

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.

Non-substantive Changes

The MCBS rotating panel design includes three rounds of interviews per year: the Fall Round (September – December); the Winter Round (January – April); and the Summer Round (May – August). Some parts of the questionnaire are ‘core’ and repeated each round; others are rotating modules and are only asked once a year in a specific round.

This change request seeks approval to implement non-substantive changes in the MCBS questionnaire, beginning the Winter Round 74 in January 2016.

- Preventive Care (PVQ): CMS requests approval to add a new rotating module regarding the seasonal flu vaccine to the Winter Round beginning in Round 74.
- Beneficiary Knowledge and Information Needs (KNQ): CMS requests approval to add three items to the KNQ to identify the reasons beneficiaries may find it difficult to compare plans and make plan choices. These three questions build on the content in this module but provide more specific information about how beneficiaries compare plans. The KNQ is only collected in Winter Rounds.
- Update medical provider terminology in four sections of the Winter Round – Health Insurance (HIQ); Health Insurance Summary (HIS); Beneficiary Knowledge and Information Needs (KNQ); and Prescription Medicine (PMQ).

The new PVQ section, revised KNQ section, and updated medical provider terminology in HIQ, HIS, KNQ, and PMQ will be integrated into the MCBS questionnaire in Round 74 (winter of 2016) and are contained in Attachments A through C.

A2. Purpose and use of information collection

Preventive Care (PVQ) Section:

The MCBS questionnaire has historically included questionnaire items on the seasonal flu vaccine in the Health Functioning and Status (HFQ) section, which is only asked in the Fall Round. Since the flu vaccine questions have only been included in the Fall Round questionnaire, the questions have asked about the *prior* year’s flu season. CMS is requesting to repeat these questions in a new rotating module to be administered in the

Winter Round of the survey (starting with Round 74) so that they ask about the *current* year's flu season. The new PVQ module will ask respondents questions that have previously been approved by OMB: whether they received a flu vaccination in the fall; the reason(s) why they did not get a flu vaccination; and whether they had any trouble getting a flu vaccination. Asking the flu vaccine questions during the MCBS Winter Round will better align with the seasonal flu immunization schedule, which typically begins in the fall, and improve the timeliness of the items and facilitate respondent recall. The stand-alone PVQ section is included in **Attachment A**.

Beneficiary Knowledge and Information Needs (KNQ) Section:

The MCBS KNQ is only asked in the Winter Round. It includes a series of questions related to beneficiaries' knowledge, attitudes, and perceptions around the Medicare program. These questions fall into the following categories:

- Medicare topics considered most important (e.g., what Medicare covers, benefits of Advantage plans)
- Preferred Medicare information sources (e.g. friends/family, pharmacist, CMS)
- Medicare knowledge: self-assessment
- Medicare knowledge: objective assessment
- Medicare website familiarity
- Self-efficacy in making health insurance plan decisions
- Internet use

In its current form, the MCBS KNQ does not include questions around plan comparisons and choice. CMS requests approval to add three questions that would measure beneficiary selection and comparison of Medicare plans and how likely beneficiaries are to engage in plan comparisons. Specifically, the first question asks the respondent whether it was easy or difficult to review and compare their Medicare coverage option. The second question asks how often the respondent compares their Medicare coverage options. The final question asks whether the respondent feels they have the information they need to make an informed comparison among their different health care choices. The additions to the KNQ section are contained in **Attachment B**.

Update medical provider terminology throughout questionnaire:

Many of the questions in the current MCBS were designed in the early 1990s when the survey began. The MCBS questionnaire has historically used the term "doctor" in a number of sections. CMS requests approval to update this terminology, beginning in the Winter Round 74. The terminology will be updated for 12 questions found in four sections: four questions in the Health Insurance Summary (HIS); six questions in Health Insurance section (HIQ); one question in the Beneficiary Knowledge and Information Needs (KNQ) section; and one question in the Prescription Medicine (PMQ) section. Updating the terminology in Round 74 to "doctor or other health professional" and in one

case, to specify “health care provider”, will create a more inclusive definition. Some MCBS respondents have expressed confusion as to whether to include visits to providers other than doctors when answering certain questions. Also, the revised terminology is needed as changes in several states now allow nurse practitioners and physician assistants to prescribe medicines. This change will also bring the MCBS in line with other federal surveys, including the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), and the Medical Expenditure Panel Survey (MEPS), which use more inclusive terminology such as “doctor or other health care professional” and “medical person”. The changes in terminology in sections HIS, HIQ, KNQ and PMQ in the Round 74 questionnaire can be reviewed in **Attachment C**.

A12. Estimates of Annualized Burden Hours and Costs

There is no change to the burden.

Attachments:

A – Preventive Care (PVQ) section

B – Beneficiary Knowledge and Information Needs (KNQ) changes

C – Round 74 medical provider terminology questionnaire changes in Health Insurance Summary (HIS), Health Insurance (HIQ), Beneficiary Knowledge and Information Needs (KNQ), and Prescription Medicine (PMQ).