

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MEDICARE BENEFICIARY SATISFACTION:
1995**



JUNE GIBBS BROWN
Inspector General

DECEMBER 1996
OEI-04-93-00150

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EXECUTIVE SUMMARY

PURPOSE

To determine beneficiary experience and satisfaction with Medicare services.

BACKGROUND

This is the fifth survey the Office of Inspector General (OIG), Department of Health and Human Services (HHS), has conducted to determine beneficiary experience and satisfaction with Medicare services. In September 1995, we surveyed 1244 randomly selected beneficiaries for whom Medicare Part B claims were submitted in Calendar Year 1994. Participation in the survey was voluntary and yielded a response rate of 76 percent--942 beneficiaries.

FINDINGS

Beneficiaries report positive experience with the Medicare program.

- **Beneficiary Understanding**--Eighty percent of the beneficiaries responding to our survey said the Medicare program was understandable.
- **Getting Information**--Seventy-eight percent of the beneficiaries said they could get information about Medicare when they needed it. Most beneficiaries said they would consult their physician (70 percent) or their Medicare Handbook (56 percent) to get specific information.
- **Claims Processing**--Eighty-seven percent of the beneficiaries said they were satisfied with the way Medicare carriers processed their claims.

Beneficiary understanding of and satisfaction with certain Medicare services has improved.

- **Claims Processing**--In 1994, 30 percent of beneficiaries said they experienced at least one problem with their last Medicare claim. In 1995, the percent of beneficiaries who experienced a problem dropped to 19 percent.
- **Speed of Claims Processing**--In 1994, 73 percent of beneficiaries said Medicare paid their claims quickly enough. In 1995, 80 percent said their claims were paid quickly enough.
- **Home Health Charges**--In 1994, 32 percent of the beneficiaries who had received home health services did not understand what home health services Medicare paid for. That percent decreased to 11 percent in 1995.

Certain Medicare program services which needed improvement in 1994 continued to need improvement in 1995.

- **Telephone Service**--Fifty-eight percent of beneficiaries who had called their carriers experienced at least one problem when calling. Twenty-eight percent who had tried to call had to call three or more times to get through.
- **Second Surgical Opinions**--Sixty percent of the beneficiaries surveyed did not know Medicare pays for a second opinion on the need for surgery.
- **Physician Fees**--Twenty-six percent of the beneficiaries surveyed did not know Medicare limits physicians' fees for specific services.
- **Appeal Rights**--Thirty-four percent of beneficiaries surveyed did not know they could appeal or request a review of decisions Medicare carriers made about their claims. Further, 31 percent of beneficiaries who had appealed did not understand the final appeal decision.
- **Hospital Charges**--Nineteen percent of the beneficiaries who had been hospitalized did not understand what hospital charges Medicare had paid for.

Other program services also need improvement.

- **Flu Immunizations**--One-fourth (24 percent) of the beneficiaries surveyed did not know Medicare paid for flu immunizations.
- **Mammograms**--One-fourth (24 percent) of the female beneficiaries surveyed did not know Medicare paid for mammograms.
- **Hospice Care**--Forty-two percent of beneficiaries did not know Medicare paid for hospice care.
- **Peer Review Organizations (PRO)**--Over three-fourths (78 percent) of the beneficiaries did not know each State has a Medicare-funded PRO to monitor the cost and quality of health care provided to Medicare beneficiaries.

RECOMMENDATION

We recommend that the Health Care Financing Administration develop a plan for improving beneficiary satisfaction and understanding in the problem areas mentioned above.

AGENCY COMMENTS

The HCFA Administrator commented on our report, and concurred with our recommendation. He reported that HCFA has implemented new Contractor Performance Evaluation procedures that allow regional offices to expand their reviews to include customer service areas that need special attention, such as telephone service. Further, the new procedures ensure that beneficiary input is incorporated into reviews. The HCFA is also revising letters to beneficiaries to improve the clarity of information about appeals.

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	
INTRODUCTION	1
FINDINGS	3
Beneficiaries Report Positive Experience with the Medicare Program	3
Generally Understand the Program	3
Can Get Needed Information	4
Knew About and Used Participating Physicians	5
Are Satisfied with Claims Processing	6
Are Satisfied with Carrier Telephone Service	7
Beneficiary Understanding of and Satisfaction with Certain Medicare Services has Improved	8
Fewer Identified Claims Processing Problems	8
More Satisfied with Speed of Claim Payments	10
More Understand Home Health Payments	10
Certain Services Continue to Need Improvement	10
Calling Carriers	10
Second Surgical Opinions	13
Limits on Physician Fees	13
Appeal Rights	14
Appeal Decisions	14
Understanding Hospital Payments	15
Other Program Services Also Need Improvement	15
Flu Immunizations	15
Mammograms	15
Hospice Care	15
Peer Review Organizations	15
RECOMMENDATION	16
AGENCY COMMENTS	17
ENDNOTES	18
APPENDICES	
Responses to 1995 Survey of Medicare Beneficiary Satisfaction	A-1
Analysis of Respondents vs. Non-Respondents	B-1
HCFA Comments	C-1

INTRODUCTION

PURPOSE

To determine beneficiary experience and satisfaction with Medicare services.

BACKGROUND

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 people, known as beneficiaries, and paid benefits totalling over \$159 billion.¹

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

METHODS

In September 1995, we surveyed 1244 randomly selected Medicare beneficiaries. We initially selected 1300 beneficiaries for whom Medicare Part B claims had been filed in Calendar Year 1994. However, we dropped 56 beneficiaries from our sample because 22 questionnaires were undeliverable and 34 beneficiaries were deceased. This reduced the sample size from 1300 to 1244. Appendix A contains our questionnaire and beneficiaries' responses to the questions.

Based upon previous experience with similar client and beneficiary surveys, the sample size of 1300 beneficiaries was calculated to produce an estimate within 3.5 percent of the true value at the 95 percent confidence level. We used standard equations for estimating sample size with a binary response variable.

Beneficiary participation in the survey was voluntary. A total of 942 beneficiaries returned completed questionnaires, for a response rate of 76 percent. Given the size of our sample and response rate, results of our survey are projectable to the universe of 37.6 million Medicare beneficiaries.

Percentages in the report are based on the number of beneficiaries answering each question. Appendix B presents an analysis of respondents and non-respondents.

Comparison to Previous Surveys

In 1989,² 1991,³ 1993,⁴ and 1994⁵ we conducted similar national surveys of Medicare beneficiaries to assess their awareness of and satisfaction with various aspects of the Medicare program.

The majority of questions used in the 1995 survey were used in our 1993 and 1994 surveys. Therefore, Medicare beneficiary responses in 1993, 1994, and 1995 are comparable. The 1993, 1994, and 1995 surveys were also similar to the 1989 and 1991 surveys. However, some questions were worded and sequenced slightly different. Additionally, we provided more response options to questions in the 1993, 1994, and 1995 surveys than we did in the 1989 and 1991 surveys. Therefore, we cannot compare beneficiary responses in each of the five survey years for all questions. However, we did make comparisons whenever possible, and determined significant differences in responses through use of a t-test.

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

FINDINGS

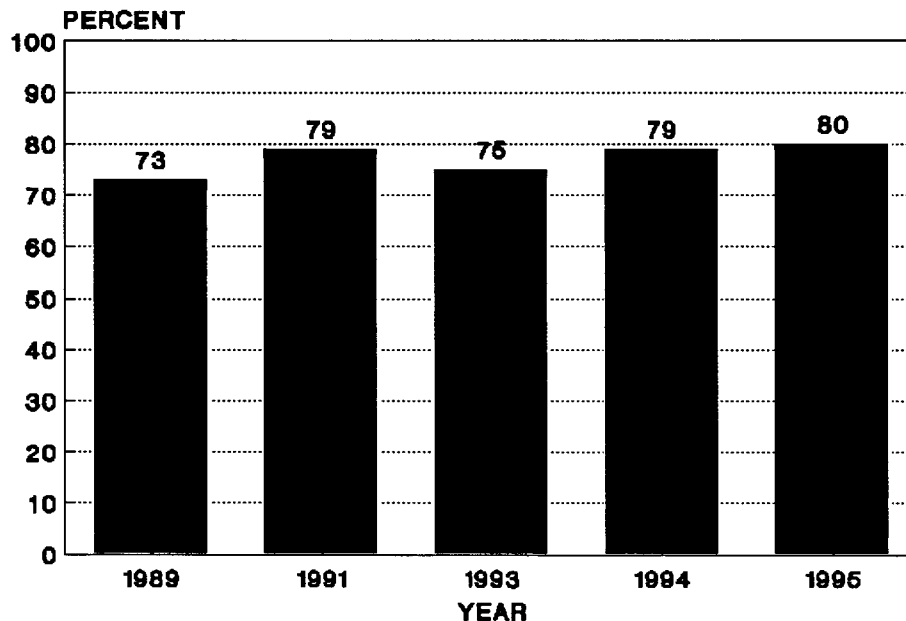
BENEFICIARIES REPORT POSITIVE EXPERIENCE WITH THE MEDICARE PROGRAM

Overall, beneficiaries were positive about several aspects of the Medicare program. They said they understood the program and can get information when they need it. Most beneficiaries are aware of and use participating physicians. And, most beneficiaries who had called their carriers were at least generally satisfied with the service they received, although over half of them cited problems when calling.

Beneficiaries Generally Understand the Program

Eighty percent of the beneficiaries said that the Medicare program is understandable. This is about the same as in 1994 when 79 percent said the program was understandable. Figure 1 shows the level of understanding over the 5 years we have surveyed Medicare beneficiaries.

**FIGURE 1
BENEFICIARIES UNDERSTAND
THE MEDICARE PROGRAM**



Beneficiaries Can Get Needed Information

Getting General Information: Seventy-eight percent of the beneficiaries said they could get general information about Medicare when they needed it. This is about the same percent of beneficiaries who believed they could do so in 1994. Table 1 shows the percent of beneficiaries who said they can get general information over the last 3 years.

**TABLE 1
BENEFICIARIES CAN GET GENERAL INFORMATION**

	1993	1994	1995
Yes	72%	75%	78%
No	7%	5%	5%
Don't Know	21%	20%	17%

Getting Specific Information: Seventy-one percent of the beneficiaries who have needed specific information about their Medicare coverage said they have been able to obtain it most of the time. Table 2 shows that the percent of beneficiaries who could get specific Medicare information most of the time remained high.

**TABLE 2
BENEFICIARIES CAN GET SPECIFIC INFORMATION**

CAN GET INFORMATION:	1989	1991	1993	1994	1995
Most of the Time	58%	67%	60%	67%	71%
Some of the Time	29%	23%	28%	23%	19%
Seldom or Never	13%	10%	12%	10%	9%

Sources of Information: From a list of possible places people might go to get answers if they have questions about what Medicare pays for, beneficiaries were asked to indicate which places they would go. They could check more than one source.

Most beneficiaries said they get Medicare information from their physicians' offices and the *Medicare Handbook*. Seventy percent of all beneficiaries said they would go to their physicians' offices. This is an increase from 1994 when only 50 percent of the beneficiaries said they would go to their physicians for Medicare information. Fifty-six percent of the beneficiaries surveyed in 1995 said they would refer to the *Medicare Handbook*. This is about the same percent of beneficiaries who used the handbook in 1994.

Most Beneficiaries Knew About Participating Physicians

Medicare has "participating physicians" who agree to charge no more than the Medicare approved amount. Medicare pays 80 percent of the approved amount. A beneficiary is responsible for paying a deductible and a 20 percent coinsurance. Figure 2 shows that the number of beneficiaries who were aware of participating physicians has changed relatively little during the 5 years we have surveyed Medicare beneficiaries.

**FIGURE 2
BENEFICIARY AWARENESS OF PARTICIPATING PHYSICIANS**

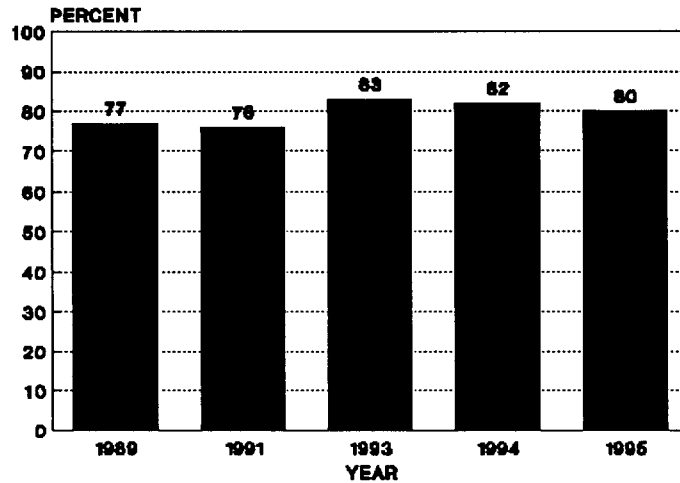
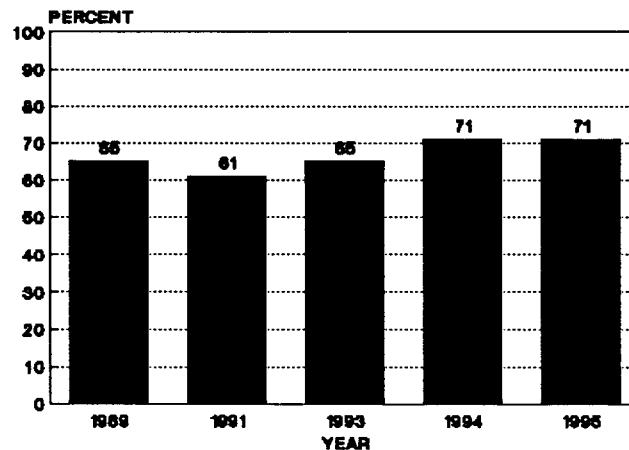


Figure 3 shows that beneficiaries' use of "participating physicians" in 1995 is the same as in 1994.

**FIGURE 3
BENEFICIARY USE OF PARTICIPATING PHYSICIANS**



Twenty-four percent of beneficiaries we surveyed said they did not know if their physicians were "participating." Seventeen percent said they did not know their carriers provided information on participating physicians.

Beneficiaries are Satisfied with Claims Processing

Eighty-seven percent of the beneficiaries said they are at least "generally" satisfied with the way Medicare carriers processed their claims. As Figure 4 illustrates, few beneficiaries said they were dissatisfied.

**FIGURE 4
SATISFACTION WITH CLAIM PROCESSING**

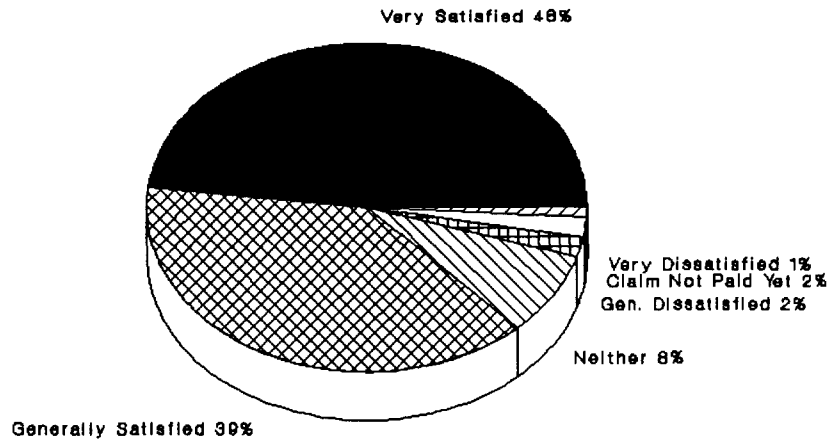
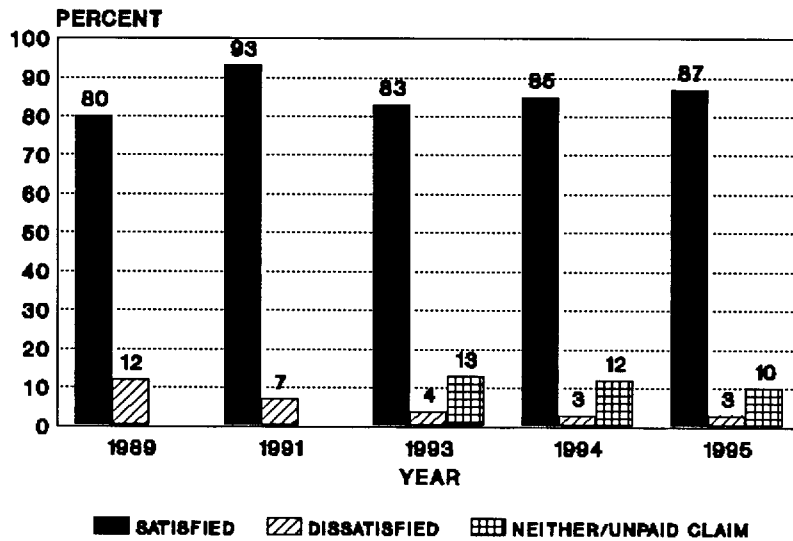


Figure 5 shows the number of beneficiaries expressing satisfaction remains high. However, interpretation of trends for the past 5 years should be done with the understanding that we changed our survey instrument in 1993. This change could slightly affect the trend. The 1993, 1994, and 1995 surveys had a response option that was not offered in 1989 and 1991. Also, in 1989, when beneficiaries could file their own claims, we asked only those beneficiaries who submitted their own claims about their satisfaction.

FIGURE 5
TRENDS IN BENEFICIARY SATISFACTION WITH CLAIMS PROCESSING



Most Beneficiaries are Satisfied with Carrier Telephone Service

About 16 percent of the beneficiaries we surveyed said they had tried to call their carriers. Figure 6 shows that 85 percent of those beneficiaries who had called their carriers said they were at least generally satisfied with the service they received the last time they called.

FIGURE 6
SATISFACTION WITH CARRIER PHONE SERVICE

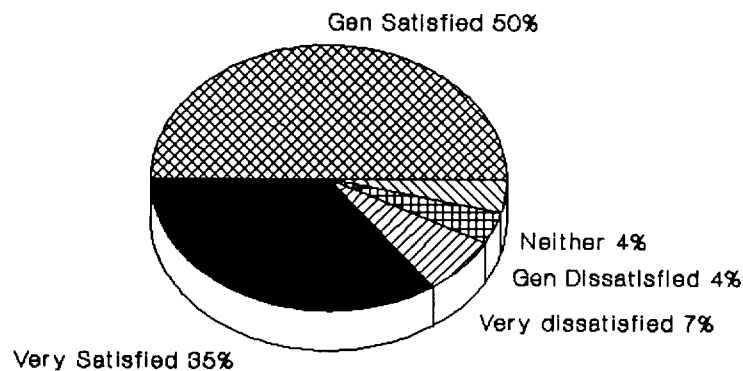
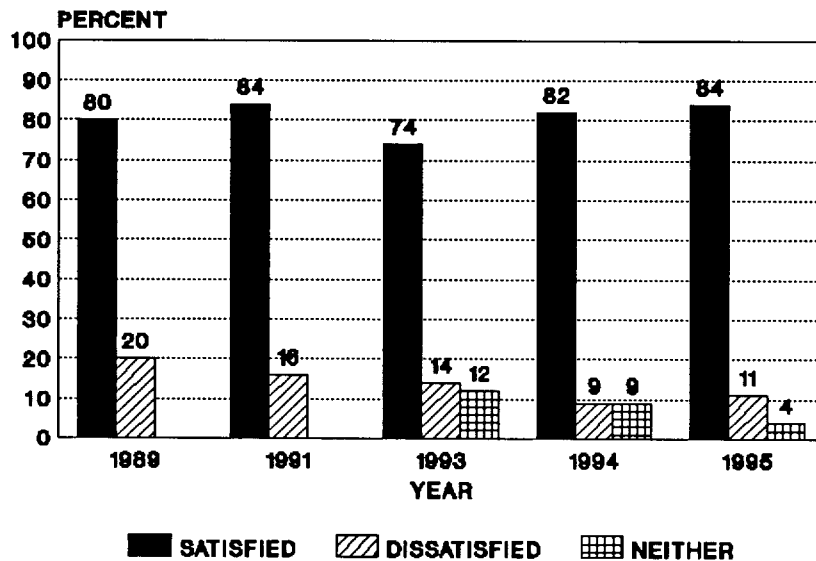


Figure 7 shows that the percent of beneficiaries who were satisfied with carrier telephone service in 1995 is about the same as in 1994.

FIGURE 7
TRENDS IN BENEFICIARY SATISFACTION WHEN CALLING CARRIERS



BENEFICIARY UNDERSTANDING OF AND SATISFACTION WITH CERTAIN MEDICARE SERVICES HAS IMPROVED

Compared to 1994, beneficiary understanding of and satisfaction with Medicare services improved. The beneficiaries are more satisfied with claims processing, including the speed with which carriers pay their claims. Beneficiaries also have a better understanding in 1995 of home health and hospital payments than in 1994.

Fewer Beneficiaries Identified Claims Processing Problems

Although 87 percent of beneficiaries are at least generally satisfied with claims processing, some had encountered difficulties with the way Medicare processed their claims. When given a list of possible reasons beneficiaries might be dissatisfied, 19 percent of the beneficiaries surveyed identified one or more problems with their last Medicare claim. However, fewer beneficiaries cited problems in 1995 than in 1994 when 30 percent cited one or more problems.

Figure 8 shows claim processing problems beneficiaries experienced before their claims were paid. Numbers in the figure represent the percent of all beneficiaries surveyed.

**FIGURE 8
BENEFICIARY PROBLEMS PRIOR TO PAYMENT OF CLAIMS**

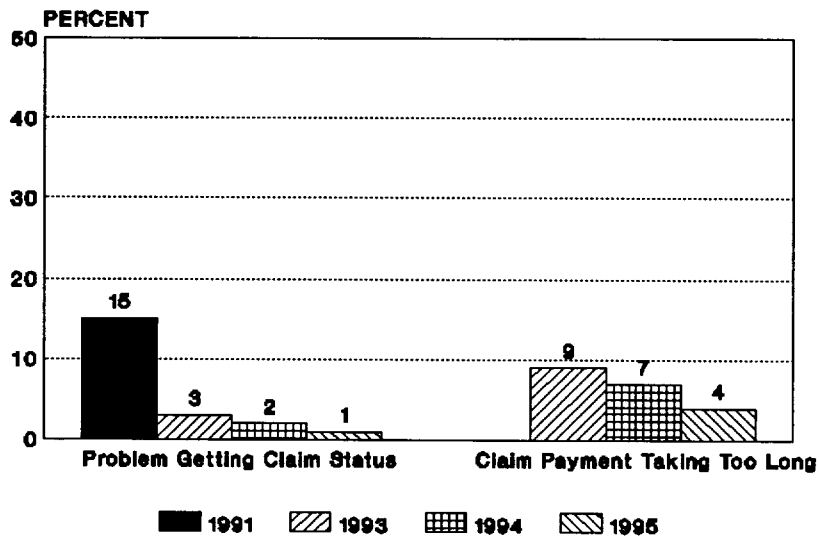
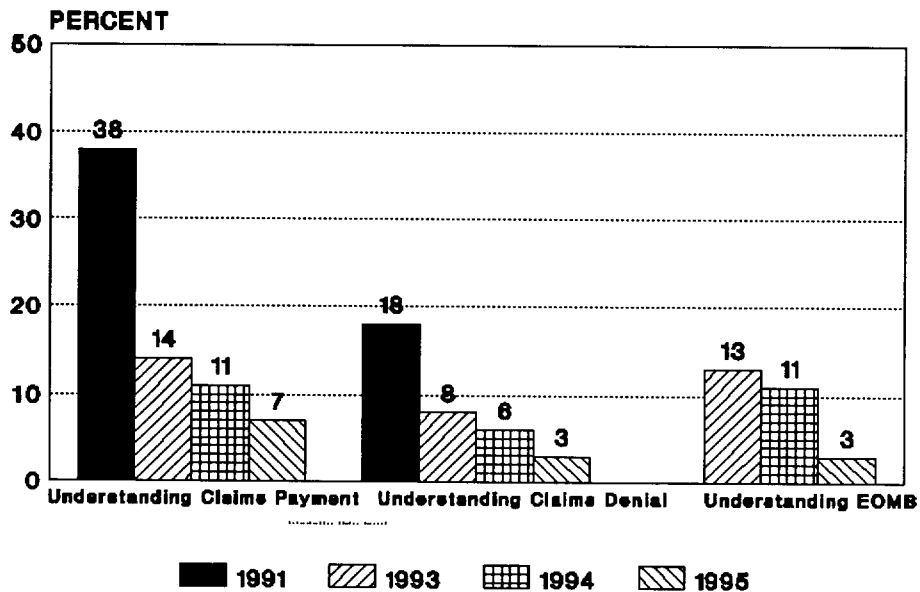


Figure 9 shows claims processing problems beneficiaries experienced after their claims had been paid. Numbers in Figure 9 represent the percent of all beneficiaries surveyed.

**FIGURE 9
BENEFICIARY PROBLEMS AFTER PAYMENT OF CLAIMS**



More Beneficiaries Express Satisfaction with the Speed of Claim Payments

Eighty percent of beneficiaries said Medicare carriers pay claims quickly enough. This is an increase from 1994, when 73 percent expressed satisfaction with the speed of claims processing.

Beneficiary Understanding of Home Health Payments Improved

In 1994, 32 percent of the beneficiaries who had received home health services said they did not understand what home health services Medicare had paid for. This percent decreased to 11 in 1995.

CERTAIN MEDICARE PROGRAM SERVICES WHICH NEEDED IMPROVEMENT IN 1994 CONTINUED TO NEED IMPROVEMENT IN 1995

Overall, beneficiary understanding of and satisfaction with Medicare program services is positive. However, some trouble spots remain. Our 1995 beneficiary survey showed problems with carrier telephone services, second surgical opinions, physicians fees, appeals, and hospital payments.

Beneficiaries Experienced Difficulty Calling Their Carriers

About 16 percent of the beneficiaries surveyed had tried to call their carriers. However, 5 percent of the beneficiaries answering our question said they had wanted to call, but did not have their carrier's phone number.

While beneficiaries who called their carriers generally expressed satisfaction, over half said they experienced problems. They had difficulty getting access to their carriers, using carriers' automated voice systems, and getting answers once they got through to the carriers.

The beneficiaries who had called their carriers were given a list of possible reasons why they might have been dissatisfied the last time they called. They could cite as many problems as they experienced.

Table 3 shows the number of beneficiaries experiencing problems over the last 3 years.

**TABLE 3
BENEFICIARIES WITH PROBLEMS CALLING CARRIERS**

YEAR	BENEFICIARIES HAVING PROBLEMS
1993	50%
1994	52%
1995	58%

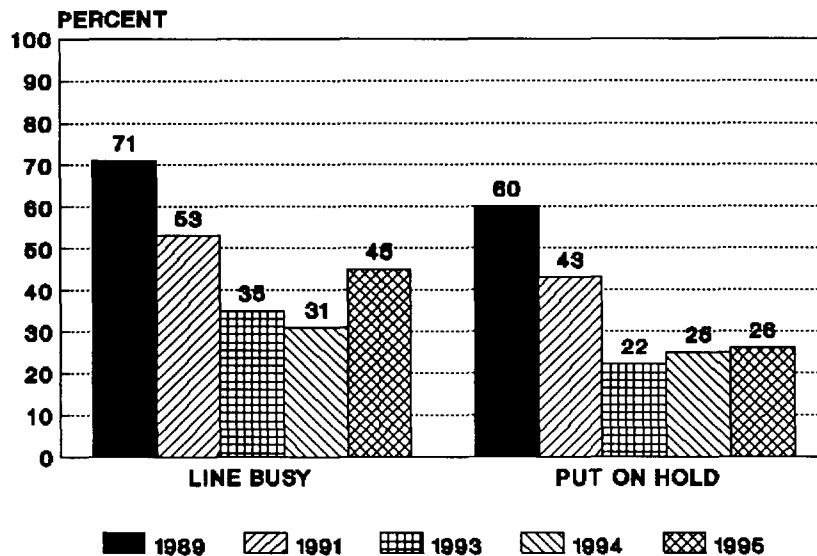
Getting telephone access with carriers is difficult for beneficiaries. In 1994, 26 percent of beneficiaries who had tried to call their carriers had to call 3 or more times to get through. In 1995, 28 percent said they had to try three or more times. Further, 3 percent were unable to get through at all. Table 4 shows that getting access to a Medicare carrier is a continuing problem.

**TABLE 4
CALLING CARRIERS**

NUMBER OF TRIES	1993	1994	1995
First Try	35%	46%	45%
Second Try	25%	24%	24%
Three or More Tries	32%	26%	28%
Never Got Through	8%	4%	3%

Figure 10 illustrates the specific type of problem beneficiaries had getting through to the carriers to get questions answered. Numbers shown in the chart represent the percent of beneficiaries who had called their carriers.

**FIGURE 10
BENEFICIARY PROBLEMS GETTING THROUGH TO CARRIERS**



Using automated voice systems is difficult for some beneficiaries. Thirty-seven percent of the beneficiaries who had called their carriers reached automated voice systems rather than carrier employees. Table 5 shows that about the same percentage of beneficiaries encountered automated voice systems in 1995 as did in 1994.

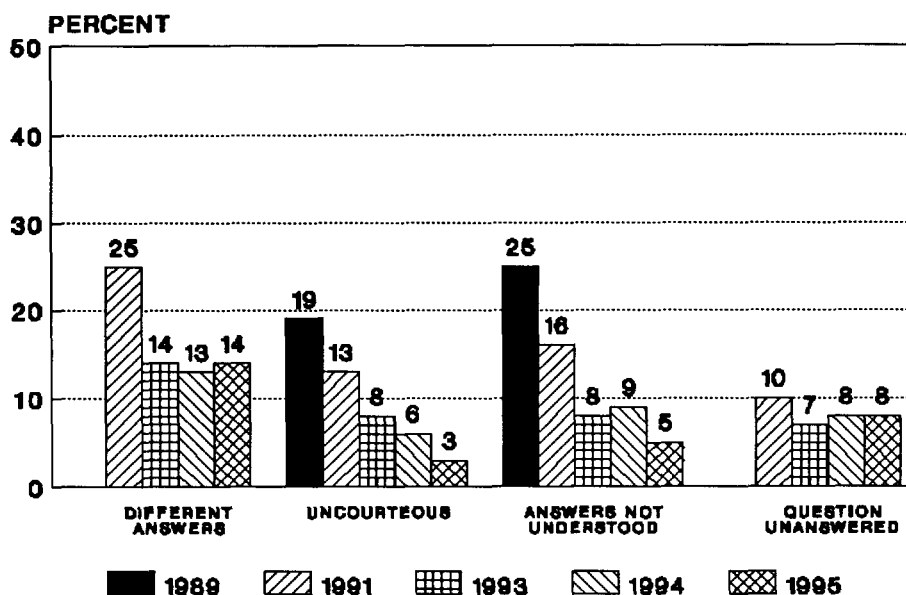
**TABLE 5
AUTOMATED VOICE SYSTEM**

CALL HANDLED BY:	1991	1993	1994	1995
AUTOMATED VOICE	23%	31%	36%	37%
CARRIER EMPLOYEE	77%	69%	64%	63%

Forty-four percent (23 of 52) of the beneficiaries using automated voice systems in 1995 said they encountered problems using the systems. Although this is less than in 1994 when 73 percent experienced problems, it still indicates a problem for beneficiaries.

Some beneficiaries experienced other problems after getting through. Figure 11 shows the specific problems beneficiaries experienced after they got a telephone connection with their carriers.

FIGURE 11
BENEFICIARY PROBLEMS AFTER GETTING THROUGH TO CARRIERS



Most Beneficiaries Were Not Aware that Medicare Provides for Second Surgical Opinions

In 1994, almost two-thirds (64 percent) of all beneficiaries surveyed were not aware that Medicare pays for a second opinion on the need for surgery. Table 6 shows that 60 percent of the beneficiaries surveyed in 1995 still did not know Medicare paid for second opinions.

TABLE 6
SECOND SURGICAL OPINIONS

	1989	1991	1993	1994	1995
UNAWARE OF SECOND SURGICAL OPINIONS	57%	59%	61%	64%	60%

Many Beneficiaries Were Not Aware that Medicare Limits Physician Fees

In our 1995 survey, we asked beneficiaries if they knew Medicare limits the fees that physicians can charge for specific services. Twenty-six percent of the beneficiaries did not know about the limits. This percent is the same as in 1994.

Many Beneficiaries Were Not Aware Of Their Appeal Rights

In 1994, 31 percent of the beneficiaries we surveyed did not know they could appeal or request a review of decisions Medicare carriers made about their claims. In 1995, 34 percent lacked such knowledge. Table 7 shows that the number of beneficiaries who did not know they could appeal or request a review of their Medicare claims has increased every year since 1991.

**TABLE 7
AWARENESS OF APPEAL RIGHTS**

YEAR OF SURVEY	BENEFICIARIES UNAWARE
1989	24%
1991	22%
1993	25%
1994	31%
1995	34%

In 1995, 4 percent of the beneficiaries said they had appealed a Medicare decision on their claims. This response was about the same in 1994 when 5 percent said they had appealed a decision.

Some Beneficiaries Do Not Understand Appeal Decisions

We asked beneficiaries who had appealed about their understanding of final decisions, and their opinion about the fairness of the decision. Table 8 shows their responses.

**TABLE 8
OPINIONS ABOUT APPEALS**

	1993	1994	1995
Thought Appeal Handled Fairly	59%	62%	73%
Understood Final Decision	67%	76%	69%

About one-third (32 percent) of the beneficiaries who had appealed said they were not satisfied with the time it took to get a final decision on their appeal.

Some Beneficiaries Do Not Understand Hospital Payments

In 1994, 23 percent of the beneficiaries who had been hospitalized since covered by Medicare said they did not understand what hospital services Medicare had paid for. In 1995, 19 percent said they did not understand hospital payments.

OTHER PROGRAM SERVICES ALSO NEED IMPROVEMENT

In our 1995 survey, HCFA requested that we ask beneficiaries about their awareness of certain Medicare program services that we had not included in our prior reports on beneficiary satisfaction. The beneficiaries we surveyed indicated a need for information on four services. They are influenza immunizations, mammograms, hospice care, and quality reviews by Peer Review Organizations.

Flu Immunizations: Twenty-four percent of the beneficiaries did not know Medicare paid for flu immunizations.

Mammograms: Twenty-four percent of the female beneficiaries surveyed did not know Medicare paid for mammograms.

Hospice Care: Forty-two percent of beneficiaries did not know Medicare paid for hospice care. Sixteen percent did not know what hospice care is.

Peer Review Organizations (PRO): We gave beneficiaries a list of possible places they might contact if they had a concern about the quality of their health care, and asked them to check as many as applied. Only 2 percent said they would call their PRO. Over half (57 percent) of the beneficiaries said they would contact the physician, hospital, or health care organization that provided the care if they had a concern about quality. Nineteen percent said they would call their Medicare carrier. Two percent said they would call their State Board of Medical Licensure and State Insurance Commission. Forty percent of the beneficiaries said they did not know who they would call if they had a concern about quality of care.

Over three-fourths (78 percent) of the beneficiaries surveyed did not know each State has a Medicare-funded PRO to monitor the cost and quality of health care provided to Medicare beneficiaries.

RECOMMENDATION

As in previous years, beneficiaries were positive about the Medicare program. Most said they understand the program and can get information when they need it. Eighty-seven percent of the beneficiaries said that they were satisfied with the way carriers processed their Medicare claims. Further, fewer beneficiaries cited problems with claims processing than in previous years.

However, some particular problems identified by beneficiaries need attention by HCFA.

Telephone Service

Although most beneficiaries who had called their carriers for assistance were satisfied with the services they had received, the number experiencing problems when calling remains high. Further, over one-fourth (28 percent) of the beneficiaries had to call three or more times to reach their carriers.

Second Surgical Opinions

Sixty percent of the beneficiaries surveyed did not know that Medicare will pay for a second opinion on the need for surgery.

Physician Fees

One-fourth (26 percent) of the beneficiaries surveyed did not know Medicare limits physicians' fees for specific services. This is the same as in 1994.

Appeal Rights

One-fourth (24 percent) of the beneficiaries surveyed said they did not know they could appeal Medicare decisions about their claims.

Flu Immunizations and Mammograms

One-fourth (24 percent) of the beneficiaries surveyed did not know Medicare paid for flu immunizations.

One-fourth (24 percent) of the female beneficiaries surveyed did not know Medicare paid for mammograms.

We recommend that HCFA develop a plan for improving beneficiary satisfaction and understanding in the trouble areas mentioned above.

AGENCY COMMENTS

The HCFA Administrator commented on our report, and concurred with our recommendation. He reported that HCFA has implemented new Contractor Performance Evaluation procedures that allow regional offices to expand their reviews to include customer service areas that need special attention, such as telephone service. Further, the new procedures ensure that beneficiary input is incorporated into reviews. The HCFA is also revising letters to beneficiaries to improve the clarity of information about appeals.

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

ENDNOTES

1. Health Care Financing Administration, United States Department of Health and Human Services, HCFA Statistics, September 1995.
2. Office of Inspector General, United States Department of Health and Human Services. A Survey of Medicare Beneficiary Satisfaction. OAI-04-89-89040.
3. Office of Inspector General, United States Department of Health and Human Services. Medicare Beneficiary Satisfaction: 1991. OEI-04-90-89030.
4. Office of Inspector General, United States Department of Health and Human Services. Medicare Beneficiary Satisfaction: 1993. OEI-04-92-00480.
5. Office of Inspector General, United States Department of Health and Human Services. Medicare Beneficiary Satisfaction: 1994. OEI-04-93-00150.

APPENDIX A

RESPONSES TO 1995 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.
- For Questions 10, 11, 12, 14, 21, and 25, respondents could check more than one choice. The sum of the percentages will total more than 100.

Question	Responses	Percentage
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PART 1: MEDICARE COVERAGE

1. In general, do you think...

a. The Medicare program is understandable?

Yes	724	80
No	181	20
Not Answering: 37		

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

Yes	718	78
No	48	5
Don't Know	155	17
Not Answering: 21		

c. Medicare pays your claims quickly enough?

Yes	728	80
No	82	9
Don't Know	103	11
Not Answering: 29		

Question	Responses	Percentage
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2. **Thinking about the last time you were a patient in a hospital for at least one night, was it clear to you what Medicare paid for?**

(Check one answer.)

I have not been in the hospital for at least one night since I have had Medicare.	318	35
Yes, it was clear what Medicare paid for.	398	43
No, it was <u>not</u> clear what Medicare paid for.	114	12
I do not remember if it was clear what Medicare paid for.	80	9
Medicare has not yet paid the hospital.	10	1
Not Answering: 22		

3. **Think about the last time you were a patient in a hospital for at least one night.**

Were you given written information that said you have a right to request a review if you think the hospital is forcing you to leave before you are well enough?

(Check one answer.)

I have not been in the hospital since I have had Medicare.	303	34
Yes, I was given written information about my right to request a review.	207	23
No, I was not given written information about my right to request a review.	186	21
I don't remember.	208	23
Not Answering: 38		

Question	Responses	Percentage
4. Have you ever received services <u>in your home</u> from a <u>home health agency</u> in the last year?		
Yes	139	15
No (Skip to Question 6)	775	85
Not Answering: 28		

5. Thinking about the most recent time you received medical services <u>in your home</u> from a <u>home health agency</u> , was it clear to you what Medicare paid for?		
Yes, it was clear what Medicare paid for.	103	77
No, it was <u>not</u> clear what Medicare paid for.	15	11
I do not remember if it was clear what Medicare paid for.	14	11
Medicare has not yet paid for the home health services.	2	1
Not Answering: 4		

6. <u>Before today</u> , did you know that Medicare pays for flu shots (immunizations)?		
Yes	709	76
No	221	24
Not Answering: 12		

7. <u>Before today</u> , did you know that Medicare pays for mammograms (breast x-rays to detect cancer)?		
	<u>All</u>	<u>Females</u>
Yes	639	399 (76%)
No	279	129 (24%)
Not Answering: 24		30

8. <u>Before today</u> , did you know that Medicare pays for hospice care?		
Yes	392	42
No	386	42
I don't know what hospice care is.	151	16
Not Answering: 13		

Question	Responses	Percentage
9. Before today, were you aware that your State had a Medicare-funded Peer Review Organization (PRO) to monitor the cost and quality of care provided to Medicare recipients? (The purpose of Peer Review Organizations preceded the question.)		
Yes	203	22
No	711	78
Not Answering: 28		

10. **In the past, if you had a concern about the quality of your medical care, whom did you call? (Check all that apply.)**

(N = 892 - Number Responding to Question)

I did not have a concern	491	55
I did not know who to call	151	17
Insurance company that pays Medicare claims	75	8
Medicare PRO	10	1
State Board of Medical Licensure	11	1
State Insurance Commission	5	1
Hospital or organization that provided care	123	14
Doctor that provided care	180	20
Not Answering: 50		

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

(N = 800 - Number Responding to Question)

Do not have additional insurance coverage	132	17
Medicaid	94	12
Health insurance through your or your spouse's <u>current</u> or <u>former</u> employer	338	42
Private Medicare supplement	256	32
Other	3	1
Not Answering: 142		

Question	Responses	Percentage
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PART 2: GETTING INFORMATION ABOUT MEDICARE

12. **Where would you go to get information about what Medicare pays for? The following are some places people might go to get answers if they have questions about what Medicare pays for. (Check all that apply.)**

(N = 908 - Number Responding to Question)

Your doctor's office	632	70
Friend or relative	104	11
AARP or other membership organization	126	14
Insurance company that processes your Medicare claims	367	40
Medigap insurance company	209	23
Social Security office	299	33
Local senior citizens' group	58	6
Insurance salesperson	27	3
<u>Medicare Handbook</u>	506	56
Medicare Peer Review Organization (PRO)	38	4
Your State's ICA	26	3
Not Answering:	34	

13. **Think of when you needed specific information about what Medicare pays for, how often were you able to get the information you needed?**

(Check one answer.)

Most of the time	391	44
Some of the time	105	12
Seldom or never	51	6
I have never needed information	348	39
Not Answering:	47	

Question	Responses	Percentages
14. Listed below are Medicare booklets that you can obtain free of charge. Please check the booklets you were aware of before today.		
(N = 942 - Number Responding to Survey)		
Guide to Health Insurance for People with Medicare	249	26
Guide to Choosing a Nursing Home	69	7
Medicare Coverage for Second Surgical Opinion	67	7
Medicare Hospice Benefits	75	8
Medicare and Coordinated Care Plans	43	5
Medicare and Other Health Benefits	173	18
Medicare and Home Medical Equipment	93	10
How to Help Medicare from Being Ripped Off	81	9

15. Do you know how to obtain the free booklets? (Instructions for ordering were provided.)		
Yes	227	25
No	672	75
Not Answering: 43		

PART 3: MEDICARE CLAIMS

16. Did you know <u>before today</u> that Medicare limits how much doctors can charge you for specific services?		
Yes	658	74
No	233	26
Not Answering: 51		

Question	Responses	Percentages
17. Did you know <u>before today</u> that your doctors are supposed to file your Medicare claims for you?		
Yes	854	93
No	69	7
Not Answering: 19		

18. Overall, how satisfied are you with the way Medicare has processed your claims?		
Very Satisfied	438	48
Generally Satisfied	360	39
Neither Satisfied nor Dissatisfied	73	8
Generally Dissatisfied	17	2
Very Dissatisfied	11	1
Medicare has not yet paid claim	16	2
Not Answering: 27		

19. Did you have any of the following problems the last time you had a Medicare claim for a doctor's visit?		
(Check <u>as many as apply.</u>)		
(N = 861 - Number Responding to Question)		
I had difficulty getting information on the status of my claim.	10	1
I did not understand what part of my claim Medicare paid and why.	55	7
I did not understand why Medicare denied the claim.	27	3
Medicare took too long to pay.	36	4
I did not understand the notice Medicare sent (EOMB).	28	17
I did not have a problem with my Medicare claim.	699	81
Other	6	1
Not Answering: 81		

Question	Responses	Percentages
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PART 4: CALLING MEDICARE

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

Yes	140	16
No, Have not needed to call (Skip to Q-25)	699	79
No, Wanted to call, but do not have telephone number (Skip to Q-25)	43	5
Not Answering: 60		

21. Thinking about the last time you tried to call, how many tries did it take you to reach them?

(N = 140 - Number Who Had Called Carrier)

First Try	59	45
Second Try	32	24
Three or More Tries	37	28
Never Got Through	4	4
Not Answering: 8		

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

(N = 140 - Number Who Had Called Carrier)

Very Satisfied	47	35
Generally Satisfied	69	50
Neither Satisfied nor Dissatisfied	6	4
Generally Dissatisfied	6	4
Very Dissatisfied	10	7
Not Answering: 2		

Question	Responses	Percentages
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 <u>as many as apply.</u>)	

(N = 140 - Number Who Had Called Carrier)

Line was busy	59	45
Had problems with automated voice system	23	18
Person answering the call was not very courteous	4	3
Put on "hold" too long	34	26
Was not able to get question answered	11	8
Could not understand the answer they gave me	6	5
Got different answers from different people	33	13
I did not have a problem with the service I received	55	42
Not Answering: 10		

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24. Some Medicare insurance companies use an automated voice system to handle telephone calls. Thinking about the last time you called, how was your call answered?

(N = 140 - Number Who Had Called Carrier)

By an automated voice	52	37
By a Medicare employee	88	63
Not Answering: 0		

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	604	66
No	305	34
Not Answering: 33		

Question	Responses	Percentages
26. Have you ever appealed a decision made by Medicare on a claim you submitted?		
Yes	31	4
No (Skip to Q-31)	850	96
Not Answering: 61		

27. How soon after Medicare made the decision on your claim did you file your appeal?		
(N = 31 - Number Who Had Appealed)		
Within 1 month	17	61
Within 3 months	9	32
Within 6 months	2	7
Not Answering: 3		

28. Were you satisfied with the length of time it took to get a final decision on your appeal?		
N = 31 - Number Who Had Appealed)		
Yes	19	68
No	9	32
Not Answering: 3		

29. Did you understand the final decision made on your claim?		
(N = 31 - Number Who Had Appealed)		
Yes	20	69
No	9	31
Not Answering: 2		

30. Do you think your appeal was handled fairly?		
(N = 31 - Number Who Had Appealed)		
Yes	22	73
No	8	27
Not Answering: 1		

Question	Responses	Percentage
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PART 6: GETTING SECOND OPINIONS

31. 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	367	40
No	550	60
Not Answering: 43		

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

Yes	125	14
No	366	41
I have never had non-emergency surgery	404	45
Not Answering: 47		

33. Now that you know Medicare will help you pay for a second doctor's opinion, how likely are you to get a second opinion should you need non-emergency surgery?

Likely to get second opinion	709	80
Not likely to get second opinion	181	20
Not Answering: 52		

PART 7: "PARTICIPATING DOCTORS" PROGRAM

34. 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	735	80
No	186	20
Not Answering: 21		

Question	Responses	Percentage
35. Are any of your doctors "participating doctors?"		
Yes	653	71
No	52	5
Don't Know	219	24
Not Answering: 18		

36. Have you ever contacted the insurance company that processes your Medicare claims to get the names of doctors who are "participating doctors?"		
Yes	56	6
No	709	77
I did not know I could get this information from the insurance company that processes my claims	156	17
Not Answering: 21		

37. Thinking about the future, how likely are you to select a "participating doctor" for health care services?		
Likely to select "participating doctor"	611	69
Not likely to select "participating doctor"	70	8
Will not matter if doctor is "participating"	202	23
Not Answering: 59		

APPENDIX B

ANALYSIS OF RESPONDENTS VS. NON-RESPONDENTS

A consideration in surveys of this type is that the results may be biased if non-respondents are significantly different from respondents. To determine whether significant differences exist in this survey, we performed various analyses, including a comparison of age and gender for the 942 respondents and the 302 non-respondents. The analyses revealed no significant difference, which suggests that our survey results were not biased.

ANALYSIS BY AGE

The average age for respondents was 72, compared to age 73 for non-respondents. A means test revealed that the difference in average ages for the two groups was not statistically significant.

ANALYSIS BY GENDER

A chi-square analysis of gender showed that the distribution of male and female respondents was comparable to the distribution of non-respondents.

	SAMPLE	RESPONDENTS	NON-RESPONDENTS
MALE	40%	43%	39%
FEMALE	60%	57%	61%

ANALYSIS BY TIME OF RESPONSE

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

To analyze for potential bias related to time of response, the first 719 responses (76 percent) were compared to the last 223 responses. We then performed a t-test on each group's responses to three key questions on the questionnaire (Questions 1a, 1b, and 1c). Those three questions, posed to all respondents, relate to program understandability, availability of information, and claims processing quickness. The early responses to the key questions were, cumulatively, 79.0 percent positive. The later responses were 79.3 percent positive. Based on the t-test, this difference is not statistically significant.

APPENDIX C

HCFA COMMENTS