

Attachment 1: Cross-Walk of Changes to the Medicare Current Beneficiary Survey

The increase in burden hours is a direct result of two separate factors. The first is the computer assisted in-person interviewing (CAPI) operating platform conversion effort. The second factor is the addition of Medicare Part D to the Medicare program.

Technology advancements have necessitated a move from the DOS platform to that of Windows. Under the Cheshire DOS operating platform the average interview (supplemental / baseline and continuing) took one hour to complete. While the supplemental / baseline survey burden hours remain consistent at one hour to complete under the Blaise with WVS (Windows platform) the average continuing interview now takes an hour and a half. This increase in time duration witnessed during the continuing survey is partly attributed to the impact of system changes as they relate to the collection of medical events and cost payments through rosters. Rosters help to provide more accurate and thorough collection of data; however, roster usage under the new platform requires more system and data entry time. So, while the number of questions has not changed, the method of collection has. Concurrent with these software changes, the addition of Medicare Part D to the program has increased the number of costs that must be abstracted from paper statements. In the past, the MCBS interviewer collected prescription drug utilization through prescription drug bottles or other notes retained by the respondent. Now this process includes combing through Medicare Prescription Drug Benefit statements in addition to the normal memory jogger aids. As a result, we have a second source of increased survey time.

In an effort to defray some of this increased burden, several methodological modifications have been adopted. The first is to change the utilization reference period in an effort to reduce the interview length for certain subsamples. In past years the supplemental panel would be asked to identify all medical events since their fall round interview. The data between the fall round interview and December 31 were traditionally excluded from use, so the operational begin date for event collection will be moved to January 1 for supplemental cases. This reduces the amount of utilization data collected to only those events that would be included in the cost and use timeline. Likewise, the exiting panel, during their last winter interview were traditionally asked to identify all medical events up into the date of the interview. Data was needed only through the end of the previous year. The operational end date for these cases will be moved to December 31, again reducing the number of events collected to those necessary to complete the timeline.

The second methodological modification is related to facility reference periods. Facility interviews can be conducted two rather than three rounds a year. This change substantially reduces interviewing costs and does not appear to negatively impact data quality. In the community setting, the interviewer relies on the Medicare beneficiary to respond to the survey questions. In that case it is essential that the recall period remain at roughly four month durations. In the facility, the interview is conducted with facility administrators, nurses and billing staff. In this case there are detailed documents that support the data collection effort that are maintained as a part of the facility's normal operation. An interview is not typically hampered by the inability of a respondent to recall answers to the questionnaire.

Additionally, as technology enhancements avail themselves to the project, they will be

incorporated into the operating system to further reduce the level of burden on the respondent.