

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

HOME HEALTH SERVICES

**Medicare Beneficiary Satisfaction And
Understanding In 1995**



**JUNE GIBBS BROWN
Inspector General**

April 1997
OEI-04-93-00153

OFFICE OF INSPECTOR GENERAL

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

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EXECUTIVE SUMMARY

PURPOSE

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

BACKGROUND

Medicare is a Federal health insurance program for individuals age 65 and older, and for certain categories of disabled people. One Medicare benefit is home health services. To receive such care, beneficiaries must need skilled services such as nursing, physical therapy, and speech therapy on an intermittent or part-time basis. A physician must certify in a Plan of Care that such care is necessary. Once qualified, a beneficiary may also receive services such as home health aide services and on-going occupational therapy.

As part of a 1995 survey to determine beneficiary satisfaction with Medicare, we asked beneficiaries about their experiences with home health services. Of the 942 respondents to the survey, 139 beneficiaries said they had received home health services. Some of the questions used in the 1995 survey were also used in a 1994 survey. We made comparisons whenever possible, and tested for statistically significant differences using the t-test.

FINDINGS

Medicare Beneficiaries Continued to be Satisfied With Home Health Care

- Ninety-five percent said home health agency personnel did an adequate job. This is about the same as in 1994, when 91 percent said so.
- Ninety-six percent of the beneficiaries said they received the number of home health visits they thought they needed. This is an increase from 1994, when 86 percent said the same thing. This is a statistically significant increase at the 90 percent confidence level.
- Ninety-two percent of the beneficiaries said that a physician or home health agency employee had explained how their medical condition should improve as a result of care. This is an increase from 1994, when 76 percent reported that an explanation had been provided. In both years, most beneficiaries believed their condition improved as expected.
- Eighty-seven percent of the beneficiaries said a medical person (doctor, hospital employee, etc.) referred them to the home health agency they selected for care. This is about the same as in 1994, when 79 percent responded similarly.

Two percent of the beneficiaries said that they were contacted by a home health agency, and that was how they selected the one they used. This is not a statistically significant difference from the 6 percent who said the same thing in the 1994 survey.

Most Beneficiaries Understood What Medicare Paid For

- Seventy-seven percent of beneficiaries said it was clear what Medicare paid for. In the prior year's survey, 53 percent said it was clear. However, our 1994 survey contained a response option we did not offer in 1995. Therefore, we could not statistically compare these results.

Few Beneficiaries Were Aware Of State Hot Lines

- Only 25 percent of the beneficiaries said they were aware of the hot lines run by the State for reporting complaints and fraud. This question was not asked in the previous year.

RECOMMENDATION

Based on our prior 1994 survey, we recommended that the Health Care Financing Administration (HCFA) consider ways to improve existing explanations of the home health benefit to beneficiaries and pursue new methods to increase understanding of the benefit. Since our report was issued, HCFA published a beneficiary pamphlet and a video tape presentation which explain home health benefits in simple terms. Additionally, the pamphlet contains phone numbers and information on fraud, quality of care complaints, and counseling services.

In addition to the pamphlet and video tape presentation, HCFA has developed a home health equivalent of an Explanation of Medicare Benefits, called a Notice of Utilization. This is intended to inform beneficiaries of what home health services Medicare has paid for on their behalf.

Our 1995 survey indicates that such HCFA activities are working. Overall, beneficiary satisfaction with home health care continued to be high and their understanding of home health benefits improved since 1994. However, almost 25 percent of Medicare beneficiaries still do not understand what home health care is paid for by Medicare. Further, about 75 percent of Medicare beneficiaries are not aware of State hot lines for registering complaints about care received, and reporting possible fraud.

We recommend that HCFA continue efforts to educate beneficiaries on Medicare-funded home health services. HCFA should make every effort to insure the broadest possible distribution of the pamphlet and video tape presentation. Such information material could be distributed to beneficiaries through home health agencies, hospital discharge planning units, and other institutional sources of referrals for home health care. HCFA should also plan to evaluate the Notice of Utilization after it has been in

use for six to twelve months to determine its impact on beneficiary understanding and on the Regional Home Health Intermediaries.

AGENCY COMMENTS

HCFA concurred with our recommendation. They pointed out that implementation of the Notice of Utilization, started in October of 1996, will be phased in over the next few months. In FY 1997, HCFA plans to evaluate the effectiveness of the Notice of Utilization process. Further, they will require intermediaries to conduct beneficiary outreach activities to improve quality of care and reduce fraud.

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INTRODUCTION

PURPOSE

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

BACKGROUND

The Medicare Program

Medicare is a Federal health insurance program for individuals age 65 and older, and for certain categories of disabled people. Medicare was authorized in 1965 by title XVIII of the Social Security Act. In Fiscal Year 1995, Medicare served approximately 37.6 million beneficiaries, and paid benefits totalling over \$159 billion.¹

The Home Health Benefit

One Medicare benefit is home health services. Home health agencies (HHAs) who provide such service to Medicare beneficiaries must be certified as a Medicare provider. To receive such care, beneficiaries must need skilled services such as nursing, physical therapy, and speech therapy on an intermittent or part-time basis in their homes. A physician must certify in a Plan of Care that such care is necessary. Once qualified, a beneficiary may receive other services such as home health aide services and on-going occupational therapy. The number of visits a beneficiary may receive is not limited.

METHODS

In September 1995, we surveyed 1244 randomly selected Medicare beneficiaries on their satisfaction with the Medicare program. Of the 942 beneficiaries who returned completed questionnaires, 914 said they had or had not received home health services in the past year. Of the 914 beneficiaries, 139 (15 percent) said they did receive home health services.

This report is based on responses from those 139 beneficiaries. Our analyses are based on the number of beneficiaries who answered each question. Based on the number of respondents, estimates are generally within 8 percentage points of the true value at the 95 percent confidence level. Appendix A contains our questionnaire and beneficiary responses to each question.

¹Health Care Financing Administration, United States Department of Health and Human Services, HCFA Statistics, September 1995.

Comparison to Previous Surveys

In 1994 we conducted a similar national survey of Medicare beneficiaries to assess their satisfaction with and understanding of Medicare home health services.² Seven of our ten survey questions in 1995 were the same as those used in 1994. Therefore, we compared our survey results for the two years where applicable. In making comparisons of survey results for the two years, we tested for statistically significant differences using the t-test.

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

²Office of Inspector General, United States Department of Health and Human Services, Medicare Beneficiary Satisfaction With And Understanding Of Home Health Services, OEI-04-93-00143

FINDINGS

MEDICARE BENEFICIARIES CONTINUED TO BE SATISFIED WITH HOME HEALTH CARE

Beneficiaries Said Home Health Agencies Did An Adequate Job

The percent of Medicare beneficiaries who said home health personnel did an adequate job was about the same in 1995 and 1994. In 1995, 95 percent of the beneficiaries said home health agency personnel did an adequate job. In 1994, 91 percent said so. This is not a statistically significant increase.

The number of beneficiaries who said they received the number of home health visits they thought they needed increased from 1994 to 1995. In 1995, 96 percent of the beneficiaries said so, as compared to 86 percent in 1994. This is a statistically significant increase at the 90 percent confidence level.

In 1995, 80 percent of the beneficiaries said home health agency caregivers provided service every time they were supposed to do so. Likewise, 99 percent of the beneficiaries said the caregivers were courteous and respectful. We did not ask these questions in our 1994 survey, therefore we cannot make a comparison.

Potential Benefits of Home Health Care Were Explained to Medicare Beneficiaries

The number of beneficiaries who said a physician or home health agency employee explained how their medical condition should improve increased from 1994 to 1995. In 1995, 92 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 home health care. In 1994, 76 percent said such. The increase from 1994 to 1995 is statistically significant at the 95 percent confidence level. In both years, most of the beneficiaries said their condition improved as explained.

Medical Personnel Generally Referred Beneficiaries To Home Health Agency

Sources of referral to a home health agency were about the same for most beneficiaries in 1994 and 1995. In 1995, 87 percent of the beneficiaries said that a medical person (doctor, hospital employee, or other provider) had referred them to the home health agency they selected for care. In 1994, 79 percent responded similarly. This does not reflect a statistically significant change from 1994 to 1995.

In 1995, 2 percent of the beneficiaries said that they were contacted by a home health agency employee, as compared to 6 percent in 1994. This is not a significant decrease from 1994 to 1995.

MOST BENEFICIARIES UNDERSTOOD WHAT MEDICARE PAID FOR

In 1995, 77 percent of beneficiaries said it was clear what home health services Medicare paid for. In 1994, only 53 percent said it was clear what Medicare paid for. However, because our 1994 survey contained a response option that we did not offer in 1995, we cannot statistically compare these results.

FEW BENEFICIARIES WERE AWARE OF STATE HOT LINES FOR REPORTING COMPLAINTS AND FRAUD

States operate hot lines that beneficiaries can use to register complaints about care, and to report possible fraudulent practices. Health Care Financing Administration staff asked us to determine whether or not Medicare beneficiaries were aware of State hot lines. Our survey showed that only about 25 percent of the beneficiaries said they were aware of the hot lines. We have no basis for determining whether or not beneficiary awareness of hot lines is increasing or decreasing since we did not ask this question in our prior surveys.

RECOMMENDATION

Based on our prior 1994 survey, we recommended that HCFA consider ways to improve existing explanations of the home health benefit to beneficiaries and pursue new methods to increase understanding of the benefit. Since our report was issued, HCFA published a beneficiary pamphlet and a video tape presentation which explain home health benefits in simple terms. Additionally, the pamphlet contains phone numbers and information on fraud, quality of care complaints, and counseling services.

In addition to the pamphlet and video tape presentation, HCFA has developed a home health equivalent of an Explanation of Medicare Benefits, called a Notice of Utilization. This is intended to inform beneficiaries of what home health services Medicare has paid for on their behalf.

Our 1995 survey indicates that such HCFA activities are working. Overall, beneficiary satisfaction with home health care continued to be high and their understanding of home health benefits improved since 1994. However, almost 25 percent of Medicare beneficiaries still do not understand what home health care is paid for by Medicare. Further, about 75 percent of Medicare beneficiaries are not aware of State hot lines for registering complaints about care received, and reporting possible fraud.

We recommend that HCFA continue efforts to educate beneficiaries on Medicare-funded home health services. HCFA should make every effort to insure the broadest possible distribution of the pamphlet and video tape presentation. Such information material could be distributed to beneficiaries through home health agencies, hospital discharge planning units, and other institutional sources of referrals for home health care. HCFA should also plan to evaluate the Notice of Utilization after it has been in use for six to twelve months to determine its impact on beneficiary understanding and on the Regional Home Health Intermediaries.

AGENCY COMMENTS

HCFA concurred with our recommendation. They pointed out that the Notice of Utilization, implemented in October of 1996, will be phased in over the next few months. In FY 1997, HCFA plans to evaluate the effectiveness of the Notice of Utilization process. Further, they will require intermediaries to conduct beneficiary outreach activities related to the home health benefit to improve quality of care and reduce fraud.

Appendix B shows the full text of the comments provided by HCFA.

APPENDIX A

SURVEY QUESTIONS AND RESPONSES

1. Have you received services in your home from a home health agency in the past year?

139 Yes

775 No

2. Think about the last time you received services in your home from a home health agency.

Was it clear to you what Medicare paid for?

(Check one answer.)

103 Yes, it was clear what Medicare paid for.

15 No, it was not clear what Medicare paid for.

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

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

3. 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?

128 Yes

3 No

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

123 Yes

6 No

4. How would you describe the number of visits you received from the home care agency?

123 I received the number of visits I needed.

5 I received fewer visits than I needed.

0 I received more visits than I needed.

5. How many times did the caregiver(s) come when he or she was supposed to?

106 Every time
23 Most of the time
2 Some of the time
1 Seldom
0 Never

6. Was the caregiver(s) from the home health agency courteous and respectful?

130 Yes
0 No
1 Some caregivers were courteous and some were not.
(Please explain): Took food and drink and Tylenol without asking

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

116 Yes
10 No

8. Did your condition improve as much as you were told it would?

98 Yes
11 No
12 No one explained how much I should improve.

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

115 A doctor, hospital, or other medical person or facility referred me to the home health agency.
12 Friends or family referred me to the home health agency.
2 The home health agency contacted me first.
3 I don't recall.

10. Before today, were you aware that your State has a "hot line" to register complaints about home health care?

33 Yes
98 No

APPENDIX B

AGENCY COMMENTS



The Administrator
Washington, D.C. 20201

DATE: FEB 13 1997

TO: Bruce C. Vladeck *[Signature]*
Administrator

FROM: June Gibbs Brown
Inspector General

SUBJECT: Office of Inspector General (OIG) Draft Report: "Home Health Services-
Medicare Beneficiary Satisfaction and Understanding in 1995" -- Operation
Restore Trust

We reviewed the above-referenced report concerning home health services to Medicare beneficiaries. Our comments are attached for your consideration. Thank you for the opportunity to review and comment on this report.

Attachment

RECEIVED
1997 FEB 20 P 12:07
OFFICE OF INSPECTOR
GENERAL

IG	_____
EAIG	_____
SAIG	_____
PDIG	_____
DIG-AS	_____
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AIG-LC	_____
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ExecSec	_____
Date Sent	2/20

**Health Care Financing Administration (HCFA) Comments on
Office of Inspector General (OIG) Draft Report entitled:
Home Health Services: Medicare Beneficiary
Satisfaction and Understanding in 1995"
(OEI-04-93-00153)**

OIG Recommendation

HCFA should continue its efforts to educate beneficiaries on Medicare-funded home health services. It should make every effort to ensure the broadest possible distribution of the pamphlet and video tape presentation. HCFA should also plan to evaluate the Notice of Utilization (NOU) after it has been in use for six to twelve months to determine its impact on beneficiary understanding and the regional home health intermediaries.

HCFA Response

We concur. HCFA is actively involved in efforts to increase and improve beneficiary understanding of home health benefits. In October 1996, HCFA implemented the requirement that intermediaries send an NOU to Medicare beneficiaries receiving home health services. The NOU process will be phased-in on a national level over the next several months. HCFA plans to evaluate the NOU process after July 1997. In addition, HCFA will require all intermediaries to conduct beneficiary outreach activities related to home health benefit coverage issues such as quality of care, fraud and counseling services.