

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**1993 MEDICARE BENEFICIARY
SATISFACTION: MICHIGAN**



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EXECUTIVE SUMMARY

PURPOSE

This inspection was conducted to compare Michigan beneficiary satisfaction with the Medicare program to beneficiary satisfaction nationwide.

BACKGROUND

Medicare is a Federal health insurance program for individuals age 65 and older and for certain categories of disabled people. The Health Care Financing Administration (HCFA) within the Department of Health and Human Services has responsibility for the Medicare program. Private health insurance companies called intermediaries and carriers contract with the Federal Government to service claims for Medicare payment. In Michigan, Blue Cross and Blue Shield of Michigan serves as both intermediary and carrier.

Due to reports of problems with the Michigan Medicare Part B Carrier, HCFA requested that the Inspector General conduct a satisfaction survey of Michigan beneficiaries in comparison to beneficiary satisfaction levels nationwide.

FINDINGS

Overall, the responses of Michigan beneficiaries are similar to those offered by beneficiaries nationally.

Seventy-five percent of beneficiaries nationwide and 72 percent of Michigan beneficiaries think the Medicare program is understandable. Eighty-three percent of national and 82 percent of Michigan respondents said they were very or generally satisfied with the way Medicare processed their claims.

However, Michigan beneficiaries are less satisfied with the service they receive when they call their carrier.

Twenty-two percent of Michigan beneficiaries compared to 14 percent of national beneficiaries said they were dissatisfied with the service they received the last time they called their carrier. Michigan beneficiaries most frequently mentioned "The line was busy," as a problem when calling the carrier.

Also, more Michigan than national beneficiaries consider the carrier a source of information about Medicare, but fewer actually contact the carrier.

Forty percent of Michigan beneficiaries say they would go to the carrier for information about Medicare compared to 32 percent nationally. However, only 24

percent of Michigan beneficiaries say they have called the carrier in the past compared to 29 percent nationally.

CONCLUSION

Our survey and past Contractor Performance Evaluation Program scores indicate that beneficiary telephone service in Michigan could be improved.

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INTRODUCTION

PURPOSE

This inspection was conducted to compare Michigan beneficiary satisfaction with the Medicare program to beneficiary satisfaction nationwide.

BACKGROUND

Medicare Program

Medicare is a Federal health insurance program for people age 65 and older and for certain categories of disabled people. Nationally, Medicare serves approximately 33 million people known as **beneficiaries**. There are approximately 1.2 million Medicare beneficiaries in the State of Michigan.

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 Medicare's administration. 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**. In Michigan, Blue Cross and Blue Shield of Michigan serves as both intermediary and carrier.

Past Studies

In 1989 and 1991 the Inspector General conducted national surveys of Medicare beneficiaries to assess their awareness of and satisfaction with various aspects of the Medicare program. In addition, the Inspector General conducted similar surveys of beneficiaries in Georgia and New Jersey. The HCFA requested both of these State surveys due to reports of beneficiary dissatisfaction with the Part B carriers in those States. See Appendix A for a bibliography of related Inspector General reports.

Michigan

In 1990, HCFA received a petition of approximately 1,500 signatures from the Advocacy Organization for Patients of Providers located in East Lansing, Michigan. The organization asked HCFA to provide an alternative carrier to administer the Medicare program in Michigan due to the poor quality of service provided by the Michigan carrier. In response to this petition, HCFA undertook a survey of physicians in Michigan to gauge their satisfaction level with the Michigan carrier.

Annually, HCFA measures carrier performance through the Contractor Performance and Evaluation Program (CPEP).¹ The overall performance rate for the Michigan carrier dropped from 96 percent in Fiscal Year (FY) 1990, to 90 percent in FY 1991. Also, the CPEP rate for the Michigan carrier in the specific function of claims processing dropped to 72 percent in FY 1991 from 90 percent in FY 1990. A carrier that attains a score of fewer than 70 percent on a functional criterion is considered to have failed that criterion. In 1992, the overall CPEP rate rose back up to 96 percent, and the rate for the specific function of claims processing rose to 100 percent.

Due to the petition, the past CPEP rates and other reports of problems with the Michigan carrier, HCFA requested that the Inspector General conduct a satisfaction survey of Michigan beneficiaries in comparison with beneficiary satisfaction levels nationwide. The Office of Inspector General conducted its last national survey in 1991. Because 1992 was an election year and much media attention was focused on health care issues, Medicare beneficiaries attitudes about Medicare might have changed. Therefore, to more accurately compare the satisfaction of national and Michigan beneficiaries, we conducted the Michigan survey at the same time as the 1993 national survey. See *Medicare Beneficiary Satisfaction: 1993*, OEI-04-92-00480.

METHODOLOGY

Survey

We selected a random sample of 1,283 Michigan beneficiaries from Medicare Part B claims submitted in calendar year 1991. We mailed surveys to these beneficiaries in February 1993. After the initial mailing, we sent a reminder letter followed by a new survey to those who did not respond.

We received and entered into a database 1,057 surveys, a response rate of 82 percent. Forty-seven blank surveys were returned for various reasons and not entered into our

¹The CPEP is a review and appraisal system which uses results and output oriented measures based on standards and criteria required by Section 1816(f) of the Social Security Act. The CPEP is intended by HCFA to enhance contractor performance and is reported in the Annual Contractor Evaluation Report.

database. See Appendix B for more about the methodology. Appendix C contains an analysis of respondents vs. non-respondents.

Comparison

The same survey form was administered to both national and Michigan beneficiaries. A copy of the questionnaire with the Michigan vs. national responses is in Appendix D. We compared national and Michigan beneficiaries' responses using a Chi-square test of independence along with a statistical test comparing the difference between binomial proportions to determine whether the geographic location of a beneficiary influences their satisfaction with Medicare as measured through the survey. The geographic location of a beneficiary acts as a proxy for the carrier.

SCOPE

We did not design a survey to specifically measure Michigan Medicare beneficiaries' satisfaction with the Michigan Part B carrier. Rather, the survey measures beneficiary satisfaction with Medicare services overall, including both Parts A and B. Questions 20-25 in the questionnaire most directly address Part B carrier functions.

This inspection was conducted in accordance with the Quality Standards for Inspections as developed by the President's Council on Integrity and Efficiency.

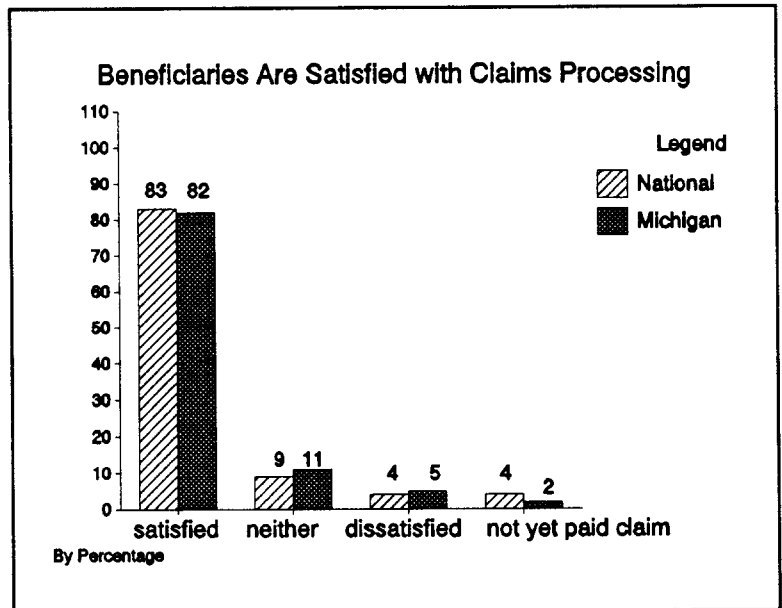
FINDINGS

Overall, the responses offered by Michigan beneficiaries are similar to those offered by national beneficiaries.

Seventy-five percent of beneficiaries nationwide and 72 percent of Michigan beneficiaries think the Medicare program is understandable. Also, of the proportion of national and Michigan beneficiaries who have used hospital and/or home health services in the past, approximately 60 percent of both understood what Medicare paid for the last time they used the service. Sixty-four percent of national and 65 percent of Michigan beneficiaries knew before taking the survey that Medicare limits how much doctors can charge for specific services. Thirty-eight percent of national and 39 percent of Michigan respondents say that the best way to inform them of Medicare changes is to mail them a new Medicare handbook. Thirty-four percent of respondents in both groups say the best way to inform them of Medicare changes is to mail them pamphlets about the changes.

Both national and Michigan beneficiaries offered positive responses about Medicare claims processing. Eighty-three percent of national and 82 percent of Michigan respondents said they were very or generally satisfied with the way Medicare processed their claims. Nine percent of national and 11 percent of Michigan beneficiaries were neither satisfied nor dissatisfied with the way Medicare processed their last claim. Only 4 percent of national and 5 percent of Michigan respondents were generally or very dissatisfied with their last claims processing.

Figure 1



Equal numbers of national and Michigan beneficiaries experienced the same problems with their last Medicare claim for a doctor's visit:

Table 1

Problem	National	Michigan
I did not have a problem with my Medicare claim.	65%	66%
I did not understand what part of my claim was paid and why.	15%	14%
I did not understand the notice (EOMB) Medicare sent after processing my claim.	13%	15%
Medicare took too long to pay the claim.	9%	8%
I did not understand why Medicare denied the claim.	8%	6%
I had difficulty getting information from Medicare on the status of my claim.	3%	2%

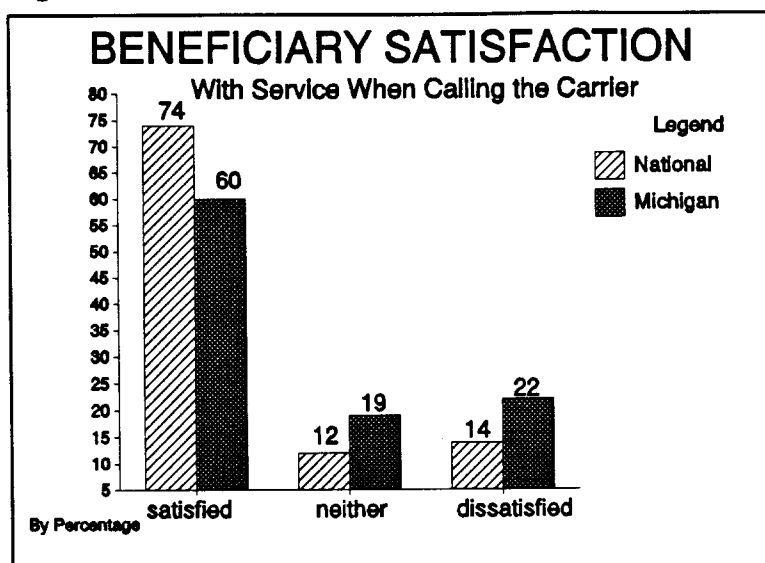
There are some questions where the differences between Michigan and national respondents are statistically significant². The following differences in this report focus on the beneficiary's contact with the carrier. See Appendix D for a copy of the questionnaire with a breakout of all Michigan/national responses.

Michigan beneficiaries are less satisfied with the service they receive when they call their carrier.

Twenty-two percent of Michigan beneficiaries were dissatisfied with the service they received the last time they called their carrier compared to 14 percent nationally (see Figure 2.) Furthermore, while 74 percent of national beneficiaries were satisfied with the service they received, only 60 percent of Michigan beneficiaries were satisfied.

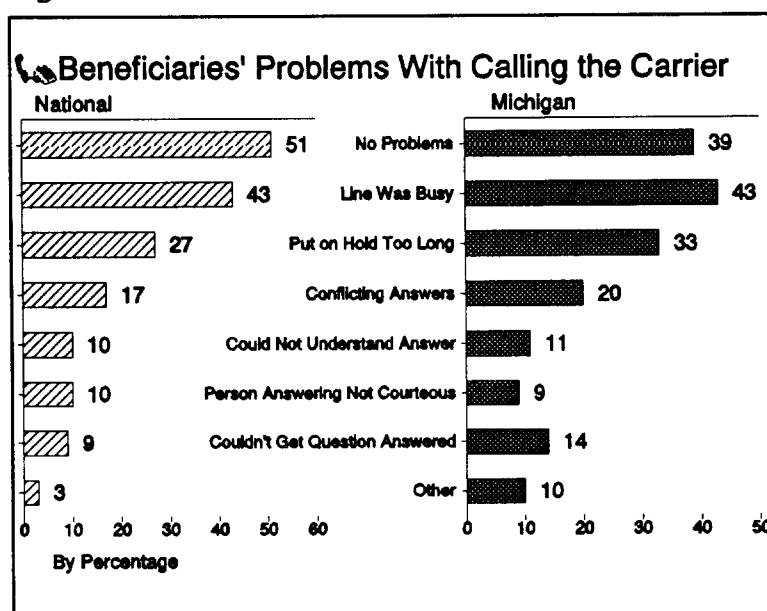
²Unless otherwise noted, all differences from this point on reported between Michigan and national beneficiaries are statistically significant.

Figure 2



When asked what specific problems they might have had when calling the carrier, 51 percent of national compared to 39 percent of Michigan beneficiaries said, "I did not have a problem with the service I received." Michigan beneficiaries most frequently mentioned "The line was busy," as a problem when calling the carrier. Figure 3 shows the problems and percentages mentioned by national and Michigan beneficiaries.

Figure 3



Three times more Michigan beneficiaries (10 percent) than national beneficiaries (3 percent) also said they had "other" problems when calling the carrier. Among these "other" problems, the amount of time and phone calls it took to solve the problem was most often stated. This was most completely expressed by a beneficiary who wrote, "It took 10 phone calls and 2 visits to a local office over 5 months to finally find someone to explain and take action to get a check processed for a claim from November 1991." There were no national beneficiaries who expressed this type of problem in the "other" category.

More Michigan beneficiaries consider the carrier a place to go for information about Medicare, but fewer actually contact the carrier.

Forty percent of Michigan compared to 32 percent of national respondents consider the carrier a source for information about Medicare. However, both Michigan and national beneficiaries (about 55 percent) most often listed The Medicare Handbook as their source for information about Medicare.

Although more Michigan beneficiaries consider the carrier as a place to go for information, fewer Michigan beneficiaries actually contact their carrier. Twenty-four percent of Michigan beneficiaries have called their carrier in the past compared with 29 percent of national beneficiaries. In addition, 33 percent fewer Michigan beneficiaries have contacted the carrier to obtain the name of a participating doctor³.

³Medicare participating doctors agree to charge no more than Medicare's approved amount. Medicare pays 80 percent of the approved amount. The beneficiary pays the 20 percent coinsurance after meeting the deductible.

CONCLUSION

The results of this survey show that Michigan beneficiaries are less satisfied with the telephone service they receive from Blue Cross Blue Shield of Michigan. Furthermore, our review of the Michigan carrier's CPEP scores revealed that in the last few years the Michigan carrier has consistently scored low in the criterion of beneficiary and provider services. The primary cause has been their inability to answer incoming beneficiary telephone calls timely. We hope that HCFA will use this information along with its CPEP review to improve the service that beneficiaries receive in Michigan from the carrier.

APPENDIX A

Bibliography

Office of Inspector General, United States Department of Health and Human Services. *A Survey of Medicare Beneficiary Satisfaction*. OEI-04-89-89040. October 1989.

Ibid. *Beneficiary Satisfaction with Georgia's Medicare Carrier*. OEI-04-90-01050. February 1990.

Ibid. *New Jersey Medicare Beneficiary Satisfaction*. OEI-02-90-02040. October 1990.

Ibid. *Medicare Beneficiary Satisfaction: 1991*. OEI-04-90-89030. October 1991.

Ibid. *Medicare Beneficiary Satisfaction: 1993*. OEI-04-92-00480. Draft report.

APPENDIX B

Methodology

The purpose of the survey was to assess beneficiary experience and satisfaction with the Medicare program in Michigan. The sample universe was comprised of beneficiaries who received Part B Medicare Benefits in Calendar Year 1991.

From approximately 1.1 million individuals who received such benefits, a non-stratified simple random sample was selected.

The sample size was calculated to produce an estimate within 3.5 percent of the true value at the 95 percent confidence interval. To arrive at the sample size, standard equations were used for estimating sample size with a binary response variable.

We drew a sample of 1,450 Health Insurance Claim Numbers (HICNs) using systematic random sampling. From this list of 1,450 HICNs we excluded all beneficiaries who had a date of death on the file and those who were in an HMO as of January 1993. This left a total of 1,283 individuals in Michigan who are receiving services under the Fee-for-service mechanism and were alive as of January 1993.

On February 4, 1993, questionnaires were mailed to 1,283 beneficiaries in the State of Michigan. A follow-up letter was sent on February 16, 1993 to 783 beneficiaries. Another survey and letter was mailed on February 23, 1993 to 580 beneficiaries who had not responded.

A total of 1,057 beneficiaries responded, for a response rate of 82 percent. Forty-seven incomplete surveys were returned for various reasons (see Table I.)

Table I

Reasons for Return	
Returned because of death	15
Returned as undeliverable	13
Returned for other reasons (alzheimer, incapacity)	19
Total	47

Comparison of National Survey

At the same time the Michigan questionnaire was mailed, the same questionnaire was mailed to a national sample of beneficiaries. The national survey was used to compare the responses from the Michigan survey. Using a Chi-square test of independence along with a statistical test comparing binomial proportions, we determined whether the geographic location (carrier) of beneficiaries influences how beneficiaries would respond.

APPENDIX C

ANALYSIS OF RESPONDENTS VS. NON-RESPONDENTS

An important consideration in surveys of this type is the bias that may be introduced into the results if the non-respondents are different from those responding to the survey. To test for the presences of any bias, we obtained demographic information for all individuals to whom questionnaires were sent. For the 1,283 individuals, we determined their Medicare status, sex and race. These categorical data were tested using a Chi-square with the appropriate degrees of freedom.

The results are presented in Table A. The Chi-square values given in the table provide a test of the difference in the distribution of the respondent versus the non-respondents for the variable. The table also provides the response rates for the different values of the variables.

Examination of the table show that two variables have a statistically significant difference between respondents and non-respondents; Medicare status and race. An analysis of the effect of non-responses by Medicare status and race follows Table A.

However, the effect of the non-responses is inconsequential and within the bounds of our confidence level, plus or minus 3.5 percent. Given the results of these analyses, we believe that the results fairly represent the opinions of the sample of beneficiaries to whom questionnaires were sent.

Table A

MEDICARE STATUS						
	Responders		Non Responders		Total	Percent Responding
Aged	964	91.2%	194	85.8%	1158	83.2%
Disabled	93	8.8%	32	14.2%	125	74.4%
Total	1057		226		1283	82.4%
CHI-SQ=6.061*						
D.F.=1						
SEX						
	Responders		Non Responders		Total	Percent Responding
Male	421	39.8%	84	37.2%	505	83.4%
Female	636	60.2%	142	62.8%	778	81.7%
Total	1057		226		1283	82.4%
CHI-SQ=0.553						
D.F.=1						
RACE						
	Responders		Non Responders		Total	Percent Responding
White	939	88.8%	175	77.4%	1114	84.3%
Non-White	100	9.5%	44	19.5%	144	69.4%
Unknown	18	1.7%	7	3.1%	25	72.0%
Total	1057		226		1283	82.4%
CHI-SQ=21.263+						
D.F.=2						
* Significant at P <.05						
+ Significant at P <.05						

For Medicare status, survey results show that 72 percent of the aged beneficiaries understood the Medicare program while only 65 percent of the disabled beneficiaries understood the Medicare program. To determine the effect of this difference, we undertook an analysis of non-responders. We assumed that a non-responder would answer the same as a responder with the same status would answer the question. (See Table B for a complete break down of questions 1a, 1b and 1c.)

Table B - Medicare Status

Question	Percent Answering Yes	Adjusted Percent Answering Yes
Q-1.a.	72.4%	72.3%
Q-1.b.	67.8%	67.7%
Q-1.c.	64.2%	64.1%

Similarly, for race, survey results show 73 percent of whites understood the Medicare program. The survey results for non-whites was 66 percent, while the results for unknown was 89 percent. A more important observation is that approximately 69 percent of non-whites responded to the survey, while over 84 percent of whites responded. (See Table C for a complete break down of questions 1a, 1b and 1c.)

Table C - Race

Question	Percent Answering Yes	Adjusted Percent Answering Yes
Q-1.a.	72.4%	72.3%
Q-1.b.	67.8%	67.7%
Q-1.c.	64.2%	64.2%

APPENDIX D

COMPARISON OF NATIONAL SAMPLE WITH MICHIGAN SAMPLE

The percentages are shown in bold, while the number of response are italicized and in parenthesis. Not all questions will add up to 100 percent due to rounding. Questions with statistically significant ($p < .05$) differences are marked with an asterisk.

Question	National Percentage <i>(Responses)</i>	Michigan Percentage <i>(Responses)</i>
PART 1: MEDICARE COVERAGE		
1. In general, do you think...		
a. The Medicare program is understandable?		
YES	75% <i>(753)</i>	72% <i>(721)</i>
NO	25% <i>(256)</i>	28% <i>(275)</i>
* b. You can get information about Medicare when you need it?		
YES	72% <i>(730)</i>	68% <i>(691)</i>
NO	7% <i>(76)</i>	6% <i>(61)</i>
DON'T KNOW	21% <i>(215)</i>	26% <i>(268)</i>
* c. Medicare pays your claims quickly enough?		
YES	71% <i>(727)</i>	64% <i>(653)</i>
NO	15% <i>(153)</i>	14% <i>(145)</i>
DON'T KNOW	14% <i>(144)</i>	21% <i>(219)</i>

Question	National Percentage (Responses)	Michigan Percentage (Responses)
2. What types of medical insurance do you or your spouse have in addition to Medicare?		
(Check all that apply)		
DO NOT HAVE ADDITIONAL INSURANCE COVERAGE	20% (199)	17% (170)
MEDICAID	11% (111)	9% (94)
* HEALTH INSURANCE THROUGH YOUR OR YOUR SPOUSE'S CURRENT OR <u>FORMER</u> EMPLOYER	33% (329)	52% (537)
* PRIVATE MEDICARE SUPPLEMENT	27% (273)	18% (181)
CHAMPUS	.5% (5)	.5% (5)
* OTHER	24% (238)	20% (200)
3. Do you feel at this you are in good health?		
YES	67% (664)	64% (644)
NO	33% (331)	36% (370)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
4. Thinking about the most recent time you were a patient <u>in at hospital</u> for a least one night, was it clear to you what Medicare paid for?		
(Check <u>one</u> answer.)		
I HAVE NOT BEEN IN THE HOSPITAL FOR AT LEAST ONE NIGHT SINCE I HAVE HAD MEDICARE COVERAGE	34% (352)	34% (350)
YES, IT WAS CLEAR WHAT MEDICARE PAID FOR	40% (416)	37% (384)
NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE PAID FOR	15% (151)	16% (169)
I DO NOT REMEMBER IF IT WAS CLEAR WHAT MEDICARE PAID FOR	10% (100)	12% (122)
MEDICARE HAS NOT YET PAID THE HOSPITAL	1% (13)	1% (14)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
5. Thinking about the last 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	78% (783)	74% (765)
YES, IT WAS CLEAR WHAT MEDICARE PAID FOR	15% (154)	15% (157)
* NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE PAID FOR	3% (30)	5% (49)
I DO NOT REMEMBER IF IT WAS CLEAR WHAT MEDICARE PAID FOR	3% (30)	4% (37)
MEDICARE HAS NOT YET PAID FOR THE HOME HEALTH SERVICES	1% (12)	2% (21)

6. **Thinking about the last time you went to the doctor, was it clear to you before you went what Medicare would pay for?**

(Check one answer)

* I HAVE NOT BEEN TO THE DOCTOR SINCE I HAVE HAD MEDICARE	4% (36)	2% (17)
YES, IT WAS CLEAR WHAT MEDICARE WOULD PAY FOR	55% (563)	57% (586)
NO, IT WAS <u>NOT</u> CLEAR WHAT MEDICARE WOULD PAY FOR	34% (348)	36% (367)
I DO NOT RECALL	7% (74)	6% (57)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
<hr/>		
7. Did you know <u>before today</u> that Medicare limits how much doctors can charge you for specific services?		
YES	64% (653)	65% (664)
NO	36% (373)	35% (354)
<hr/>		
* 8. If you should ever need nursing home care, do you have a way to cover the cost?		
YES	37% (362)	26% (229)
NO (Skip to Q-10)	60% (587)	70% (622)
I AM CURRENTLY IN A NURSING HOME (Skip to Q-11)	3% (32)	3% (39)
<hr/>		
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.)		
PERSONAL SAVINGS	56% (160)	63% (137)
RETIREMENT INCOME	44% (126)	44% (96)
PRIVATE INSURANCE	31% (88)	28% (61)
* MEDICAID	30% (87)	19% (42)
EQUITY IN YOUR HOME	32% (91)	26% (57)
OTHER	9% (25)	6% (14)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
* 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	24% (222)	32% (244)
NO	76% (702)	68% (527)

PART 2: GETTING INFORMATION ABOUT MEDICARE

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

* YOUR DOCTOR'S OFFICE	48% (495)	53% (547)
A FRIEND OR RELATIVE	10% (103)	8% (86)
AARP OR OTHER MEMBERSHIP ORGANIZATION	20% (200)	19% (199)
* INSURANCE COMPANY THAT PROCESSES YOUR MEDICARE CLAIMS	32% (324)	40% (415)
THE SOCIAL SECURITY OFFICE	45% (465)	47% (489)
* A LOCAL SENIOR CITIZENS' GROUP	8% (83)	12% (120)
AN INSURANCE SALESPERSON	2% (17)	1% (13)
THE <u>MEDICARE HANDBOOK</u>	54% (552)	55% (569)
OTHER	4% (40)	3% (30)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
12. When you have needed specific information about what Medicare pays for, how often were you able to get the information you needed?		
(Check <u>one</u> .)		
MOST OF THE TIME	39% (393)	36% (368)
SOME OF THE TIME	18% (182)	16% (167)
SELDOM OR NEVER	8% (82)	7% (73)
I HAVE NEVER NEEDED INFORMATION	35% (360)	40% (411)

Question	National Percentage <i>(Responses)</i>	Michigan Percentage <i>(Responses)</i>
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> .)		
ANNOUNCEMENTS ON TELEVISION AND RADIO	7% (70)	6% (60)
PAMPHLETS DESCRIBING THE CHANGES MAILED TO ME	34% (357)	34% (357)
NOTICES INCLUDED WITH MY SOCIAL SECURITY CHECK	17% (179)	19% (193)
A NEW <u>MEDICARE HANDBOOK</u> MAILED TO ME THAT INCLUDES THE CHANGES	38% (394)	39% (403)
ANNOUNCEMENTS IN THE NEWSPAPER	1% (12)	1% (10)
SPEECHES OR PRESENTATIONS BY MEDICARE REPRESENTATIVES	1% (11)	.9% (9)
OTHER	.8% (9)	.9% (9)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
14. How many times in the past year have you used your <u>Medicare Handbook</u> ? (Check <u>one</u> .)		
1 TO 3 TIMES	36% (368)	34% (338)
MORE THAN 3 TIMES	6% (57)	5% (50)
* I HAVE NEVER USED THE <u>MEDICARE HANDBOOK</u> (Skip to Q-17)	34% (345)	42% (419)
I DO NOT KNOW WHAT THE <u>MEDICARE HANDBOOK</u> IS (Skip to Q-17)	3% (27)	4% (39)
* I DO NOT RECALL RECEIVING A <u>MEDICARE HANDBOOK</u> (Skip to Q-17)	21% (213)	16% (158)

15. Do you think the Medicare Handbook is:

(Check one.)

VERY HELPFUL	27% (113)	24% (91)
GENERALLY HELPFUL	66% (272)	69% (254)
GENERALLY NOT HELPFUL	5% (19)	6% (22)
NOT HELPFUL AT ALL	2% (7)	1% (2)

Question		National Percentage (Responses)	Michigan Percentage (Responses)
16.	Thinking about the <u>Medicare Handbook</u> you have received, would you say that...		
	a. The wording is easy to understand?		
	YES	80% (313)	84% (294)
	NO	20% (78)	16% (55)
	b. The lettering is large enough to read?		
	YES	94% (344)	92% (300)
	NO	6% (23)	8% (27)
	c. It covers enough information?		
	YES	85% (283)	85% (257)
	NO	15% (51)	15% (45)

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	90% (921)	89% (918)
	NO	10% (100)	11% (111)

Question	National Percentage <i>(Responses)</i>	Michigan Percentage <i>(Responses)</i>
18. Overall, how satisfied are you with the way Medicare has processed your claims?		
VERY SATISFIED	37% (378)	33% (339)
GENERALLY SATISFIED	46% (472)	49% (494)
NEITHER SATISFIED NOR DISSATISFIED	9% (91)	11% (110)
GENERALLY DISSATISFIED	3% (26)	3% (35)
VERY DISSATISFIED	1% (12)	2% (16)
* MEDICARE HAS NOT YET PAID CLAIM	4% (39)	2% (20)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
19. Did you have any of the following problems the last time you had a Medicare claim for a doctor's visit?		
(Check as many as apply.)		
I HAD DIFFICULTY GETTING INFORMATION FROM MEDICARE ON THE STATUS OF MY CLAIM	3% (27)	2% (25)
I DID NOT UNDERSTAND WHAT PART OF MY CLAIM MEDICARE PAID AND WHY	15% (144)	14% (136)
I DID NOT UNDERSTAND WHY MEDICARE DENIED THE CLAIM	8% (79)	6% (60)
MEDICARE TOOK TOO LONG TO PAY MY CLAIM	9% (85)	8% (76)
I DID NOT UNDERSTAND THE NOTICE MEDICARE SENT AFTER PROCESSING MY CLAIM. (THE NOTICE IS CALLED "EXPLANATION OF MEDICARE BENEFITS.")	13% (128)	15% (151)
I DID NOT HAVE A PROBLEM WITH MY MEDICARE CLAIM	65% (643)	66% (668)
* OTHER	3% (34)	5% (54)

PART 4. CALLING MEDICARE

* 20. Have you ever tried to call the insurance company the processes your Medicare claims?

YES - Month and Year of Last Call:	29% (288)	24% (228)
NO (Skip to Q-26)	71% (708)	76% (725)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
21. Thinking about the last time you tried to call, how many tries did it take you to reach them?		
(Check <u>one</u> .)		
FIRST TRY	35% (95)	30% (65)
SECOND TRY	25% (71)	20% (44)
* THREE OR MORE TRIES	32% (86)	41% (89)
NEVER GOT THROUGH	8% (22)	9% (19)

22. How satisfied were you with the service you received the last time you called?

(Check one.)

* VERY SATISFIED	31% (87)	20% (43)
GENERALLY SATISFIED	43% (119)	40% (85)
* NEITHER SATISFIED NOR DISSATISFIED	12% (32)	19% (41)
GENERALLY DISSATISFIED	9% (25)	13% (27)
VERY DISSATISFIED	5% (13)	9% (19)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
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?

(Check as many as apply.)

I WAS NOT ABLE TO GET MY QUESTION ANSWERED	9% (20)	14% (31)
THE LINE WAS BUSY	43% (100)	43% (95)
I GOT DIFFERENT ANSWERS FROM DIFFERENT PEOPLE	17% (39)	20% (43)
I WAS PUT ON "HOLD" TOO LONG	27% (63)	33% (73)
I COULD NOT UNDERSTAND THE ANSWER THEY GAVE ME	10% (23)	11% (24)
THE PERSON ANSWERING THE CALL WAS NOT VERY COURTEOUS	10% (23)	9% (19)
* I DID NOT HAVE A PROBLEM WITH THE SERVICE I RECEIVED	50% (116)	39% (85)
* OTHER	3% (7)	10% (23)

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	31% (80)	33% (62)
BY A MEDICARE EMPLOYEE (Skip to Q-26)	69% (177)	67% (128)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
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? (Check <u>as many as apply.</u>)		
* I DID NOT HAVE A TOUCH-TONE TELEPHONE TO RESPOND TO THE AUTOMATED VOICE SYSTEM	73% (35)	35% (22)
I COULD NOT UNDERSTAND THE DIRECTIONS GIVEN BY THE AUTOMATED VOICE SYSTEM	38% (18)	29% (18)
OTHER	14% (7)	21% (13)

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 <u>before today</u> that you could appeal or request a review?		
YES	75% (749)	71% (712)
NO	25% (254)	29% (296)
27. Have you ever appealed a decision made by Medicare on a claim you submitted?		
YES	6% (60)	5% (46)
NO (Skip to Q-30)	94% (904)	95% (930)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
28. Did you understand the final decision made on your claim?		
YES	65% (35)	73% (24)
NO	35% (19)	27% (9)

29. Do you think your appeal was handled fairly?		
YES	59% (28)	62% (18)
NO	41% (20)	38% (11)

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	39% (397)	38% (392)
NO	61% (624)	62% (630)

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

YES	51% (526)	55% (542)
NO	5% (49)	4% (39)
DEPENDS ON THE TYPE OF SURGERY	44% (447)	41% (409)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
32. Thinking about the last time you had non-emergency surgery, did you get a second doctor's opinion before having the surgery?		
YES	19% (185)	18% (184)
NO	43% (425)	45% (446)
I HAVE NEVER HAD NON-EMERGENCY SURGERY	39% (382)	37% (369)

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.

Before today, had you ever heard about Medicare "participating doctors?"

YES	83% (853)	82% (848)
NO	17% (172)	18% (189)

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- * 34. Are any of your doctors "participating doctors?"

YES	65% (677)	71% (735)
NO	9% (94)	7% (68)
DON'T KNOW	25% (262)	22% (209)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
* 35. Have you ever contacted the insurance company that processes you Medicare claims to get the names of doctors who are "participating doctors?"		
YES	6% (65)	4% (43)
NO	69% (703)	74% (734)
I DID NOT KNOW I COULD GET THIS INFORMATION FORM THE INSURANCE COMPANY THAT PROCESSES MY CLAIMS	24% (246)	21% (209)

36. Thinking about the future, how likely are you to select a "participating doctor" for health care services?

(Check one.)

* LIKELY TO SELECT "PARTICIPATING DOCTOR"	65% (634)	70% (698)
NOT LIKELY TO SELECT "PARTICIPATING DOCTOR"	8% (78)	7% (70)
WILL NOT MATTER IF DOCTOR IS "PARTICIPATING"	27% (262)	23% (209)

PART 8: HEALTH CARE FACILITIES

37. For people who are interested, the Medicare program has information by individual hospital on mortality (death) rates of Medicare patients. Were you aware before today that the Federal Government publishes "Medicare Hospital Mortality Information?"

YES	9% (87)	7% (73)
NO	91% (916)	93% (949)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
38. Have you ever used the "Medicare Hospital Mortality Information" to choose a hospital?		
YES	.4% (4)	1% (10)
NO	44% (449)	46% (460)
I DID NOT KNOW ABOUT THE MORTALITY INFORMATION	55% (565)	53% (520)
39. 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	56% (525)	59% (551)
NOT LIKELY TO USE THE INFORMATION	44% (413)	41% (385)
40. Who selected your hospital the last time you were hospitalized?		
(Check <u>one</u> .)		
* YOU	35% (363)	31% (306)
* YOUR DOCTOR	48% (488)	54% (544)
YOUR RELATIVES OR FRIENDS	5% (47)	4% (37)
AMBULANCE DRIVER	2% (20)	2% (17)
OTHER	2% (22)	2% (19)
I HAVE NEVER BEEN IN HOSPITAL	9% (88)	7% (75)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
41. The Medicare Program also publishes information of the results on inspections done on nursing homes. <u>Before today</u> , were you aware that the Federal Government had this type of information on nursing homes?		
YES	22% (218)	20% (205)
NO	78% (794)	80% (817)
42. Have you ever used this information to choose a nursing home?		
YES	2% (16)	2% (24)
NO	60% (592)	56% (552)
I DID NOT KNOW ABOUT THE NURSING HOME INFORMATION	38% (375)	41% (405)
43. 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?		
YES, LIKELY TO USE THE INFORMATION	85% (843)	88% (865)
NO, NOT LIKELY TO USE THE INFORMATION	15% (145)	12% (120)
44. Medicare also publishes a booklet entitled " <i>Guide to Choosing a Nursing Home.</i> " It discusses things to look for in selecting a nursing home, and is available from several offices, including your Social Security office. <u>Before today</u> , were you aware Medicare had information on choosing a nursing home?		
YES	10% (97)	9% (94)
NO	90% (909)	91% (932)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
45. Have you ever used the booklet to help you select a nursing home?		
YES	1% (9)	1% (11)
NO	51% (499)	50% (490)
I DID NOT KNOW MEDICARE HAD A BOOKLET ABOUT CHOOSING A NURSING HOME	48% (476)	49% (488)
46. Was the booklet helpful?		
YES	2% (19)	4% (36)
NO	2% (17)	2% (20)
I HAVE NOT USED THE BOOKLET	96% (786)	94% (806)
47. Now that you know about the booklet, are you likely to use it if you should need to select a nursing home?		
YES, LIKELY TO USE BOOKLET	84% (806)	87% (850)
NO, NOT LIKELY TO USE BOOKLET	16% (150)	14% (133)
48. Medicare also has a booklet entitled "<i>Guide to Health Insurance for People with Medicare.</i>" It discusses things you should look for in choosing Medigap insurance to supplement your Medicare coverage. It, too, is available at your Social Security office.		
<u>Before today</u>, were you aware Medicare had a booklet to help you choose other health insurance?		
YES	13% (132)	12% (118)
NO	87% (865)	88% (902)

Question	National Percentage (Responses)	Michigan Percentage (Responses)
49. Have you ever used the booklet to help you select health insurance to supplement your Medicare?		
YES	2% (16)	2% (23)
NO	40% (394)	39% (393)
I DID NOT KNOW MEDICARE HAD A BOOKLET ABOUT CHOOSING OTHER HEALTH INSURANCE	58% (571)	58% (585)
50. Was the booklet helpful?		
YES	7% (61)	6% (55)
NO	1% (9)	2% (17)
I HAVE NOT USED THE BOOKLET	92% (810)	92% (832)
51. Now that you know Medicare has a booklet to help you choose health insurance, are you likely to use it should you wish to purchase health insurance to supplement your Medicare or to change your current supplemental policy?		
YES, LIKELY TO USE BOOKLET	65% (619)	64% (608)
NO, NOT LIKELY TO USE BOOKLET	35% (339)	36% (342)
Is there anything else you want to tell us about Medicare?		
POSITIVE	5% (6)	20% (64)
NEGATIVE	60% (70)	34% (108)
MIXED	4% (5)	5% (17)
OTHER	30% (35)	41% (130)