

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	8,636 (204)	24,959 (254)	12,461 (147)	5,059 (114)	4,601 (164)	11,404 (223)	5,578 (117)	2,004 (68)	23,587 (238)	4,035 (146)	13,555 (221)	6,883 (151)	3,054 (90)	27,528 (262)
Beneficiaries as a Percentage of Column Total Access to Care															
Usual Source of Care															
None ³	5.2 (0.3)	9.2 (1.0)	4.7 (0.4)	4.1 (0.4)	3.7 (0.5)	10.4 (1.2)	6.1 (0.7)	3.9 (0.6)	3.5 (0.9)	6.2 (0.5)	7.8 (1.4)	3.5 (0.4)	4.3 (0.5)	3.9 (0.6)	4.3 (0.4)
Doctor's office	69.7 (0.9)	63.4 (1.9)	69.6 (1.0)	72.5 (1.1)	74.4 (1.8)	61.2 (2.2)	64.0 (1.5)	70.1 (1.6)	71.8 (2.3)	65.6 (1.0)	66.0 (2.6)	74.4 (1.1)	74.4 (1.4)	76.0 (2.0)	73.3 (1.0)
Doctor's clinic	13.5 (0.7)	14.5 (1.2)	14.0 (0.9)	12.5 (0.8)	11.7 (1.3)	14.7 (1.6)	14.4 (1.4)	12.3 (1.2)	10.8 (1.6)	13.7 (0.9)	14.3 (1.9)	13.7 (1.0)	12.6 (0.9)	12.3 (1.5)	13.3 (0.8)
HMO ⁴	2.2 (0.3)	*	2.0 (0.3)	2.9 (0.3)	2.2 (0.5)	*	2.1 (0.4)	3.3 (0.5)	3.7 (1.0)	2.3 (0.3)	*	2.0 (0.4)	2.6 (0.4)	*	2.0 (0.3)
Hospital/OPD/ER ⁵	2.3 (0.3)	3.0 (0.6)	2.2 (0.4)	2.1 (0.5)	1.9 (0.6)	3.0 (0.8)	2.2 (0.5)	1.9 (0.5)	*	2.2 (0.3)	2.9 (0.7)	2.3 (0.5)	2.3 (0.7)	*	2.4 (0.4)
Other clinic/health center	7.1 (0.4)	8.5 (0.9)	7.4 (0.6)	5.9 (0.4)	6.2 (0.9)	9.6 (1.2)	11.2 (0.9)	8.4 (0.7)	8.9 (1.5)	10.0 (0.6)	7.2 (1.1)	4.2 (0.7)	3.8 (0.5)	4.4 (0.8)	4.6 (0.5)
Difficulty Obtaining Care															
Yes	4.8 (0.3)	12.7 (1.1)	3.8 (0.4)	2.6 (0.3)	2.4 (0.4)	11.4 (1.7)	3.4 (0.6)	2.6 (0.4)	*	4.7 (0.5)	14.3 (1.6)	4.0 (0.5)	2.5 (0.4)	2.5 (0.5)	5.0 (0.3)
No	95.2 (0.3)	87.3 (1.1)	96.2 (0.4)	97.4 (0.3)	97.6 (0.4)	88.6 (1.7)	96.6 (0.6)	97.4 (0.4)	97.7 (0.7)	95.3 (0.5)	85.7 (1.6)	96.0 (0.5)	97.5 (0.4)	97.5 (0.5)	95.0 (0.3)
Delayed Care Due to Cost															
Yes	10.3 (0.4)	23.0 (1.2)	9.7 (0.7)	5.5 (0.5)	3.1 (0.5)	21.2 (1.8)	7.9 (0.8)	5.8 (0.7)	2.7 (0.7)	9.6 (0.5)	25.1 (2.1)	11.2 (0.9)	5.3 (0.5)	3.3 (0.6)	10.9 (0.6)
No	89.7 (0.4)	77.0 (1.2)	90.3 (0.7)	94.5 (0.5)	96.9 (0.5)	78.8 (1.8)	92.1 (0.8)	94.2 (0.7)	97.3 (0.7)	90.4 (0.5)	74.9 (2.1)	88.8 (0.9)	94.7 (0.5)	96.7 (0.6)	89.1 (0.6)

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	8,636 (204)	24,959 (254)	12,461 (147)	5,059 (114)	4,601 (164)	11,404 (223)	5,578 (117)	2,004 (68)	23,587 (238)	4,035 (146)	13,555 (221)	6,883 (151)	3,054 (90)	27,528 (262)
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	5.2 (0.3)	9.2 (1.0)	4.7 (0.4)	4.1 (0.4)	3.8 (0.5)	10.4 (1.2)	6.1 (0.7)	3.9 (0.6)	3.5 (0.9)	6.2 (0.5)	7.8 (1.4)	3.5 (0.4)	4.3 (0.6)	3.9 (0.6)	4.4 (0.4)
Less than 1 year	8.7 (0.3)	10.6 (1.1)	8.2 (0.5)	8.3 (0.5)	8.4 (0.8)	8.9 (1.2)	8.0 (0.7)	8.0 (0.8)	7.9 (1.2)	8.2 (0.5)	12.5 (1.5)	8.4 (0.7)	8.6 (0.7)	8.8 (1.0)	9.1 (0.4)
1 to less than 3 years	15.8 (0.5)	19.2 (1.4)	16.3 (0.8)	14.0 (0.9)	11.9 (0.8)	18.3 (1.8)	17.8 (1.0)	15.0 (1.3)	13.9 (1.4)	16.9 (0.7)	20.3 (2.0)	14.9 (0.9)	13.2 (0.9)	10.6 (1.0)	14.8 (0.6)
3 to less than 5 years	13.1 (0.4)	15.4 (1.1)	13.3 (0.6)	11.7 (0.7)	11.1 (0.9)	15.6 (1.6)	13.3 (1.0)	11.0 (0.9)	11.1 (1.6)	13.0 (0.6)	15.2 (1.5)	13.4 (0.8)	12.2 (0.8)	11.1 (1.2)	13.1 (0.5)
5 years or more	57.2 (0.7)	45.6 (1.6)	57.5 (1.0)	61.8 (1.0)	64.7 (1.3)	46.9 (2.2)	54.8 (1.4)	62.0 (1.6)	63.5 (1.9)	55.7 (0.9)	44.2 (2.3)	59.7 (1.3)	61.7 (1.0)	65.5 (1.7)	58.6 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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: *HMO* stands for Health Maintenance Organization.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Measure of Satisfaction ²	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)	51,115 (202)	8,636 (204)	24,959 (254)	12,461 (147)	5,059 (114)	4,601 (164)	11,404 (223)	5,578 (117)	2,004 (68)	23,587 (238)	4,035 (146)	13,555 (221)	6,883 (151)	3,054 (90)	27,528 (262)
Beneficiaries as a Percentage of Column Total ³															
Quality of Care															
General Care															
Very satisfied	50.2 (0.7)	38.5 (1.7)	54.7 (1.0)	50.8 (1.1)	46.4 (1.6)	35.5 (2.1)	53.0 (1.4)	50.5 (1.4)	46.9 (2.5)	48.5 (0.8)	41.9 (2.5)	56.1 (1.5)	51.0 (1.3)	46.2 (1.8)	51.7 (1.0)
(Very) Unsatisfied	3.3 (0.2)	5.9 (0.6)	2.6 (0.3)	3.1 (0.4)	2.5 (0.5)	4.8 (0.8)	2.7 (0.5)	2.9 (0.5)	*	3.1 (0.3)	7.1 (1.1)	2.5 (0.4)	3.2 (0.4)	3.1 (0.7)	3.4 (0.3)
Follow-up Care															
Very satisfied	31.1 (0.7)	25.1 (1.5)	34.9 (1.0)	29.5 (1.0)	26.7 (1.4)	23.7 (2.0)	34.6 (1.4)	31.3 (1.5)	25.2 (2.2)	30.9 (0.9)	26.7 (2.0)	35.2 (1.3)	28.0 (1.1)	27.8 (1.8)	31.3 (0.8)
(Very) Unsatisfied	3.4 (0.2)	4.7 (0.7)	3.2 (0.3)	2.8 (0.3)	3.1 (0.5)	4.1 (0.9)	3.1 (0.4)	2.7 (0.5)	*	3.1 (0.3)	5.3 (1.1)	3.4 (0.5)	2.9 (0.4)	3.5 (0.7)	3.5 (0.3)
Access/Coordination of Care															
Availability															
Very satisfied	18.1 (0.5)	16.5 (1.1)	19.6 (0.7)	17.3 (0.7)	15.5 (1.0)	15.1 (1.6)	19.9 (1.0)	19.2 (1.2)	18.0 (1.7)	18.6 (0.7)	18.2 (1.8)	19.3 (0.9)	15.8 (0.8)	13.9 (1.2)	17.7 (0.6)
(Very) Unsatisfied	4.4 (0.2)	9.2 (1.0)	3.5 (0.3)	3.3 (0.4)	3.7 (0.6)	7.8 (1.2)	2.9 (0.4)	2.7 (0.4)	3.7 (0.8)	3.9 (0.4)	10.8 (1.8)	3.9 (0.5)	3.8 (0.5)	3.7 (0.8)	4.9 (0.3)
Ease of Access to Doctor															
Very satisfied	37.4 (0.7)	26.6 (1.2)	41.9 (1.0)	38.3 (1.1)	31.0 (1.5)	25.8 (2.0)	39.1 (1.5)	40.4 (1.5)	32.7 (2.0)	36.3 (0.9)	27.6 (1.9)	44.2 (1.4)	36.6 (1.3)	29.9 (1.8)	38.3 (0.9)
(Very) Unsatisfied	4.9 (0.3)	9.5 (1.0)	4.1 (0.3)	3.5 (0.4)	4.3 (0.5)	8.1 (1.2)	4.4 (0.5)	2.9 (0.5)	4.0 (0.8)	4.7 (0.4)	11.1 (1.5)	3.8 (0.5)	4.0 (0.5)	4.5 (0.7)	5.0 (0.3)
Can Obtain Care in Same Location															
Very satisfied	28.4 (0.6)	24.7 (1.5)	31.4 (0.8)	27.2 (0.9)	23.0 (1.3)	24.0 (2.0)	31.5 (1.3)	27.9 (1.2)	23.7 (1.9)	28.5 (0.8)	25.6 (2.3)	31.4 (1.2)	26.6 (1.1)	22.5 (1.6)	28.4 (0.8)
(Very) Unsatisfied	6.6 (0.4)	11.4 (1.2)	5.7 (0.5)	5.3 (0.4)	5.8 (0.7)	11.1 (1.7)	5.7 (0.7)	5.9 (0.7)	5.0 (0.9)	6.7 (0.6)	11.6 (1.6)	5.7 (0.6)	4.8 (0.5)	6.3 (0.9)	6.4 (0.4)
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	32.5 (0.6)	25.9 (1.5)	36.7 (0.9)	30.2 (0.9)	28.7 (1.4)	23.8 (2.0)	36.1 (1.2)	30.8 (1.3)	29.7 (2.5)	31.9 (0.9)	28.2 (2.1)	37.3 (1.4)	29.6 (1.1)	28.1 (1.6)	33.0 (0.8)
(Very) Unsatisfied	5.4 (0.3)	8.5 (0.9)	4.9 (0.4)	4.7 (0.4)	4.5 (0.6)	7.3 (1.0)	4.2 (0.6)	4.4 (0.6)	4.6 (0.9)	4.9 (0.3)	9.9 (1.5)	5.4 (0.6)	5.0 (0.5)	4.4 (0.8)	5.8 (0.4)
Doctor's Concern for Overall Health															
Very satisfied	35.5 (0.6)	29.5 (1.6)	39.4 (0.9)	34.2 (1.0)	30.0 (1.5)	28.0 (2.0)	38.7 (1.2)	35.9 (1.4)	29.2 (2.4)	35.1 (0.8)	31.3 (2.3)	40.0 (1.2)	32.9 (1.3)	30.4 (1.8)	35.9 (0.8)
(Very) Unsatisfied	4.8 (0.3)	8.2 (0.9)	4.1 (0.4)	4.0 (0.4)	4.3 (0.6)	8.6 (1.4)	4.2 (0.5)	3.6 (0.6)	3.1 (0.8)	4.8 (0.4)	7.8 (1.3)	4.1 (0.5)	4.3 (0.5)	5.1 (0.7)	4.8 (0.3)

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	8,636 (204)	24,959 (254)	12,461 (147)	5,059 (114)	4,601 (164)	11,404 (223)	5,578 (117)	2,004 (68)	23,587 (238)	4,035 (146)	13,555 (221)	6,883 (151)	3,054 (90)	27,528 (262)
Beneficiaries as a Percentage of Column Total ³															
Cost of Care															
Cost															
Very satisfied	27.3 (0.6)	23.0 (1.3)	28.5 (0.8)	28.1 (0.9)	26.8 (1.5)	21.4 (1.8)	27.6 (1.2)	28.4 (1.2)	27.1 (2.2)	26.5 (0.8)	24.7 (2.1)	29.2 (1.1)	27.9 (1.1)	26.6 (1.9)	28.0 (0.7)
(Very) Unsatisfied	15.2 (0.5)	21.5 (1.5)	15.3 (0.6)	12.6 (0.7)	11.0 (1.0)	19.8 (2.0)	15.3 (0.9)	11.9 (1.0)	10.7 (1.5)	15.0 (0.7)	23.4 (2.2)	15.3 (0.9)	13.1 (0.9)	11.2 (1.2)	15.5 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total ³	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)	51,115 (202)	5,173 (180)	19,115 (287)	9,604 (154)	4,083 (101)	37,975 (373)	1,501 (74)	2,011 (101)	999 (55)	357 (30)	4,867 (130)	1,256 (138)	2,419 (174)	1,194 (76)	386 (44)	5,255 (277)
Beneficiaries as a Percentage of Column Total Access to Care																
Usual Source of Care																
None ⁴	5.2 (0.3)	9.2 (0.9)	4.2 (0.4)	3.5 (0.4)	3.6 (0.6)	4.6 (0.3)	7.4 (1.9)	5.5 (1.2)	*	*	5.6 (0.9)	*	6.6 (1.7)	10.6 (1.7)	*	7.7 (1.3)
Doctor's office	69.7 (0.9)	64.9 (2.1)	70.8 (1.1)	73.6 (1.3)	75.8 (2.0)	71.2 (1.0)	63.6 (3.8)	70.3 (2.2)	72.8 (3.3)	74.3 (5.2)	69.1 (1.7)	63.6 (5.6)	66.3 (3.0)	66.1 (2.9)	65.4 (7.0)	65.6 (2.2)
Doctor's clinic	13.5 (0.7)	14.6 (1.5)	13.8 (1.0)	12.8 (1.0)	11.9 (1.4)	13.4 (0.8)	13.2 (2.4)	11.6 (1.7)	9.2 (1.9)	10.1 (2.5)	11.5 (1.1)	14.8 (3.4)	15.1 (2.8)	8.5 (1.8)	14.2 (3.9)	13.5 (1.5)
HMO ⁵	2.2 (0.3)	*	1.9 (0.3)	2.9 (0.3)	2.0 (0.5)	2.0 (0.3)	*	*	*	*	2.2 (0.5)	*	*	*	*	*
Hospital/OPD/ER ⁶	2.3 (0.3)	1.7 (0.4)	1.9 (0.4)	1.7 (0.5)	*	1.8 (0.4)	5.4 (1.5)	2.9 (0.9)	*	*	3.6 (0.7)	*	*	5.1 (1.4)	*	3.5 (0.8)
Other clinic/health center	7.1 (0.4)	8.9 (1.2)	7.4 (0.7)	5.4 (0.5)	5.3 (0.9)	6.9 (0.5)	7.3 (1.7)	8.9 (1.4)	8.1 (1.9)	*	8.0 (1.0)	*	5.2 (1.4)	7.1 (1.4)	*	6.4 (1.1)
Difficulty Obtaining Care																
Yes	4.8 (0.3)	13.2 (1.5)	3.1 (0.4)	2.5 (0.3)	2.4 (0.5)	4.2 (0.3)	7.9 (1.8)	4.3 (1.2)	*	*	5.0 (0.8)	18.0 (3.0)	7.7 (1.7)	*	*	8.8 (1.3)
No	95.2 (0.3)	86.8 (1.5)	96.9 (0.4)	97.5 (0.3)	97.6 (0.5)	95.8 (0.3)	92.1 (1.8)	95.7 (1.2)	97.0 (1.4)	96.9 (1.5)	95.0 (0.8)	82.0 (3.0)	92.3 (1.7)	96.8 (1.2)	97.4 (1.6)	91.2 (1.3)
Delayed Care Due to Cost																
Yes	10.3 (0.4)	25.9 (1.7)	8.5 (0.6)	5.1 (0.5)	3.1 (0.5)	9.5 (0.4)	18.1 (2.3)	12.3 (1.9)	6.4 (1.5)	*	12.0 (1.1)	19.4 (4.1)	13.8 (2.5)	6.7 (1.3)	*	13.0 (1.7)
No	89.7 (0.4)	74.1 (1.7)	91.5 (0.6)	94.9 (0.5)	96.9 (0.5)	90.5 (0.4)	81.9 (2.3)	87.7 (1.9)	93.6 (1.5)	99.0 (0.7)	88.0 (1.1)	80.6 (4.1)	86.2 (2.5)	93.3 (1.3)	93.7 (2.9)	87.0 (1.7)

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total ³	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)	51,115 (202)	5,173 (180)	19,115 (287)	9,604 (154)	4,083 (101)	37,975 (373)	1,501 (74)	2,011 (101)	999 (55)	357 (30)	4,867 (130)	1,256 (138)	2,419 (174)	1,194 (76)	386 (44)	5,255 (277)
Beneficiaries as a Percentage of Column Total Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	5.2 (0.3)	9.2 (0.9)	4.3 (0.4)	3.5 (0.4)	3.6 (0.6)	4.7 (0.3)	7.5 (1.9)	5.5 (1.2)	*	*	5.6 (0.9)	*	6.7 (1.7)	10.6 (1.7)	*	7.7 (1.3)
Less than 1 year	8.7 (0.3)	9.6 (1.4)	7.5 (0.5)	8.1 (0.6)	8.3 (0.8)	8.0 (0.4)	15.8 (2.4)	10.2 (1.8)	9.3 (1.8)	*	11.7 (1.1)	*	9.4 (1.6)	9.1 (2.0)	*	8.6 (1.2)
1 to less than 3 years	15.8 (0.5)	17.5 (1.6)	15.8 (0.8)	13.7 (0.9)	10.9 (0.9)	15.0 (0.5)	19.9 (2.8)	19.7 (2.1)	14.4 (2.6)	15.7 (3.4)	18.4 (1.5)	25.3 (4.6)	16.0 (2.5)	14.6 (2.5)	17.4 (4.4)	18.0 (1.8)
3 to less than 5 years	13.1 (0.4)	16.1 (1.5)	12.7 (0.7)	11.2 (0.8)	10.9 (1.0)	12.6 (0.4)	10.7 (1.8)	11.3 (2.1)	15.1 (2.2)	*	11.6 (1.1)	16.9 (3.4)	19.7 (2.4)	14.2 (2.2)	15.3 (3.9)	17.5 (1.6)
5 years or more	57.2 (0.7)	47.5 (2.0)	59.8 (1.1)	63.6 (1.1)	66.4 (1.5)	59.8 (0.7)	46.2 (3.2)	53.3 (3.3)	57.9 (3.4)	63.7 (5.1)	52.8 (1.9)	43.6 (5.8)	48.2 (2.9)	51.5 (3.0)	53.3 (5.0)	48.2 (2.1)

* 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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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: *HMO* stands for Health Maintenance Organization.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total ³	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)	51,115 (202)	5,173 (180)	19,115 (287)	9,604 (154)	4,083 (101)	37,975 (373)	1,501 (74)	2,011 (101)	999 (55)	357 (30)	4,867 (130)	1,256 (138)	2,419 (174)	1,194 (76)	386 (44)	5,255 (277)
Beneficiaries as a Percentage of Column Total ⁴																
Quality of Care																
General Care																
Very satisfied	50.2 (0.7)	39.3 (2.1)	58.3 (1.0)	53.7 (1.1)	48.5 (1.8)	53.5 (0.7)	38.9 (3.6)	43.2 (2.9)	38.2 (3.7)	27.8 (5.3)	39.7 (1.7)	37.4 (5.1)	43.2 (2.8)	45.0 (3.0)	44.5 (6.2)	42.3 (1.7)
(Very) Unsatisfied	3.3 (0.2)	6.3 (0.8)	2.2 (0.3)	3.0 (0.4)	2.7 (0.6)	3.0 (0.2)	7.2 (1.9)	*	*	*	4.6 (0.8)	*	*	4.7 (1.1)	*	3.2 (0.8)
Follow-up Care																
Very satisfied	31.1 (0.7)	26.3 (1.9)	37.2 (1.1)	31.5 (1.1)	27.0 (1.6)	33.2 (0.8)	26.1 (3.2)	24.5 (2.3)	16.9 (2.6)	21.6 (5.2)	23.2 (1.5)	24.4 (4.6)	28.9 (3.0)	25.6 (2.6)	26.8 (4.9)	26.9 (1.9)
(Very) Unsatisfied	3.4 (0.2)	4.6 (0.8)	3.0 (0.3)	2.7 (0.4)	3.4 (0.6)	3.2 (0.2)	*	4.3 (1.3)	*	*	3.8 (0.8)	*	*	*	*	3.5 (0.8)
Access/Coordination of Care																
Availability																
Very satisfied	18.1 (0.5)	15.7 (1.4)	20.9 (0.8)	17.9 (0.8)	16.3 (1.1)	19.0 (0.6)	21.0 (3.2)	14.2 (2.3)	15.2 (2.8)	*	16.1 (1.4)	14.9 (2.4)	15.8 (2.6)	13.7 (1.7)	14.3 (3.9)	15.0 (1.4)
(Very) Unsatisfied	4.4 (0.2)	10.0 (1.5)	3.2 (0.4)	3.7 (0.4)	3.8 (0.7)	4.3 (0.3)	*	4.6 (1.2)	*	*	3.6 (0.7)	11.7 (3.4)	*	*	*	4.9 (1.1)
Ease of Access to Doctor																
Very satisfied	37.4 (0.7)	27.0 (1.7)	44.9 (1.0)	40.8 (1.2)	31.8 (1.6)	40.0 (0.8)	29.7 (2.9)	28.7 (2.7)	27.7 (3.4)	24.5 (4.7)	28.5 (1.5)	27.0 (3.6)	34.1 (3.0)	30.5 (2.8)	25.0 (5.4)	30.9 (1.8)
(Very) Unsatisfied	4.9 (0.3)	10.3 (1.2)	3.6 (0.4)	3.1 (0.4)	4.2 (0.6)	4.4 (0.3)	5.3 (1.5)	*	*	*	4.3 (0.9)	12.2 (3.6)	5.8 (1.5)	6.0 (1.5)	*	7.3 (1.3)
Can Obtain Care in Same Location																
Very satisfied	28.4 (0.6)	25.8 (1.8)	32.5 (0.9)	27.6 (1.0)	22.4 (1.4)	29.3 (0.6)	26.6 (3.2)	26.9 (2.0)	19.1 (2.8)	20.2 (5.4)	24.7 (1.5)	23.7 (3.8)	28.6 (2.7)	30.0 (2.5)	25.4 (4.4)	27.5 (1.7)
(Very) Unsatisfied	6.6 (0.4)	12.1 (1.5)	5.8 (0.5)	5.6 (0.5)	5.9 (0.8)	6.6 (0.4)	6.3 (1.6)	*	*	*	5.0 (0.8)	13.6 (3.5)	7.0 (2.0)	*	*	7.5 (1.2)
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	32.5 (0.6)	26.9 (1.8)	39.8 (1.0)	32.1 (1.0)	28.6 (1.7)	34.9 (0.7)	24.6 (3.1)	24.5 (2.1)	17.3 (2.6)	25.9 (5.0)	23.1 (1.4)	27.7 (4.1)	27.9 (2.5)	24.9 (2.4)	32.9 (5.5)	27.6 (1.6)
(Very) Unsatisfied	5.4 (0.3)	7.6 (1.1)	4.0 (0.4)	4.8 (0.5)	4.9 (0.7)	4.8 (0.3)	8.1 (1.7)	5.5 (1.3)	5.7 (1.6)	*	6.2 (0.8)	12.2 (3.6)	7.0 (1.7)	4.2 (0.9)	*	7.2 (1.1)
Doctor's Concern for Overall Health																
Very satisfied	35.5 (0.6)	32.2 (2.2)	41.4 (1.0)	36.4 (1.2)	30.4 (1.7)	37.7 (0.8)	26.1 (3.2)	28.5 (2.5)	18.4 (2.5)	18.3 (4.5)	25.0 (1.4)	29.2 (4.8)	35.3 (2.7)	31.3 (2.9)	30.5 (4.9)	32.6 (1.7)
(Very) Unsatisfied	4.8 (0.3)	8.2 (1.2)	3.9 (0.4)	3.7 (0.4)	4.8 (0.7)	4.6 (0.3)	7.9 (2.4)	5.7 (1.4)	*	*	6.2 (0.9)	*	*	5.9 (1.4)	*	5.2 (0.9)

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total ³	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)	51,115 (202)	5,173 (180)	19,115 (287)	9,604 (154)	4,083 (101)	37,975 (373)	1,501 (74)	2,011 (101)	999 (55)	357 (30)	4,867 (130)	1,256 (138)	2,419 (174)	1,194 (76)	386 (44)	5,255 (277)
Beneficiaries as a Percentage of Column Total ⁴																
Cost																
Cost of Care																
Very satisfied	27.3 (0.6)	23.1 (1.7)	29.7 (0.9)	30.2 (1.0)	27.0 (1.7)	28.6 (0.6)	20.8 (2.6)	20.8 (2.5)	15.6 (2.3)	17.8 (4.0)	19.5 (1.5)	25.5 (4.1)	28.5 (2.9)	23.7 (2.4)	28.8 (5.3)	26.7 (1.8)
(Very) Unsatisfied	15.2 (0.5)	23.4 (1.9)	14.9 (0.7)	12.2 (0.8)	10.6 (1.0)	14.9 (0.5)	20.1 (3.0)	17.0 (2.1)	13.0 (2.6)	15.8 (3.4)	17.0 (1.3)	15.5 (4.0)	17.0 (1.9)	11.9 (2.0)	*	15.1 (1.4)

* 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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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 (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. ee Appendix A for details.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	2,118 (164)	5,596 (181)	3,777 (121)	2,089 (75)	13,580 (270)	3,038 (149)	14,474 (234)	6,328 (122)	1,510 (77)	25,350 (274)	3,137 (125)	4,015 (149)	2,356 (92)	1,460 (82)	10,968 (240)
Beneficiaries as a Percentage of Column Total Access to Care																
Usual Source of Care																
None ³	5.2 (0.3)	11.1 (2.5)	5.7 (0.9)	4.6 (0.7)	3.6 (0.8)	5.9 (0.6)	6.5 (1.2)	3.8 (0.5)	3.2 (0.5)	4.0 (0.9)	4.0 (0.3)	10.2 (1.4)	6.5 (1.1)	5.8 (1.0)	3.5 (1.0)	7.0 (0.6)
Doctor's office	69.7 (0.9)	62.0 (3.5)	67.2 (2.2)	72.3 (1.6)	73.7 (2.4)	68.8 (1.5)	68.8 (2.7)	71.1 (1.2)	73.9 (1.4)	73.0 (2.4)	71.7 (1.0)	61.0 (2.1)	69.8 (1.9)	69.2 (2.1)	76.8 (2.4)	68.1 (1.2)
Doctor's clinic	13.5 (0.7)	12.1 (2.2)	14.1 (1.7)	12.0 (1.2)	13.1 (1.8)	13.1 (1.1)	12.1 (1.9)	14.5 (1.0)	13.0 (1.2)	12.5 (1.9)	13.7 (0.8)	17.1 (1.7)	12.2 (1.6)	11.9 (1.5)	8.9 (1.4)	13.1 (1.0)
HMO ⁴	2.2 (0.3)	*	1.9 (0.5)	2.1 (0.5)	2.2 (0.6)	1.9 (0.4)	*	1.8 (0.3)	3.1 (0.4)	*	2.2 (0.3)	*	*	3.5 (0.6)	*	2.2 (0.4)
Hospital/OPD/ER ⁵	2.3 (0.3)	*	2.8 (0.8)	*	*	2.8 (0.6)	*	2.0 (0.5)	1.8 (0.4)	*	2.0 (0.4)	3.1 (0.7)	2.7 (0.8)	2.4 (0.7)	*	2.7 (0.4)
Other clinic/health center	7.1 (0.4)	10.0 (1.9)	8.2 (1.1)	6.6 (0.9)	5.1 (1.0)	7.5 (0.7)	8.0 (1.4)	6.7 (0.7)	5.0 (0.6)	6.5 (1.5)	6.4 (0.5)	7.5 (1.1)	6.2 (1.1)	7.2 (1.0)	7.3 (1.6)	6.9 (0.6)
Difficulty Obtaining Care																
Yes	4.8 (0.3)	15.6 (2.5)	5.6 (0.8)	3.4 (0.5)	*	6.0 (0.6)	11.6 (2.1)	2.6 (0.4)	1.8 (0.3)	*	3.4 (0.3)	12.1 (1.4)	5.2 (1.1)	3.2 (0.7)	3.5 (0.8)	6.5 (0.6)
No	95.2 (0.3)	84.4 (2.5)	94.4 (0.8)	96.6 (0.5)	97.9 (0.7)	94.0 (0.6)	88.4 (2.1)	97.4 (0.4)	98.2 (0.3)	98.2 (0.5)	96.6 (0.3)	87.9 (1.4)	94.8 (1.1)	96.8 (0.7)	96.5 (0.8)	93.5 (0.6)
Delayed Care Due to Cost																
Yes	10.3 (0.4)	23.8 (2.6)	13.0 (1.4)	6.2 (0.8)	3.1 (0.8)	11.3 (0.7)	25.1 (2.6)	6.7 (0.6)	3.9 (0.5)	3.3 (0.9)	8.0 (0.5)	20.5 (1.7)	14.3 (2.0)	8.5 (1.4)	2.8 (0.8)	13.3 (1.0)
No	89.7 (0.4)	76.2 (2.6)	87.0 (1.4)	93.8 (0.8)	96.9 (0.8)	88.7 (0.7)	74.9 (2.6)	93.3 (0.6)	96.1 (0.5)	96.7 (0.9)	92.0 (0.5)	79.5 (1.7)	85.7 (2.0)	91.5 (1.4)	97.2 (0.8)	86.7 (1.0)

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	2,118 (164)	5,596 (181)	3,777 (121)	2,089 (75)	13,580 (270)	3,038 (149)	14,474 (234)	6,328 (122)	1,510 (77)	25,350 (274)	3,137 (125)	4,015 (149)	2,356 (92)	1,460 (82)	10,968 (240)
Beneficiaries as a Percentage of Column Total Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	5.2 (0.3)	11.3 (2.5)	5.7 (0.9)	4.6 (0.7)	3.7 (0.8)	6.0 (0.6)	6.5 (1.2)	3.8 (0.5)	3.2 (0.5)	4.0 (0.9)	4.0 (0.3)	10.2 (1.4)	6.6 (1.1)	5.9 (1.0)	3.6 (1.0)	7.1 (0.6)
Less than 1 year	8.7 (0.3)	10.8 (2.2)	6.5 (1.1)	9.0 (1.1)	7.8 (1.3)	8.1 (0.7)	8.4 (1.7)	7.9 (0.5)	7.5 (0.7)	7.8 (1.3)	7.8 (0.4)	12.0 (1.3)	11.4 (1.5)	9.6 (1.4)	10.0 (1.7)	11.0 (0.7)
1 to less than 3 years	15.8 (0.5)	16.5 (2.6)	18.4 (1.8)	14.0 (1.3)	11.8 (1.3)	15.9 (1.0)	24.8 (3.1)	15.0 (0.9)	14.3 (1.2)	11.5 (1.7)	15.8 (0.8)	17.2 (1.9)	16.3 (1.7)	13.3 (1.5)	12.7 (1.8)	15.4 (0.9)
3 to less than 5 years	13.1 (0.4)	14.4 (2.1)	12.9 (1.2)	11.8 (1.1)	11.1 (1.4)	12.5 (0.7)	13.3 (1.8)	13.2 (0.8)	10.8 (0.9)	9.5 (1.7)	12.4 (0.5)	16.5 (1.8)	15.5 (1.6)	13.8 (1.3)	12.9 (2.0)	15.1 (0.9)
5 years or more	57.2 (0.7)	47.0 (3.2)	56.5 (2.1)	60.5 (1.7)	65.6 (2.2)	57.6 (1.2)	47.0 (2.8)	60.2 (1.4)	64.2 (1.4)	67.2 (2.5)	60.0 (1.0)	44.1 (2.2)	50.3 (2.2)	57.5 (2.1)	60.8 (2.8)	51.4 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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: *HMO* stands for Health Maintenance Organization.

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 (2013 Cost and Use, 2012-2013 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, 2013Community-Only Residents¹

Measure of Satisfaction ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	2,118 (164)	5,596 (181)	3,777 (121)	2,089 (75)	13,580 (270)	3,038 (149)	14,474 (234)	6,328 (122)	1,510 (77)	25,350 (274)	3,137 (125)	4,015 (149)	2,356 (92)	1,460 (82)	10,968 (240)
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	50.2 (0.7)	34.5 (3.9)	52.6 (2.0)	47.9 (1.8)	45.9 (2.4)	47.4 (1.2)	40.8 (3.0)	56.7 (1.2)	52.6 (1.6)	49.5 (2.7)	53.3 (1.0)	39.7 (2.6)	50.7 (2.4)	50.5 (1.9)	44.1 (2.5)	46.6 (1.3)
(Very) Unsatisfied	3.3 (0.2)	8.4 (1.8)	3.0 (0.7)	4.3 (0.7)	2.5 (0.7)	4.2 (0.5)	4.7 (1.0)	2.0 (0.4)	2.2 (0.4)	*	2.3 (0.3)	4.8 (0.8)	3.2 (0.9)	3.4 (0.7)	4.7 (1.2)	3.9 (0.4)
Follow-up Care																
Very satisfied	31.1 (0.7)	20.6 (3.0)	30.7 (1.7)	26.5 (1.7)	24.5 (2.1)	27.0 (1.1)	28.0 (2.5)	37.8 (1.2)	31.9 (1.5)	27.7 (2.4)	34.5 (0.9)	25.8 (2.1)	32.7 (2.4)	27.9 (1.8)	29.0 (2.7)	29.2 (1.3)
(Very) Unsatisfied	3.4 (0.2)	5.3 (1.5)	4.7 (0.9)	3.9 (0.6)	3.3 (0.8)	4.4 (0.5)	4.9 (1.2)	2.5 (0.4)	2.1 (0.4)	*	2.7 (0.3)	4.4 (1.2)	3.4 (1.0)	2.8 (0.7)	3.8 (1.1)	3.6 (0.5)
Access/Coordination of Care																
Availability																
Very satisfied	18.1 (0.5)	13.4 (1.9)	17.7 (1.4)	14.1 (1.2)	12.6 (1.5)	15.3 (0.7)	17.6 (2.1)	20.9 (0.9)	18.1 (1.2)	18.8 (2.0)	19.7 (0.7)	19.0 (1.8)	17.1 (1.8)	20.3 (1.5)	16.4 (2.1)	18.3 (1.0)
(Very) Unsatisfied	4.4 (0.2)	10.2 (2.4)	2.9 (0.5)	4.1 (0.8)	3.5 (0.8)	4.4 (0.5)	11.6 (1.9)	3.6 (0.5)	2.9 (0.5)	3.7 (1.0)	4.4 (0.4)	6.3 (1.1)	3.7 (0.8)	3.2 (0.7)	4.0 (1.0)	4.4 (0.5)
Ease of Access to Doctor																
Very satisfied	37.4 (0.7)	19.7 (2.2)	40.2 (1.9)	35.0 (1.8)	29.7 (2.2)	34.0 (1.1)	33.3 (2.7)	44.9 (1.3)	41.6 (1.6)	35.0 (2.5)	42.1 (1.0)	25.7 (1.9)	34.0 (2.1)	34.6 (1.8)	28.7 (2.4)	31.0 (1.1)
(Very) Unsatisfied	4.9 (0.3)	11.9 (1.9)	5.5 (0.9)	5.1 (0.8)	5.1 (0.9)	6.3 (0.5)	8.8 (1.8)	3.7 (0.4)	2.1 (0.3)	3.6 (0.9)	3.9 (0.3)	8.5 (1.4)	4.1 (0.9)	4.6 (0.9)	3.8 (0.9)	5.4 (0.5)
Can Obtain Care in Same Location																
Very satisfied	28.4 (0.6)	19.3 (2.8)	28.1 (1.8)	24.3 (1.5)	21.3 (1.8)	24.6 (1.0)	27.1 (2.5)	32.6 (1.2)	28.8 (1.3)	23.7 (2.2)	30.5 (0.9)	26.6 (2.3)	31.7 (2.1)	27.4 (1.9)	24.6 (2.5)	28.4 (1.2)
(Very) Unsatisfied	6.6 (0.4)	12.7 (2.3)	6.5 (0.9)	5.3 (0.8)	7.8 (1.3)	7.3 (0.7)	13.7 (2.6)	5.8 (0.6)	5.4 (0.5)	4.1 (1.0)	6.5 (0.5)	8.3 (1.1)	4.6 (0.8)	5.1 (0.9)	4.6 (1.2)	5.8 (0.4)
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	32.5 (0.6)	20.3 (2.8)	33.3 (2.0)	26.6 (1.7)	25.5 (1.8)	28.2 (1.0)	28.3 (2.5)	39.4 (1.1)	32.6 (1.3)	30.8 (2.6)	35.9 (0.9)	28.7 (2.1)	35.2 (2.0)	29.3 (1.8)	31.3 (2.7)	31.6 (1.3)
(Very) Unsatisfied	5.4 (0.3)	11.5 (2.0)	5.7 (0.8)	7.0 (0.7)	4.7 (1.0)	6.8 (0.5)	9.1 (1.9)	3.7 (0.4)	2.9 (0.4)	4.6 (1.0)	4.2 (0.4)	6.2 (1.0)	7.2 (1.5)	6.1 (0.9)	4.1 (1.1)	6.3 (0.6)
Doctor's Concern for Overall Health																
Very satisfied	35.5 (0.6)	23.0 (3.4)	37.6 (1.9)	30.0 (1.7)	27.9 (2.1)	31.7 (1.3)	31.1 (2.7)	42.6 (1.2)	37.4 (1.4)	32.2 (2.7)	39.3 (0.9)	32.6 (2.1)	33.9 (2.1)	32.5 (2.1)	30.5 (2.4)	32.8 (1.3)
(Very) Unsatisfied	4.8 (0.3)	11.0 (2.3)	5.1 (0.8)	5.7 (0.7)	5.3 (0.9)	6.2 (0.5)	8.0 (1.8)	3.6 (0.6)	2.7 (0.4)	2.4 (0.7)	3.8 (0.4)	6.4 (1.1)	4.5 (0.9)	4.7 (1.0)	4.9 (1.1)	5.1 (0.5)

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 1,000s)	51,115 (202)	2,118 (164)	5,596 (181)	3,777 (121)	2,089 (75)	13,580 (270)	3,038 (149)	14,474 (234)	6,328 (122)	1,510 (77)	25,350 (274)	3,137 (125)	4,015 (149)	2,356 (92)	1,460 (82)	10,968 (240)
Beneficiaries as a Percentage of Column Total ³																
Cost of Care																
Cost																
Very satisfied	27.3 (0.6)	19.4 (2.7)	28.4 (1.9)	26.5 (1.6)	26.3 (2.1)	26.1 (1.1)	22.7 (2.3)	29.8 (1.0)	28.0 (1.2)	24.8 (2.3)	28.2 (0.8)	26.9 (1.9)	25.7 (1.9)	31.0 (2.1)	29.5 (2.5)	27.7 (1.1)
(Very) Unsatisfied	15.2 (0.5)	22.1 (3.0)	16.9 (1.3)	11.3 (1.0)	9.7 (1.4)	15.1 (0.8)	25.7 (2.7)	14.3 (0.8)	13.6 (1.0)	10.5 (1.8)	15.2 (0.7)	16.2 (2.0)	16.4 (1.6)	12.1 (1.6)	13.4 (1.8)	15.0 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three or More ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	51,115 (202)	23,558 (365)	17,644 (306)	17,644 (306)	13,174 (286)	3,502 (138)	3,502 (138)
Beneficiaries as a Percentage of Column Total Access to Care							
Usual Source of Care							
None ⁶	5.2 (0.3)	5.2 (0.4)	5.4 (0.4)	5.4 (0.4)	5.7 (0.6)	3.5 (1.0)	3.5 (1.0)
Doctor's office	69.7 (0.9)	70.8 (1.0)	70.3 (1.1)	70.3 (1.1)	67.0 (1.4)	67.9 (2.3)	67.9 (2.3)
Doctor's clinic	13.5 (0.7)	13.2 (0.8)	13.6 (0.9)	13.6 (0.9)	14.8 (1.1)	14.4 (1.9)	14.4 (1.9)
HMO ⁷	2.2 (0.3)	2.3 (0.3)	2.5 (0.4)	2.5 (0.4)	1.7 (0.3)	*	*
Hospital/OPD/ER ⁸	2.3 (0.3)	1.9 (0.4)	2.0 (0.4)	2.0 (0.4)	3.0 (0.5)	4.0 (1.0)	4.0 (1.0)
Other clinic/health center	7.1 (0.4)	6.5 (0.5)	6.1 (0.5)	6.1 (0.5)	7.7 (0.8)	8.3 (1.2)	8.3 (1.2)
Difficulty Obtaining Care							
Yes	4.8 (0.3)	2.2 (0.2)	1.7 (0.3)	1.7 (0.3)	10.6 (0.9)	17.2 (1.7)	17.2 (1.7)
No	95.2 (0.3)	97.8 (0.2)	98.3 (0.3)	98.3 (0.3)	89.4 (0.9)	82.8 (1.7)	82.8 (1.7)
Delayed Care Due to Cost							
Yes	10.3 (0.4)	6.3 (0.5)	5.4 (0.6)	5.4 (0.6)	18.8 (0.9)	24.5 (2.1)	24.5 (2.1)
No	89.7 (0.4)	93.7 (0.5)	94.6 (0.6)	94.6 (0.6)	81.2 (0.9)	75.5 (2.1)	75.5 (2.1)

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2013

Community-Only Residents¹

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three or More ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	51,115 (202)	23,558 (365)	17,644 (306)	17,644 (306)	13,174 (286)	3,502 (138)	3,502 (138)
Beneficiaries as a Percentage of Column Total Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	5.2 (0.3)	5.2 (0.4)	5.5 (0.4)	5.5 (0.4)	5.7 (0.6)	3.5 (1.0)	3.5 (1.0)
Less than 1 year	8.7 (0.3)	7.8 (0.4)	7.5 (0.5)	7.5 (0.5)	10.7 (0.9)	12.4 (1.7)	12.4 (1.7)
1 to less than 3 years	15.8 (0.5)	15.0 (0.7)	14.7 (0.7)	14.7 (0.7)	17.9 (0.9)	15.4 (1.6)	15.4 (1.6)
3 to less than 5 years	13.1 (0.4)	12.7 (0.7)	13.0 (0.8)	13.0 (0.8)	14.9 (0.8)	14.5 (1.7)	14.5 (1.7)
5 years or more	57.2 (0.7)	59.4 (1.0)	59.3 (1.1)	59.3 (1.1)	50.8 (1.1)	54.3 (2.2)	54.3 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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: *HMO* stands for Health Maintenance Organization.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three or More ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	51,115 (202)	23,558 (365)	17,644 (306)	17,644 (306)	13,174 (286)	3,502 (138)	3,502 (138)
Beneficiaries as a Percentage of Column Total ⁶							
Quality of Care							
General Care							
Very satisfied	50.2 (0.7)	60.5 (0.9)	61.8 (1.0)	61.8 (1.0)	37.9 (1.2)	38.0 (2.0)	38.0 (2.0)
(Very) Unsatisfied	3.3 (0.2)	1.5 (0.2)	1.3 (0.2)	1.3 (0.2)	6.9 (0.6)	10.0 (1.5)	10.0 (1.5)
Follow-up Care							
Very satisfied	31.1 (0.7)	37.4 (0.9)	37.8 (1.1)	37.8 (1.1)	23.6 (1.0)	23.2 (1.6)	23.2 (1.6)
(Very) Unsatisfied	3.4 (0.2)	2.0 (0.3)	1.9 (0.3)	1.9 (0.3)	5.9 (0.6)	9.2 (1.5)	9.2 (1.5)
Access/Coordination of Care							
Availability							
Very satisfied	18.1 (0.5)	21.0 (0.6)	21.8 (0.8)	21.8 (0.8)	14.4 (0.9)	13.0 (1.1)	13.0 (1.1)
(Very) Unsatisfied	4.4 (0.2)	2.5 (0.3)	2.2 (0.3)	2.2 (0.3)	8.7 (0.6)	13.9 (1.6)	13.9 (1.6)
Ease of Access to Doctor							
Very satisfied	37.4 (0.7)	48.2 (0.9)	49.8 (1.1)	49.8 (1.1)	23.7 (1.0)	21.1 (1.7)	21.1 (1.7)
(Very) Unsatisfied	4.9 (0.3)	2.5 (0.3)	2.2 (0.3)	2.2 (0.3)	9.7 (0.7)	15.5 (1.6)	15.5 (1.6)
Can Obtain Care in Same Location							
Very satisfied	28.4 (0.6)	35.1 (0.7)	36.4 (0.9)	36.4 (0.9)	20.5 (1.0)	19.4 (1.6)	19.4 (1.6)
(Very) Unsatisfied	6.6 (0.4)	4.0 (0.3)	3.3 (0.3)	3.3 (0.3)	11.6 (0.9)	16.0 (2.1)	16.0 (2.1)
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	32.5 (0.6)	41.4 (0.9)	42.4 (1.0)	42.4 (1.0)	21.5 (1.1)	23.0 (1.8)	23.0 (1.8)
(Very) Unsatisfied	5.4 (0.3)	2.6 (0.3)	2.2 (0.3)	2.2 (0.3)	10.8 (0.8)	12.5 (1.5)	12.5 (1.5)
Doctor's Concern for Overall Health							
Very satisfied	35.5 (0.6)	44.0 (0.9)	45.0 (1.1)	45.0 (1.1)	26.1 (1.1)	26.6 (1.9)	26.6 (1.9)
(Very) Unsatisfied	4.8 (0.3)	2.6 (0.3)	2.4 (0.3)	2.4 (0.3)	9.4 (0.7)	13.5 (1.8)	13.5 (1.8)

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2013

Community-Only Residents¹

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three or More ADLs ⁵	Both Indicators
Beneficiaries (in 1,000s)	51,115 (202)	23,558 (365)	17,644 (306)	17,644 (306)	13,174 (286)	3,502 (138)	3,502 (138)
Beneficiaries as a Percentage of Column Total ⁶							
Cost of Care							
Cost							
Very satisfied	27.3 (0.6)	32.4 (0.8)	33.0 (0.8)	33.0 (0.8)	21.4 (1.0)	18.5 (1.5)	18.5 (1.5)
(Very) Unsatisfied	15.2 (0.5)	11.1 (0.5)	10.6 (0.6)	10.6 (0.6)	22.1 (1.0)	24.4 (1.9)	24.4 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Indicator of Access to Care ²	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)	51,115 (202)	4,412 (177)	10,100 (224)	6,847 (198)	12,280 (320)	1,382 (97)	16,094 (338)
Beneficiaries as a Percentage of Column Total Access to Care							
Usual Source of Care							
None ³	5.2 (0.3)	17.2 (1.6)	7.7 (0.8)	4.5 (0.7)	2.8 (0.3)	*	2.8 (0.3)
Doctor's office	69.7 (0.9)	39.4 (2.4)	64.5 (1.6)	73.0 (1.7)	76.9 (1.5)	81.2 (3.0)	73.5 (1.0)
Doctor's clinic	13.5 (0.7)	13.1 (1.8)	15.3 (1.0)	14.5 (1.5)	12.6 (0.9)	11.5 (2.2)	12.9 (0.9)
HMO ⁴	2.2 (0.3)	*	1.3 (0.4)	*	*	*	5.3 (0.7)
Hospital/OPD/ER ⁵	2.3 (0.3)	3.5 (0.7)	4.0 (0.6)	*	*	*	1.1 (0.3)
Other clinic/health center	7.1 (0.4)	26.7 (2.3)	7.1 (0.8)	6.0 (0.8)	4.6 (0.6)	*	4.4 (0.5)
Difficulty Obtaining Care							
Yes	4.8 (0.3)	9.1 (1.4)	8.2 (0.7)	3.3 (0.5)	2.2 (0.4)	*	4.6 (0.5)
No	95.2 (0.3)	90.9 (1.4)	91.8 (0.7)	96.7 (0.5)	97.8 (0.4)	99.0 (0.8)	95.4 (0.5)
Delayed Care Due to Cost							
Yes	10.3 (0.4)	21.9 (2.1)	14.7 (0.8)	6.1 (0.8)	5.4 (0.5)	*	10.3 (0.8)
No	89.7 (0.4)	78.1 (2.1)	85.3 (0.8)	93.9 (0.8)	94.6 (0.5)	95.5 (1.6)	89.7 (0.8)

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2013

Community-Only Residents¹

Indicator of Access to Care ²	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)	51,115 (202)	4,412 (177)	10,100 (224)	6,847 (198)	12,280 (320)	1,382 (97)	16,094 (338)
Beneficiaries as a Percentage of Column Total Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	5.2 (0.3)	17.3 (1.6)	7.8 (0.8)	4.6 (0.7)	2.8 (0.3)	*	2.8 (0.3)
Less than 1 year	8.7 (0.3)	10.3 (1.3)	12.5 (0.9)	7.1 (0.9)	6.1 (0.5)	*	8.7 (0.5)
1 to less than 3 years	15.8 (0.5)	15.3 (1.6)	18.3 (1.1)	13.8 (1.1)	14.3 (0.9)	14.2 (2.1)	16.5 (0.9)
3 to less than 5 years	13.1 (0.4)	14.6 (1.6)	14.3 (0.9)	10.9 (0.9)	13.1 (0.9)	12.3 (2.4)	12.9 (0.7)
5 years or more	57.2 (0.7)	42.5 (2.5)	47.1 (1.5)	63.7 (1.7)	63.7 (1.2)	64.6 (3.5)	59.2 (1.0)

* 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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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: *HMO* stands for Health Maintenance Organization.

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 (2013 Cost and Use, 2012-2013 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, 2013

Community-Only Residents¹

Measure of Satisfaction ²	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)	51,115 (202)	4,412 (177)	10,100 (224)	6,847 (198)	12,280 (320)	1,382 (97)	16,094 (338)
Beneficiaries as a Percentage of Column Total ³							
Quality of Care							
General Care							
Very satisfied	50.2 (0.7)	40.3 (2.2)	38.8 (1.4)	54.1 (1.7)	59.3 (1.3)	56.8 (3.4)	50.9 (1.1)
(Very) Unsatisfied	3.3 (0.2)	6.0 (1.1)	5.1 (0.6)	1.7 (0.4)	1.9 (0.3)	*	3.0 (0.3)
Follow-up Care							
Very satisfied	31.1 (0.7)	25.3 (2.3)	24.1 (1.1)	32.7 (1.4)	36.9 (1.2)	41.8 (3.3)	31.2 (1.0)
(Very) Unsatisfied	3.4 (0.2)	4.4 (0.9)	4.7 (0.6)	3.1 (0.5)	1.7 (0.3)	*	3.7 (0.4)
Access/Coordination of Care							
Availability							
Very satisfied	18.1 (0.5)	13.9 (1.5)	16.6 (1.0)	17.2 (1.2)	21.4 (1.0)	19.9 (2.8)	18.0 (0.8)
(Very) Unsatisfied	4.4 (0.2)	6.4 (1.2)	6.0 (0.6)	3.2 (0.5)	3.6 (0.5)	*	3.8 (0.4)
Ease of Access to Doctor							
Very satisfied	37.4 (0.7)	26.1 (2.0)	25.8 (1.0)	40.8 (1.9)	44.9 (1.2)	45.3 (3.6)	39.8 (1.1)
(Very) Unsatisfied	4.9 (0.3)	7.1 (1.3)	8.4 (0.8)	3.7 (0.6)	3.5 (0.5)	*	3.5 (0.4)

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2013

Community-Only Residents¹

Measure of Satisfaction ²	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)	51,115 (202)	4,412 (177)	10,100 (224)	6,847 (198)	12,280 (320)	1,382 (97)	16,094 (338)
Beneficiaries as a Percentage of Column Total ³							
Can Obtain Care in Same Location							
Very satisfied	28.4 (0.6)	28.9 (2.2)	25.1 (1.2)	27.4 (1.3)	31.1 (1.2)	29.4 (3.0)	28.7 (1.0)
(Very) Unsatisfied	6.6 (0.4)	8.9 (1.4)	6.2 (0.6)	8.2 (1.1)	6.1 (0.6)	8.3 (2.3)	5.7 (0.6)
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	32.5 (0.6)	26.1 (2.2)	25.1 (1.1)	34.0 (1.6)	39.4 (1.0)	42.9 (3.4)	32.1 (1.1)
(Very) Unsatisfied	5.4 (0.3)	6.8 (1.2)	8.1 (0.8)	3.9 (0.6)	3.8 (0.5)	*	5.4 (0.5)
Doctor's Concern for Overall Health							
Very satisfied	35.5 (0.6)	30.1 (2.2)	27.2 (1.1)	37.7 (1.7)	41.7 (1.2)	46.9 (3.0)	35.7 (1.0)
(Very) Unsatisfied	4.8 (0.3)	7.4 (1.2)	6.4 (0.6)	5.1 (0.7)	3.0 (0.4)	*	4.4 (0.4)
Cost of Care							
Cost							
Very satisfied	27.3 (0.6)	21.9 (1.8)	26.4 (1.2)	26.0 (1.2)	34.0 (1.2)	37.1 (2.9)	23.9 (0.9)
(Very) Unsatisfied	15.2 (0.5)	21.7 (2.0)	12.1 (1.0)	16.9 (1.1)	11.7 (0.9)	15.0 (2.5)	17.5 (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 Fall 2013 (2013 Access to Care File) were taken from their Fall 2012 interview (2012 Access to Care File). If a respondent was not interviewed in Fall 2012, then responses were imputed using interview data from similar individuals in Fall 2013. See Appendix A for details.

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 (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.