BENEFICIARY SATISFACTION WITH GEORGIA'S MEDICARE CARRIER

OFFICE OF INSPECTOR GENERAL

OFFICE OF EVALUATION AND INSPECTIONS

FEBRUARY 1990

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 1,400 staff strategically located around the country.

OFFICE OF EVALUATION AND INSPECTIONS

This report is produced by the Office of Evaluation and Inspections (OEI), one of the three major offices within the OIG. The other two are the Office of Audit Services and the Office of Investigations. Inspections are conducted in accordance with professional standards developed by OEI. 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 "Beneficiary Satisfaction with Georgia's Medicare Carrier," was to determine beneficiary satisfaction with services provided by the Medicare Part B carrier in Georgia. Responses were compared to those in a 1989 OIG national "Survey of Medicare Beneficiary Satisfaction" to determine if there were significant differences.

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

Atlanta Region

Betty Davis, *Project Leader*
Joe Townsel
Maureen Wilce
Peggy Daniel
Art Jones, Ph.D.
Joseph Patterson
Jean Dufresne

Headquarters

Barry Steeley
Wm. Mark Krushat, MPH
Vicki Greene
Barbara Tedesco

BENEFICIARY SATISFACTION WITH GEORGIA'S MEDICARE CARRIER

Richard P. Kusserow
INSPECTOR GENERAL

OEI-04-90-01050 FEBRUARY 1990

EXECUTIVE SUMMARY

PURPOSE

The purpose of this inspection, entitled "Beneficiary Satisfaction with Georgia's Medicare Carrier," was to determine beneficiary satisfaction with services provided by the Medicare Part B carrier in Georgia. Responses were compared to a 1989 Office of Inspector General (OIG) national "Survey of Medicare Beneficiary Satisfaction" to determine if there were significant differences.

BACKGROUND

On January 1, 1989 the Health Care Financing Administration (HCFA) implemented two major changes in the Medicare Part B program in Georgia:

- The carrier was changed from Prudential Insurance Company of America to Aetna Life and Casualty.

- The new carrier was required to subcontract with a third party to conduct medical reviews of the claims as part of a pilot cost-containment program. Aetna chose HealthCare COMPARE Inc. of Illinois to review the appropriateness of claims and physician charges.

Beginning in November 1989, both changes have received extensive media attention, particularly in the Atlanta newspapers. Several of the articles suggested the changes have caused serious problems for Medicare beneficiaries and the doctors who treat them.

Aetna's start-up problems, coupled with a backlog of claims from the previous carrier, created delays and errors in payments. Furthermore, HealthCare COMPARE devoted more resources than Prudential Insurance Company to detecting inappropriate coding and improper utilization of services. The resulting increase in payment denials and reductions caused concern among beneficiaries and physicians.

The Inspector General of the Department of Health and Human Services was asked by the Acting Administrator of HCFA to assess *beneficiary* satisfaction with Aetna's service over the first year of its operation in Georgia. The OIG surveyed a randomly selected sample of beneficiaries for whom Medicare Part B claims were submitted in Calendar Year 1989. Participation in the survey was voluntary and yielded an overall response rate of 83 percent.

FINDINGS

This survey found that Georgia Medicare beneficiaries hold opinions of Medicare and carrier claims processing which are similar to the opinions of beneficiaries nationwide.

- Eighty-five percent of Georgia beneficiaries are satisfied, in general, with claims processing, compared to 88 percent of beneficiaries nationwide.

- Eighty-three percent of Georgia beneficiaries can get information about the Medicare program when needed, compared to 85 percent of beneficiaries nationwide.

- Seventy-three percent of Georgia beneficiaries think the carriers pay claims quickly enough, compared to 74 percent of beneficiaries nationwide.

TABLE OF CONTENTS

INTRODUCTION

PURPOSE

The purpose of this inspection, entitled "Beneficiary Satisfaction with Georgia's Medicare Carrier," was to determine beneficiary satisfaction with services provided by the Medicare Part B carrier in Georgia. Responses were compared to a 1989 Office of Inspector General (OIG) national "Survey of Medicare Beneficiary Satisfaction" to determine if there were significant differences. The Acting Administrator of the Health Care Financing Administration (HCFA) requested the study.

BACKGROUND

Medicare Program

Medicare is a Federal health insurance program for individuals age 65 and older and for certain categories of disabled people. Authorized in 1965 by title XVIII of the Social Security Act, Medicare serves over 33 million people nationwide. These Medicare recipients are known as *beneficiaries*. Over 680,000 beneficiaries reside in Georgia.

The Medicare Program has two parts. Part A (hospital insurance) helps pay for inpatient hospital care, some inpatient care in a skilled nursing facility, skilled home health care, and hospice care. A person entitled to Medicare automatically receives this coverage. Part B (medical insurance) covers physicians' services, outpatient hospital services, and other medical services and supplies. Part B is optional. Beneficiaries desiring this coverage pay a monthly premium. Both Part A and Part B have deductible and coinsurance requirements. Beneficiaries must pay these either out of pocket or through supplemental insurance coverage.

Medicare paid almost $33 billion for Part B benefits in Calendar Year 1988. Of that amount, an estimated $692 million was paid in Georgia.

Within the Department of Health and Human Services (HHS), HCFA is responsible 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 payment. Insurance companies that handle Part A claims are called *intermediaries*. Those handling Part B claims are called *carriers*. In Georgia, the intermediary is Blue Cross/Blue Shield. The carrier is Aetna Life and Casualty.

Recent Changes in Georgia

On January 1, 1989 HCFA implemented two major changes in the Medicare Part B program in Georgia:

- The carrier was changed from Prudential Insurance Company of America to Aetna Life and Casualty.

- The new carrier was required to subcontract with a third party to conduct medical reviews of the claims as part of a pilot cost-containment program. Aetna chose HealthCare COMPARE Inc. of Illinois to review the appropriateness of claims and physician charges.

Beginning in November 1989, both changes have received extensive media attention, particularly in the Atlanta newspapers. Several of the articles suggested the changes have caused serious problems for Medicare beneficiaries and their doctors.

Aetna's start-up problems, coupled with a backlog of claims from the previous carrier, created delays and errors in payments. Furthermore, HealthCare COMPARE devoted more resources than Prudential Insurance Company to detecting inappropriate coding and improper utilization of services. The resulting increase in payment denials and reductions caused concern among beneficiaries and physicians.

METHODS

A survey instrument composed of 16 questions was mailed in December 1989 to 637 randomly selected Georgia beneficiaries who had Medicare claims filed with Aetna in 1989. Their participation in the survey was voluntary.

Forty-seven beneficiaries were eliminated from the sample for various reasons: 5 questionnaires were undeliverable, 32 beneficiaries were deceased, and 10 individuals had been erroneously selected. This reduced the sample size from 637 to 590.

A total of 491 beneficiaries returned completed questionnaires, for an overall response rate of 83 percent. (See appendix A for additional information on methods used in this survey.)

Several questions in this survey were used in a national OIG inspection, "Survey of Medicare Beneficiary Satisfaction" (OAI-04-89-89040), conducted in June 1989. National and Georgia survey results were compared for those questions. In some instances, there were slight differences in the wording of the questions, and some questions from the national survey were asked only of beneficiaries who file their own claims. Other questions are unique to the Georgia survey and were used to address the particular situation in Georgia. (See appendix B for

responses to all questions in the Georgia survey and appendix C for an explanation of the differences in the two surveys and a detailed comparison of responses.)

FINDINGS

This survey found that Georgia Medicare beneficiaries hold opinions of Medicare and carrier claims processing which are similar to the opinions of beneficiaries nationwide.

- Eighty-five percent of Georgia beneficiaries are satisfied, in general, with claims processing, compared to 88 percent of beneficiaries nationwide.

- Eighty-three percent of Georgia beneficiaries can get information about the Medicare program when needed, compared to 85 percent of beneficiaries nationwide.

- Seventy-three percent of Georgia beneficiaries think the carrier pays claims quickly enough, compared to 74 percent of beneficiaries nationwide.

Georgia Beneficiaries Respond Similarly To Beneficiaries Nationwide.

In June 1989, the HHS Inspector General conducted a national survey of Medicare beneficiaries. They were asked about their experience and satisfaction with various aspects of the Medicare program, including claims processing.

Several questions used in the national survey were included in the December 1989 survey of Georgia beneficiaries. Overall, results of the Georgia survey were similar to those of the national survey, although Georgia beneficiaries appear to be slightly more negative about contacts with their carrier.

Beneficiaries In Georgia And Nationwide Are Satisfied, In General, With Claims Processing.

Eighty-five percent of Georgia beneficiaries stated they are satisfied with the way Aetna processed Medicare claims they or their doctors submitted in 1989. Eighty-eight percent of beneficiaries nationwide are satisfied with the way Medicare carriers processed claims they submitted themselves. (In the national survey, beneficiaries were not asked about claims their doctors submitted for them. See appendix C for further information regarding the differences between the two surveys.)

Thirty-nine percent of Georgia beneficiaries had seen the recent newspaper articles about Aetna, most of which were critical. Whether these articles influenced beneficiaries' satisfaction with Aetna's services could not be established. However, the satisfaction rate of those

who had seen the articles (72 percent satisfied) was 20 percent lower than those who had not (92 percent satisfied).

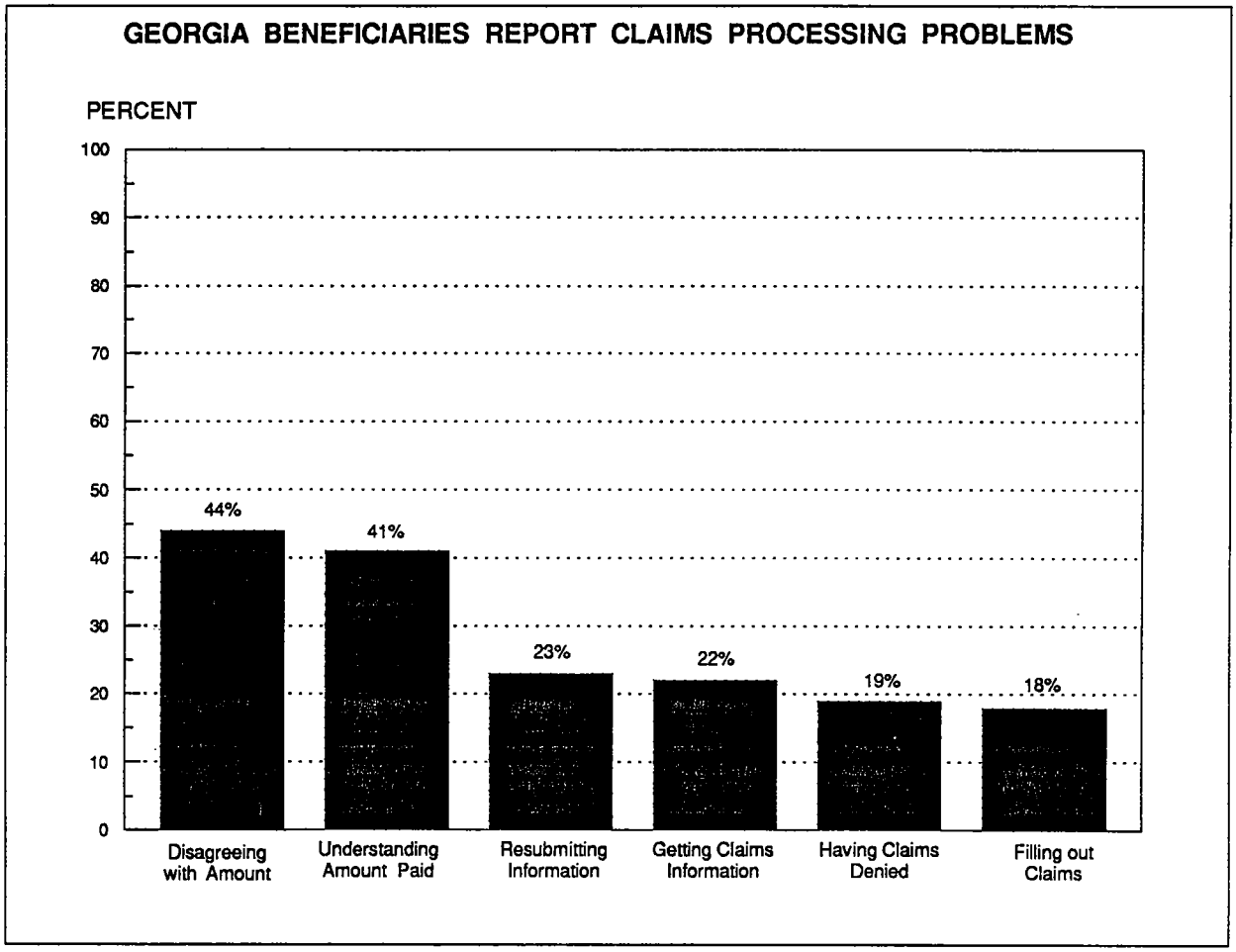
Almost three-fourths of all the beneficiaries (73 percent in Georgia and 74 percent nationwide) think the carriers pay claims quickly enough. Some Georgia beneficiaries mentioned that the processing time has improved since the beginning of the year. A couple of the Georgia beneficiaries stated further:

> *"I feel Aetna may do [as] well as possible since they probably inherited a backlog of claims from Prudential."*

> *"I understand Aetna was new at this and needed some time to adjust."*

Although most Georgia beneficiaries expressed satisfaction with claims processing, when prompted by specific questions 62 percent indicated they had experienced one or more problems. About 40 percent said they experienced a problem with the amount Aetna paid. A similar proportion said they did not understand the reason why. Almost one-fourth said they had had to resubmit their claim(s) or other information. Around one-fifth had trouble filling out the claim form, getting information on the status of their claims, and/or had had a claim denied. Figure 1 shows the specific percentages for each problem the questionnaire listed.

Figure 1



The national survey asked respondents about three of six problems mentioned above. However, only those beneficiaries who submit their own claims were asked. (See appendix C for information regarding the differences in the two surveys.)

The national survey found that:

- Fifty-one percent had a problem understanding what Medicare had paid and why.
- Thirty-six percent had difficulty getting information on the status of their claim(s).
- Twenty-six percent had trouble filling out the claim form.

Thirteen percent of the Georgia beneficiaries thought Aetna had made a mistake on their claims. This survey could not determine if the actions beneficiaries cited were actually mistakes or just *perceived* as mistakes.

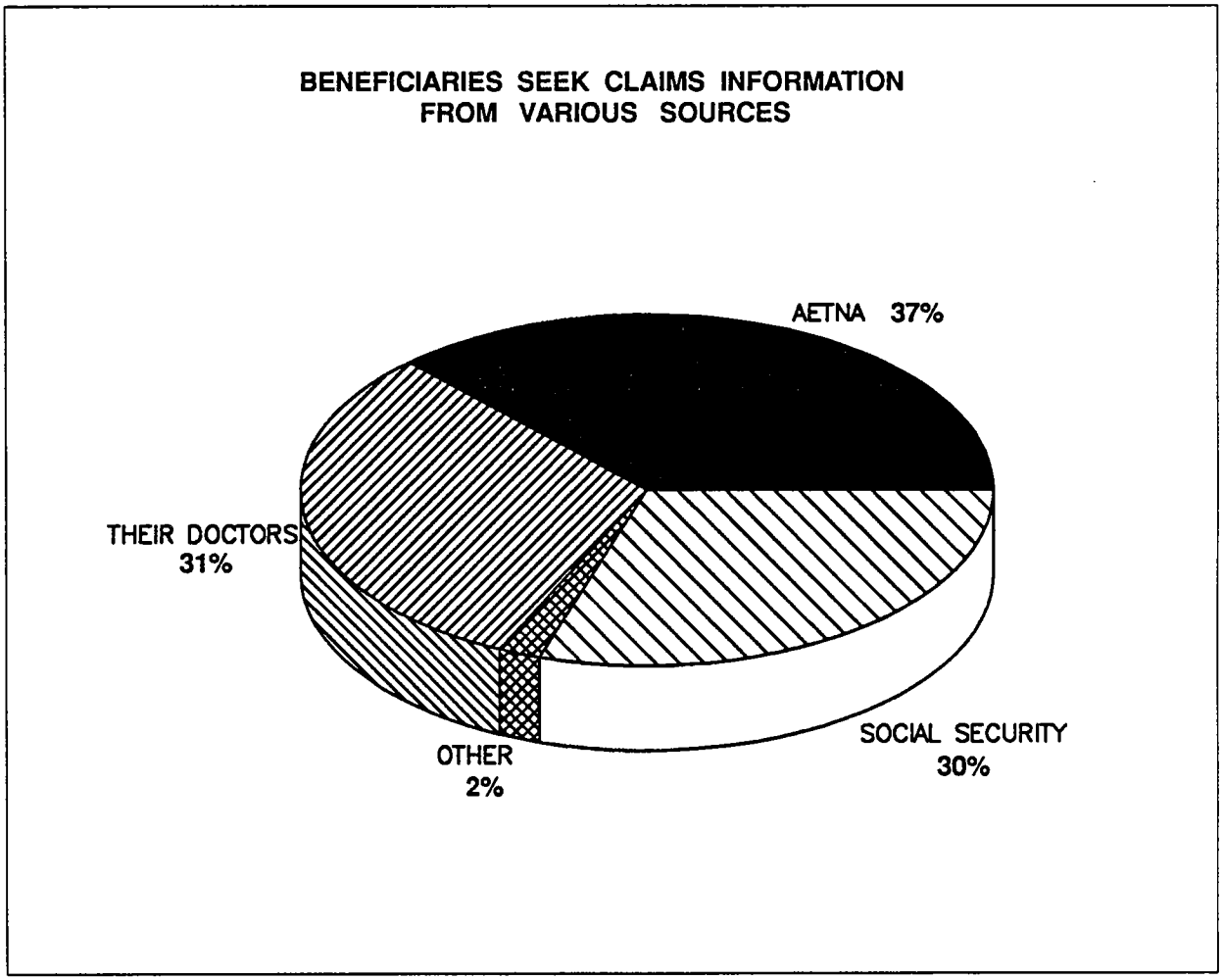
Beneficiaries In Georgia And Nationwide Can Get Information When Needed.

Eighty-three percent of the Georgia respondents and 85 percent of the national respondents said they can get information *about the Medicare program* when they need it. Three-fourths of Georgia and national respondents think the program is understandable.

About half of the Georgia respondents (51 percent) indicated they had needed *specific* information about their own Medicare claims. Of that 51 percent, 62 percent received the needed information most of the time.

Beneficiaries who had received information on their claims were asked where they first sought help. As shown in Figure 2, over a third contacted Aetna. Most of the others sought help from their doctors or SSA. A small number contacted other sources such as insurance representatives.

Figure 2



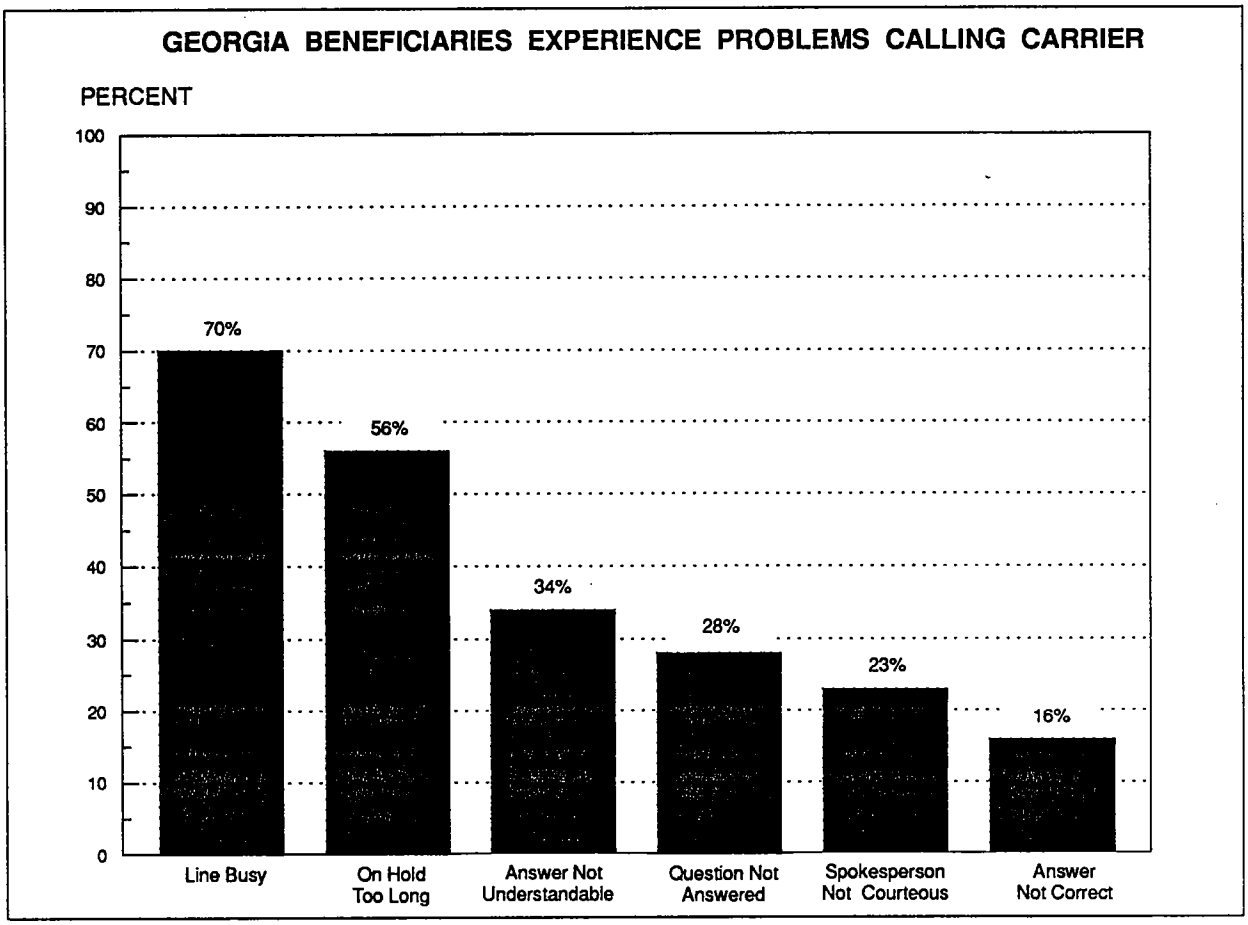
Only 24 Georgia respondents said they had seldom or never been able to get information needed about their claims. Seven of the 24 indicated they had never contacted Aetna for the assistance they needed.

Less than one-third (30 percent) of the Georgia beneficiaries indicated they had called Aetna about a claim. Almost three-fourths (71 percent) of those who called were satisfied with the services they received.

During the period covered by the survey (1989), Aetna acknowledged several start-up problems, among them the operation of the toll-free phone service. This problem was exacerbated when the Atlanta newspapers publicized the number in a series of articles critical of Aetna's performance. In order to accommodate the increase in calls which these articles generated, Aetna temporarily installed a second toll-free number. This improved accessibility, but did not solve several other problems, such as unclear explanations of what is paid on a claim and why.

The Georgia questionnaire listed possible problems beneficiaries could have encountered on calling their carrier to get information on a claim. Seventy percent of the beneficiaries cited a busy phone line as an obstacle. Over half thought they were put "on hold" too long. One-third did not understand the answers given by Aetna, and slightly less than a third did not get their question(s) answered. Almost one-fourth of the beneficiaries thought the person answering the phone had not been very courteous. Sixteen percent thought the carrier's answers were not correct. Figure 3 shows the exact percentages.

Figure 3



In the national survey, just over one-fourth (28 percent) of the beneficiaries had used the toll-free number to call their carriers. Eighty percent indicated they had been satisfied with the service.

The national questionnaire listed 5 of the previously mentioned problems beneficiaries could encounter when calling their carriers. The incidence of problems cited by beneficiaries nationwide was no different from the Georgia survey. Nationally, beneficiaries responded as follows:

- Seventy-one percent found a busy line as a problem.
- Sixty percent thought they had been put "on hold" too long.
- Twenty-five percent did not understand the answers given by the carriers.
- Nineteen percent thought the person they talked to had not been very courteous.
- Twelve percent thought the answers they were given had not been correct.

Satisfaction With The Appeal Process Cannot Be Determined.

Over three-fourths of the beneficiaries in both surveys are aware they can appeal decisions made on their claims. Although in a previous question almost half of the Georgia beneficiaries said they had a problem with the amount Aetna had paid on their claims, only 34 beneficiaries indicated they had appealed Aetna's decisions. Of the 34, only 25 answered questions about their experiences with appeals, too few to permit statistical analysis.

Respondents' Comments Were Generally Positive.

Respondents to the Georgia survey were offered the opportunity to volunteer further comments about the Medicare program. Almost half (44 percent) chose to do so. Forty-one percent of the beneficiaries who commented were positive, and 33 percent were negative. The positive comments expressed satisfaction with the services provided by Aetna. The negative comments focused on delays in payments, low payments, uncovered or disallowed services, and difficulty in understanding Aetna's explanations. Nine percent of the beneficiaries made comments that were both positive and negative. Seventeen percent commented on issues unrelated to the Medicare program.

HCFA COMMENTS

The HCFA reviewed a preliminary draft of this report. In response to HCFA's technical questions (see appendix E) we clarified our explanation of the study methods. One of HCFA's questions concerned the difference in the samples for the Georgia and the national surveys. The universe for both samples was beneficiaries who had received Medicare Part B services. Appendix C explains the differences in the two surveys.

APPENDIX A

METHODS AND SAMPLE SELECTION

The purpose of this survey was to determine beneficiary satisfaction with services provided by the Georgia Medicare Part B carrier, Aetna Life and Casualty. The survey universe is 338,857 individuals who received Medicare Part B benefits in Calendar Year 1989. A nonstratified simple random sample of that universe was selected.

Based upon previous experience with mail surveys of Social Security and Medicare beneficiaries, 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.

With an expectation of 65 percent response, a sample of 640 Health Insurance Claim (HIC) numbers was drawn from HCFA's Part B Medicare Automated Data Retrieval System files for Georgia. The names and addresses in that file were used for the mail-out.

Three individuals were removed from the sample because they had out-of-State addresses.

The 637 questionnaires were mailed December 11, 1989. Within 2 weeks, 387 responses had been received. A second mailing to the 250 nonrespondents was sent on December 26. Phone calls were made the week of January 8, 1990 to all nonrespondents for whom numbers could be obtained.

Forty-seven beneficiaries were eliminated from the sample for various reasons: 5 questionnaires were undeliverable, 32 beneficiaries were deceased, and 10 individuals were erroneously selected. This reduced the sample size from 637 to 590.

A total of 491 beneficiaries ultimately responded to the survey. This represents a response rate of 83.2 percent, and produces estimates within 9 percent of the true value at the 95 percent confidence level.

APPENDIX B

RESPONSES TO GEORGIA MEDICARE BENEFICIARY SURVEY

Question		Number of Responses	Percentage
1. In general, do you think:			
a. The Medicare Program is understandable			
YES		350	75
NO		119	25
NO ANSWER	22		
b. You can get information about Medicare when you need it			
YES		379	83
NO		79	17
NO ANSWER	33		
c. Medicare/Aetna pays your claims quickly enough			
YES		337	73
NO		123	27
NO ANSWER	31		
2. Thinking about Medicare claims you or your doctor have submitted this year, how satisfied are you with way Medicare/Aetna has processed those claims?			
VERY SATISFIED		150	34
GENERALLY SATISFIED		227	51
GENERALLY DISSATISFIED		50	11
VERY DISSATISFIED		19	4
NO ANSWER	80		

Question		Number of Responses	Percentage
3. The following are possible reasons why someone might be dissatisfied with Medicare claims. Have any of the following been a problem for you?			
a. Filling out Medicare claims			
YES		81	18
NO		373	82
NO ANSWER	37		
b. Having to resubmit claim(s) or other information			
YES		102	23
NO		347	77
NO ANSWER	42		
c. Getting information on the status of your claim(s)			
YES		96	22
NO		339	78
NO ANSWER	56		
d. The amount Medicare/Aetna approves for payment			
YES		198	44
NO		250	56
NO ANSWER	43		
e. Understanding what Medicare/ Aetna paid on your claim and why			
YES		178	41
NO		260	59
NO ANSWER	53		
f. Medicare/Aetna denying your claim			
YES		83	19
NO		355	81
NO ANSWER	53		
g. Other (Please explain)			
NUMBER OF PEOPLE RESPONDING		50	

Question		Number of Responses	Percentage
4. Has Medicare/Aetna made mistakes on the claims you or your doctor have submitted this year?			
YES		57	13
NO		382	87
NO ANSWER	52		
5. We would like to ask about times when you have needed to get specific information about your Medicare claim(s). How often were you able to get the information you needed?			
MOST OF THE TIME		151	34
SOME OF THE TIME		68	15
SELDOM OR NEVER		24	5
I HAVE NEVER NEEDED TO GET INFORMATION		204	46
NO ANSWER	44		
6. Where did you go first to get information about your Medicare claim(s)?			
MEDICARE/AETNA		97	24
SOCIAL SECURITY		77	19
YOUR DOCTOR		80	20
OTHER		5	1
I HAVE NEVER NEEDED TO GET INFORMATION		144	36
NO ANSWER	88		
7. Have you ever called Medicare/Aetna to get information about your Medicare claim?			
YES		141	30
NO (Skip to Q-10)		325	70
NO ANSWER	25		

Question		Number of Responses	Percentage
8. Thinking about the last time you called Medicare/Aetna, how satisfied were you with the service you received?			
VERY SATISFIED		39	28
GENERALLY SATISFIED		61	43
GENERALLY DISSATISFIED		18	13
VERY DISSATISFIED		23	16
NO ANSWER	0		

Question		Number of Responses	Percentage
9. Listed below are some possible reasons that someone would be dissatisfied with calling Medicare/Aetna. Did you have any of the following problems the last time you called?			
a. Line was busy			
YES		91	70
NO		40	31
NO ANSWER	10		
b. Put on "Hold" too long			
YES		71	56
NO		56	44
NO ANSWER	14		
c. Not able to get your question(s) answered			
YES		32	28
NO		84	72
NO ANSWER	25		
d. Answers given were not understandable			
YES		39	34
NO		76	66
NO ANSWER	26		
e. Answers given were not correct			
YES		17	16
NO		87	84
NO ANSWER	37		
f. Person answering call was not very courteous			
YES		26	23
NO		87	77
NO ANSWER	28		
g. Other (Please explain)			
NUMBER OF PEOPLE RESPONDING		17	

Question		Number of Responses	Percentage
10. 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 you could appeal or request review?			
YES		355	78
NO		103	23
NO ANSWER	33		
11. In the past year, have you appealed a decision made by Medicare/Aetna on a claim you submitted?			
YES		34	8
NO (Skip to Q-15)		408	92
NO ANSWER	49		
12. What aspect(s) of your claim(s) did you request an appeal on?			
MEDICARE/AETNA DENIED YOUR CLAIM		17	46
MEDICARE/AETNA DID NOT PAY AS MUCH AS YOU THOUGHT IT SHOULD		18	49
OTHER (Please explain)		2	5
NO ANSWER	0		
13. How satisfied were you with the appeal process?			
VERY SATISFIED		8	32
GENERALLY SATISFIED		7	28
GENERALLY DISSATISFIED		9	36
VERY DISSATISFIED		1	4
NO ANSWER	9		

Question		Number of Responses	Percentage
14. The following are possible reasons why someone might be dissatisfied with the appeal process. Have any of the following been a problem for you?			
a. Process took too long			
YES		16	62
NO		10	39
NO ANSWER	8		
b. Disagreed with the final decision			
YES		15	60
NO		10	40
NO ANSWER	9		
c. Didn't understand the final decision			
YES		10	46
NO		12	55
NO ANSWER	12		
d. Did not have an adequate opportunity to present your argument			
YES		6	26
NO		17	74
NO ANSWER	11		
e. Other (Please explain)			
NUMBER OF PEOPLE RESPONDING		4	
15. In November there were some articles in Georgia newspapers about Aetna's handling of Medicare claims. Did you see any of these articles?			
YES		187	39
NO		296	61
NO ANSWER	8		

Question		Number of Responses	Percentage
16. We are interested in any other comments you may have about your experience with Medicare/Aetna. Please provide your comments here:			
POSITIVE		89	41
NEGATIVE		72	33
MIXED		19	9
OTHER		38	17
NO ANSWER	273		

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 the individual percentages may not equal 100 percent due to independent rounding.

APPENDIX C

COMPARISON TO 1989 NATIONAL SURVEY

In June 1989, the HHS Inspector General conducted a national survey of Medicare beneficiaries. The sample for the survey was drawn from HCFA's Part B Medicare Annual Data System files. All respondents had received Part B Medicare services in Calendar Year 1987. The Part B claims had been filed by either the beneficiaries or their doctors. That survey asked beneficiaries about their experience and satisfaction with various aspects of the Medicare program, including claims processing.

Differences between the Surveys

The survey of *Georgia* beneficiaries included some questions which *exactly matched* those used in the national survey, and some questions which were *similar* to those used in the national survey.

Two types of differences occurred with the questions that were similar. First, the question about satisfaction with claims processing was asked in the *national* survey only of individuals who filed their own claims. The satisfaction rate of beneficiaries whose doctors filed claims for them, therefore, cannot be determined in the national survey. This question, however, was asked of *all* beneficiaries (including those whose doctors filed claims for them) on the Georgia survey.

Secondly, questions #3 and #9 on the Georgia survey (concerning problems with claims processing and getting information from Aetna) contained more options than were offered in the national survey.

In summary, because of the difference in the proportion and type of respondent answering the questions, and the differences in wording of the questions, it is inappropriate to make direct comparisons between the two surveys for these questions.

How Beneficiaries Responded in Georgia and Nationwide

The questions asked in both surveys, and the responses, follow:

QUESTION	GEORGIA	NATIONAL
In general, do you think:		
a. The Medicare program is understandable?		
YES	75%	73%
NO	25%	28%
b. You can get information about Medicare when you need it?		
YES	83%	85%
NO	17%	15%
c. Medicare pays your claims quickly enough?		
YES	73%	74%
NO	27%	26%
Thinking about Medicare claims you or your doctor have submitted this year, how satisfied are you with the way Medicare has processed those claims?*		
VERY SATISFIED	34%	26%
GENERALLY SATISFIED	51%	62%
GENERALLY DISSATISFIED	11%	8%
VERY DISSATISFIED	4%	4%

*In the national survey, only those beneficiaries who submit their own claims were asked this question.

QUESTION	GEORGIA	NATIONAL
The following are possible reasons why someone might be dissatisfied with Medicare claims. Have any of the following been a problem for you?*		
a. *Filling out Medicare claims*		
YES	18%	26%
NO	82%	74%
b. *Getting information on the status of your claim(s)*		
YES	22%	36%
NO	78%	65%
c. *Understanding what Medicare paid on your claim and why*		
YES	41%	51%
NO	59%	49%
Thinking about the last time you called Medicare, how satisfied were you with the services you received?		
VERY SATISFIED	28%	27%
GENERALLY SATISFIED	43%	53%
GENERALLY DISSATISFIED	13%	14%
VERY DISSATISFIED	16%	6%

*In the national survey, only those beneficiaries who submit their own claims were asked this question.

QUESTION	GEORGIA	NATIONAL
Listed below are possible reasons someone might be dissatisfied with calling Medicare. Did you have any of the following problems the last time you called?		
a. Line was busy		
YES	70%	71%
NO	31%	29%
b. Put "on hold" too long		
YES	56%	60%
NO	44%	40%
c. Answers given were not understandable		
YES	34%	25%
NO	66%	76%
d. Answers given were not correct		
YES	16%	12%
NO	84%	88%
e. Person answering phone was not very courteous		
YES	23%	19%
NO	77%	81%
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	78%	76%

NOTE:

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

APPENDIX D

ANALYSIS OF RESPONDENTS VS. NONRESPONDENTS

Bias may be introduced in surveys of this type if the nonrespondents are different from the respondents. This survey's high response rate (83 percent) diminishes the potential for nonresponse bias. Even so, respondents and nonrespondents were compared demographically to assure accuracy of the survey findings.

Method Of Analysis

Several data base files were analyzed to compare the 491 respondents with the 99 nonrespondents. Comparisons were made by age, sex, and race. The same demographics were used to make comparisons among respondents. The purpose of segmenting respondents was to review for possible tendencies which could be relevant to nonresponse bias.

Responses to three questions were analyzed to determine whether a correlation exists between respondent characteristics and opinions of Medicare. The three questions relate to the Medicare program in general, informational services, and Aetna's claims processing. These questions were asked of everyone surveyed. Responses to the questions were analyzed by demographics, and early or late receipt of the completed questionnaires.

The questions selected for analysis were:

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

Analysis By Age

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. Further, respondents were very similar to nonrespondents. The average ages for respondents and nonrespondents were 72 and 74, respectively.

Analysis By Gender

Thirty-five percent of the sample population were males and 65 percent were females. Response rates were virtually the same for men (84 percent) and women (83 percent). Comparing male and female responses to the designated questions, there was no statistically significant difference between the sexes.

Analysis By Race

Seventy-eight percent of the sample population was white, 19 percent was black, and 3 percent was classified as "other" or "unknown." The rate of response for each racial category was very similar to the corresponding frequency in the sample. In comparing the responses to the selected questions, the difference among racial groups was statistically insignificant.

Analysis By Time Of Response

Some surveys similar to this one indicate that differences may exist between early and late responses, and further that late respondents and nonrespondents may share certain tendencies. A 1989 OIG study of beneficiary satisfaction with Social Security[1], for example, suggested that "the nonrespondents, although not more negative, may be less enthusiastic than the respondents."

To test for possible nonresponse bias in *this* survey, the 369 responses received within 2 weeks (75 percent) were compared to the 122 received the following 4 weeks (25 percent). No statistically significant difference existed between the early and late responses.

[1] 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

APPENDIX E

HCFA COMMENTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

Memorandum

Date FEB - 8 1990

From Director
Bureau of Program Operations

Subject OIG Draft Report: "Beneficiaries Satisfaction With Georgia's Medicare Carrier"—INFORMATION

To Chief, Health Care Branch
Office of the Inspector General

Our comments on the OIG draft report, "Beneficiaries Satisfaction with Georgia's Medicare Carrier" are as follows:

1. We believe the report should include an explanation of the difference in the criterion used for selecting the surveyed Georgia beneficiaries and the one for last year's national survey. As explained during the exit conference, beneficiaries surveyed nationally were limited to those who had filed their own claims.

2. Does the way the sample was derived affect the statistics displayed in Appendix C, or at least their comparability?

3. The section entitled, "Analysis by Time of Response", on page D-2, refers to "early" and "late" responses. No explanation is provided for the differences between "early" and "late". Rather, it appears the designation is based strictly on responses falling within either the first 75 percent or last 25 percent received.

We believe this survey will be extremely beneficial in indicating the satisfaction level of Georgia beneficiaries after their first year of service from Aetna. In light of that, I would like to request that OIG conduct a similar beneficiary satisfaction survey in New Jersey. As with Aetna Georgia, Pennsylvania Blue Shield (New Jersey) has received much criticism from members of the New Jersey Congressional Delegation and the physician/supplier community.

Any questions concerning our comments should be directed to Sue Lathroum on X65894. I would also request that you advise either Sue or me whether OIG will be able to conduct a survey in New Jersey.

Barbara J. Gagel