

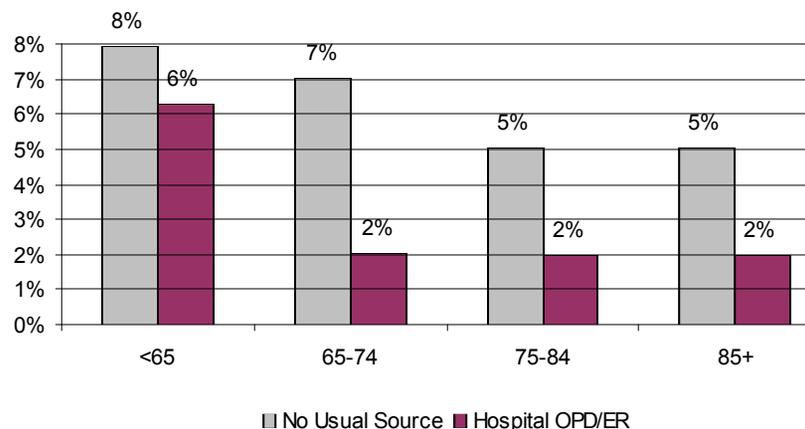
Section 5

Beneficiaries' Health Care

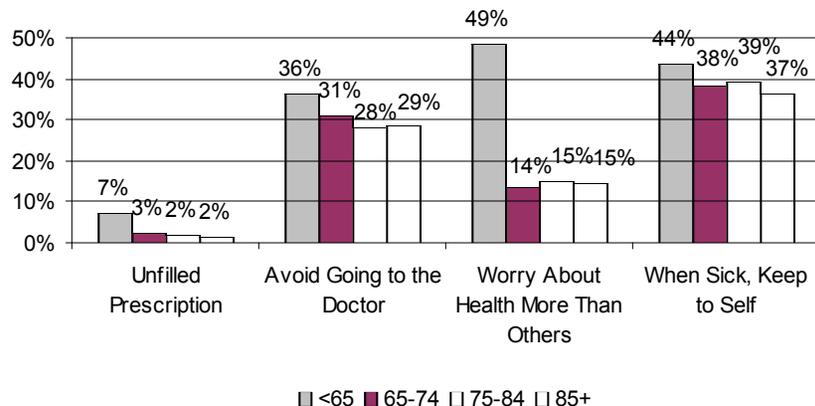
Beneficiary Health Care, By Age

- While most beneficiaries visited a doctor's office as their usual source of care, a higher percentage of disabled beneficiaries visited the hospital outpatient department or emergency room (OPD/ER) as a usual source of care.
- While the percentages of beneficiaries reporting difficulty getting care or delayed care due to cost were small, the disabled were more likely to experience these problems than the aged.
- Disabled beneficiaries also tended to be less satisfied than the aged in the areas of cost, access to doctors, and the information provided by doctors.

Beneficiaries With No Usual Source of Care or Hospital OPD/ER as Usual Source of Care, By Age



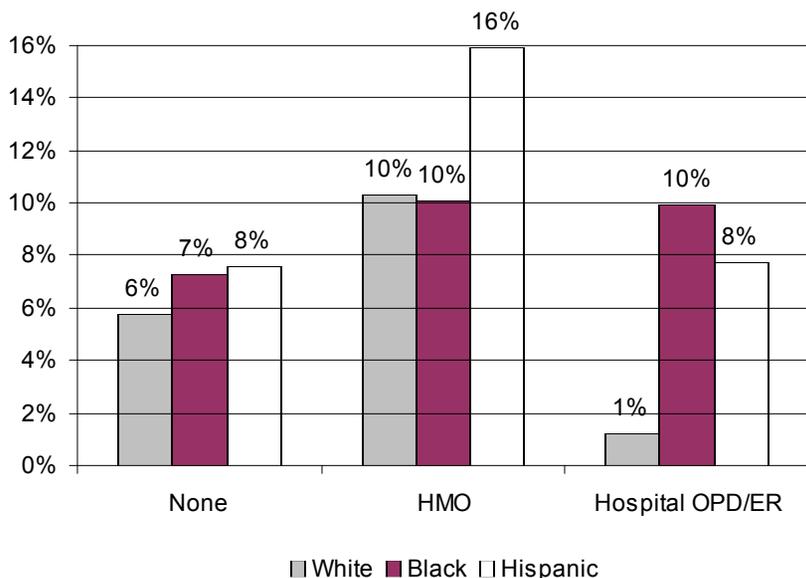
Beneficiaries' Propensity to Seek Care, By Age



- Disabled beneficiaries were less likely to seek care than other beneficiaries. They were less likely to see a doctor and more likely to keep their sickness to themselves. They also worried about their health more than other beneficiaries and were more likely to leave a prescription unfilled.

Beneficiary Health Care, By Race and Ethnicity

Usual Source of Care, By Race and Ethnicity

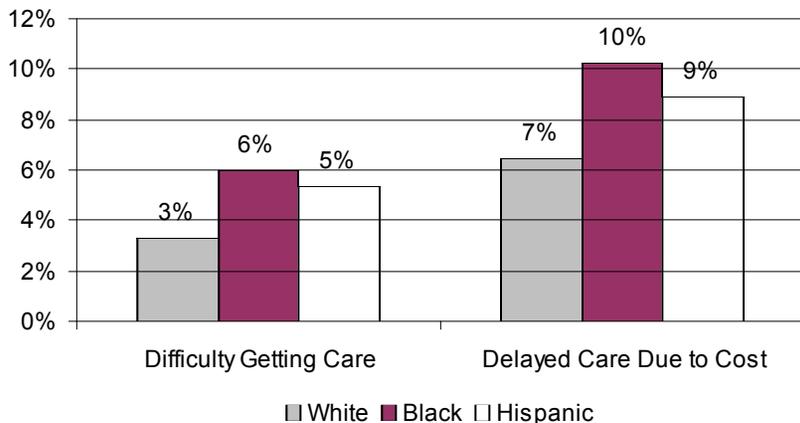


- The percentage of Hispanic and black beneficiaries visiting the doctor’s office as their usual source of care was much smaller than for white beneficiaries. Black and Hispanic beneficiaries were more likely than white beneficiaries to report the hospital as their usual source of care.

- Hispanic beneficiaries were more likely than white and black beneficiaries to report an HMO as their usual source of care.

- While most beneficiaries reported they had been visiting a usual source of care for five or more years, this percentage was smaller for Hispanic and black beneficiaries. Hispanic and black beneficiaries were the most likely to have no usual source of care among all racial or ethnic groups.

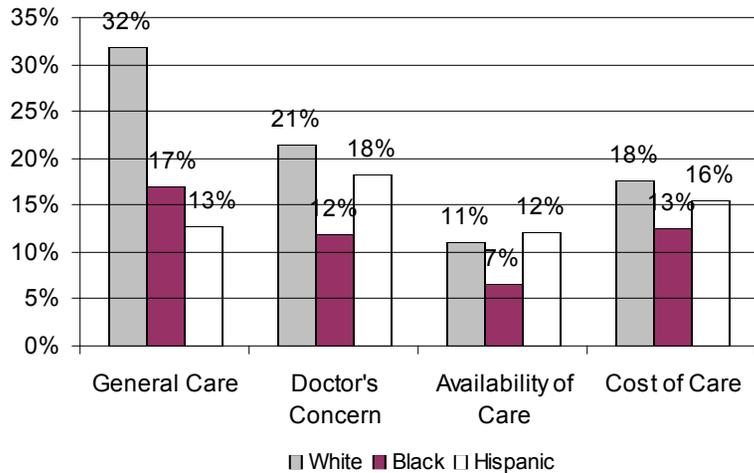
Difficulty Getting Care and Delayed Care Due to Cost, By Race and Ethnicity



- Black and Hispanic beneficiaries were nearly two times as likely as white beneficiaries to have difficulty getting care.

- Black beneficiaries were the most likely to have delayed care due to cost, followed by Hispanic beneficiaries. White beneficiaries were the least likely to have delayed care due to cost.

Beneficiaries Reporting They Were “Very Satisfied” With Their Care and Cost of Care, By Race and Ethnicity

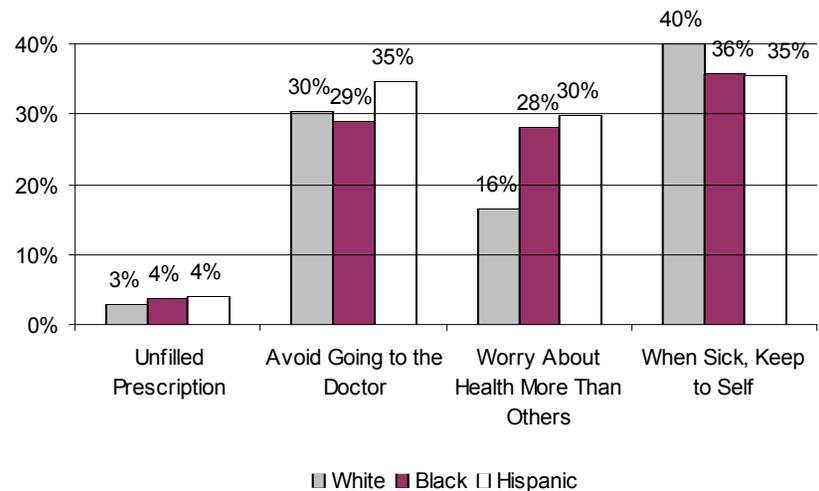


- While white and Hispanic beneficiaries were less likely to visit a doctor when they had a problem, black beneficiaries were the least likely to avoid going to a doctor. Black and Hispanic beneficiaries were less likely to keep their sickness to themselves, but more likely to worry about their health, and to have unfilled prescriptions.

- Black and Hispanic beneficiaries were more likely to be dissatisfied with access to doctors than white beneficiaries.

- White beneficiaries were more likely to report that they were “very satisfied” with their general health care, information they received from the doctor and their doctor’s concern for their health. Hispanic and white beneficiaries were more likely to be “very satisfied” with the availability and cost of care than black beneficiaries. Black beneficiaries had the smallest percentage reporting they were “very satisfied” with their doctor’s concern for their health, availability and cost of care.

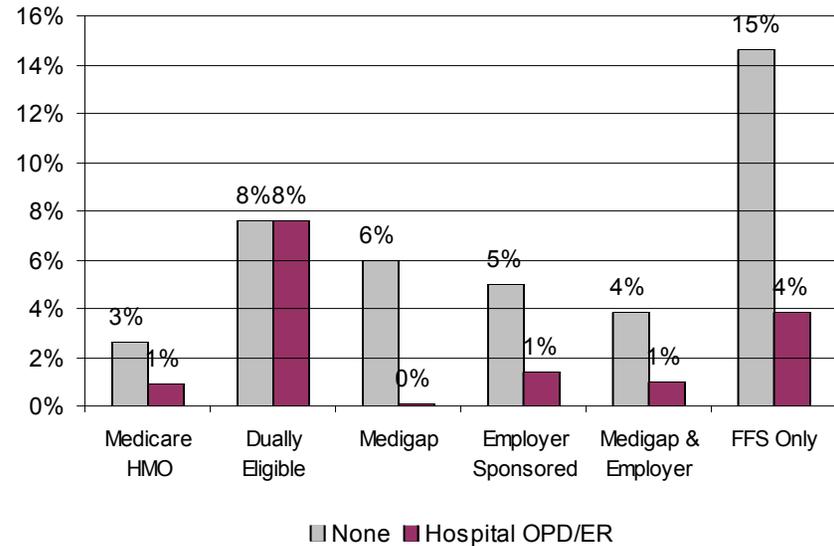
Beneficiaries’ Propensity to Seek Care, By Race and Ethnicity



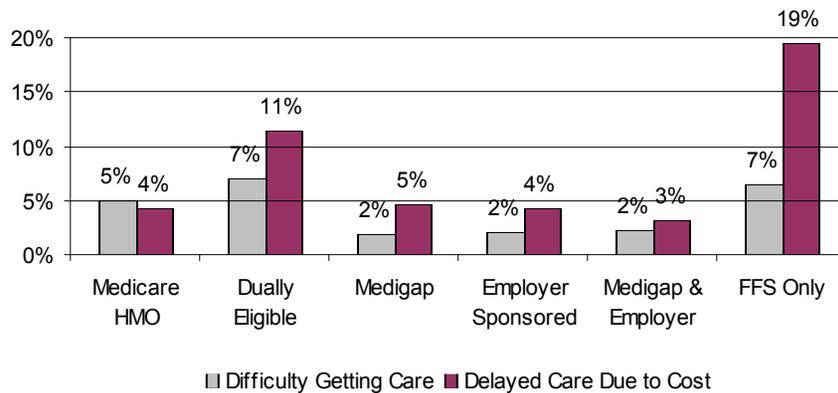
Beneficiary Health Care, By Insurance Type

- Dually eligible beneficiaries were more likely than others to use the hospital ER/OPD as their usual source of care. Beneficiaries with no supplemental insurance were more likely to report having no usual source of care. Beneficiaries with private insurance or HMO coverage were more likely to have a usual source of care and less likely to use a hospital ER/OPD as their usual source of care.
- Those with private insurance tended to have the same usual source of care for five or more years.

Beneficiaries' Usual Source of Care, By Insurance Type

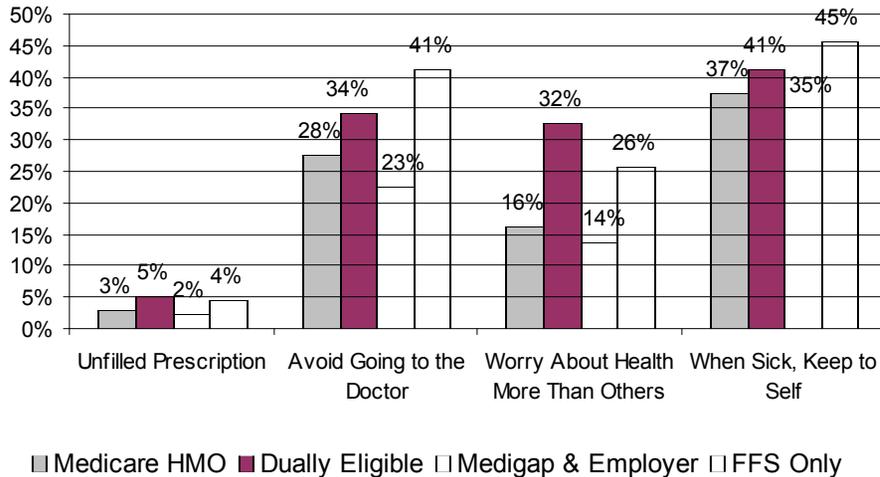


Difficulty Getting Care and Delayed Care Due to Cost, By Insurance Type



- Dually eligible beneficiaries and beneficiaries with no supplemental insurance were more likely to report difficulty getting care. Nineteen percent of beneficiaries with FFS only and 11 percent of the dually eligible reported delaying care due to cost.
- Overall, a larger percentage of beneficiaries with FFS only reported dissatisfaction with many aspects of their care. Of beneficiaries in the community 12 percent were dissatisfied with the cost of care compared to nearly one-quarter of beneficiaries with no supplemental insurance.

Beneficiaries' Propensity to Seek Care, By Insurance Type

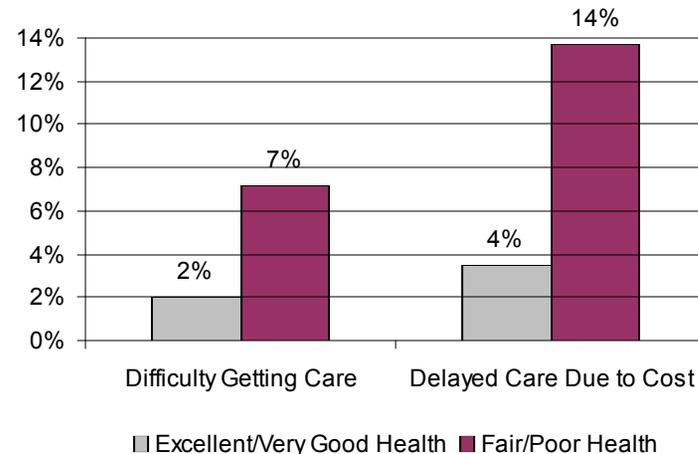


- Dually eligible beneficiaries and those with no supplemental insurance were the least likely to see a doctor and avoid going to the doctor. These beneficiaries were also the least likely to share their sickness with anyone. Beneficiaries with Medicare FFS only or dually eligible beneficiaries worried about their health more and were more likely to have unfilled prescriptions.

Beneficiary Health Care, By Health and Functional Status

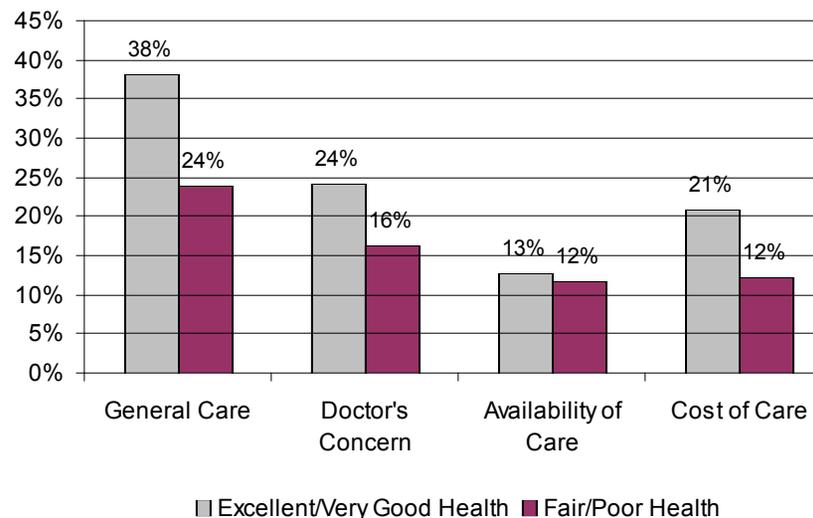
- Healthy beneficiaries were more likely to have an HMO as their usual source of care than beneficiaries in poor health. Those in good health were also more likely to have no usual source of care than those in poor health.
- A smaller percentage of healthy beneficiaries reported difficulty getting care compared to beneficiaries in poor health. Healthy beneficiaries were also less likely than those in poor health to delay care due to cost.

Difficulty Getting Care and Delayed Care Due to Cost, By Health Status

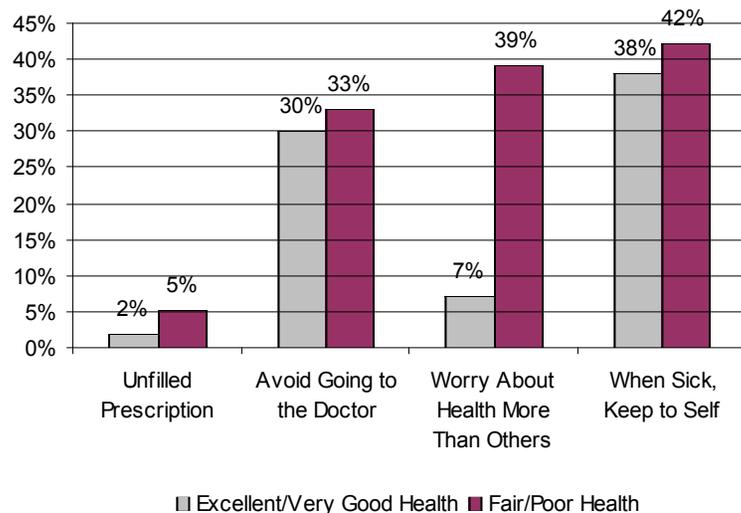


- Overall, healthy beneficiaries were more satisfied with their health care. While there were significant differences in satisfaction between beneficiaries in poor and good health in the areas of general care, cost of care, and doctor's overall concern for their health, there was little difference in their satisfaction in the availability of care.

Beneficiaries Reporting They Were “Very Satisfied” With Their Care and Cost of Care, By Health Status



Beneficiaries' Propensity to Seek Care, By Health Status



- Beneficiaries in poor health were less likely than those in good health to see a doctor and avoided going to a doctor. Nearly 40 percent of beneficiaries in poor health worried about their health compared to seven percent of beneficiaries in good health. Beneficiaries in poor health were nearly two times as likely to have an unfilled prescription as those in good health. Beneficiaries in poor health were slightly more likely to keep a sickness to themselves.