

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICARE BENEFICIARY SATISFACTION
WITH AND UNDERSTANDING OF
HOME HEALTH SERVICES**



JUNE GIBBS BROWN
Inspector General

NOVEMBER 1995
OEI-04-93-00143

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OEI's Atlanta Regional Office staff prepared this report under the direction of Jesse J. Flowers, Regional Inspector General, and Christopher Koehler, Deputy Regional Inspector General.

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INTRODUCTION

PURPOSE

To determine Medicare beneficiary satisfaction with and understanding of home health services they received.

BACKGROUND

The Office of Inspector General entered into a partnership with the Health Care Financing Administration (HCFA) in 1994 to examine home health services paid for by Medicare. In part, we agreed to perform a survey of Medicare beneficiaries to determine their satisfaction with and understanding of home health services.

Beneficiary satisfaction has been one of the concerns faced by the HCFA Task Force on Home Health in its efforts to revise home health services. As part of a recurring nationwide Medicare beneficiary satisfaction survey, we included questions, in 1994, about satisfaction with and understanding of home health services.

We mailed a survey questionnaire to over 1200 randomly selected Medicare beneficiaries for whom Part B claims had been filed in calendar year 1993. Of the 1002 beneficiaries who returned a completed questionnaire, 200 said they had received home health services. This report is based on questions and answers about home health services from the 200 respondents. Details of the methodology are contained in Appendix A.

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

SURVEY RESULTS

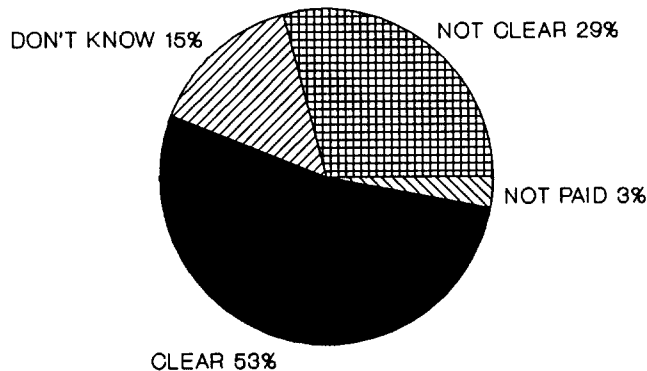
Most Medicare Beneficiaries Are Satisfied With Home Health Care

- ▶ 91 percent of beneficiaries said home health agency personnel did an adequate job.
- ▶ 86 percent of the beneficiaries said they received the number of home health visits they thought they needed.
- ▶ 76 percent of the beneficiaries reported that a physician or home health agency employee had explained how their medical condition should improve as a result of care received from a home health agency. Most of them believed their condition improved accordingly.

However About Half Of Them Do Not Understand What Medicare Paid For

- ▶ As illustrated below, only 53 percent of beneficiaries thought it was clear what Medicare paid for. Given the confidence interval of our estimate, there is virtually no difference between the number of beneficiaries who understood what Medicare paid for and those who didn't.

BENEFICIARY UNDERSTANDING OF WHAT MEDICARE PAID FOR



- ▶ Beneficiaries in our survey had a better understanding of what hospital services were covered under Medicare than they did for what home health services were

covered. Sixty-two percent understood what hospital services Medicare covered, as compared to the 53 percent who understood what home health services were covered by Medicare. Home health beneficiaries do not receive an Explanation of Medicare Benefits, as do hospital beneficiaries.

The survey instrument and responses are shown in Appendix B.

RECOMMENDATIONS

We strongly support HCFA's ongoing activities to improve beneficiary understanding of the home health benefit. To this end, HCFA should consider ways to improve upon existing opportunities to explain the home health benefit to beneficiaries. This might include the following:

- ▶ Developing a plan to increase understanding of the home health benefit by physicians and discharge planners, and encouraging them to explain the benefit to patients receiving home health services, and
- ▶ Stressing the requirement that HHAs explain the benefit as well as the patient's rights to beneficiaries when they start home health services.

In addition to existing opportunities, HCFA should pursue new methods to increase beneficiary understanding of what home health services Medicare pays for. This might include the following:

- ▶ Providing an Explanation of Medicare Benefits to home health beneficiaries, and
- ▶ Issuing a description of the home health benefit directly to Medicare beneficiaries.

HCFA is currently testing (1) an Explanation of Medicare Benefits for home health services, and (2) a pamphlet on the home health benefit that they plan to distribute to home health beneficiaries.

AGENCY COMMENTS

We received comments on the report from HCFA. The HCFA concurred with our recommendations and provided more detail on their activities in this area. The full text of HCFA's comments is in Appendix C.

APPENDIX A

METHODOLOGY

In July 1994, we mailed a survey questionnaire to 1279 randomly selected Medicare beneficiaries for whom Part B claims had been filed in calendar year 1993. Based on previous experience with similar beneficiary surveys, we calculated our sample size 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.

Beneficiary participation in our survey was voluntary. A total of 1002 beneficiaries returned completed questionnaires, for a response rate of 78 percent for the entire survey. Of those 1002 respondents, 200 had received home health services (20 percent) and responded to our questions pertaining to home health services. This response rate produced an estimate within ± 7 percent of the true value at the 95 percent confidence level.

APPENDIX B

SURVEY QUESTIONS AND RESPONSES

Following are the questions regarding home health services that were included in the broader Medicare beneficiary satisfaction survey. The numbers preceding each answer indicate how many respondents selected that answer.

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

(Check one answer.)

709 I have not received services from a home health agency since I have had Medicare. (Skip to page 21)

105 Yes, it was clear what Medicare paid for.

35 No, it was NOT clear what Medicare paid for.

24 I do not remember if it was clear what Medicare paid for.

6 Medicare has not yet paid for the home health services.

30 I don't know what Medicare paid for.

2. Thinking back to when you received home care from a home health agency,

- a. Did the caregiver(s) stay long enough to do his or her job?

159 YES

18 NO

- b. Did the caregiver(s) do his or her job adequately?

162 YES

16 NO

3. How would you characterize the number of visits nurses and nurse aides from the home health agency made to your home?

148 I received the number of visits I needed.

18 I received less visits than I needed.

7 I received more visits than I needed.

4. Did your physician or home health agency explain how your medical condition should improve as a result of the care you received from the home health agency?

139 YES

43 NO

5. Did your condition improve as much as you were led to believe you would improve?

110 YES

21 NO

48 No one explained how much I should improve.

6. How did you select the home health agency you used?

143 A doctor, hospital or other medical person or facility referred me to the home health agency.

9 Friends or family referred me to the home health agency.

11 The home health agency contacted me first.

19 I don't recall.

APPENDIX C

AGENCY COMMENTS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administr

The Administrator
Washington, D.C. 20201

DATE: OCT - 6 1995

TO: June Gibbs Brown
Inspector General

FROM: Bruce C. Vladeck
Administrator

SUBJECT: Office of Inspector General Draft Report: "Medicare Beneficiary Satisfaction With and Understanding of Home Health Services," (OEI-04-93-00143)

We reviewed the above-referenced report on Medicare beneficiary satisfaction with home health services. Attached are our comments on the report recommendations.

Thank you for the opportunity to review and comment on this draft report.

Attachment

Comments of the Health Care Financing Administration (HCFA)
on Office of Inspector General (OIG)
Draft Report, "Medicare Beneficiary Satisfaction With
and Understanding of Home Health Services,"
(OEI-04-93-00143)

OIG Recommendations

- o HCFA should consider ways to improve upon existing opportunities to explain the home health benefit to beneficiaries.
- o HCFA should pursue new methods to increase beneficiary understanding of what home health services Medicare pays for.

HCFA Response

We concur and are pleased that OIG has acknowledged our ongoing activities to improve beneficiary understanding of the home health benefit.

The benefit of providing an Explanation of Medicare Benefits (notice of utilization) to beneficiaries is being pilot tested in Florida and Alabama. Similar information, in survey form, is being sent to ordering physicians in Georgia and Mississippi. A final report including our plan of action will be available in December 1995.

A pamphlet explaining the Medicare home health benefit was developed through HCFA's home health initiative. It was reviewed by several beneficiary advocacy groups and provider organizations, including the home health associations. It was also tested with small groups of Medicare beneficiaries in three states. The pamphlet will be ready for distribution in November 1995. We will publicize the existence of the home health pamphlet through the Medicare hotline and other sources, such as the Senior Advocacy News Service.

The pamphlet will be distributed to groups and organizations that provide counseling and assistance services to beneficiaries such as the Information Counseling and Assistance (ICA) state grantees, the Retired Seniors Volunteer Program, state and area Agencies on Aging, and others. It will also be distributed to hospitals to be shared with the staff (hospital discharge planners and social workers) who assist beneficiaries with their posthospital health care needs. Hard and camera-ready copies of the pamphlet will be sent to a variety of provider organizations.

We hope to produce a short video describing Medicare's home health benefit. The video will be distributed to hospitals, senior centers, and ICA grantees. We expect to release the video in early 1996.

We recently published a final rule to strengthen our hospital discharge planning requirements. In that rule, we require hospitals to provide a discharge planning evaluation to patients and to discuss the results of the evaluation with the patient or individual acting on his or her behalf. We also plan to propose a general revision of the hospital conditions and, in this context, will consider any comments we receive on how hospitals could be encouraged to voluntarily educate their physicians, discharge planners, and Medicare patients on the home health benefit. However, a major goal of the planned revision is to reduce the number and scope of prescriptive, process-oriented requirements that hospitals must meet, and any changes in the conditions would have to be evaluated relative to this objective.

Currently, home health agencies' (HHAs) responsibilities in this area are more specific. In the current patient's rights condition of participation at section 42 CFR 484.10(e), HHAs are required to inform patients, orally and in writing, of the following: (1) the extent to which payment may be expected from Medicare, Medicaid, or any other Federally-funded or aided program known to the HHA; (2) the charges for services that will not be covered by Medicare; and (3) the charges that the individual may have to pay. In addition, the HHA must inform patients of any changes in the information, orally and in writing, as soon as possible, but no later than 30 calendar days from the date the HHA becomes aware of the change.