

Medicare Current Beneficiary Survey (MCBS)

Request for Approval of a Non-Substantive Change

OMB No. 0938-0568
(Expires 06/30/2019)

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February 17, 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 06/30/2019). On June 27, 2016, OMB approved revisions to the MCBS data collection. The approved clearance encompasses the MCBS Community questionnaire, Facility screener, Facility questionnaire, and topical sections (supplements) that are rotated in and out of MCBS data collection.

Non-substantive Changes

This change request seeks approval to implement non-substantive changes in the MCBS questionnaire for Fall 2017 Round 79 and Winter 2018 Round 80. The changes either improve measures already approved for the MCBS, realign measures from one section into another for a more streamlined interview, or remove measures no longer needed.

Fall 2017 Round 79:

- Add three items currently in use on the National Health Interview Survey (NHIS) to the Health Status and Functioning (HFQ) and Medical Provider Utilization (MPQ) sections to better assess whether the respondent has had any problems paying for their health care or delayed obtaining care due to cost.
- Update medical provider terminology in Medical Provider Utilization (MPQ), Satisfaction with Care (SCQ), and Prescribed Medicine Utilization (PMQ) sections to be consistent with the rest of the survey.
- Discontinue the standalone Patient Activation (PAQ) section and move a subset of items from the PAQ section into the Satisfaction with Care (SCQ) section.
- Discontinue the Usual Source of Care (USQ) section and the Access to Care (ACQ) section in the Fall Round and move them to the Winter Round.

Winter 2018 Round 80:

- Move the Usual Source of Care (USQ) section from the Fall to the Winter Round. Reintroduce some items on patient perceptions of integrated care that were asked in the Fall 2015 Round 73 into the Winter 2018 Round 80 Usual Source of Care (USQ) section.
- Add items that measure communication between beneficiaries and their health care provider to the Usual Source of Care (USQ) section.
- Delete items from Usual Source of Care (USQ) and Access to Care (ACQ) that are duplicative, overlap heavily with other items in these sections, and/or are no longer part of CMS' measurement priorities for the MCBS.

The revised questionnaire sections are contained in **Attachments A through G**.

A2. Purpose and use of information collection

Fall 2017 Round 79:

Add three items to Health Status and Functioning (HFQ) and Medical Provider Utilization (MPQ) sections:

CMS requests approval to add three items currently in use on the NHIS, conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). The first two items, which will be added to the HFQ section, ask whether the respondent has had any problems paying any of their medical bills, and whether the respondent currently has any bills that are being paid off over time. The third item, which will be added to the MPQ section, asks the respondent whether there was any time when they needed mental health care or counseling, but they didn't get it because they couldn't afford it.

The additional items will be integrated into the MCBS questionnaire in Fall 2017 Round 79. The additions to HFQ and MPQ are highlighted in green text in **Attachments A and B**.

Update medical provider terminology in Medical Provider Utilization (MPQ), Satisfaction with Care (SCQ), and Prescribed Medicine Utilization (PMQ) sections:

CMS requests approval to update the medical provider terminology in the SCQ, MPQ, and PMQ sections of the questionnaire from "doctor" to "doctor or other health professional." These changes will bring the wording in line with other federal surveys and with the updates that OMB previously approved. On December 23, 2015, OMB approved an identical change in terminology for the Health Insurance (HIQ), Health Insurance Summary (HIS), Beneficiary Knowledge and Information Needs (KNQ), and Prescription Medicine (PMQ) sections of the questionnaire. The terminology will be updated starting in Fall 2017 Round 79 for seventeen questionnaire items: four items in MPQ, twelve items in SCQ, and one item in PMQ.

The changes in terminology will be implemented to the MCBS questionnaire beginning in Fall 2017 Round 79. The revisions to sections MPQ, SCQ, and PMQ are highlighted in green text in **Attachments B, C, and D**.

Discontinue the standalone Patient Activation (PAQ) section and move a subset of items from the PAQ section into the Satisfaction with Care (SCQ) section:

CMS requests approval to eliminate the PAQ standalone section. A small subset of the items will be added to the SCQ section. Many of the items in the PAQ standalone section are somewhat redundant with other items on the survey. As part of our efforts to minimize respondent burden and identify opportunities to pare down the survey, CMS has identified those items that are both unique and necessary. Nine of the patient activation items have been retained and have been moved into the SCQ section. Five other items from SCQ have been deleted due to overlap with other items or because the data are available from another source (i.e., CMS administrative data).

CMS also requests approval to make a minor wording revision to one of the PAQ items moved into the SCQ section, to facilitate the flow of the interview in that section. Item PADVISE was originally part of a series of items in PAQ; however, all other items in the series have been eliminated from the survey as part of the discontinuation of the PAQ. This item is now part of a series in SCQ that shares the same response options, but slight

changes are necessary to ensure that the item fits into the series overall. To facilitate the flow of this item in its new location, we have altered the wording slightly to fit the context of the SCQ series.

In addition, a series of ten items in SCQ have been updated so that the question stem better represents both poles of the response scale. The items ask the respondent how “satisfied” they are with various aspects of their healthcare. The question stem has been revised to “satisfied or dissatisfied” to include both poles of the response scale (very satisfied, satisfied, dissatisfied, and very dissatisfied).

These revisions will be integrated into the MCBS questionnaire beginning in Fall 2017 Round 79. The revisions to the SCQ section and PAQ section are highlighted in green text and red strikethrough text in **Attachments C and E**.

Discontinue the Usual Source of Care (USQ) section and the Access to Care (ACQ) section in the Fall round:

CMS requests approval to discontinue administering the USQ section and ACQ section in the Fall round and move it into the Winter round as discussed below.

Winter 2018 Round 80:

Move Usual Source of Care (USQ) and Access to Care (ACQ) from Fall to Winter;

CMS requests approval to move both the Usual Source of Care (USQ) and Access to Care (ACQ) topical sections from Fall to Winter. For USQ, CMS requests approval to reintroduce some items on patient perceptions of integrated care (PPIC). These items were approved by OMB for use on the MCBS questionnaire beginning in Fall 2015 Round 73 but were dropped in Fall 2016 to shorten the length of the USQ. CMS has determined that a subset of PPIC measures are needed in USQ and should be restored beginning in Winter 2018 Round 80. Other USQ and ACQ items have been deleted to ensure that the section is not burdensome for respondents. Specifically, CMS is requesting approval to delete fifteen items from USQ and three items from ACQ that are duplicative, overlap heavily with other items in these sections, and/or are no longer part of CMS’ measurement priorities for the MCBS.

The revisions to the USQ and ACQ sections of the MCBS questionnaire for Winter 2018 Round 80 are highlighted in green text and red strikethrough text in **Attachments F and G**.

Add items that measure communication between beneficiaries and their health care provider to the Usual Source of Care (USQ) section:

The current clearance for the MCBS includes four questionnaire items on Limited English Proficiency (LEP) in the demographics section. For respondents who report Limited English Proficiency, CMS requests approval to add eight additional items to USQ that will measure communications with their health care provider. These items underwent cognitive testing in 2015 under MCBS Generic Clearance (OMB No. 0938-1275). CMS indicated to OMB on March 29, 2016 (see memo in **Attachment H**) that the

additional questions on communications between a beneficiary and their health care provider when they are language discordant would be added at a latter point in time.

These additions to the USQ section of the questionnaire for Winter 2018 Round 80 are highlighted in green text in **Attachment F**.

A12. Estimates of Annualized Burden Hours and Costs

The revisions will not result in an increase in burden. The total burden is based on the average amount of time estimated across all respondents.

Attachments:

- A – Revised Health Status and Functioning (HFQ) section
- B – Revised Medical Provider Utilization (MPQ) section
- C – Revised Satisfaction with Care (SCQ) section
- D – Revised Prescribed Medicine Utilization (PMQ) section
- E – Revised Patient Activation (PAQ) section
- F – Revised Usual Source of Care (USQ) section
- G – Revised Access to Care (ACQ) section
- H – March 29, 2016 memo to OMB from CMS, “Final Implementation Plans for Cognitive Testing of Limited English Proficiency (LEP) Items for the Medicare Current Beneficiary Survey under MCBS Generic Clearance (OMB No. 0938-1275)”