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**A SURVEY OF MEDICARE  
BENEFICIARY SATISFACTION  
1989**

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## EXECUTIVE SUMMARY

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### PURPOSE

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

### BACKGROUND

In the past several years, the Medicare program has undergone legislative changes designed to maintain adequate coverage, yet curb unnecessary spending. Methods of payment to hospitals have changed, and reimbursements to physicians have been tightened. In 1988, Congress passed the Catastrophic Health Care Coverage Act, the most far-reaching change to Medicare since its inception. The Act enhances existing coverage and adds new benefits such as hospice care and prescription drugs.

Other recent changes to the Medicare program include special programs and procedures the Department of Health and Human Services (HHS) has instituted to improve beneficiary service. Among these are toll-free telephone numbers and information about individual hospitals' patient care outcomes.

To assess experience and satisfaction with these changes and with the Medicare program in general, the Inspector General of HHS has conducted a survey of Medicare beneficiaries. A questionnaire was mailed to 640 randomly selected beneficiaries for whom Medicare Part B claims were submitted in Calendar Year 1987. Participation in the survey was totally voluntary. An overall response rate of 64.6 percent was achieved.

### FINDINGS

This survey found that:

- Overall, beneficiaries appear very satisfied with Medicare.

Eighty-five percent can get information about their benefits when they need it.

Ninety percent find the information they receive about Medicare to be helpful.

Seventy-four percent think claims are paid quickly enough.

Eighty-eight percent of the beneficiaries who submit their own claims are satisfied with the way Medicare processes them.

- Sixty-five percent of the beneficiaries either are not aware of or do not understand the Catastrophic Health Care Coverage Act.
- Seventy-two percent of the beneficiaries indicate they do not have a way to cover the cost of long-term care should it be needed.
- Few beneficiaries know about hospital mortality data and nursing home reports.

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## INTRODUCTION

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### BACKGROUND

#### *Medicare Program*

Medicare is a Federal health insurance program for individuals age 65 and older and for certain disabled people. Authorized in 1966 by title XVIII of the Social Security Act, Medicare serves over 33 million people, known as *beneficiaries*. Medicare paid benefits in excess of \$79 billion in Fiscal Year 1987.

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 coverage by another insurance plan.

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

#### *Recent Changes*

In the past several years, the Medicare program has undergone legislative changes designed to maintain adequate coverage, yet curb unnecessary spending. Methods of payment to hospitals have changed, and reimbursements to physicians have been tightened.

In 1988, Congress passed the Catastrophic Health Care Coverage Act, the most far-reaching change to Medicare since its inception. The Act enhances existing coverage and adds new benefits such as hospice care and prescription drugs. Under the Act, beneficiaries will pay higher Part B premiums and some will pay supplemental premiums based on their income tax liability.

Other recent changes to the Medicare program include special programs and procedures HCFA has instituted to improve service to Medicare beneficiaries. Among these are toll-free telephone information numbers and information about individual hospitals' patient care outcomes.

## **PURPOSE**

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

## **METHODS**

A questionnaire composed of 54 questions was mailed in June 1989 to 640 randomly selected beneficiaries for whom Medicare Part B claims were submitted in Calendar Year 1987. Their participation in the study was totally voluntary. (Appendix A provides more information on methodology.)

A total of 401 completed questionnaires were received. Six questionnaires were returned as undeliverable and 13 individuals were erroneously selected for the survey. This reduced the sample from 640 to 621.

The overall response rate was 64.6 percent.

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## FINDINGS

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This survey of Medicare beneficiaries found that:

- Overall, beneficiaries appear very satisfied with Medicare. Eighty-five percent can get information about their benefits when they need it. Ninety percent find the information they receive about Medicare to be helpful. Seventy-four percent think claims are paid quickly enough. Eighty-eight percent of the beneficiaries who submit their own claims are satisfied with the way Medicare processes them.
  
- Sixty-five percent of the beneficiaries either are not aware of or do not understand the Catastrophic Health Care Coverage Act.
  
- Seventy-two percent of the beneficiaries indicate they do not have a way to cover the cost of long-term care should it be needed.
  
- Few beneficiaries know about special services Medicare offers, such as hospital mortality data and nursing home reports.

Approximately 62 percent of the beneficiaries responding consider themselves to be in good health. Eighty-two percent have medical coverage in addition to Medicare.

### ***BENEFICIARIES CAN GET INFORMATION WHEN NEEDED.***

Medicare administrators have a responsibility to provide program information to beneficiaries and to answer their questions. The Social Security Administration (SSA) provides introductory information, and each beneficiary receives a Medicare Handbook. Pamphlets and other information are mailed to each beneficiary periodically as the program changes. In addition, each Medicare carrier has a toll-free telephone number (listed in the Medicare Handbook) which beneficiaries can call with questions about individual claims.

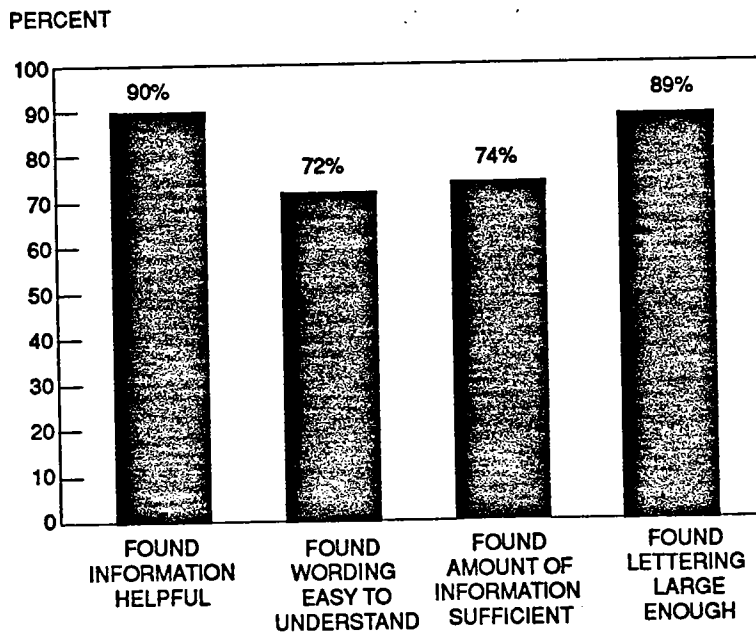
A beneficiary's level of satisfaction is often related to his or her experience with getting and understanding information about the program. Eighty-five percent of the respondents say they can get information when they need it, and 73 percent of the respondents consider the program to be "understandable." More than one-third (36 percent) indicate they have never needed to

get specific information about their coverage; however, of those who have needed help, only 13 percent were seldom or never able to get it.

Almost all (90 percent) of the respondents who say they have received information about Medicare found it helpful. Most found the wording easy to understand, the amount of information sufficient, and the lettering large enough to read. Figure 1 shows the specific ratings.

FIGURE 1

**BENEFICIARIES FOUND MEDICARE INFORMATION HELPFUL**



Most beneficiaries prefer to receive program information through the mail, yet separate from their Social Security checks. (Several beneficiaries note that they have their Social Security checks directly deposited to the bank.)

When information is needed about what Medicare covers, the majority of the beneficiaries first call or visit the Social Security office. When asked about other sources for information, most beneficiaries say they would be likely to refer to the Medicare Handbook or contact their carriers.



Only a few of the respondents (9 percent) listed specific complaints about the informational material they receive. Some typical comments were:

*"They are written too technical...have to read it several times."*

*"Some are ambiguous."*

*"Not enough pertinent information."*

### ***BENEFICIARIES ARE SATISFIED WITH THE PROCESSING OF CLAIMS.***

An important aspect of the Medicare program is assuring that beneficiaries receive appropriate benefits. Claims for Medicare payment are filed by either the medical provider or the beneficiary.

Part A claims, which include hospital and skilled home health services, are filed by the medical provider, who is then paid directly by Medicare. Beneficiaries have little or no involvement in the claims process. They do, however, receive notice of the payment Medicare has made to the provider.

Sixty-seven percent of the respondents who indicated they have been in the hospital since their Medicare coverage began say they understand what Medicare paid for. Three-quarters of the beneficiaries who had received home health services say they understand Medicare payments for those services.

Part B claims, which include physician services, may be filed by either the beneficiary or the provider. The Medicare payment may be made to either of them. As with Part A claims, the beneficiary receives an explanation of the payments made.

Although all beneficiaries participating in the survey have had Part B claims, their involvement with the claims process is based on whether they or the providers file the claims. Fifty-nine percent of the respondents to this survey say they file claims themselves; physicians routinely file claims for the other 41 percent. Because of this difference, some survey questions were asked of everyone, and some were directed to just those who file their own claims.

*Sixty-nine percent of all the respondents think the payment policies, in general, are clear. Almost three-fourths of the beneficiaries believe claims are paid quickly enough.*

Slightly more than half of all the beneficiaries know of the toll-free number to call their carriers to check on claims. However, only half of those have used it. Most (80 percent) of those who have called the number are satisfied with the service. Over three-fourths of the beneficiaries are aware they can appeal decisions made on their Medicare claims.

Those beneficiaries who file their own claims (59 percent of all the respondents) were asked questions about their personal experiences with the claims process.

***Over 85 percent of these 228 beneficiaries are satisfied, in general, with the way Medicare processes their claims.*** When asked to cite problems, 82 people responded. The problems they cited varied. Some examples are:

*"It takes too long."*

*"It's hard to keep up with what's been paid and what hasn't."*

*"Sometimes they pay; next time they don't."*

*"We send the requested information, and they respond wanting the same information again."*

The beneficiaries who submit their own claims were then given a list of possible problems and asked if they had ever experienced any of them. Their responses follow:

- Fifty-one percent indicated having had a problem understanding what Medicare paid on individual claims.
- Thirty-eight percent had not been able to determine how much should be paid by their supplemental insurance.
- Seventy-eight percent have had trouble getting information on the status of their claims.
- Twenty-six percent have had a problem filling out the claim form. (When they do need assistance in this area, beneficiaries most often go to their physicians' offices for help.)

### ***MOST BENEFICIARIES DO NOT UNDERSTAND THE CATASTROPHIC HEALTH CARE COVERAGE ACT.***

The Catastrophic Health Care Coverage Act of 1988 made substantial changes to the Medicare program and received much attention from the media, senior citizen advocates, and HHS. The HCFA conducted two mass mail-outs to beneficiaries to inform them of the changes made by the Act. The first, in September 1988, was a 12 page pamphlet describing the changes. Then, in December 1988, HCFA mailed each beneficiary a new Medicare Handbook which provided a summary of the changes and incorporated them throughout the Handbook.

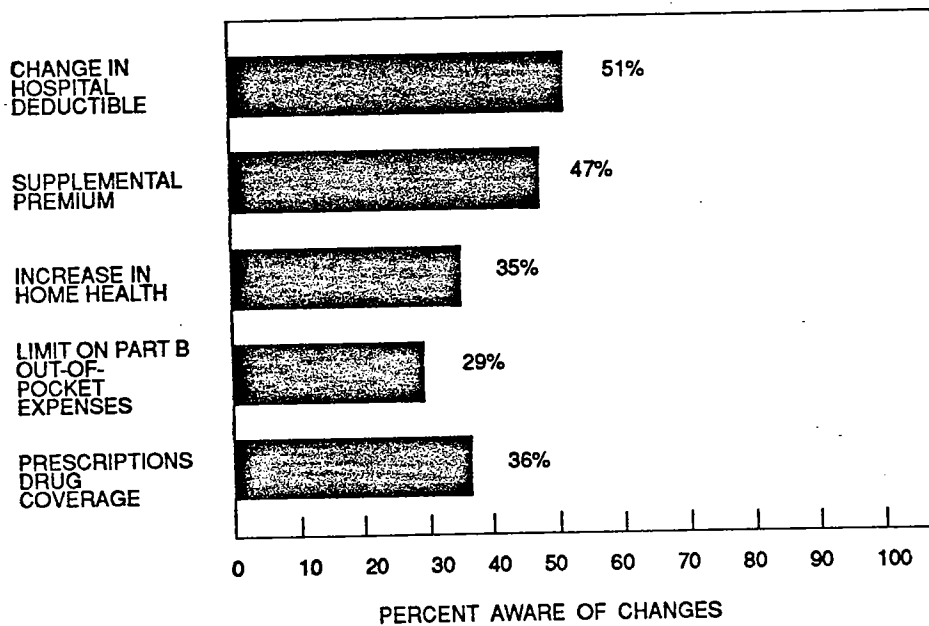
Despite the information beneficiaries had been sent six months prior to this June 1989 survey, 65 percent of the beneficiaries either were not aware of the Act or said they did not understand it.

Over one-fourth (29 percent) of the respondents had not heard about the Act. Half of those who had heard of it said they did not understand it very well. Only 11 percent of those who were aware of the legislation thought they understood the changes very well.

After asking about their general understanding of the Act, beneficiaries were asked about their knowledge of five major changes. Only half knew about the increase in hospital coverage which became effective in January 1989. Just under half knew of the supplemental premiums which had also become effective in January. Only one-third knew of the other changes to be phased-in. Figure 2 shows the beneficiaries' awareness of five changes brought about by the Catastrophic Health Care Coverage Act.

FIGURE 2

**FEW BENEFICIARIES WERE AWARE OF CATASTROPHIC HEALTH CARE CHANGES**



The majority of those beneficiaries who knew about the changes learned of them from the media or the HCFA material received in the mail. Only 17 percent of the respondents knew of the toll-free number that can be used to get more information about the Catastrophic Act.

When asked if the changes improve the Medicare program, the responses were mixed. Of those who said they were aware of the Catastrophic Act and understood the changes:

- Forty percent thought the changes *IMPROVED* the program.

Typical comments of those beneficiaries were:

*"It helps people with little or no savings."*

*"Definitely offers some peace of mind to all Medicare beneficiaries."*

- Twenty-eight percent thought the changes *DID NOT IMPROVE* the program.

Examples of their comments were:

*"It penalizes seniors who have saved to pay their own way in their retirement. The more saved and the more income, the greater the payment [liability]."*

*"It penalizes those who have been careful in financial matters, and gives to those who weren't."*

- Thirty-two percent *DID NOT KNOW* if the Catastrophic changes improved Medicare.

Examples of their comments were:

*"I do not say that Catastrophic Health Care is not good; however, I will be paying towards it every month. Therefore, my Social Security becomes less of an income for me to live on each month."*

*"I question whether or not most people 65 and older can afford to pay the supplemental premium which will escalate each year."*

## ***BENEFICIARIES NEED FINANCIAL ASSISTANCE FOR LONG-TERM CARE.***

It appears that most beneficiaries have not made adequate plans should they require lengthy nursing home care. Seventy-two percent of the respondents indicate they do not have a way to cover the cost of custodial long-term care if it is needed.

Of those who say they could pay for nursing home care (28 percent of the respondents):

- One-third (36 percent) say they would rely on private insurance, although six percent of these respondents indicate they do not currently have private insurance.
- Eighteen percent say they would rely on Medicaid, although 29 percent of them indicate they do not currently have Medicaid coverage.
- The remaining 46 percent say they would rely on personal assets such as savings, income, and home equity.

After we asked respondents to indicate whether they could pay, we asked all respondents if (before today) they thought that Medicare would pay for long term nursing home care for more than five months. One quarter of all respondents thought that Medicare will pay for long term custodial care, although it does not.

## ***FEW BENEFICIARIES KNOW ABOUT SPECIAL SERVICES AVAILABLE.***

### ***Second Opinion on the Need for Surgery***

Over half (57 percent) of the beneficiaries do not know Medicare will pay for a second opinion prior to surgery. Furthermore, of those who *are* aware, 60 percent are not familiar with Medicare's Second Opinion Referral Center where they can get a second doctor's name. Of the 230 respondents who have had surgery since being covered by Medicare, only 69 say they got a second opinion. Most (81 percent) got the name of the second doctor from their personal physicians. Only one respondent has used the Referral Center.

### ***Participating Physicians***

Over three-fourths of the respondents are aware of Medicare's "participating physicians" who agree to charge no more than Medicare's approved amount. However, fewer than half the beneficiaries know they can contact their carriers to get the names of participating physicians in

their areas. Only 14 percent of them have ever sought this information. Nevertheless, 68 percent of all the respondents indicate they would be likely to seek this information in the future.

According to other responses:

- Sixty-five (65) percent of the beneficiaries currently go to participating physicians.
- Twelve (12) percent do not go to participating physicians.
- Twenty-three (23) percent do not know if any of their physicians are participating physicians.

***Mortality Figures and Nursing Home Reports***

The Department of Health and Human Services is concerned about the quality of care Medicare beneficiaries receive. Medicare publishes information to help them choose medical care facilities. This survey found that only a few respondents know about two such reports:

- (1) mortality rates of Medicare beneficiaries discharged by individual hospitals and
- (2) results of nursing home inspections.

The following chart shows how beneficiaries responded to questions about this information.

FEW ARE AWARE OF MEDICARE REPORTS		
	Mortality Rates	Nursing Home Inspections
Respondents Aware Of Information	10%	21%
Those Aware Who Have Used Information	8%	4%
Respondents Likely To Use Information In Future	54%	86%

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## CONCLUSION

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Overall, beneficiaries appear very satisfied with the Medicare program. They find the informational materials mailed out helpful, the program understandable, and they are able to get information when they need it. They are also satisfied with claims processing and they feel that claims are paid quickly enough.

However, most beneficiaries:

- do not understand the Catastrophic Health Care Coverage Act;
- have not adequately planned for the cost of long-term care;
- do not seek second opinions prior to surgery; and
- do not know about hospital mortality data or nursing home reports.

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## APPENDIX A

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### METHODS AND SAMPLE SELECTION

The purpose of this survey was to assess beneficiary experience and satisfaction with the Medicare program. Therefore, the sample universe needed to be beneficiaries who had used program services and benefits.

The potential respondent universe was made up of approximately 30 million individuals who had received Part B Medicare benefits in Calendar Year 1987. A non-stratified simple random sample of that universe was selected. Since a survey of Medicare beneficiaries had not previously been conducted, a response rate could not be predicted. However, a 60 percent response rate was desired.

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

A sample of 640 Health Insurance Claim (HIC) numbers was drawn from HCFA's Part B Medicare Annual Data System (BMAD) files. Those numbers were cross-matched with Social Security's Master Beneficiary Record (MBR) files to obtain the name and address associated with each HIC.

The 640 questionnaires were mailed on June 8 and resulted in 261 responses, of which 219 were completed and 42 were blank. (To avoid being included in follow-up contacts, the beneficiaries were asked to return their questionnaires blank if they chose not to participate.)

A second mailing to the 379 non-respondents was done on June 22. The following week, telephone calls were made to the 240 non-respondents for whom numbers could be obtained. These follow-up efforts resulted in the receipt of 196 questionnaires, of which 182 were completed and 14 were blank.

A total of 401 completed questionnaires were received. Six (6) questionnaires were returned as undeliverable and 13 individuals were erroneously selected for the survey. This reduced the sample from 640 to 621.

The overall response rate was 64.6 percent.



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## APPENDIX B

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### ANALYSIS OF RESPONDENTS VS. NON-RESPONDENTS

A consideration in surveys of this type is the bias which may be introduced into the results if the non-respondents are different from the respondents. To determine if significant differences exist in this survey, specific characteristics of the 401 respondents and the 220 non-respondents were compared. The characteristics examined were among data extracted from the Social Security Master Beneficiary Record.

### METHOD OF ANALYSIS

Responses to three questions were analyzed to measure the extent to which respondent characteristics correlate with opinions of the Medicare program. The questions asked about the Medicare program in general, about informational services, and claims processing. These questions were asked of everyone surveyed. Each of the three questions was analyzed by age, gender, and time of response.

The specific questions selected to perform this analysis were:

- Q-1.a. Is Medicare understandable?
- Q-1.b. Can you get information when you need it?
- Q-1.d. Are claims paid quickly enough?

### ANALYSIS BY AGE

The average age for respondents was 78, compared to age 72 for non-respondents. The distribution of beneficiaries who are age 49 or younger is comparable—approximately 2 percent for respondents and 3 percent for non-respondents.

Responses of beneficiaries age 73 and younger were compared to those of beneficiaries age 74 and older. The analysis by age revealed no statistically significant difference in responses to any of the three questions.

## **ANALYSIS BY GENDER**

The analysis by sex showed that 46 percent of the sample population were males and 54 percent females. Two-thirds of the men responded, but only 59 percent of the women. In a comparison of male and female responses to the three questions, there was no statistically significant difference between the sexes. Therefore, the fact that the response rate for females was slightly lower than for males is not significant. A higher female response rate would have resulted in virtually the same results.

## **ANALYSIS BY TIME OF RESPONSE**

Surveys similar to this one indicate differences may exist between early and late responses. Because late respondents and non-respondents may share certain tendencies, an "early-late" comparison of satisfaction levels may be a useful way to estimate possible non-response bias. For example, an "early-late" comparison for a Social Security satisfaction survey<sup>1</sup> suggested that "the non-respondents, although not more negative, may be less enthusiastic than the respondents."

In this survey, the first 303 responses were compared to the last 98. There was no statistically significant difference in their responses to the three questions mentioned above. This suggests that there are no significant differences between respondents and non-respondents.

## **FOLLOW-UP BY TELEPHONE**

Additional insight regarding non-respondents was gained in the course of follow-up contacts by telephone. Thirty-five beneficiaries contacted by phone promised to complete the questionnaire; fewer than half ever sent in their questionnaires. Thirty-seven who were called said they were unwilling or unable to participate in the survey. Their reasons included injury or illness, inadequate experience with and knowledge of Medicare, and lack of time. Six beneficiaries did not speak English.

No telephone number was available for 91 of the non-respondents. A relatively small number of beneficiaries have "non-published" phone numbers. In 15 instances where phone numbers were available, no successful contact was made in spite of repeated attempts.

The majority of questionnaires which were returned blank included no comment, while some included a brief note of explanation. Typically, the written reasons for non-participation were similar to those cited above.

<sup>1</sup> Office of Inspector General, United States Department of Health and Human Services. *Social Security Client Satisfaction: Fiscal Year 1989*. OAI-12-89-00420. August 1989.

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**APPENDIX C**

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Question	Response	Percentage
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**Part 1: MEDICARE COVERAGE**

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**1. In general, do you think:**

a. The Medicare program is understandable		
YES	2379	73
NO	106	28
NO ANSWER:	16	
b. You can get information about Medicare when you need it		
YES	320	85
NO	56	15
NO ANSWER:	25	
c. Medicare payment policies are, understandable		
YES	257	69
NO	118	32
NO ANSWER:	26	
d. Medicare pays your claims quickly enough		
YES	280	74
NO	100	26
NO ANSWER:	21	

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**2. Do you or your spouse have other medical insurance that covers your medical expenses in addition to what Medicare covers?**

MEDICAID	20	6
PRIVATE INSURANCE		
TO SUPPLEMENT MEDICARE	249	75
CHAMPUS	1	0.3
OTHER	60	18
NO ANSWER:	71	

Question	Response	Percentage
<b>3. Do you feel at this time you are in good health?</b>		
NO	149	38
YES	243	62
NO ANSWER:	9	
<b>4. Have you ever been a patient in a hospital for at least one night since you have been covered by Medicare?</b>		
NO (Skip to Q-6)	130	33
YES	267	67
NO ANSWER:	4	
<b>5. Thinking about the most recent time you were a patient at least one night in a hospital, was it clear to you what Medicare paid for?</b>		
NO	87	33
YES	177	67
NO ANSWER:	3	
<b>6. Have you ever received medical services in your home from a health agency since you have been covered by Medicare?</b>		
NO (Skip To Q-8)	347	91
YES	36	9
NO ANSWER:	18	
<b>7. Thinking about the most recent time you received medical services in your home from a home health agency, was it clear to you what Medicare paid for?</b>		
NO	8	22
YES	28	78

Question		Response	Percentage
<b>8. Are you currently living in a nursing home?</b>			
	NO	374	96
	YES (Skip TO Q-12)	16	4
	NO ANSWER:	11	
<b>9. If you should ever need nursing home care, do you have a way to cover the cost?</b>			
	NO	236	72
	YES	92	28
	NO ANSWER:	73	
<b>10. Listed below are some ways people might pay for nursing home care. Which of these would you rely on if you ever needed home care for more than 5 months?</b>			
<b>a. Personal savings</b>			
	YES	126	44
	NO	163	56
	NO ANSWER:	112	
<b>b. Retirement income</b>			
	YES	110	39
	NO	175	61
	NO ANSWER:	116	
<b>c. Private insurance that covers nursing home care</b>			
	YES	54	20
	NO	214	80
	NO ANSWER:	133	
<b>d. Medicaid</b>			
	YES	100	35
	NO	183	65
	NO ANSWER:	118	
<b>e. Equity in your home</b>			
	YES	78	29
	NO	188	71
	NO ANSWER:	135	
<b>f. Other</b>			
		30	

Question	Response	Percentage
<b>11. Many people think Medicare will pay for long-term nursing home care. It currently does not. Before today, did you think that Medicare WOULD PAY for long-term nursing home care for more than 5 months?</b>		
NO	250	75
YES	84	25
<i>NO ANSWER:</i>	67	

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**Part 2: GETTING INFORMATION ABOUT MEDICARE**

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**12. Do you recall getting any pamphlets or handbooks in the mail from the Federal Government or notices enclosed with your Social Security check that describe the Medicare program?**

NO (Skip To Q-16)	97	25
YES	289	75
<i>NO ANSWER:</i>	15	

**13. Thinking about those pamphlets, handbooks, and notices with your check, were most of them:**

GENERALLY HELPFUL	241	90
GENERALLY NOT HELPFUL	28	10
<i>NO ANSWER:</i>	20	

**14. Please write in the reason, if any, those pamphlets, handbooks, and notices were not helpful:**

NUMBER OF PEOPLE RESPONDING	38
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Question	Response	Percentage
<b>15. Thinking about the pamphlets, handbooks, and notices you have received, would you say that:</b>		
a. The wording is easy to understand		
YES	195	72
NO	76	28
NO ANSWER:	18	
b. The amount of information covered is sufficient		
YES	191	74
NO	68	26
NO ANSWER:	30	
c. The lettering is large enough to read		
YES	238	89
NO	31	11
NO ANSWER:	20	

**16. Listed below are ways the Government could use to tell people about changes in the Medicare program. Which method(s) do you prefer?**

PAMPHLETS OR HANDBOOKS THROUGH THE MAIL	222	55
NOTICES WITH SOCIAL SECURITY CHECK	95	23
ANNOUNCEMENTS IN THE NEWSPAPER	15	4
ANNOUNCEMENTS ON TELEVISION AND RADIO	42	10
SPEECHES OR PRESENTATIONS BY MEDICARE REPRESENTATIVES	20	5
OTHER	12	3

Question	Response	Percentage
<b>17. Next, we would like to ask about times when you have needed to get <i>specific</i> information about your own Medicare coverage. How often were you able to get the information you needed?</b>		
MOST OF THE TIME	142	37
SOME OF THE TIME	70	18
SELDOM OR NEVER	33	9
I HAVE NEVER NEEDED TO GET INFORMATION	138	36
NO ANSWER:	18	

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**18. If you did need to get information about what Medicare can help pay, where would you go first to get it?**

NUMBER OF PEOPLE RESPONDING                      358



Question	Response	Percentage
<b>19. The following are some places people might go to get answers if they have questions about their Medicare coverage. Would you be likely to go to any of the following:</b>		
a. The insurance company that processes your Medicare claim		
YES	182	51
NO	172	49
NO ANSWER:	47	
b. The Medicare Handbook		
YES	223	63
NO	133	37
NO ANSWER:	45	
c. The Social Security office		
YES	282	77
NO	86	23
NO ANSWER:	33	
d. A friend or relative		
YES	67	20
NO	271	80
NO ANSWER:	63	
e. An insurance salesperson		
YES	25	7
NO	312	93
NO ANSWER:	64	
f. A senior citizens' group		
YES	88	26
NO	254	74
NO ANSWER:	59	

Question	Response	Percentage
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**Part 3: MEDICARE CLAIMS**

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**20. Do all of your doctors submit your Medicare claims for you so that you do not have to submit the claims yourself?**

ALL OF THE TIME (Skip to Q-26)	159	41
MOST OF THE TIME	116	30
SOMETIMES	87	22
SELDOM OR NEVER	25	6
NO ANSWER:	14	

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**21. Overall, how satisfied are you with the way Medicare has processed the claims you have submitted?**

VERY SATISFIED	59	26
GENERALLY SATISFIED	141	62
GENERALLY DISSATISFIED	18	8
VERY DISSATISFIED	10	4

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**22. What problems, if any, have you had with the way Medicare processes your claims?**

NUMBER OF PEOPLE RESPONDING	115
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**23. Do you get help filling out your Medicare claim forms?**

ALL OF THE TIME	60	27
SOME OF THE TIME	69	31
NEVER	91	41
NO ANSWER:	8	

Question	Response	Percentage
<b>24. Listed below are some places people might go to get help filling out Medicare claim forms. If you needed help in filling out your Medicare forms, would you be likely to get help from any of the following?</b>		
a. A friend or relative		
YES	67	33
NO	137	67
NO ANSWER:	24	
b. Your doctor's office		
YES	150	69
NO	67	31
NO ANSWER:	11	
c. A Social Security office		
YES	107	51
NO	101	49
NO ANSWER:	20	
d. A senior citizens' center		
YES	59	29
NO	144	71
NO ANSWER:	25	
e. The insurance company that processes your Medicare claims		
YES	101	53
NO	91	47
NO ANSWER:	36	
f. Other		
NUMBER OF PEOPLE RESPONDING	13	

Question	Response	Percentage
<b>25. The following are possible reasons why someone might be dissatisfied with Medicare claims. Have any of the following been a problem for you?</b>		
a. Filling out Medicare claims		
YES	55	26
NO	160	74
NO ANSWER:	13	
b. Getting information on the status of your claim		
YES	78	36
NO	142	65
NO ANSWER:	8	
c. Determining how much should be paid by other insurance you have		
YES	77	38
NO	124	62
NO ANSWER:	27	
d. Understanding what Medicare paid on your claims and why		
YES	107	51
NO	104	49
NO ANSWER:	17	
<hr/>		
<b>26. There is a <i>toll-free number</i> in your Medicare Handbook that you can use to telephone the insurance company to get information about your Medicare claims. Did you know about this toll-free number <i>before today</i>?</b>		
NO	181	47
YES	207	53
NO ANSWER:	13	
<hr/>		
<b>27. Have you ever used this toll-free number to get information about Medicare claims?</b>		
NO (Skip To Q-30)	276	72
YES	105	28
NO ANSWER:	20	

Question	Response	Percentage
<b>28. Thinking about the <i>last</i> time you used this toll-free number, how satisfied were you with the service you received?</b>		
	VERY SATISFIED	27
	GENERALLY SATISFIED	54
	GENERALLY DISSATISFIED	14
	VERY DISSATISFIED	6
	NO ANSWER:	4
<hr/>		
<b>29. Listed below are possible reasons that someone would be dissatisfied with this toll-free service. Did you have any of the following problems the <i>last</i> time you called the toll-free number?</b>		
a. Line was busy		
	YES	71
	NO	29
	NO ANSWER:	5
b. Put on "Hold" too long		
	YES	59
	NO	40
	NO ANSWER:	6
c. Answers given were not understandable		
	YES	23
	NO	71
	NO ANSWER:	11
d. Answers given were not correct		
	YES	10
	NO	76
	NO ANSWER:	19
e. Person answering call was not very courteous		
	YES	17
	NO	73
	NO ANSWER:	15
f. Other		
	NUMBER OF PEOPLE RESPONDING	12

Question	Response	Percentage
<b>30. 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 <i>before today</i> that you could appeal or request a review?</b>		

NO	97	25
YES	299	76
NO ANSWER:	5	

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**Part 4: SPECIAL MEDICARE SERVICES**

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**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?**

NO	225	57
YES	171	43
NO ANSWER:	5	

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

NO	324	82
YES	72	18
NO ANSWER:	5	

**33. Have you ever had surgery since you have been covered by Medicare?**

NO (Skip To Q-37)	160	41
YES	230	59
NO ANSWER:	11	

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

NO (Skip To Q-37)	156	69
YES	69	31
NO ANSWER:	5	

Question	Response	Percentage
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35. Did you or the doctor file a Medicare claim for the second doctor's opinion?

NO	24	37
YES	41	63
NO ANSWER:	4	

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

FROM YOUR DOCTOR	55	81
FROM A FRIEND OR RELATIVE	9	13
FROM MEDICARE'S SECOND OPINION REFERRAL CENTER	1	1
OTHER	3	4
NO ANSWER:	1	

37. Medicare has "participating doctors" who have agreed to charge no more than Medicare's approved amount. Medicare pays 80% of the approved amount and you are only responsible for paying the deductible and the 20% coinsurance. "Participating" doctors *always* bill Medicare for you.

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

NO	91	23
YES	298	77
NO ANSWER:	12	

38. Are any of your doctors a "participating" doctor?

NO	48	12
YES	249	65
DON'T KNOW	89	23
NO ANSWER:	15	

Question	Response	Percentage
<b>39. Were you aware <i>before today</i> that you could get information on which doctors are in Medicare's "participating" program?</b>		
	NO (Skip To Q-41)	211 57
	YES	157 43
	NO ANSWER:	33
<b>40. Have you ever used this information to select a doctor to visit?</b>		
	NO	134 86
	YES	22 14
	NO ANSWER:	1
<b>41. Thinking about the future, how likely are you to use the information about participating doctors to select a doctor to visit? Are you:</b>		
	LIKELY TO USE THE INFORMATION	251 68
	NOT LIKELY TO USE THE INFORMATION	120 32
	NO ANSWER:	30
<b>42. For people who are interested, the Medicare program has information by individual hospital on hospital mortality (death) rates of Medicare patients. Were you aware <i>before today</i> that the Federal Government publishes "Medicare Hospital Mortality Information?"</b>		
	NO (Skip To Q-44)	337 90
	YES	39 10
	NO ANSWER:	25



Question	Response	Percentage
<b>43. Have you ever used the "Medicare Hospital Mortality Information" to choose a hospital?</b>		
NO	33	92
YES	3	8
NO ANSWER:	3	
<hr/>		
<b>44. 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.]</b>		
LIKELY TO USE THE INFORMATION	196	54
NOT LIKELY TO USE THE INFORMATION	167	46
NO ANSWER:	38	
<hr/>		
<b>45. Who selected your hospital the last time you were hospitalized?</b>		
YOU	126	31
YOUR DOCTOR	212	52
YOUR RELATIVES OR FRIENDS	11	3
OTHER	12	3
HAVE NEVER BEEN IN THE HOSPITAL	44	11
<hr/>		
<b>46. The Medicare program also publishes information on the results of inspections done of nursing homes. <i>Before today</i>, were you aware that the Federal Government had this type of information on nursing homes?</b>		
NO (Skip To Q-48)	290	79
YES	79	21
NO ANSWER:	32	

Question	Response	Percentage
<b>47. Have you ever used this nursing home information to choose a nursing home?</b>		
NO	73	96
YES	3	4
NO ANSWER:	3	

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

LIKELY TO USE THE INFORMATION	316	86
NOT LIKELY TO USE THE INFORMATION	53	14
NO ANSWER:	32	

#### **Part 5: CATASTROPHIC HEALTH CARE**

**49. In 1988, Congress passed the Medicare Catastrophic Coverage Act to help cover catastrophic health care costs. Were you aware *before today* that changes are being made to the Medicare program to cover catastrophic health care costs?**

NO (Skip To Q-51)	111	29
YES	276	71
NO ANSWER:	14	

**50. How well do you understand what the changes are?**

UNDERSTAND THE CHANGES VERY WELL	30	11
UNDERSTAND GENERALLY WHAT THE CHANGES ARE	99	37
DON'T UNDERSTAND THE CHANGES VERY WELL	140	52
NO ANSWER:	7	

Question	Response	Percentage
<b>51. Listed below are some of the changes the Medicare Catastrophic Coverage Act made to the Medicare program. <i>Before today</i>, were you aware of these changes.</b>		
a. You will now pay a deductible for hospital charges only once a year and after that, Medicare pays the cost of all other covered services		
YES	194	51
NO	185	49
NO ANSWER:	22	
b. Starting in 1990, Medicare will increase the number of days you can receive medical care in your own home		
YES	131	35
NO	247	65
NO ANSWER:	23	
c. Starting in 1990, each year after you have paid a specified amount of your share of approved charges under Part B (e.g. doctor and outpatient services), Medicare will pay 100% of the remaining approved charges for the year		
YES	110	29
NO	266	71
NO ANSWER:	25	
d. Starting in 1990, after you pay a deductible, Medicare will cover a few prescription drugs. In 1991, after you pay a deductible, Medicare will cover most prescription drugs		
YES	137	36
NO	239	64
NO ANSWER:	25	
e. Starting in 1989, you may be required to pay a supplemental premium for Medicare based on the amount of your federal tax liability		
YES	174	47
NO	200	54
NO ANSWER:	27	

Question	Response	Percentage
<b>52. Listed below are ways people might have found out about these changes. Did you find out about the changes from any of the following?</b>		
a. From the newspaper, TV, or radio		
YES	196	57
NO	147	43
NO ANSWER:	58	
b. From the Medicare pamphlets received in the mail		
YES	199	57
NO	150	43
NO ANSWER:	52	
c. From your doctor		
YES	25	8
NO	304	92
NO ANSWER:	72	
d. From a social security office		
YES	43	13
NO	288	87
NO ANSWER:	70	
e. From a friend or relative		
YES	42	13
NO	287	87
NO ANSWER:	72	
f. From an insurance salesperson		
YES	25	8
NO	305	92
NO ANSWER:	71	
g. From a senior citizens' group		
YES	51	15
NO	282	85
NO ANSWER:	68	
h. Other		
NUMBER OF PEOPLE RESPONDING	28	

Question	Response	Percentage
<b>53. There is a toll-free number which you can call for information about the changes related to catastrophic health care. Were you aware of this number before today?</b>		
	NO	319 83
	YES	65 17
	NO ANSWER:	17

**54. Overall, do you believe that the changes related to catastrophic health care are an improvement to the Medicare program?**

	NO	73 19
	YES	130 34
	DON'T KNOW	176 46
	NO ANSWER:	22

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

	POSITIVE	40 29
	NEGATIVE	53 38
	MIXED	15 11
	OTHER	32 23
	NO ANSWER:	261

**NOTES:**

*Not every respondent answered every question. Percentages are based on actual responses. The number of respondents not answering an individual question is not included in the calculation of percentages.*

*The sum of individual percentages may not equal 100 percent due to independent rounding.*

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**A SURVEY OF MEDICARE  
BENEFICIARY SATISFACTION  
1989**

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**OFFICE OF INSPECTOR GENERAL**  
**OFFICE OF ANALYSIS AND INSPECTIONS**

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**OCTOBER 1989**

## OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG) is to promote the efficiency, effectiveness, and integrity of programs in the United States Department of Health and Human Services (HHS). It does this by developing methods to detect and prevent fraud, waste, and abuse. Created by statute in 1976, the Inspector General keeps both the Secretary and the Congress fully and currently informed about programs or management problems and recommends corrective action. The OIG performs its mission by conducting audits, investigations, and inspections with approximately 1,200 staff strategically located around the country.

## OFFICE OF ANALYSIS AND INSPECTIONS

This report is produced by the Office of Analysis and Inspections (OAI), one of the three major offices within the OIG. The other two are the Office of Audit and the Office of Investigations. Inspections are conducted in accordance with professional standards developed by OAI. These inspections are typically short-term studies designed to determine program effectiveness, efficiency, and vulnerabilities to fraud or abuse.

The purpose of this inspection, entitled "A Survey of Medicare Beneficiary Satisfaction: 1989," is to assess beneficiary experience with the Medicare program.

This inspection was performed under the direction of Linda Herzog, the Regional Inspector General of the Region IV Office of Analysis and Inspections. Participating in the project were:

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