

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	7,949 (165)	22,321 (227)	12,234 (165)	4,886 (109)	4,166 (117)	10,324 (182)	5,438 (113)	1,713 (61)	21,640 (193)	3,783 (110)	11,997 (177)	6,796 (127)	3,173 (94)	25,749 (216)
Beneficiaries as a Percentage of Column Total Access to Care															
Usual Source of Care															
None <sup>3</sup>	4.0 (0.2)	6.4 (0.7)	4.0 (0.3)	2.7 (0.3)	2.8 (0.4)	7.7 (1.1)	4.4 (0.5)	2.5 (0.5)	3.6 (0.8)	4.5 (0.3)	5.0 (1.0)	3.7 (0.5)	2.9 (0.5)	2.4 (0.5)	3.5 (0.3)
Doctor's office	74.0 (1.2)	68.6 (1.8)	74.6 (1.3)	75.7 (1.3)	75.6 (1.7)	63.2 (2.1)	71.0 (1.6)	72.9 (1.6)	69.6 (2.3)	69.9 (1.2)	74.5 (2.3)	77.7 (1.4)	78.0 (1.4)	78.8 (1.9)	77.5 (1.2)
Doctor's clinic	11.5 (1.0)	12.2 (1.3)	11.8 (1.1)	11.4 (1.2)	9.5 (1.4)	11.4 (1.4)	11.7 (1.2)	12.1 (1.4)	9.5 (1.9)	11.6 (1.0)	13.0 (1.9)	11.9 (1.3)	11.0 (1.3)	9.5 (1.4)	11.5 (1.1)
MA <sup>4</sup>	3.0 (0.3)	2.0 (0.5)	3.0 (0.4)	3.5 (0.4)	3.7 (0.5)	*	3.4 (0.5)	4.0 (0.7)	4.6 (1.0)	3.5 (0.4)	*	2.6 (0.5)	3.2 (0.5)	3.1 (0.6)	2.6 (0.3)
Hospital/OPD/ER <sup>5</sup>	2.1 (0.4)	2.7 (0.6)	1.8 (0.4)	1.7 (0.5)	2.9 (0.7)	3.2 (0.7)	1.8 (0.4)	1.4 (0.4)	3.1 (0.7)	2.1 (0.4)	*	1.9 (0.4)	*	2.9 (0.8)	2.1 (0.4)
Other clinic/health center	5.4 (0.4)	8.0 (0.9)	4.7 (0.4)	4.8 (0.5)	5.5 (0.6)	11.7 (1.6)	7.7 (0.8)	7.2 (0.8)	9.6 (1.6)	8.5 (0.6)	3.9 (0.8)	2.2 (0.3)	2.9 (0.5)	3.3 (0.6)	2.8 (0.3)
Difficulty Obtaining Care															
Yes	4.9 (0.3)	14.0 (1.0)	4.0 (0.4)	2.0 (0.2)	1.3 (0.3)	13.4 (1.1)	3.3 (0.5)	1.7 (0.3)	*	4.6 (0.4)	14.8 (1.5)	4.7 (0.6)	2.3 (0.4)	1.5 (0.4)	5.1 (0.4)
No	95.1 (0.3)	86.0 (1.0)	96.0 (0.4)	98.0 (0.2)	98.7 (0.3)	86.6 (1.1)	96.7 (0.5)	98.3 (0.3)	99.0 (0.4)	95.4 (0.4)	85.2 (1.5)	95.3 (0.6)	97.7 (0.4)	98.5 (0.4)	94.9 (0.4)
Delayed Care Due to Cost															
Yes	9.3 (0.4)	23.8 (1.4)	8.6 (0.6)	4.0 (0.4)	2.6 (0.5)	22.3 (1.7)	6.8 (0.6)	3.4 (0.5)	*	8.6 (0.5)	25.5 (2.0)	10.2 (0.8)	4.4 (0.5)	2.8 (0.5)	10.0 (0.5)
No	90.7 (0.4)	76.2 (1.4)	91.4 (0.6)	96.0 (0.4)	97.4 (0.5)	77.7 (1.7)	93.2 (0.6)	96.6 (0.5)	97.6 (0.7)	91.4 (0.5)	74.5 (2.0)	89.8 (0.8)	95.6 (0.5)	97.2 (0.5)	90.0 (0.5)

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Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	7,949 (165)	22,321 (227)	12,234 (165)	4,886 (109)	4,166 (117)	10,324 (182)	5,438 (113)	1,713 (61)	21,640 (193)	3,783 (110)	11,997 (177)	6,796 (127)	3,173 (94)	25,749 (216)
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source <sup>3</sup>	4.0 (0.2)	6.5 (0.7)	4.1 (0.3)	2.8 (0.3)	2.8 (0.4)	7.8 (1.1)	4.4 (0.5)	2.5 (0.5)	3.6 (0.8)	4.5 (0.3)	5.1 (1.0)	3.7 (0.5)	3.0 (0.5)	2.4 (0.5)	3.6 (0.3)
Less than 1 year	8.7 (0.3)	9.8 (1.0)	9.2 (0.5)	7.1 (0.4)	8.2 (0.7)	10.1 (1.4)	9.4 (0.8)	6.9 (0.7)	7.1 (1.0)	8.7 (0.5)	9.5 (1.4)	9.0 (0.6)	7.3 (0.6)	8.7 (0.9)	8.6 (0.4)
1 to less than 3 years	15.6 (0.5)	18.2 (1.3)	16.0 (0.7)	14.4 (0.6)	12.6 (0.9)	17.8 (1.8)	15.9 (1.1)	14.2 (0.9)	13.4 (1.5)	15.6 (0.7)	18.6 (1.7)	16.2 (1.0)	14.6 (0.7)	12.2 (1.1)	15.6 (0.6)
3 to less than 5 years	14.4 (0.5)	18.2 (1.2)	14.3 (0.7)	12.3 (0.6)	13.6 (1.0)	17.9 (1.2)	13.4 (0.9)	12.4 (0.9)	12.0 (1.4)	13.9 (0.5)	18.5 (1.8)	15.1 (1.0)	12.3 (0.9)	14.4 (1.3)	14.8 (0.6)
5 years or more	57.4 (0.6)	47.4 (1.3)	56.4 (1.0)	63.4 (0.9)	62.8 (1.2)	46.5 (1.8)	56.9 (1.4)	63.9 (1.3)	64.0 (2.0)	57.2 (0.8)	48.4 (2.0)	56.0 (1.3)	62.9 (1.1)	62.2 (1.5)	57.5 (0.8)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: The percentage of responses for *none* under *usual source of care* may differ from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry missing values in Appendix B for further explanation.

4: *MA* stands for Medicare Advantage.

5: *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	7,949 (165)	22,321 (227)	12,234 (165)	4,886 (109)	4,166 (117)	10,324 (182)	5,438 (113)	1,713 (61)	21,640 (193)	3,783 (110)	11,997 (177)	6,796 (127)	3,173 (94)	25,749 (216)
Beneficiaries as a Percentage of Column Total <sup>3</sup>															
Quality of Care															
General Care															
Very satisfied	39.7 (0.8)	27.3 (1.2)	45.3 (1.2)	39.3 (1.0)	35.0 (1.5)	26.1 (1.6)	47.3 (1.3)	41.2 (1.5)	38.3 (2.3)	40.9 (0.9)	28.7 (2.0)	43.6 (1.6)	37.8 (1.3)	33.3 (1.8)	38.6 (1.1)
(Very) Unsatisfied	3.3 (0.2)	6.7 (0.7)	2.7 (0.3)	2.5 (0.3)	2.7 (0.4)	5.3 (0.8)	2.2 (0.3)	2.7 (0.4)	*	2.9 (0.3)	8.2 (1.2)	3.1 (0.4)	2.3 (0.4)	3.1 (0.6)	3.7 (0.3)
Follow-up Care															
Very satisfied	25.7 (0.6)	19.2 (1.2)	29.7 (0.9)	24.8 (0.9)	20.7 (1.1)	17.7 (1.6)	31.9 (1.4)	27.0 (1.3)	22.1 (1.6)	27.2 (0.8)	20.8 (1.8)	27.7 (1.1)	23.1 (1.1)	19.9 (1.4)	24.5 (0.8)
(Very) Unsatisfied	2.8 (0.2)	5.5 (0.6)	2.2 (0.3)	2.1 (0.3)	2.5 (0.5)	5.0 (0.9)	2.0 (0.4)	2.4 (0.4)	*	2.7 (0.3)	6.0 (0.9)	2.4 (0.5)	1.8 (0.3)	2.8 (0.6)	2.8 (0.3)
Access/Coordination of Care															
Availability															
Very satisfied	12.8 (0.4)	11.1 (0.8)	13.7 (0.7)	12.3 (0.7)	12.6 (0.8)	10.3 (1.2)	15.6 (1.0)	15.6 (1.2)	15.9 (1.6)	14.6 (0.7)	12.0 (1.2)	12.0 (0.9)	9.7 (0.7)	10.7 (1.0)	11.2 (0.5)
(Very) Unsatisfied	3.5 (0.2)	7.2 (0.7)	2.7 (0.2)	2.7 (0.3)	2.8 (0.5)	7.5 (1.1)	2.4 (0.4)	2.3 (0.5)	2.8 (0.7)	3.4 (0.3)	6.9 (1.0)	3.0 (0.4)	3.1 (0.4)	2.8 (0.5)	3.6 (0.3)
Ease of Access to Doctor															
Very satisfied	28.7 (0.7)	17.4 (1.2)	33.7 (1.0)	29.5 (1.0)	22.5 (1.2)	15.6 (1.6)	33.9 (1.2)	30.5 (1.4)	26.9 (2.1)	29.0 (0.8)	19.3 (1.9)	33.6 (1.3)	28.6 (1.3)	20.2 (1.6)	28.5 (0.9)
(Very) Unsatisfied	4.4 (0.3)	9.0 (0.9)	3.5 (0.3)	3.1 (0.4)	4.1 (0.5)	8.3 (1.2)	3.2 (0.4)	3.0 (0.5)	3.9 (0.8)	4.2 (0.3)	9.6 (1.3)	3.7 (0.5)	3.2 (0.5)	4.2 (0.6)	4.5 (0.4)
Can Obtain Care in Same Location															
Very satisfied	20.2 (0.7)	16.8 (1.4)	22.8 (0.9)	18.8 (0.9)	17.1 (1.0)	17.6 (1.8)	23.8 (1.2)	19.3 (1.4)	19.5 (1.7)	21.1 (0.8)	16.0 (1.8)	22.0 (1.3)	18.3 (1.0)	15.8 (1.3)	19.4 (0.9)
(Very) Unsatisfied	5.9 (0.4)	11.0 (1.1)	5.4 (0.4)	4.4 (0.4)	3.8 (0.6)	9.6 (1.3)	5.2 (0.6)	4.5 (0.6)	2.2 (0.6)	5.6 (0.4)	12.6 (1.6)	5.5 (0.5)	4.3 (0.5)	4.6 (0.8)	6.1 (0.4)
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	26.5 (0.7)	18.2 (1.3)	30.8 (1.0)	26.0 (1.0)	21.1 (1.2)	18.0 (1.8)	32.6 (1.2)	27.8 (1.4)	23.9 (1.9)	27.9 (0.7)	18.4 (1.9)	29.3 (1.4)	24.6 (1.2)	19.6 (1.5)	25.3 (1.0)
(Very) Unsatisfied	5.0 (0.3)	9.1 (0.9)	4.4 (0.4)	3.8 (0.4)	4.0 (0.5)	9.0 (1.1)	4.3 (0.6)	3.4 (0.5)	3.6 (1.0)	4.9 (0.3)	9.3 (1.4)	4.4 (0.5)	4.1 (0.5)	4.2 (0.6)	5.0 (0.4)
Doctor's Concern for Overall Health															
Very satisfied	29.5 (0.7)	21.2 (1.1)	33.8 (1.1)	29.0 (1.0)	24.3 (1.2)	19.1 (1.4)	34.2 (1.3)	29.7 (1.5)	27.2 (2.1)	29.6 (0.8)	23.6 (1.9)	33.5 (1.4)	28.4 (1.4)	22.7 (1.5)	29.4 (1.0)
(Very) Unsatisfied	4.6 (0.2)	8.2 (0.8)	4.3 (0.4)	3.3 (0.4)	3.5 (0.5)	6.3 (0.9)	3.9 (0.4)	2.9 (0.5)	3.2 (0.9)	4.1 (0.3)	10.3 (1.3)	4.6 (0.6)	3.6 (0.4)	3.6 (0.7)	5.1 (0.4)

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Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	7,949 (165)	22,321 (227)	12,234 (165)	4,886 (109)	4,166 (117)	10,324 (182)	5,438 (113)	1,713 (61)	21,640 (193)	3,783 (110)	11,997 (177)	6,796 (127)	3,173 (94)	25,749 (216)
Beneficiaries as a Percentage of Column Total <sup>3</sup>															
Cost of Care															
Cost															
Very satisfied	21.9 (0.6)	17.0 (1.1)	23.3 (0.8)	22.3 (1.0)	22.5 (1.2)	18.7 (1.7)	25.6 (1.3)	24.4 (1.3)	27.2 (1.9)	24.1 (0.8)	15.1 (1.6)	21.4 (1.0)	20.7 (1.3)	19.9 (1.5)	20.1 (0.7)
(Very) Unsatisfied	16.2 (0.5)	22.7 (1.4)	16.7 (0.7)	13.5 (0.6)	9.9 (0.9)	22.0 (1.8)	16.2 (1.0)	12.2 (1.0)	9.7 (1.5)	15.8 (0.7)	23.4 (2.2)	17.1 (1.0)	14.5 (0.7)	10.0 (1.0)	16.5 (0.6)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	4,996 (159)	17,236 (205)	9,687 (175)	4,089 (108)	36,009 (321)	1,415 (65)	1,854 (96)	898 (51)	323 (33)	4,490 (123)	1,024 (93)	2,056 (140)	994 (71)	279 (25)	4,354 (232)
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None <sup>4</sup>	4.0 (0.2)	6.4 (1.0)	4.0 (0.4)	2.4 (0.3)	2.5 (0.4)	3.7 (0.3)	7.6 (1.2)	*	*	*	4.7 (0.6)	5.6 (1.5)	5.4 (1.2)	*	*	5.3 (0.7)
Doctor's office	74.0 (1.2)	71.7 (2.0)	75.7 (1.5)	77.2 (1.5)	76.6 (1.8)	75.7 (1.4)	61.6 (3.1)	73.5 (2.7)	72.6 (3.3)	66.7 (5.1)	69.1 (1.8)	69.1 (4.1)	69.1 (2.5)	65.5 (4.2)	73.6 (4.2)	68.6 (1.8)
Doctor's clinic	11.5 (1.0)	10.9 (1.4)	12.2 (1.3)	11.6 (1.4)	9.8 (1.5)	11.6 (1.2)	15.4 (2.3)	7.8 (1.5)	8.9 (2.1)	*	10.4 (1.1)	11.2 (2.9)	11.4 (2.0)	10.8 (3.1)	*	10.9 (1.2)
MA <sup>5</sup>	3.0 (0.3)	*	2.2 (0.4)	2.9 (0.4)	3.4 (0.5)	2.4 (0.3)	*	*	*	*	3.3 (0.7)	*	7.7 (1.4)	8.0 (2.1)	*	6.5 (0.9)
Hospital/OPD/ER <sup>6</sup>	2.1 (0.4)	*	1.4 (0.4)	*	2.9 (0.7)	1.7 (0.5)	*	*	*	*	4.0 (0.9)	*	*	*	*	2.9 (0.7)
Other clinic/health center	5.4 (0.4)	7.6 (1.2)	4.6 (0.5)	4.2 (0.6)	4.7 (0.7)	4.9 (0.4)	8.8 (1.6)	7.7 (1.6)	7.9 (2.0)	13.9 (4.0)	8.5 (1.0)	*	*	8.3 (1.7)	*	5.8 (1.0)
Difficulty Obtaining Care																
Yes	4.9 (0.3)	15.1 (1.5)	3.4 (0.4)	1.8 (0.3)	*	4.3 (0.3)	11.6 (2.1)	5.0 (1.3)	*	*	6.3 (0.8)	15.3 (3.3)	6.0 (1.4)	*	*	7.4 (1.1)
No	95.1 (0.3)	84.9 (1.5)	96.6 (0.4)	98.2 (0.3)	99.1 (0.3)	95.7 (0.3)	88.4 (2.1)	95.0 (1.3)	97.9 (1.2)	97.3 (1.5)	93.7 (0.8)	84.7 (3.3)	94.0 (1.4)	96.9 (1.0)	96.4 (2.1)	92.6 (1.1)
Delayed Care Due to Cost																
Yes	9.3 (0.4)	25.6 (2.0)	7.5 (0.6)	3.6 (0.4)	2.4 (0.5)	8.4 (0.4)	21.1 (3.0)	11.6 (1.9)	5.4 (1.5)	*	13.0 (1.4)	19.8 (2.8)	10.5 (1.9)	4.8 (1.4)	*	10.8 (1.2)
No	90.7 (0.4)	74.4 (2.0)	92.5 (0.6)	96.4 (0.4)	97.6 (0.5)	91.6 (0.4)	78.9 (3.0)	88.4 (1.9)	94.6 (1.5)	93.4 (2.6)	87.0 (1.4)	80.2 (2.8)	89.5 (1.9)	95.2 (1.4)	98.3 (1.7)	89.2 (1.2)

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	4,996 (159)	17,236 (205)	9,687 (175)	4,089 (108)	36,009 (321)	1,415 (65)	1,854 (96)	898 (51)	323 (33)	4,490 (123)	1,024 (93)	2,056 (140)	994 (71)	279 (25)	4,354 (232)
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source <sup>4</sup>	4.0 (0.2)	6.5 (1.0)	4.0 (0.4)	2.5 (0.3)	2.5 (0.4)	3.8 (0.3)	7.7 (1.2)	*	*	*	4.7 (0.6)	5.6 (1.5)	5.5 (1.2)	*	*	5.4 (0.7)
Less than 1 year	8.7 (0.3)	9.8 (1.1)	8.3 (0.6)	7.0 (0.5)	8.5 (0.7)	8.2 (0.3)	9.1 (1.8)	11.1 (1.9)	5.7 (1.3)	*	9.0 (0.9)	10.3 (2.5)	14.6 (2.0)	7.9 (1.7)	*	11.5 (1.3)
1 to less than 3 years	15.6 (0.5)	17.4 (1.5)	14.9 (0.9)	14.0 (0.7)	11.6 (1.0)	14.6 (0.6)	19.0 (2.2)	17.8 (1.9)	13.0 (2.7)	17.4 (4.8)	17.2 (1.2)	23.0 (4.5)	22.5 (2.3)	18.4 (2.6)	24.1 (4.2)	21.7 (1.5)
3 to less than 5 years	14.4 (0.5)	17.5 (1.3)	14.3 (0.8)	11.9 (0.6)	14.3 (1.1)	14.1 (0.5)	21.5 (2.6)	14.5 (1.9)	12.4 (2.5)	*	15.9 (1.3)	17.7 (3.6)	13.1 (2.0)	16.5 (2.3)	*	14.8 (1.4)
5 years or more	57.4 (0.6)	48.9 (1.7)	58.5 (1.1)	64.6 (1.0)	63.1 (1.4)	59.4 (0.7)	42.7 (2.6)	53.6 (2.6)	64.4 (3.4)	65.0 (5.6)	53.2 (1.7)	43.4 (4.4)	44.3 (3.3)	52.5 (3.1)	53.3 (5.5)	46.6 (1.9)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: *Total* includes persons of other *race/ethnicity* and persons who did not report their race/ethnicity.

4: The percentage of responses for *none* under *usual source of care* may differ from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry missing values in Appendix B for further explanation.

5: *MA* stands for Medicare Advantage.

6: *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	4,996 (159)	17,236 (205)	9,687 (175)	4,089 (108)	36,009 (321)	1,415 (65)	1,854 (96)	898 (51)	323 (33)	4,490 (123)	1,024 (93)	2,056 (140)	994 (71)	279 (25)	4,354 (232)
Beneficiaries as a Percentage of Column Total <sup>4</sup>																
Quality of Care																
General Care																
Very satisfied	39.7 (0.8)	28.9 (1.5)	49.0 (1.3)	42.3 (1.2)	35.9 (1.7)	42.9 (0.9)	23.1 (3.2)	36.2 (3.0)	24.0 (3.0)	30.6 (5.2)	29.2 (1.7)	24.2 (3.6)	30.2 (2.5)	29.9 (3.5)	31.4 (5.7)	28.8 (1.7)
(Very) Unsatisfied	3.3 (0.2)	7.3 (1.0)	2.5 (0.3)	2.8 (0.4)	2.6 (0.4)	3.3 (0.2)	5.1 (1.4)	*	*	*	3.3 (0.6)	*	*	*	*	3.1 (0.7)
Follow-up Care																
Very satisfied	25.7 (0.6)	20.2 (1.4)	32.4 (1.1)	26.8 (1.1)	20.6 (1.2)	27.9 (0.8)	17.7 (2.5)	22.5 (2.4)	12.1 (2.3)	19.5 (3.7)	18.7 (1.2)	16.8 (4.0)	19.5 (2.5)	17.8 (2.7)	21.5 (4.7)	18.6 (1.5)
(Very) Unsatisfied	2.8 (0.2)	6.5 (0.8)	2.1 (0.4)	2.1 (0.3)	2.5 (0.5)	2.8 (0.2)	4.0 (1.1)	*	*	*	2.8 (0.5)	*	*	*	*	2.2 (0.5)
Access/Coordination of Care																
Availability																
Very satisfied	12.8 (0.4)	11.6 (1.0)	15.1 (0.8)	13.5 (0.8)	12.5 (0.9)	13.9 (0.5)	8.9 (1.8)	10.4 (2.1)	8.1 (1.8)	*	9.4 (1.1)	10.5 (2.3)	8.6 (1.5)	8.9 (2.2)	15.3 (3.2)	9.5 (0.9)
(Very) Unsatisfied	3.5 (0.2)	7.4 (0.8)	2.6 (0.3)	2.5 (0.3)	2.7 (0.5)	3.3 (0.2)	5.2 (1.3)	*	*	*	3.2 (0.5)	*	2.5 (0.7)	4.7 (1.4)	*	4.1 (0.7)
Ease of Access to Doctor																
Very satisfied	28.7 (0.7)	17.8 (1.4)	37.0 (1.1)	32.3 (1.2)	23.3 (1.3)	31.5 (0.8)	17.3 (2.4)	27.5 (2.8)	18.1 (2.9)	17.6 (4.1)	21.7 (1.8)	13.1 (3.4)	17.9 (2.4)	19.1 (2.8)	23.3 (4.6)	17.4 (1.4)
(Very) Unsatisfied	4.4 (0.3)	9.3 (1.1)	3.1 (0.4)	2.7 (0.4)	3.9 (0.6)	4.0 (0.3)	7.2 (1.8)	4.2 (1.2)	*	*	5.0 (0.8)	10.7 (2.9)	*	6.9 (1.9)	*	5.9 (1.0)
Can Obtain Care in Same Location																
Very satisfied	20.2 (0.7)	17.1 (1.5)	24.2 (1.1)	19.6 (0.9)	16.6 (1.1)	21.1 (0.8)	16.6 (2.8)	20.0 (2.7)	14.3 (2.6)	22.2 (4.1)	18.0 (1.7)	14.3 (4.1)	17.5 (2.2)	15.2 (3.1)	19.4 (4.5)	16.3 (1.5)
(Very) Unsatisfied	5.9 (0.4)	11.6 (1.4)	5.7 (0.5)	4.5 (0.5)	4.0 (0.6)	6.0 (0.4)	9.1 (1.9)	4.0 (1.1)	*	*	5.0 (0.8)	11.4 (3.2)	*	7.3 (2.1)	*	6.6 (1.4)
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	26.5 (0.7)	18.6 (1.5)	33.7 (1.1)	27.8 (1.1)	21.3 (1.4)	28.6 (0.8)	17.3 (2.7)	21.4 (2.6)	13.1 (2.5)	16.9 (4.0)	18.1 (1.5)	16.4 (4.0)	20.3 (2.1)	22.7 (2.9)	25.7 (4.8)	20.3 (1.6)
(Very) Unsatisfied	5.0 (0.3)	8.7 (1.2)	4.3 (0.5)	3.6 (0.4)	4.4 (0.6)	4.8 (0.3)	9.8 (1.7)	2.8 (0.7)	*	*	5.2 (0.7)	10.5 (2.8)	5.1 (1.2)	*	*	5.6 (1.0)
Doctor's Concern for Overall Health																
Very satisfied	29.5 (0.7)	23.4 (1.5)	36.9 (1.2)	31.0 (1.2)	25.2 (1.4)	32.1 (0.8)	17.1 (2.8)	25.1 (2.5)	16.2 (2.8)	15.6 (3.1)	20.1 (1.5)	17.5 (3.1)	20.2 (2.6)	23.7 (3.3)	23.4 (4.8)	20.6 (1.8)
(Very) Unsatisfied	4.6 (0.2)	8.5 (1.0)	4.4 (0.4)	3.2 (0.4)	3.7 (0.6)	4.5 (0.3)	7.2 (2.1)	*	*	*	4.3 (0.8)	10.9 (2.8)	3.3 (0.9)	4.8 (1.3)	*	5.3 (0.8)

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	4,996 (159)	17,236 (205)	9,687 (175)	4,089 (108)	36,009 (321)	1,415 (65)	1,854 (96)	898 (51)	323 (33)	4,490 (123)	1,024 (93)	2,056 (140)	994 (71)	279 (25)	4,354 (232)
Beneficiaries as a Percentage of Column Total <sup>4</sup>																
Cost of Care																
Cost																
Very satisfied	21.9 (0.6)	18.2 (1.3)	25.1 (1.0)	23.5 (1.1)	22.9 (1.3)	23.5 (0.7)	15.3 (2.4)	17.2 (2.2)	15.6 (2.6)	15.9 (3.9)	16.2 (1.4)	14.6 (3.2)	18.9 (2.5)	18.4 (2.8)	25.8 (4.0)	18.2 (1.7)
(Very) Unsatisfied	16.2 (0.5)	22.9 (1.6)	16.1 (0.8)	13.4 (0.7)	10.4 (1.0)	15.7 (0.6)	22.1 (3.0)	21.4 (2.4)	13.9 (2.2)	13.1 (3.4)	19.5 (1.4)	19.6 (4.3)	14.0 (1.9)	10.9 (2.1)	*	13.9 (1.3)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: *Total* includes persons of other *race/ethnicity* and persons who did not report their race/ethnicity.

4: Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	2,366 (138)	5,328 (178)	4,010 (107)	2,267 (82)	13,971 (224)	2,632 (111)	13,930 (217)	6,115 (134)	1,430 (65)	24,107 (230)	2,948 (120)	3,028 (148)	2,108 (78)	1,180 (63)	9,264 (221)
Beneficiaries as a Percentage of Column Total																
Usual Source of Care																
None <sup>3</sup>	4.0 (0.2)	9.3 (1.7)	5.4 (0.7)	3.2 (0.7)	3.0 (0.8)	5.0 (0.5)	2.3 (0.7)	3.0 (0.4)	1.8 (0.4)	3.2 (0.9)	2.6 (0.3)	7.9 (1.1)	6.5 (1.3)	4.6 (1.0)	*	5.9 (0.6)
Doctor's office	74.0 (1.2)	63.5 (3.2)	72.6 (1.8)	78.3 (1.8)	71.7 (2.3)	72.5 (1.5)	74.5 (2.5)	76.2 (1.5)	75.0 (1.6)	77.7 (2.5)	75.8 (1.3)	67.3 (2.4)	71.2 (2.4)	73.0 (2.1)	80.4 (2.5)	71.5 (1.4)
Doctor's clinic	11.5 (1.0)	12.4 (2.2)	11.2 (1.4)	10.2 (1.3)	11.1 (1.9)	11.1 (1.2)	12.9 (2.1)	12.3 (1.3)	12.5 (1.5)	8.5 (1.9)	12.2 (1.1)	11.5 (1.4)	10.5 (1.7)	10.7 (1.3)	7.7 (1.5)	10.5 (1.0)
MA <sup>4</sup>	3.0 (0.3)	*	2.4 (0.5)	2.8 (0.5)	4.7 (0.9)	2.9 (0.4)	*	3.0 (0.5)	4.1 (0.6)	*	3.1 (0.4)	*	3.6 (0.9)	3.1 (0.8)	*	3.0 (0.5)
Hospital/OPD/ER <sup>5</sup>	2.1 (0.4)	*	2.2 (0.7)	*	*	2.4 (0.6)	*	1.8 (0.4)	*	2.9 (0.8)	1.8 (0.4)	3.4 (0.9)	*	2.6 (0.7)	*	2.4 (0.4)
Other clinic/health center	5.4 (0.4)	9.2 (1.7)	6.2 (1.0)	3.9 (0.8)	6.0 (1.0)	6.0 (0.5)	7.5 (1.4)	3.7 (0.5)	5.0 (0.6)	4.9 (1.2)	4.5 (0.4)	7.6 (1.4)	6.7 (1.1)	6.0 (1.0)	5.4 (1.2)	6.6 (0.7)
Difficulty Obtaining Care																
Yes	4.9 (0.3)	13.9 (2.0)	5.4 (0.9)	2.7 (0.6)	*	5.3 (0.5)	14.1 (2.0)	3.1 (0.4)	1.4 (0.3)	*	3.8 (0.4)	14.1 (1.2)	5.8 (1.0)	2.7 (0.7)	*	7.3 (0.6)
No	95.1 (0.3)	86.1 (2.0)	94.6 (0.9)	97.3 (0.6)	99.0 (0.4)	94.7 (0.5)	85.9 (2.0)	96.9 (0.4)	98.6 (0.3)	98.8 (0.5)	96.2 (0.4)	85.9 (1.2)	94.2 (1.0)	97.3 (0.7)	98.0 (0.7)	92.7 (0.6)
Delayed Care Due to Cost																
Yes	9.3 (0.4)	26.6 (2.6)	12.3 (1.5)	4.0 (0.6)	2.5 (0.7)	10.7 (0.7)	22.7 (2.7)	7.0 (0.7)	3.2 (0.5)	*	7.5 (0.5)	22.6 (1.8)	9.5 (1.2)	6.1 (1.1)	4.0 (1.0)	12.2 (0.8)
No	90.7 (0.4)	73.4 (2.6)	87.7 (1.5)	96.0 (0.6)	97.5 (0.7)	89.3 (0.7)	77.3 (2.7)	93.0 (0.7)	96.8 (0.5)	98.2 (0.7)	92.5 (0.5)	77.4 (1.8)	90.5 (1.2)	93.9 (1.1)	96.0 (1.0)	87.8 (0.8)
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source <sup>3</sup>	4.0 (0.2)	9.3 (1.7)	5.5 (0.7)	3.2 (0.7)	3.0 (0.8)	5.1 (0.5)	2.3 (0.7)	3.0 (0.4)	1.8 (0.4)	3.2 (0.9)	2.6 (0.3)	8.0 (1.1)	6.6 (1.3)	4.7 (1.0)	*	6.0 (0.6)
Less than 1 year	8.7 (0.3)	9.6 (1.6)	11.3 (1.2)	8.1 (0.8)	9.1 (1.2)	9.7 (0.6)	7.7 (1.4)	8.2 (0.6)	6.9 (0.7)	6.8 (1.1)	7.7 (0.4)	11.8 (1.8)	10.5 (1.4)	5.8 (1.2)	7.9 (1.5)	9.5 (0.8)
1 to less than 3 years	15.6 (0.5)	18.1 (2.3)	15.6 (1.5)	14.2 (1.1)	11.3 (1.2)	14.9 (0.8)	18.0 (2.3)	15.5 (0.9)	12.8 (0.9)	11.7 (1.7)	14.9 (0.6)	18.4 (1.6)	19.2 (2.1)	19.4 (1.7)	16.2 (2.0)	18.6 (1.0)
3 to less than 5 years	14.4 (0.5)	19.1 (2.6)	14.1 (1.3)	11.7 (1.2)	13.3 (1.5)	14.1 (0.8)	15.7 (2.1)	14.1 (0.8)	12.5 (0.9)	15.0 (1.6)	13.9 (0.6)	19.7 (1.6)	15.4 (1.6)	13.1 (1.4)	12.5 (1.8)	15.9 (0.8)
5 years or more	57.4 (0.6)	43.9 (2.7)	53.6 (1.9)	62.7 (1.6)	63.3 (2.1)	56.1 (1.1)	56.3 (2.7)	59.2 (1.2)	66.0 (1.2)	63.2 (2.3)	60.9 (0.9)	42.1 (2.2)	48.3 (2.4)	56.9 (2.1)	61.5 (2.8)	50.0 (1.2)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: The percentage of responses for *none* under usual source of care may differ from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry missing values in Appendix B for further explanation.

4: *MA* stands for Medicare Advantage.

5: *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	2,366 (138)	5,328 (178)	4,010 (107)	2,267 (82)	13,971 (224)	2,632 (111)	13,930 (217)	6,115 (134)	1,430 (65)	24,107 (230)	2,948 (120)	3,028 (148)	2,108 (78)	1,180 (63)	9,264 (221)
Beneficiaries as a Percentage of Column Total <sup>3</sup>																
Quality of Care																
General Care																
Very satisfied	39.7 (0.8)	25.2 (2.6)	39.5 (1.9)	39.8 (1.8)	33.9 (2.1)	36.3 (1.2)	32.4 (2.7)	48.9 (1.3)	41.6 (1.5)	36.8 (2.7)	44.5 (1.1)	24.5 (1.8)	38.8 (2.9)	31.7 (1.9)	35.0 (3.0)	32.2 (1.3)
(Very) Unsatisfied	3.3 (0.2)	8.4 (1.5)	3.9 (0.8)	2.3 (0.5)	3.7 (0.7)	4.2 (0.4)	4.8 (1.2)	1.8 (0.3)	2.4 (0.4)	*	2.2 (0.2)	7.0 (1.0)	4.6 (0.9)	3.2 (0.8)	*	4.8 (0.6)
Follow-up Care																
Very satisfied	25.7 (0.6)	16.6 (2.0)	27.0 (1.8)	24.3 (1.3)	21.5 (1.7)	23.6 (1.0)	25.3 (2.3)	32.1 (1.2)	26.6 (1.3)	19.7 (1.9)	29.2 (0.9)	15.8 (1.7)	23.1 (2.2)	20.9 (1.8)	20.2 (2.3)	19.9 (0.9)
(Very) Unsatisfied	2.8 (0.2)	6.0 (1.2)	3.9 (0.8)	2.2 (0.5)	2.8 (0.6)	3.6 (0.4)	4.6 (1.2)	1.5 (0.3)	2.1 (0.4)	*	2.0 (0.2)	5.8 (1.1)	*	*	*	3.4 (0.5)
Access/Coordination of Care																
Availability																
Very satisfied	12.8 (0.4)	9.6 (1.9)	11.1 (1.4)	10.5 (0.9)	10.7 (1.1)	10.6 (0.7)	13.9 (1.8)	15.4 (0.8)	14.8 (1.0)	15.9 (2.0)	15.1 (0.6)	9.8 (1.0)	10.0 (1.4)	8.8 (1.3)	12.2 (1.8)	9.9 (0.6)
(Very) Unsatisfied	3.5 (0.2)	9.2 (1.3)	2.7 (0.6)	2.4 (0.5)	2.2 (0.6)	3.7 (0.3)	5.9 (1.3)	2.6 (0.3)	2.8 (0.5)	2.5 (0.7)	3.0 (0.3)	6.9 (1.1)	3.5 (0.9)	3.2 (0.7)	4.3 (1.3)	4.6 (0.5)
Ease of Access to Doctor																
Very satisfied	28.7 (0.7)	14.3 (1.9)	28.8 (1.6)	27.9 (1.6)	21.0 (1.7)	24.8 (1.0)	23.6 (2.4)	37.3 (1.2)	31.5 (1.5)	25.2 (2.2)	33.7 (1.0)	14.2 (1.5)	25.6 (2.3)	26.3 (1.9)	22.2 (2.3)	21.7 (1.0)
(Very) Unsatisfied	4.4 (0.3)	11.6 (1.8)	5.1 (0.9)	2.7 (0.6)	4.0 (0.9)	5.3 (0.6)	7.3 (1.5)	2.3 (0.3)	3.1 (0.5)	2.9 (0.7)	3.1 (0.2)	8.3 (1.2)	6.0 (1.2)	3.9 (0.9)	5.9 (1.1)	6.2 (0.5)
Can Obtain Care in Same Location																
Very satisfied	20.2 (0.7)	14.7 (2.3)	21.2 (1.5)	18.4 (1.5)	17.9 (1.6)	18.8 (0.9)	21.7 (2.5)	24.3 (1.1)	19.9 (1.4)	15.5 (2.0)	22.4 (0.9)	14.2 (1.6)	18.7 (2.0)	16.3 (1.6)	17.6 (2.0)	16.6 (0.9)
(Very) Unsatisfied	5.9 (0.4)	12.2 (2.1)	5.6 (0.8)	3.0 (0.5)	3.2 (0.7)	5.6 (0.5)	11.9 (2.0)	5.4 (0.5)	5.4 (0.6)	3.0 (0.8)	6.0 (0.5)	9.3 (1.3)	4.7 (0.9)	4.2 (0.9)	5.8 (1.5)	6.2 (0.6)
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	26.5 (0.7)	15.9 (2.0)	26.4 (1.6)	25.6 (1.6)	21.1 (1.7)	23.5 (0.9)	23.1 (2.5)	34.7 (1.3)	27.4 (1.3)	23.0 (2.0)	30.9 (1.0)	15.7 (1.7)	20.3 (2.0)	23.0 (1.9)	18.9 (2.2)	19.3 (1.0)
(Very) Unsatisfied	5.0 (0.3)	11.6 (2.0)	6.1 (0.9)	4.1 (0.6)	4.6 (0.8)	6.2 (0.5)	7.4 (1.4)	3.8 (0.4)	3.6 (0.5)	3.7 (1.0)	4.1 (0.3)	8.7 (1.4)	3.8 (1.0)	3.7 (0.8)	3.2 (0.9)	5.3 (0.6)
Doctor's Concern for Overall Health																
Very satisfied	29.5 (0.7)	18.9 (2.2)	29.2 (1.7)	29.8 (1.5)	26.3 (1.8)	27.2 (0.9)	27.1 (2.3)	37.5 (1.4)	30.1 (1.4)	22.9 (2.2)	33.7 (1.1)	17.8 (1.5)	24.8 (2.3)	24.1 (2.0)	22.1 (2.5)	22.1 (0.9)
(Very) Unsatisfied	4.6 (0.2)	9.6 (1.7)	5.9 (0.9)	4.1 (0.7)	4.0 (0.8)	5.7 (0.5)	5.8 (1.2)	3.7 (0.4)	2.7 (0.5)	2.6 (0.7)	3.6 (0.3)	9.2 (1.4)	3.9 (1.0)	3.7 (0.9)	*	5.5 (0.6)

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 1,000s)	47,389 (142)	2,366 (138)	5,328 (178)	4,010 (107)	2,267 (82)	13,971 (224)	2,632 (111)	13,930 (217)	6,115 (134)	1,430 (65)	24,107 (230)	2,948 (120)	3,028 (148)	2,108 (78)	1,180 (63)	9,264 (221)
Beneficiaries as a Percentage of Column Total <sup>3</sup>																
Cost of Care																
Cost																
Very satisfied	21.9 (0.6)	17.9 (2.4)	21.9 (1.6)	22.5 (1.5)	20.8 (1.7)	21.2 (0.8)	17.0 (1.9)	25.1 (1.1)	23.5 (1.4)	24.5 (2.2)	23.8 (0.8)	16.3 (1.6)	17.8 (1.8)	18.8 (2.0)	23.2 (2.6)	18.2 (1.0)
(Very) Unsatisfied	16.2 (0.5)	24.6 (2.5)	16.4 (1.5)	12.4 (1.1)	9.7 (1.2)	15.6 (0.7)	24.0 (2.7)	16.6 (0.8)	13.9 (1.1)	8.0 (1.5)	16.2 (0.7)	20.0 (1.7)	17.3 (1.9)	14.3 (1.5)	12.4 (1.8)	16.9 (0.9)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three or More ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 1,000s)	47,389 (142)	21,311 (299)	16,028 (280)	16,028 (280)	11,877 (229)	3,101 (156)	3,101 (156)
Beneficiaries as a Percentage of Column Total Access to Care							
Usual Source of Care							
None <sup>6</sup>	4.0 (0.2)	4.7 (0.4)	5.1 (0.5)	5.1 (0.5)	3.6 (0.4)	3.8 (0.9)	3.8 (0.9)
Doctor's office	74.0 (1.2)	74.4 (1.4)	74.2 (1.5)	74.2 (1.5)	73.0 (1.4)	70.5 (2.3)	70.5 (2.3)
Doctor's clinic	11.5 (1.0)	11.6 (1.2)	11.8 (1.4)	11.8 (1.4)	11.4 (0.9)	12.0 (1.6)	12.0 (1.6)
MA <sup>7</sup>	3.0 (0.3)	3.4 (0.4)	3.3 (0.5)	3.3 (0.5)	2.5 (0.4)	3.1 (0.9)	3.1 (0.9)
Hospital/OPD/ER <sup>8</sup>	2.1 (0.4)	1.9 (0.4)	1.7 (0.4)	1.7 (0.4)	2.3 (0.5)	2.6 (0.6)	2.6 (0.6)
Other clinic/health center	5.4 (0.4)	4.0 (0.4)	3.9 (0.5)	3.9 (0.5)	7.2 (0.7)	8.0 (1.2)	8.0 (1.2)
Difficulty Obtaining Care							
Yes	4.9 (0.3)	2.1 (0.3)	1.5 (0.3)	1.5 (0.3)	10.2 (0.6)	15.8 (1.6)	15.8 (1.6)
No	95.1 (0.3)	97.9 (0.3)	98.5 (0.3)	98.5 (0.3)	89.8 (0.6)	84.2 (1.6)	84.2 (1.6)
Delayed Care Due to Cost							
Yes	9.3 (0.4)	5.1 (0.4)	4.3 (0.3)	4.3 (0.3)	17.5 (0.9)	21.8 (2.1)	21.8 (2.1)
No	90.7 (0.4)	94.9 (0.4)	95.7 (0.3)	95.7 (0.3)	82.5 (0.9)	78.2 (2.1)	78.2 (2.1)

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three or More ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 1,000s)	47,389 (142)	21,311 (299)	16,028 (280)	16,028 (280)	11,877 (229)	3,101 (156)	3,101 (156)
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source <sup>6</sup>	4.0 (0.2)	4.7 (0.4)	5.1 (0.5)	5.1 (0.5)	3.6 (0.4)	3.8 (0.9)	3.8 (0.9)
Less than 1 year	8.7 (0.3)	8.6 (0.5)	8.7 (0.6)	8.7 (0.6)	10.0 (0.7)	10.3 (1.2)	10.3 (1.2)
1 to less than 3 years	15.6 (0.5)	14.4 (0.6)	14.2 (0.8)	14.2 (0.8)	17.1 (0.9)	16.4 (1.6)	16.4 (1.6)
3 to less than 5 years	14.4 (0.5)	13.2 (0.7)	13.2 (0.8)	13.2 (0.8)	15.8 (0.9)	16.5 (1.9)	16.5 (1.9)
5 years or more	57.4 (0.6)	59.1 (0.9)	58.8 (1.0)	58.8 (1.0)	53.4 (1.1)	53.0 (2.2)	53.0 (2.2)

\* Cells with a denominator

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.

4: *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.

5: *ADL* stands for Activity of Daily Living.

6: The percentage of responses for *none* under *usual source of care* may differ from the percentage of responses for *no usual source* under *length of association with usual source* of care because of differences in the number of number of missing responses for the two variables. See the entry missing values in Appendix B for further explanation.

7: *MA* stands for Medicare Advantage.

8: *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three or More ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 1,000s)	47,389 (142)	21,311 (299)	16,028 (280)	16,028 (280)	11,877 (229)	3,101 (156)	3,101 (156)
Beneficiaries as a Percentage of Column Total <sup>6</sup>							
Quality of Care							
General Care							
Very satisfied	39.7 (0.8)	50.9 (1.0)	51.7 (1.1)	51.7 (1.1)	26.1 (1.1)	26.6 (1.9)	26.6 (1.9)
(Very) Unsatisfied	3.3 (0.2)	1.8 (0.3)	1.5 (0.3)	1.5 (0.3)	7.2 (0.6)	8.9 (1.1)	8.9 (1.1)
Follow-up Care							
Very satisfied	25.7 (0.6)	32.1 (0.9)	33.1 (1.0)	33.1 (1.0)	18.0 (0.8)	22.8 (1.7)	22.8 (1.7)
(Very) Unsatisfied	2.8 (0.2)	1.5 (0.2)	1.1 (0.2)	1.1 (0.2)	5.4 (0.5)	7.4 (1.0)	7.4 (1.0)
Access/Coordination of Care							
Availability							
Very satisfied	12.8 (0.4)	14.9 (0.6)	15.4 (0.7)	15.4 (0.7)	10.9 (0.7)	11.6 (1.5)	11.6 (1.5)
(Very) Unsatisfied	3.5 (0.2)	1.9 (0.3)	1.6 (0.3)	1.6 (0.3)	6.4 (0.5)	7.8 (1.1)	7.8 (1.1)
Ease of Access to Doctor							
Very satisfied	28.7 (0.7)	38.0 (1.0)	39.7 (1.1)	39.7 (1.1)	17.0 (0.9)	15.6 (1.6)	15.6 (1.6)
(Very) Unsatisfied	4.4 (0.3)	2.3 (0.3)	1.7 (0.3)	1.7 (0.3)	8.9 (0.6)	13.2 (1.5)	13.2 (1.5)
Can Obtain Care in Same Location							
Very satisfied	20.2 (0.7)	26.5 (1.0)	27.4 (1.0)	27.4 (1.0)	14.1 (0.9)	16.6 (2.0)	16.6 (2.0)
(Very) Unsatisfied	5.9 (0.4)	3.8 (0.3)	3.4 (0.4)	3.4 (0.4)	10.9 (0.8)	13.3 (1.7)	13.3 (1.7)
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	26.5 (0.7)	35.0 (1.0)	36.5 (1.0)	36.5 (1.0)	17.0 (0.8)	18.3 (1.9)	18.3 (1.9)
(Very) Unsatisfied	5.0 (0.3)	2.9 (0.3)	2.5 (0.4)	2.5 (0.4)	9.8 (0.7)	13.7 (1.5)	13.7 (1.5)
Doctor's Concern for Overall Health							
Very satisfied	29.5 (0.7)	37.4 (0.9)	38.3 (1.0)	38.3 (1.0)	20.7 (1.0)	22.9 (2.1)	22.9 (2.1)
(Very) Unsatisfied	4.6 (0.2)	3.0 (0.3)	2.8 (0.4)	2.8 (0.4)	8.4 (0.6)	10.7 (1.2)	10.7 (1.2)

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three or More ADLs <sup>5</sup>	Both Indicators
Beneficiaries (in 1,000s)	47,389 (142)	21,311 (299)	16,028 (280)	16,028 (280)	11,877 (229)	3,101 (156)	3,101 (156)
Beneficiaries as a Percentage of Column Total <sup>6</sup>							
Cost of Care							
Cost							
Very satisfied	21.9 (0.6)	27.8 (0.8)	28.7 (0.9)	28.7 (0.9)	14.6 (0.9)	15.0 (1.5)	15.0 (1.5)
(Very) Unsatisfied	16.2 (0.5)	11.7 (0.7)	10.4 (0.6)	10.4 (0.6)	23.9 (1.1)	27.3 (2.2)	27.3 (2.2)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.

4: *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.

5: *ADL* stands for Activity of Daily Living.

6: Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2011

Community-Only Residents<sup>1</sup>

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare Advantage
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	47,389 (142)	4,291 (178)	9,177 (219)	6,289 (165)	12,712 (291)	1,322 (88)	13,597 (271)
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None <sup>3</sup>	4.0 (0.2)	12.1 (1.6)	5.1 (0.5)	3.5 (0.6)	2.6 (0.4)	*	2.4 (0.4)
Doctor's office	74.0 (1.2)	55.0 (2.0)	67.8 (1.4)	80.1 (1.6)	81.0 (1.8)	83.2 (2.9)	73.9 (1.7)
Doctor's clinic	11.5 (1.0)	10.2 (1.6)	13.9 (1.0)	12.7 (1.4)	10.3 (1.5)	9.9 (2.4)	11.2 (1.2)
MA <sup>4</sup>	3.0 (0.3)	*	3.4 (0.5)	*	0.5 (0.1)	*	7.2 (0.8)
Hospital/OPD/ER <sup>5</sup>	2.1 (0.4)	1.8 (0.5)	4.0 (0.6)	*	1.9 (0.5)	*	*
Other clinic/health center	5.4 (0.4)	19.6 (1.8)	5.8 (0.6)	2.6 (0.4)	3.7 (0.5)	*	3.8 (0.5)
Difficulty Obtaining Care							
Yes	4.9 (0.3)	10.1 (1.3)	9.4 (0.7)	1.8 (0.5)	2.3 (0.4)	*	4.5 (0.6)
No	95.1 (0.3)	89.9 (1.3)	90.6 (0.7)	98.2 (0.5)	97.7 (0.4)	98.7 (0.6)	95.5 (0.6)
Delayed Care Due to Cost							
Yes	9.3 (0.4)	22.2 (1.9)	15.3 (0.9)	4.6 (0.7)	4.7 (0.6)	*	8.4 (0.6)
No	90.7 (0.4)	77.8 (1.9)	84.7 (0.9)	95.4 (0.7)	95.3 (0.6)	96.4 (1.3)	91.6 (0.6)
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source <sup>3</sup>	4.0 (0.2)	12.2 (1.6)	5.1 (0.5)	3.5 (0.6)	2.6 (0.4)	*	2.4 (0.4)
Less than 1 year	8.7 (0.3)	8.7 (1.2)	11.7 (0.7)	7.2 (0.7)	7.2 (0.5)	8.9 (1.5)	8.7 (0.7)
1 to less than 3 years	15.6 (0.5)	17.0 (1.8)	19.9 (1.0)	13.4 (1.0)	12.5 (0.7)	8.9 (1.8)	16.9 (0.9)
3 to less than 5 years	14.4 (0.5)	15.7 (1.9)	16.3 (0.9)	12.5 (1.1)	12.5 (0.7)	11.8 (1.8)	15.5 (0.8)
5 years or more	57.4 (0.6)	46.5 (2.2)	46.9 (1.1)	63.4 (1.7)	65.1 (1.0)	68.3 (3.0)	56.6 (1.2)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: The percentage of responses for *none* under *usual source of care* may differ from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of number of missing responses for the two variables. See the entry missing values in Appendix B for further explanation.

4: MA stands for Medicare Advantage.

5: OPD stands for Outpatient Department; ER stands for Emergency Room.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.



**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2011**  
Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare Advantage
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	47,389 (142)	4,291 (178)	9,177 (219)	6,289 (165)	12,712 (291)	1,322 (88)	13,597 (271)
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	39.7 (0.8)	35.2 (2.0)	26.5 (1.2)	45.4 (2.0)	44.2 (1.3)	50.1 (3.4)	42.0 (1.1)
(Very) Unsatisfied	3.3 (0.2)	4.8 (1.0)	5.7 (0.5)	1.9 (0.4)	2.7 (0.4)	*	2.7 (0.3)
<b>Follow-up Care</b>							
Very satisfied	25.7 (0.6)	24.1 (1.9)	18.6 (1.0)	29.4 (1.7)	28.3 (1.2)	36.0 (2.7)	26.0 (1.0)
(Very) Unsatisfied	2.8 (0.2)	4.8 (1.1)	4.5 (0.6)	1.6 (0.3)	2.2 (0.4)	*	2.2 (0.3)
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	12.8 (0.4)	11.0 (1.4)	9.4 (0.7)	15.0 (1.1)	14.3 (0.8)	15.1 (2.5)	12.9 (0.6)
(Very) Unsatisfied	3.5 (0.2)	4.4 (1.0)	5.8 (0.6)	2.8 (0.5)	3.3 (0.4)	*	2.4 (0.3)
<b>Ease of Access to Doctor</b>							
Very satisfied	28.7 (0.7)	23.6 (2.0)	15.7 (0.8)	33.7 (1.7)	32.6 (1.2)	38.6 (3.6)	32.2 (1.1)
(Very) Unsatisfied	4.4 (0.3)	6.9 (1.2)	8.6 (0.8)	1.8 (0.4)	3.0 (0.3)	*	3.3 (0.3)
<b>Can Obtain Care in Same Location</b>							
Very satisfied	20.2 (0.7)	20.3 (1.7)	15.4 (1.1)	19.5 (1.5)	20.1 (1.1)	22.3 (2.7)	23.5 (1.0)
(Very) Unsatisfied	5.9 (0.4)	9.0 (1.5)	6.6 (0.6)	4.7 (0.6)	6.2 (0.6)	7.2 (2.0)	4.6 (0.5)
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	26.5 (0.7)	23.4 (1.9)	17.3 (0.9)	30.0 (1.8)	29.5 (1.3)	34.0 (2.9)	28.3 (1.0)
(Very) Unsatisfied	5.0 (0.3)	8.4 (1.4)	7.0 (0.6)	3.1 (0.5)	4.5 (0.6)	*	4.0 (0.4)
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	29.5 (0.7)	26.8 (2.1)	20.0 (1.1)	33.1 (1.8)	33.2 (1.4)	39.3 (3.0)	30.6 (1.0)
(Very) Unsatisfied	4.6 (0.2)	6.9 (1.3)	6.9 (0.7)	2.6 (0.4)	4.3 (0.5)	*	3.8 (0.4)

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2011

Community-Only Residents<sup>1</sup>

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare Advantage
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	47,389 (142)	4,291 (178)	9,177 (219)	6,289 (165)	12,712 (291)	1,322 (88)	13,597 (271)
Beneficiaries as a Percentage of Column Total <sup>3</sup>							
Cost of Care							
Cost							
Very satisfied	21.9 (0.6)	15.7 (1.7)	19.9 (1.1)	19.6 (1.4)	26.3 (1.2)	33.4 (3.4)	21.1 (0.8)
(Very) Unsatisfied	16.2 (0.5)	26.0 (2.0)	15.3 (0.9)	17.1 (1.2)	12.8 (0.8)	14.1 (2.4)	16.5 (0.8)

\* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2: Responses for sample persons not interviewed in Round 61 (i.e., the 2011 Access to Care Public Use File) were taken from their Round 58 interview (i.e., the 2010 Access to Care Public Use File) or from their Round 64 interview (i.e., the 2012 Access to Care Public Use File).

3: Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Source: Statistics derived from Medicare Current Beneficiary Survey (2011 Cost and Use, 2010-2012 Access to Care) and CMS administrative plan data. See Appendix A for details.