

Medicare Current Beneficiary Survey (MCBS)

Request for Approval of a Non-Substantive Change

OMB No. 0938-0568
(Expires 07/31/2017)

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A1. Circumstances making the collection of information necessary

This request is for a non-substantive change to an approved data collection (OMB No. 0938-0568, expires 07/31/2017). On July 30, 2014, OMB approved the extension of MCBS data collection for an additional three years with no changes in burden. The approved clearance encompasses the MCBS Community questionnaires, Facility screener, Facility questionnaires, and supplements that are rotated in and out of the MCBS questionnaires, including the income and assets supplement, the patient activation supplement and the access to care supplement (which includes topic sections such as usual sources of care, health status and functioning, satisfaction with care and the demographic questions).

Non-substantive Changes

This change request seeks approval to implement non-substantive changes in four sections of the MCBS questionnaire, beginning August 3, 2015, Round 73. These sections have been in the MCBS for many years and are being revised to update wording and format of questions and response categories.

- Dental Utilization (DUQ): CMS requests approval to reinstate a few questionnaire items previously approved by OMB for use on the MCBS.
- Health Status and Functioning (HFQ): The HFQ section asks a variety of questions to measure health status, conditions, disability, impairments, and health behaviors. The disability questions currently on the survey have not been updated to reflect the newer standard global disability questions used by federal statistical agencies. CMS requests approval to use the six global disability questions that OMB has approved for use on other national surveys.
- Income and Assets (IAQ): Once a year, usually in the Summer round, MCBS respondents are asked a detailed series of questions on income and assets. CMS requests approval to modernize the wording and response categories by using measures from the National Health and Aging Trends Survey (NHATS) and to add the USDA Economic Research Service's six standard questions on Food Security. This should serve to improve data quality, narrowing the current Income and Assets measurement error experienced on the MCBS and adding important measures of food security among Medicare beneficiaries. IAQ was not collected during the 2015 Summer round as a result of reprogramming the MCBS instrument. The IAQ will be collected in the 2015 Fall round so it can be included as part of the 2015 data file as well as support the 2015 imputation procedures.
- Patient Perceptions of Integrated Care (PPIC): The MCBS currently has a Patient Activation section (PAQ) which is fielded in the Summer round and measures respondents' views of their health care. In the Fall round, respondents are asked

about their Usual Source of Care (USQ). CMS requests approval to improve and integrate the measures and content on the PAQ and USQ to create a single section, Patient Perceptions of Integrated Care (PPIC), that would be administered every Fall. This change will improve the flow of the questionnaire and place related concepts into one section, asked at one time. PAQ was not collected during the 2015 Summer round as a result of reprogramming the MCBS instrument. The PAQ will be collected in the 2015 Fall round so it can be included as part of the 2015 data file.

The revised DUQ, HFQ, IAQ, and PPIC sections to be integrated into the MCBS questionnaires beginning in Round 73 (fall of 2015) are contained in Attachments A through D.

A2. Purpose and use of information collection

Dental Utilization (DUQ) Section:

The DUQ section will be revised to restore three items previously approved by OMB. The items ask about reasons why a dental provider was not seen and also about procedures done for those respondents who did see a dental provider. The three items will restore important information on whether there are times a respondent needed to see a dental provider but did not as well as information about what procedures were done for those respondents who did see a dental provider. Restoring these questions will provide important information about dental care among Medicare beneficiaries; the current clearance documented for the public the MCBS collection of dental care utilization. The revisions to the DUQ section are shown in **Attachment A**.

Health Status and Functioning (HFQ) Section:

Six questions on disability will be added to the HFQ section to complete compliance with HHS Section 4302 data standards for race, ethnicity, sex, primary language, and disability status. The new disability items are the standard items used on surveys such as the American Community Survey, the Current Population Survey, the National Health Interview Survey and many others to gauge disability. The first question asks whether the respondent is deaf or has difficulty hearing. The second asks whether the respondent is blind or has serious difficulty seeing. The third asks whether the respondent has serious difficulty concentrating, remembering or making decisions because of a physical, mental, or emotional condition. The fourth question asks if the respondent has serious difficulty walking or climbing stairs. The fifth question asks if the respondent has difficulty dressing or bathing. The final question asks whether the respondent has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. The changes to the HFQ section can be reviewed in **Attachment B**.

Income and Assets (IAQ) Section:

Historically, MCBS data have underreported income and assets as compared to other national surveys conducted by the Federal statistical system. Also, MCBS has not included measures of Food Security. The IAQ section has been modernized by replacing

the existing set of items with the items currently used in National Institutes of Health's National Health and Aging Trends Study (NHATS) to increase the measurement accuracy of the income estimates and improve the flow of questionnaire items. NHATS was selected as the best source for questions on income and assets because it is a survey that focuses on beneficiaries aged 65 or older. Also, the NHATS team (Johns Hopkins and the National Institutes of Health) has done considerable research on revising these income and asset questions to best capture data and reduce item non response.

Items aimed at measuring respondent household food security have also been added to the IAQ section. The six items are from the USDA Economic Research Service (ERS), U.S. Household Food Security Survey Module and have been approved by OMB for a number of large-scale national surveys.

In addition to changes made to the income questions in the IAQ section, CMS requests approval to raise the upper limit response category to \$109,000 or higher on the single income measure asked of all new MCBS respondents in the Demographics section. This will bring the single question in line with the revised IAQ questions asked of continuing MCBS respondents. The changes to the IAQ section are outlined in **Attachment C**.

Patient Perceptions of Integrated Care (PPIC) Section:

The Patient Activation (PAQ) section, which is usually asked in the Summer round of the MCBS, has been moved to the Round 73 Fall round. The content of the PAQ module has been revised and integrated with the Usual Source of Care (USQ) section into a new Patient Perceptions of Integrated Care (PPIC) section to reduce redundancy between the two sections, improve the questionnaire flow, and improve measurement. Also, these measures should be closely aligned; asking about respondents' perception of their health care together with questions about their usual source of care is preferred over two independent sections asked in two different timeframes. The proposed changes are contained in **Attachment D**.

A12. Estimates of Annualized Burden Hours and Costs

There is no change to the burden.

Attachments:

- A - Dental Utilization (DUQ) changes
- B – Health Functioning and Status (HFQ) changes
- C – Income and Assets (IAQ) changes
- D – Patient Perceptions of Integrated Care (PPIC) changes