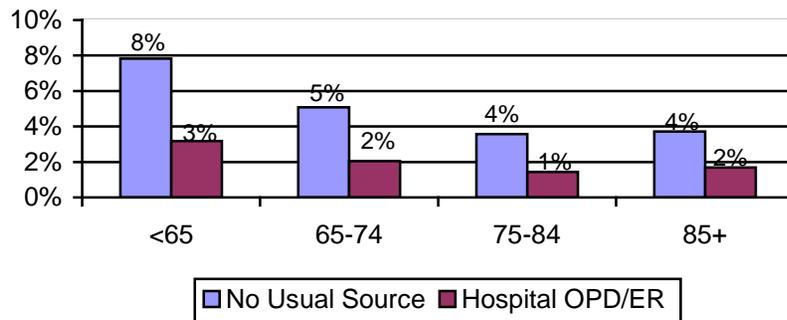


Section 5

Beneficiaries' Health Care in 2005

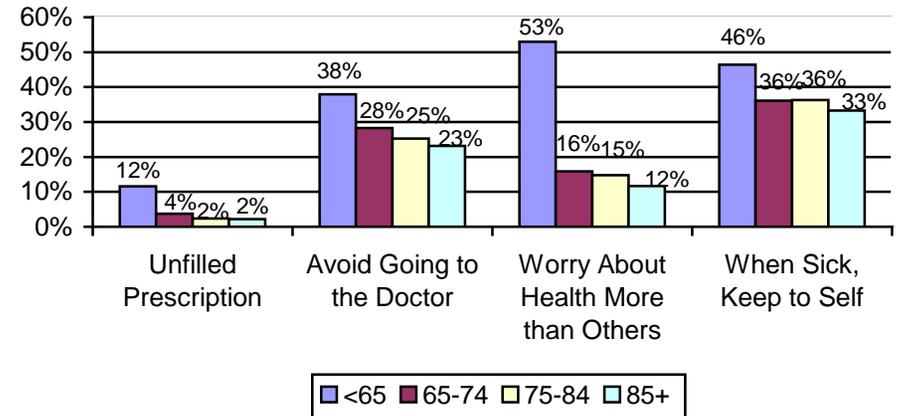
Beneficiary Health Care, by Age

Beneficiaries with No Usual Source of Care or Hospital OPD/ER as Usual Source of Care, by Age



- While most beneficiaries use a doctor's office as their usual source of care, a higher percentage of disabled beneficiaries use the hospital outpatient department or emergency room as their usual source of care.
- While the percentage of beneficiaries reporting difficulty getting care or delayed care due to cost were small, the disabled were more likely to experience these problems than were 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.

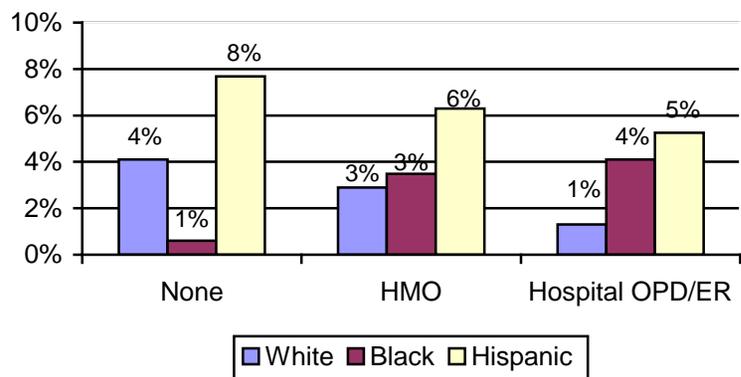
Beneficiaries' Propensity to Seek Care, by Age



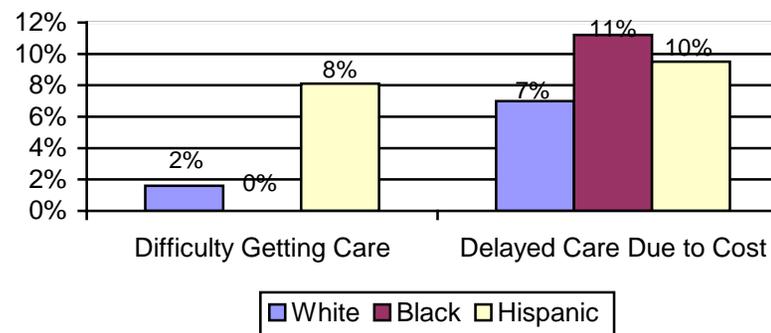
- Disabled beneficiaries were less likely to seek care than other beneficiaries. They were less likely to see a doctor and more likely to keep their sickness to themselves. They also worried about their health more than did other beneficiaries and were more likely to leave a prescription unfilled.

Beneficiary Health Care, by Race and Ethnicity

Usual Source of Care, by Race and Ethnicity

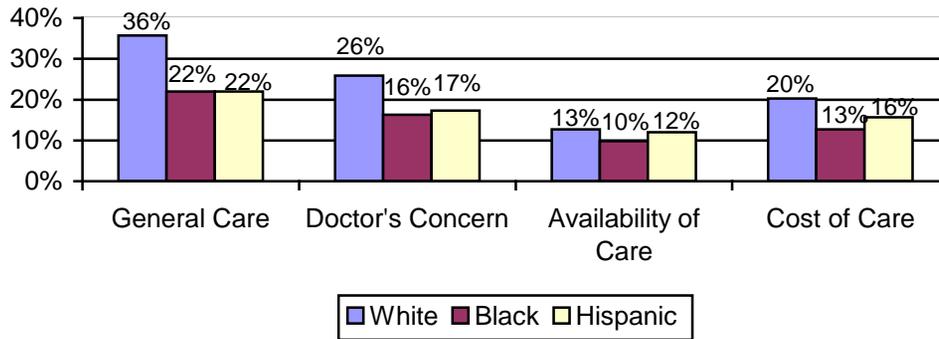


Difficulty Getting Care and Delayed Care Due to Cost, by Race and Ethnicity



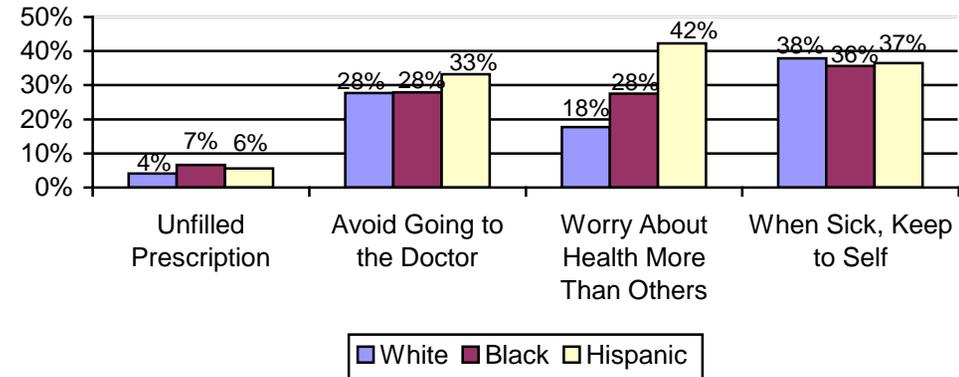
- The percentage of Hispanic and Black beneficiaries visiting the doctor’s office as their usual source of care was much smaller than for White beneficiaries. Black and Hispanic beneficiaries were more likely than White beneficiaries to report the hospital as their usual source of care.
- Hispanic beneficiaries 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 beneficiaries were the most likely to have no usual source of care among all racial or ethnic groups.
- Hispanic beneficiaries reported the most difficulty getting care.
- Black and Hispanic beneficiaries were the most likely to have delayed care due to cost. 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



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

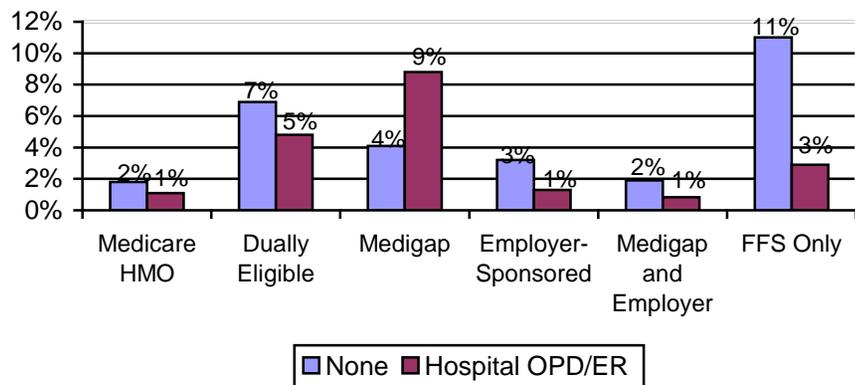
Beneficiaries' Propensity to Seek Care, by Race and Ethnicity



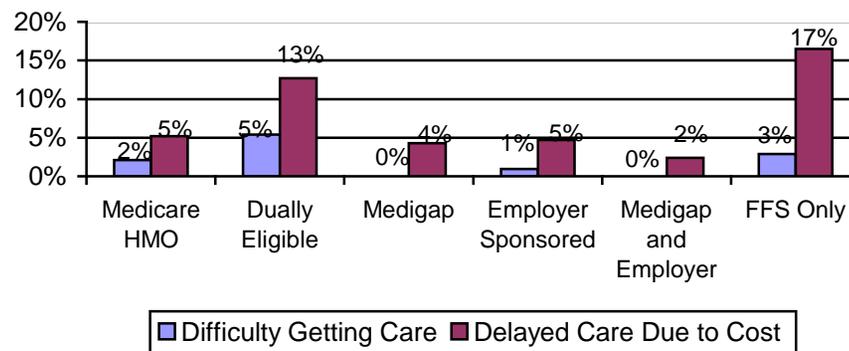
- White beneficiaries were least likely to have an unfilled prescription. Hispanic beneficiaries were more likely to worry about their health and were less likely to go to a doctor.

Beneficiary Health Care, by Insurance Type

Beneficiaries' Usual Source of Care, by Insurance Type



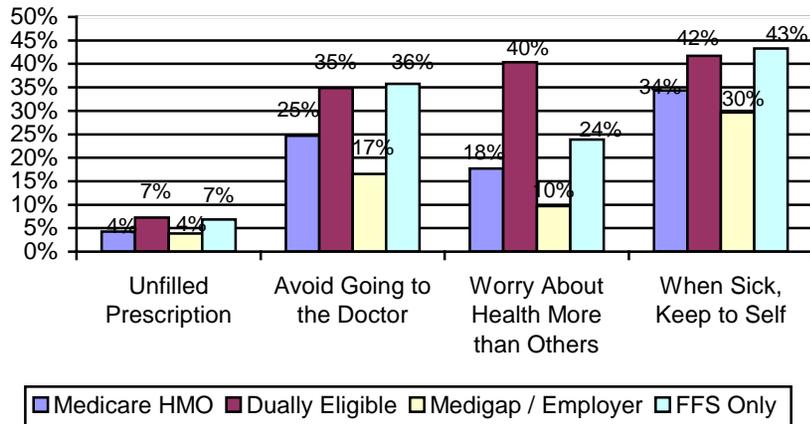
Difficulty Getting Care and Delayed Care Due to Cost, by Insurance Type



- Dually eligible beneficiaries were more likely than other beneficiaries to use the hospital OPD/ER 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 OPD/ER as their usual source of care.
- Those with private insurance tended to have the same usual source of care for five or more years.

- Dually eligible beneficiaries and beneficiaries with no supplemental insurance were more likely to report difficulty getting care. Seventeen percent of beneficiaries with FFS only and 13 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, 16 percent were dissatisfied with the cost of care compared to nearly one-quarter of beneficiaries with no supplemental insurance.

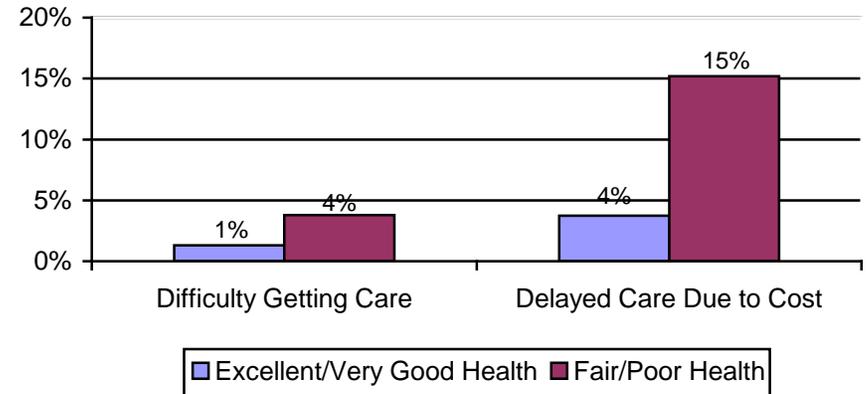
Beneficiaries' Propensity to Seek Care, by Insurance Type



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

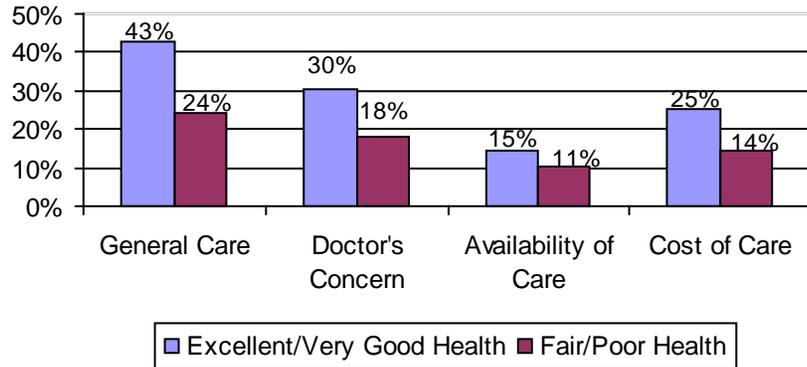
Beneficiary Health Care, by Health and Functional Status

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



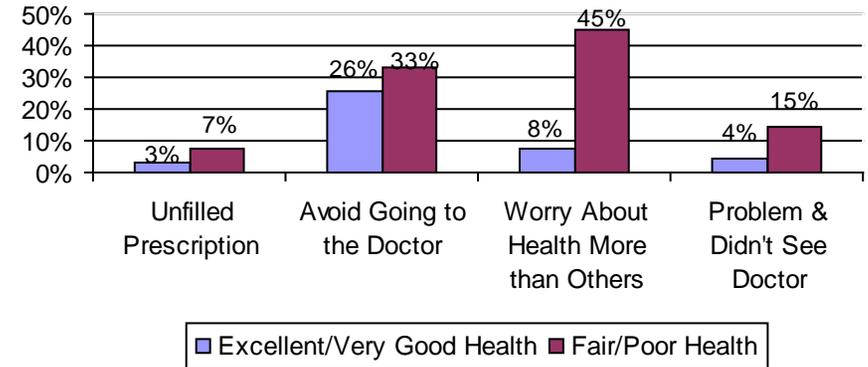
- Healthy beneficiaries were more likely to have an HMO as their usual source of care than beneficiaries in poor health. Those in good health were also more likely to have no usual source of care than those in poor health.
- Beneficiaries in excellent or very good health reported minimal difficulty getting care. Healthy beneficiaries were also less likely than those in poor health to delay care due to cost.

Beneficiaries Reporting They Were "Very Satisfied" with Their Care and Cost of Care, 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' Propensity to Seek Care, by Health Status



- Beneficiaries in poor health were less likely than those in good health to see a doctor and they also avoided going to a doctor. Forty-five percent of beneficiaries in poor health worried about their health compared to 8 percent of beneficiaries in good health. Beneficiaries in poor health were over two times more likely to have an unfilled prescription as those in good health. Beneficiaries in poor health were less likely to see a doctor when they had a problem.