Beneficiary Satisfaction with 1996 Medicare Handbook
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**Office of Evaluation and Inspections**

The Office of Evaluation and Inspections (OEI) is one of several components of the Office of Inspector General. It conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The inspection reports provide findings and recommendations on the efficiency, vulnerability, and effectiveness of departmental programs.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Headquarters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Apt, Team Leader</td>
<td>Stuart Wright, Program Specialist</td>
</tr>
<tr>
<td>Jason Stanfield, Contractor</td>
<td>Linda Moscoe, Technical Support</td>
</tr>
<tr>
<td>Jackie Watkins, Program Analyst</td>
<td>Barbara Tedesco, Statistician</td>
</tr>
<tr>
<td>Joe Townsel, Program Analyst</td>
<td>Peggy Daniel, Program Analyst</td>
</tr>
<tr>
<td>Tammy Hipple, Statistician</td>
<td></td>
</tr>
</tbody>
</table>

To obtain a copy of this report, call the Atlanta Regional Office at 404-331-4108.
Beneficiary Satisfaction with 1996 Medicare Handbook
EXECUTIVE SUMMARY

PURPOSE

To determine beneficiary satisfaction with the format and content of the 1996 Medicare Handbook.

BACKGROUND

Prior to 1996, the Health Care Financing Administration (HCFA) mailed a Medicare handbook to new enrollees, but did not mail it to all beneficiaries unless major changes occurred in the Medicare program. In 1996, HCFA mailed a new handbook to all beneficiaries. However, to contain the cost of printing and mailing, HCFA cut the number of pages of the 1996 Medicare Handbook by revising the format and including fewer details. HCFA officials are now considering the feasibility of mailing a new handbook to all beneficiaries every year.

To help them plan future handbooks, HCFA requested that we conduct a survey of beneficiaries to get their opinions on the new format and content. Some 538 beneficiaries responded to our survey.

FINDINGS

About a fourth of the respondents had not received the 1996 Medicare Handbook.

Most beneficiaries who did receive it were satisfied with the format and content of the 1996 handbook.

Ninety-one percent said the new handbook was clearly written.

Ninety-three percent said it provided enough information to understand Medicare benefits.

Ninety-five percent thought it would be helpful to them.

Eighty-one percent of beneficiaries who remembered receiving previous handbooks preferred the 1996 shorter edition over the previous longer editions.
Opinions were mixed on frequency of distribution for handbooks

Forty-eight percent said they would like to receive a new handbook every year.

Forty-five percent said they would like to receive a new handbook only when there were major changes in the Medicare program.

AGENCY COMMENTS

The HCFA Administrator commented on our report. Since a fourth of the beneficiaries said they did not receive the handbook, HCFA plans to examine their distribution strategies to determine ways to improve dissemination of the handbook.
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INTRODUCTION

PURPOSE

To determine beneficiary satisfaction with the format and content of the 1996 Medicare Handbook.

BACKGROUND

Every year, the Health Care Financing Administration (HCFA) publishes a Medicare handbook for beneficiaries that explains how the Medicare program works and what the benefits are. Prior to 1996, HCFA mailed the handbook to new enrollees, but did not mail it to all beneficiaries unless major changes occurred in the Medicare program. Handbooks were available upon request from several sources, such as Social Security offices, HCFA regional offices, and senior citizen organizations.

In 1996, HCFA mailed a new handbook to all beneficiaries. However, to contain the cost of printing and mailing, HCFA cut the number of pages of the 1996 Medicare Handbook by revising the format and including fewer details. HCFA officials are now considering the feasibility of mailing a new handbook to all beneficiaries every year.

To help them plan future handbooks, HCFA requested that we conduct a survey of beneficiaries to get their opinions on the format and content.

METHODS

In July 1996, we mailed questionnaires to 749 Medicare beneficiaries. Beneficiary participation in the survey was voluntary. A total of 538 beneficiaries returned completed questionnaires, for a response rate of 72 percent.

Percentages in this report are based on the number of beneficiaries answering each question. Estimates are within 5.0 percent of the true value at the 95 percent confidence level for most questions. Appendix A shows beneficiary responses to the questionnaire.

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 542 respondents and the 232 non-respondents. The analyses revealed no significant difference, which suggests that our survey results were not biased with respect to these factors.

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

A FOURTH OF THE BENEFICIARIES RESPONDING TO OUR SURVEY HAD NOT RECEIVED THE 1996 MEDICARE HANDBOOK

- Twenty-seven percent of the respondents surveyed said they had not received the 1996 Medicare Handbook.

MOST BENEFICIARIES WHO DID RECEIVE IT WERE SATISFIED WITH THE FORMAT AND CONTENT OF THE HANDBOOK

- Ninety-seven percent said the wording was easy to understand.
- Ninety-eight percent said the lettering was large enough to read.
- Ninety-three percent said the new handbook provided enough information to understand Medicare benefits.
- Ninety-five percent thought it would be helpful to them.
- Ninety-one percent said it was clearly written.
- Eighty-one percent of beneficiaries who remembered receiving previous handbooks preferred the 1996 shorter edition over the previous longer editions.

ABOUT THREE-FOURTHS OF BENEFICIARIES TYPICALLY USE THE HANDBOOK

- Seventy-three percent of beneficiaries who remembered receiving previous handbooks said they generally use their handbook at least once a year.
- Thirty-seven percent of the beneficiaries who had received the 1996 handbook said they had used it. (As the 1996 handbook was mailed only a few months prior to our survey, we are unable to determine a year's use for it.)

BENEFICIARY OPINIONS WERE MIXED ABOUT HOW OFTEN THEY WANTED TO RECEIVE A NEW HANDBOOK

- Forty-eight percent said they would like to receive a new handbook every year.
- Forty-five percent said they would like to receive a new handbook only when there were major changes in the Medicare program.
- Six percent of the beneficiaries said they would like to receive a new handbook every 3 years.
The HCFA Administrator commented on our draft report. Since a fourth of the beneficiaries said they did not receive the handbook, HCFA plans to examine their distribution strategies to determine ways to improve dissemination of the handbook.

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

**RESPONSES TO 1996 MEDICARE HANDBOOK SURVEY**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicare recently mailed the 1996 Medicare Handbook to each beneficiary. It is a 30-page booklet, with a two-page introduction. It has a picture of a portion of the American flag on the cover. Did you receive your 1996 Medicare Handbook?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>392</td>
<td>73%</td>
</tr>
<tr>
<td>No</td>
<td>146</td>
<td>27%</td>
</tr>
<tr>
<td>2. Have you used your new 1996 Medicare Handbook yet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>146</td>
<td>37%</td>
</tr>
<tr>
<td>No</td>
<td>246</td>
<td>63%</td>
</tr>
<tr>
<td>3. Thinking about the 1996 Medicare Handbook you have received, would you say that...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The wording is easy to understand?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>369</td>
<td>97%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>3%</td>
</tr>
<tr>
<td>b. The lettering is large enough to read?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>380</td>
<td>98%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>2%</td>
</tr>
</tbody>
</table>
4. Does the *1996 Medicare Handbook* provide enough information for you to understand your Medicare benefits?

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>No</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>354</td>
<td>27</td>
<td>93%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

If No, please explain: 11 Responded

<table>
<thead>
<tr>
<th>Areas Needing More Explanation</th>
<th>Citing Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests Which Are Not Covered</td>
<td>2</td>
</tr>
<tr>
<td>Coverage for Mental and Emotional Disabilities</td>
<td>1</td>
</tr>
<tr>
<td>Medigap Insurance</td>
<td>1</td>
</tr>
<tr>
<td>Limits to Medicare Benefits</td>
<td>1</td>
</tr>
<tr>
<td>Coverage for Dental Care</td>
<td>1</td>
</tr>
<tr>
<td>HMOs</td>
<td>1</td>
</tr>
<tr>
<td>Coverage for Drugs</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Room Coverage</td>
<td>1</td>
</tr>
<tr>
<td>Maximums for Lifetime Benefits</td>
<td>1</td>
</tr>
<tr>
<td>Coverage for Glasses Following Cataract Surgery</td>
<td>1</td>
</tr>
</tbody>
</table>

5. Do you think the *1996 Medicare Handbook* will be:

(Check one.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Yes</th>
<th>Generally Helpful</th>
<th>Generally Not Helpful</th>
<th>Not Helpful at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Helpful</td>
<td>166</td>
<td>42%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Generally Helpful</td>
<td>206</td>
<td>53%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Generally Not Helpful</td>
<td>11</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Not Helpful at All</td>
<td>7</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Question</td>
<td>Responses</td>
<td>Percentage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Was any particular part of the new <strong>1996 Medicare Handbook</strong> confusing to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>337</td>
<td>92%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered Yes, which part was confusing: 16 Responded

<table>
<thead>
<tr>
<th>PART CONFUSING</th>
<th>CITING PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference Between Medicare (Fee-for-Service) and Managed Care</td>
<td>4</td>
</tr>
<tr>
<td>Definition of Home Care</td>
<td>1</td>
</tr>
<tr>
<td>Reserve Days</td>
<td>1</td>
</tr>
<tr>
<td>How Much Doctors Can Charge</td>
<td>1</td>
</tr>
<tr>
<td>Skilled Nursing Home Coverage</td>
<td>1</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>1</td>
</tr>
<tr>
<td>Unlimited Benefit Period (Page 7)</td>
<td>1</td>
</tr>
<tr>
<td>Difference between Part A and Part B</td>
<td>1</td>
</tr>
<tr>
<td>Coverage for Tests</td>
<td>1</td>
</tr>
<tr>
<td>Coverage for Outpatient Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Home Health</td>
<td>1</td>
</tr>
<tr>
<td>Medigap Insurance</td>
<td>1</td>
</tr>
<tr>
<td>Exceptions to the General Rules</td>
<td>1</td>
</tr>
</tbody>
</table>
7. **Medicare Handbooks** are given to beneficiaries when they enroll in the Medicare program, and were mailed to all beneficiaries in 1990.

The **1996 Medicare Handbook** is less detailed than previous editions of the handbook. Therefore, it has half the number of pages than previous editions.

Please compare the **1996 Medicare Handbook** to the longer, more detailed **Medicare Handbook** we issued in the past. Tell us which one you like best.

(Please check ONLY ONE.)

I prefer the shorter edition, even though it has fewer details (like the **1996 Medicare Handbook**). 178 46%

I prefer the longer edition with more details (like previous **Medicare Handbooks**). 42 11%

I don't remember the previous editions, so I cannot compare them to the **1996 Medicare Handbook**. 168 43%

8. How many times a year do you generally use your **Medicare Handbook**?

(Check one.)

1 to 3 times 188 49%
More than 3 times 46 12%
I have not ever used the **Medicare Handbook**. 84 22%
I do not recall receiving a **Medicare Handbook** before new one was sent to me. 63 17%
9. A new Medicare Handbook is printed every year, even if there are few changes to the Medicare program. How often would you like to receive a new copy of the handbook?

(Please check ONLY ONE.)

Every year, regardless of how minor the changes are in the Medicare program. 180 48%

Every 3 years. 24 6%

Only when there are major changes in the Medicare program. 168 45%

Other: 3 1%

<table>
<thead>
<tr>
<th>FREQUENCY OF DISTRIBUTION</th>
<th>CITING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 5 Years</td>
<td>1</td>
</tr>
<tr>
<td>Every 4 Years, Plus When Major Changes</td>
<td>1</td>
</tr>
<tr>
<td>Often Enough to Keep Abreast of Changes</td>
<td>1</td>
</tr>
</tbody>
</table>
10. Do you have suggestions for improving the handbook to make it more useful to beneficiaries like yourself?

<table>
<thead>
<tr>
<th>SUGGESTIONS FOR IMPROVEMENT</th>
<th>CITING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send only the changes in a page or two</td>
<td>3</td>
</tr>
<tr>
<td>Make the wording simpler--more elementary</td>
<td>3</td>
</tr>
<tr>
<td>Eliminate hard glossy cover--too expensive</td>
<td>3</td>
</tr>
<tr>
<td>Keep instructions on a topic together--do not split it up (e.g., managed care starts on page 4, and is continued on pages 19 and 20.)</td>
<td>2</td>
</tr>
<tr>
<td>Give more details as to what is covered and what is not covered</td>
<td>2</td>
</tr>
<tr>
<td>Just say what is covered, and omit what is not covered</td>
<td>1</td>
</tr>
<tr>
<td>Show an example of an EOMB with explanation of what the figures mean</td>
<td>1</td>
</tr>
<tr>
<td>Make it smaller</td>
<td>1</td>
</tr>
<tr>
<td>Cut all the ifs, ands, and buts</td>
<td>1</td>
</tr>
<tr>
<td>Make the handbook a 3-ring binder. Then send only pages that changed</td>
<td>1</td>
</tr>
<tr>
<td>Send to persons when they are age 64 so they will know they can apply early</td>
<td>1</td>
</tr>
<tr>
<td>Avoid using shaded boxes</td>
<td>1</td>
</tr>
</tbody>
</table>
HCFA COMMENTS
DEC 24 1996

TO: June Gibbs Brown
Inspector General

FROM: Bruce C. Vladeck
Administrator


Thank you for sharing the recent working draft report concerning the 1996 Medicare Handbook. We requested this survey to gauge customer satisfaction with our new Handbook design. The findings on the content, format and distribution of this publication were helpful. It was gratifying to learn that the vast majority of our beneficiaries were satisfied with the information and its presentation and that most beneficiaries use the Handbook regularly.

We were interested in the finding that 28 percent of those surveyed stated that they had not received the 1996 Handbook. This is surprising considering the attention generated by last year’s mailing. We believe further evaluation of that segment of the beneficiary population will be helpful in our efforts to continuously improve the quality of both content and distribution of our informational materials. We plan to carefully examine our distribution strategies in order to define the group reporting nonreceipt and to enhance the effectiveness of the distribution. We hope members of your staff that are familiar with these issues will be able to work with us on this initiative.
Attached is our final inspection report on beneficiary satisfaction with the 1996 Medicare Handbook. More than 500 randomly selected beneficiaries nationwide responded to our survey about their satisfaction with the content and format of the new handbook.

Most Medicare beneficiaries who received the new handbook thought it provided them with enough information to understand Medicare benefits. Actually, most preferred the condensed 1996 version to the more detailed earlier versions of the handbook. However, 27 percent said they had not received the 1996 handbook. Beneficiary opinions were mixed on how often they would like to receive the handbook. The Health Care Financing Administration (HCFA) plans to examine their distribution strategies to determine ways to improve dissemination of handbooks.

We appreciate your comments on our draft report. We are pleased to hear that HCFA is examining distribution strategies to determine ways to improve dissemination of the handbook.

If you have any questions or comments, please call me or George Grob, Deputy Inspector General for Evaluation and Inspections, or have your staff contact Mary Beth Clarke at (202) 619-2481.

Attachment

cc: Melissa Skolfield
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    David Garrison
    Principal Deputy Assistant Secretary for Planning and Evaluation

    Richard J. Tarplin
    Assistant Secretary for Legislation-Designate

    John J. Callahan
    Assistant Secretary for Management and Budget
Memorandum

Date: FEB 5 1997

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