ways the Government could use to tell people about changes in the Medicare program. Which way would you like to be notified of changes?		

(N=509 - Number Responding to Question)

PAMPHLETS OR HANDBOOKS THROUGH THE MAIL	308	61
NOTICES WITH SOCIAL SECURITY CHECKS	211	42
ANNOUNCEMENTS IN THE NEWSPAPER	43	8
ANNOUNCEMENTS ON TELEVISION AND RADIO	51	10
SPEECHES OR PRESENTATIONS BY MEDICARE REPRESENTATIVES	20	4
OTHER	13	3
NO ANSWER:	10	

14. Do you think Medicare needs to mail a complete, updated Medicare Handbook each year to everyone who has Medicare?

YES	209	42
NO	293	58
NO ANSWER:	17	

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

3 TIMES OR LESS	298	64
MORE THAN 3 TIMES	54	11
I DO NOT RECALL RECEIVING A MEDICARE HANDBOOK (Skip to Q-18)	116	25
NO ANSWER:	51	

16. Do you think the Medicare Handbook is:

GENERALLY HELPFUL	304	90
GENERALLY NOT HELPFUL	32	10
NO ANSWER:	16	

Question	Responses	Percentage
17. Thinking about the Medicare Handbook you have received, would you say that...		
a. The wording is easy to understand?		
YES	253	76
NO	79	24
NO ANSWER: 20		
b. The amount of information covered is sufficient?		
YES	249	77
NO	76	23
NO ANSWER: 27		
c. The lettering is large enough to read?		
YES	315	94
NO	20	6
NO ANSWER: 17		

PART 3: MEDICARE CLAIMS

18. Overall, how satisfied are you with the way Medicare has processed your claims?		
VERY SATISFIED	143	29
GENERALLY SATISFIED	320	64
GENERALLY DISSATISFIED	25	5
VERY DISSATISFIED	12	2
NO ANSWER: 19		

Question	Responses	Percentage
19. The following are possible reasons why someone might be dissatisfied with Medicare claims. Have any of the following been a problem for you?		

(N=349 - Number Responding to Question)

GETTING INFORMATION ON THE STATUS OF YOUR CLAIMS	80	23
DETERMINING HOW MUCH SHOULD BE PAID BY OTHER INSURANCE YOU HAVE	123	35
UNDERSTANDING WHAT MEDICARE PAYS ON YOUR CLAIMS AND WHY	198	57
MEDICARE DENYING YOUR CLAIMS	95	27
OTHER	16	5
NO ANSWER:	170	

PART 4: CALLING MEDICARE

20. Have you ever called the insurance company that processes your Medicare claims?

YES	174	34
NO (Skip to Q-25)	333	66
NO ANSWER:	12	

21. Thinking about the last time you called, how satisfied were you with the service you received?

VERY SATISFIED	42	24
GENERALLY SATISFIED	102	59
GENERALLY DISSATISFIED	19	11
VERY DISSATISFIED	9	5
NO ANSWER:	2	

Question	Responses	Percentage
----------	-----------	------------

22. Listed below are possible reasons that someone would be dissatisfied with calling the insurance company. Did you have any of the following problems the last time you called?

(N=143 - Number Responding to Question)

LINE WAS BUSY	92	64
PUT ON "HOLD" TOO LONG	74	52
ANSWERS GIVEN WERE NOT UNDERSTANDABLE	27	19
GOT DIFFERENT ANSWERS FROM DIFFERENT PEOPLE	43	30
WAS NOT ABLE TO GET MY QUESTION(S) ANSWERED	18	13
PERSON ANSWERING CALL WAS NOT VERY COURTEOUS	22	15
OTHER	11	8
NO ANSWER:	31	

23. Thinking about the last time you called the insurance company that processes your claim, how was your call answered?

BY A MEDICARE EMPLOYEE (Skip to Q-25)	115	77
BY AN AUTOMATED VOICE	35	23
NO ANSWER:	24	

24. Listed below are possible reasons that someone would be dissatisfied with calling the insurance company and getting an automated voice. Did you have any of these problems the last time you called?

(N=32 - Number Responding to Question)

DID NOT HAVE A TOUCH-TONE TELEPHONE TO RESPOND TO THE AUTOMATED VOICE SYSTEM	19	59
COULD NOT UNDERSTAND THE DIRECTIONS GIVEN BY THE AUTOMATED VOICE SYSTEM	12	38
OTHER	6	19
NO ANSWER:	3	

Question	Responses	Percentage
----------	-----------	------------

PART 5: APPEALING CLAIMS

25. 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	390	78
NO	110	22
NO ANSWER:	19	

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

YES	30	6
NO (Skip to Q-29)	457	94
NO ANSWER:	32	

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

YES	20	74
NO	7	26
NO ANSWER:	3	

28. Do you think your appeal was handled fairly?

YES	17	65
NO	9	35
NO ANSWER:	4	

PART 6: GETTING SECOND OPINIONS

29. 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	207	41
NO	298	59
NO ANSWER:	14	

Question	Responses	Percentage
30. 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	255	50
NO	19	4
DEPENDS ON THE TYPE OF SURGERY	234	46
NO ANSWER: 11		

31. Have you ever had surgery since you have been covered by Medicare?		
---	--	--

YES	292	58
NO (Skip to Q-36)	210	42
NO ANSWER: 17		

32. Were you aware <u>before today</u> that you could get the name of a second doctor from Medicare's Second Opinion Referral Center?		
--	--	--

YES	73	26
NO	213	74
NO ANSWER: 6		

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

YES	81	28
NO (Skip to Q-36)	209	72
NO ANSWER: 2		

34. Where did you get the name of the second doctor you got an opinion from?		
---	--	--

(N=79 - Number Responding to Question)

FROM THE DOCTOR RECOMMENDING SURGERY	47	59
FROM ONE OF YOUR OTHER DOCTORS	23	29
FROM A FRIEND OR RELATIVE	6	8
FROM MEDICARE'S SECOND OPINION REFERRAL CENTER	2	3
OTHER	4	5
NO ANSWER: 2		

Question	Responses	Percentage
35. Did you or your doctor file a Medicare claim for the second doctor's opinion?		
YES	26	32
NO	17	21
DON'T KNOW	38	47
NO ANSWER:	0	

PART 7: "PARTICIPATING DOCTORS" PROGRAM

36. Medicare has "participating doctors" who have agreed to charge no more than Medicare's approved amount. Medicare pays 80% of the approved amount, and you are only responsible for paying the deductible and the 20% coinsurance. Before today, had you ever heard about Medicare's "participating doctors" program?

YES	386	76
NO	121	24
NO ANSWER:	12	

37. Are any of your doctors "participating" doctors?

YES	304	61
NO	59	12
DON'T KNOW	139	28
NO ANSWER:	17	

38. Were you aware before today that you could get information on which doctors are in Medicare's "participating" program?

YES	251	51
NO (Skip to Q-40)	245	49
NO ANSWER:	23	

39. Have you ever used this information to select a doctor to visit?

YES	39	16
NO	210	84
NO ANSWER:	2	

Question	Responses	Percentage
40. Thinking about the future, how likely are you to use the information about participating doctors to select a doctor to visit?		
LIKELY TO USE THE INFORMATION	316	65
NOT LIKELY TO USE THE INFORMATION	169	35
NO ANSWER: 34		

PART 8: HEALTH CARE FACILITIES

41. For people who are interested, the Medicare program has information by individual hospital on mortality (death) rates of Medicare patients. Were you aware <u>before today</u> that the Federal Government publishes "Medicare Hospital Mortality Information?"		
YES	31	7
NO (Skip to Q-43)	446	94
NO ANSWER: 42		

42. Have you ever used the "Medicare Hospital Mortality Information" to choose a hospital?		
YES	2	6
NO	29	94
NO ANSWER: 0		

43. If in the future you need to be hospitalized, how likely are you to use the mortality (death rate) information to select a hospital? [Assume you have a choice of going to one of two hospitals and both are equally convenient and seemingly of equal quality. Would you use the mortality information to select which hospital to go to?]		
LIKELY TO USE THE INFORMATION	236	51
NOT LIKELY TO USE THE INFORMATION	228	49
NO ANSWER: 55		

Question	Responses	Percentage
----------	-----------	------------

44. Who selected your hospital the last time you were hospitalized?

(N=487 - Number Responding to Question)

YOU	175	36
YOUR DOCTOR	280	58
YOUR RELATIVES OR FRIENDS	26	5
OTHER	15	3
HAVE NEVER BEEN IN HOSPITAL	36	7
NO ANSWER:	32	

45. The Medicare program also publishes information on the results of inspections done on nursing homes. Before today, were you aware that the Federal Government had this type of information on nursing homes?

YES	120	25
NO (Skip to Q-47)	370	76
NO ANSWER:	29	

46. Have you ever used this information to choose a nursing home?

YES	12	10
NO	106	90
NO ANSWER:	2	

47. Now that you know about the nursing home information, are you likely to use the information if you should need to select a nursing home?

LIKELY TO USE THE INFORMATION	416	88
NOT LIKELY TO USE THE INFORMATION	58	12
NO ANSWER:	45	

Is there anything else you want to tell us about Medicare?

POSITIVE	24	16
NEGATIVE	58	39
MIXED	8	5
OTHER	60	40
NO ANSWER:	369	

APPENDIX C

COMPARISON TO THE 1989 SURVEY

I. SIMILARITIES BETWEEN THE SURVEYS

The majority of the questions from the 1989 Medicare Beneficiary Survey (OAI-04-89-89040) were used in the 1991 survey. Twenty-eight questions from the earlier survey were essentially duplicated in the current survey. In the current survey those questions were numbered 1, 3-10, 12, 25, 29, 31, and 33-47.

Eight additional questions were similar to previously asked questions. But for 1991, the scope of those questions, or the segment of beneficiaries to whom they were addressed, were appropriately updated.

- o Questions 16 and 17 ask specifically about the Medicare Handbook. In 1989, beneficiaries were asked about all Medicare informational material.
- o Questions 18 and 19 about claims processing were asked of all beneficiaries. In 1989, only those beneficiaries who submit their own claims were asked. (Providers submit all claims now.)
- o Questions 20-22 ask beneficiaries about their experiences calling their carriers using either a local number or the toll-free number. In 1989, they were asked only about the toll-free number.
- o Question 32 about the Medicare Second Opinion Referral Center was asked of only those beneficiaries who had had surgery since being covered by Medicare. In 1989, all beneficiaries were asked.

II. DIFFERENCES BETWEEN THE SURVEYS

The current survey used a questionnaire of larger print, for easier reading by beneficiaries. There were also fewer questions, 47 compared to 54 in 1989. (Contributing toward a reduction in the number of questions was the repeal of the Catastrophic Health Care provisions.)

The wording and/or format of some questions were changed. In 1989, the questionnaire contained a YES or NO format primarily. In 1991, beneficiaries were asked to "CHECK ALL THAT APPLY." That is, instead of circling "YES" or "NO", they checked the applicable responses. Also, for the current survey some

questions were designed to offer a greater number of optional responses. For example, Question 22, on possible problems related to calling a carrier for information, contained seven options; previously there were six.

Response Rates

In 1989, there were 401 respondents, and in 1991, there were 519. Thus, the response rate for the 1991 survey was 18 percent higher than the previous rate (83 percent vs. 65 percent).

III. FINDINGS OF SIGNIFICANT DIFFERENCE BETWEEN THE TWO SURVEYS

Where sufficient similarities existed between questions in the two surveys, responses were compared to determine if differences were statistically significant. For purposes of this survey, "significant" differences refer to those which were determined, using the t-test, to be substantial. The purpose was to determine whether the two surveys reflect significant differences regarding beneficiaries' experience and satisfaction.

The following discusses only those questions for which responses were significantly different.

More Beneficiaries Understand The Medicare Program.

In the 1991 survey, 79 percent of the beneficiaries think the Medicare program is understandable; seventy-three percent thought it was understandable in 1989.

More Beneficiaries Think Claims Are Paid Quickly Enough.

Eighty-one percent and seventy-four percent of the beneficiaries in 1991 and 1989, respectively, think their claims are paid quickly enough.

More Beneficiaries Understand Hospital Payments.

In 1991, 79 percent of the beneficiaries who had been hospitalized understood what Medicare paid, compared to 67 percent in 1989.

More Beneficiaries Can Get Information When Needed.

In the 1991 survey, 90 percent of the beneficiaries say they can get information about Medicare when they need it. In 1989, 85 percent thought they could get such information.

Forty-five percent of the beneficiaries in the 1991 survey could get specific information about their coverage most of the time. In 1989, fewer beneficiaries (37 percent) were able to get information most of the time.

More Beneficiaries Are Aware of the "Participating Physicians" Program, but Fewer Use or Are Likely to Use the Information to Select a Physician.

Beneficiaries were much more aware of the "participating doctors" program than in 1989 (51 percent in 1991, and 43 percent in 1989).

However, in 1991, fewer beneficiaries use the information about the program to select a doctor (9 percent compared to 14 percent in 1989). Also, currently fewer beneficiaries said they were likely to use the information (51 percent compared to 68 percent).

Fewer Beneficiaries Are Familiar With The Medicare Hospital Mortality Information.

Beneficiaries in the 1991 survey were less familiar with the hospital mortality information than those in the 1989 survey--7 percent in 1991 vs. 10 percent in 1989.

APPENDIX D

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, various analyses were performed, including a comparison of the age and gender of the 519 respondents and the 109 non-respondents. The analysis revealed no indication of biased survey results.

ANALYSIS BY AGE

The average age for respondents was 73, compared to age 74 for non-respondents. There being no significant difference between the average ages for the two groups, it was unnecessary to further analyze this area.

ANALYSIS BY GENDER

The analysis by sex showed that 41 percent of the sample population were males and 59 percent were females. This distribution very closely approximates the distribution of males and females in the overall Medicare beneficiary population.

The distribution of males and females responding (41 percent/59 percent) was comparable to the distribution of non-respondents (39 percent/61 percent).

Eighty-three percent of the men in the sample responded, and 82 percent of the women responded.

The representativeness of the sample and comparable response rates for males and females suggests the absence of bias.

ANALYSIS BY TIME OF RESPONSE

As an additional guard against 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 and non-respondents could hold more negative (or, at least, less enthusiastic) opinions.

To test for possible non-response bias in this survey, the first 403 responses (78 percent) were compared to the last 116.

Three key questions on the questionnaire (Questions 1a, 1b, and 1d) were used for that analysis. The three questions, posed to all respondents, relate to program understandability, informational services, and claims processing.

The early responses to the key questions were, cumulatively, 84 percent positive. The later responses were 81 percent positive. This difference of three percentage points is not statistically significant.

APPENDIX E

PROBLEMS WITH TELEPHONE SERVICES AND CLAIMS PROCESSING

This appendix presents a breakout of beneficiaries' responses regarding problems they have experienced. From a list of possible reasons they might have been dissatisfied the last time they called their carriers, beneficiaries cited problems they experienced. In a similar manner they cited reasons for dissatisfaction with claims processing.

SOME HAVE PROBLEMS CALLING CARRIERS

Problems Listed	Called Carrier ¹ N = 174 Freq. / % ⁶	Cited Problems ² N = 143 Freq. / %	Satisfied ³ N = 144 Freq. / %	Generally Dissatisfied ⁴ N = 19 Freq. / %	Very Dissatisfied ⁵ N = 9 Freq. / %
Line Busy	92 / 53%	92 / 64%	78 / 54%	9 / 47%	5 / 56%
"On Hold" Too Long	74 / 43%	74 / 52%	55 / 38%	15 / 79%	4 / 44%
Received Conflicting Answers	43 / 25%	43 / 30%	26 / 18%	8 / 42%	9 / 100%
Answers Not Understood	27 / 16%	27 / 19%	19 / 13%	5 / 26%	3 / 33%
Not Very Courteous	22 / 13%	22 / 15%	10 / 7%	6 / 32%	5 / 56%
Inquiry Not Answered	18 / 10%	18 / 13%	10 / 7%	3 / 16%	5 / 56%

SOME HAVE PROBLEMS WITH CLAIMS

Problems Listed	All Beneficiaries N = 519 Freq. / % ⁶	Cited Problems ² N = 349 Freq. / %	Satisfied ³ N = 463 Freq. / %	Generally Dissatisfied ⁴ N = 25 Freq. / %	Very Dissatisfied ⁵ N = 12 Freq. / %
Understanding Medicare Payments & Why	198 / 38%	198 / 57%	168 / 36%	17 / 47%	7 / 58%
Determining Amount Other Insurance Should Pay	123 / 24%	123 / 35%	106 / 23%	12 / 48%	3 / 25%
Had Claims Denied	95 / 18%	95 / 27%	74 / 16%	11 / 44%	9 / 75%
Getting Status of Claims	80 / 15%	80 / 23%	64 / 14%	6 / 24%	6 / 50%

¹Number of beneficiaries who had called their carriers.

²Number of beneficiaries who cited one or more problems.

³Number of beneficiaries who said they were "very" or "generally" satisfied.

⁴Number of beneficiaries who said they were "generally" dissatisfied.

⁵Number of beneficiaries who said they were "very" dissatisfied.

⁶Percentage of the population if a beneficiary's failure to cite the problem listed is interpreted as not having experienced the problem.