

Medicare Current Beneficiary Survey (MCBS)

Request for Approval of a Non-Substantive Change

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

William S. Long
Contracting Officer's Representative, Medicare Current Beneficiary Survey
Office of Enterprise Data and Analytics (OEDA)/CMS
7500 Security Boulevard, Mail Stop Mailstop B2-04-12
Baltimore, MD 21244
(410) 786-7927
william.long@cms.hhs.gov
(410) 786-5515 (fax)

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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). The current 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 2018 Round 82; data collection for this round is scheduled to begin July 23, 2018. The changes add three preventive services screening items on depression, weight loss and obesity management, and tobacco cessation. Approval of these new items is needed in sufficient time to accomplish programming and testing of the questions for use with Computer Assisted Personal Interviewing (CAPI) administration.

The revised questionnaire sections are contained in **Attachments A and B**.

A2. Purpose and use of information collection

The Affordable Care Act waived copays for Medicare beneficiaries for a series of preventive services deemed to be high value. The MCBS currently asks respondents about some of these preventive services, such as screenings for colorectal and breast cancer. However there are no questions regarding screenings for depression, obesity, and smoking cessation. Claims-based analyses have suggested very low uptake by beneficiaries on obtaining these important screening services. Many national health surveys include screenings for depression, obesity, and smoking cessation; as CMS continues to modernize the MCBS, these data gaps should be addressed.

Given the potential benefits of these preventive services to Medicare beneficiaries, CMS recommends adding these screening items to generate survey-based estimates of the frequency with which they are administered. The Center for Medicare & Medicaid Innovation (CMMI) has a number of models in operation and in planning stages that could benefit from knowing how many beneficiaries are currently being engaged by providers related to preventive screenings. For example, a number of state based models have incorporated requirements of participants to move the dial on population health and have specifically called out obesity and smoking to be targeted and lowered. These include both rounds of the State Innovation Models Initiative, the Vermont All-Payer model, and the Pennsylvania Rural Health model. The Accountable Health Communities Model screens for depression and smoking status as part of its participant tool to refer patients to social resources. A number of models are in development at CMMI, including upcoming models focusing on behavioral health and cognitive impairment that would be informed by the depression screening question.

CMS requests approval to add three items currently in use on other federal surveys. No cognitive testing or pilot testing is needed to add these items since they are well-established. In addition, the questions fit within sections of the survey that either ask related questions or similar content; therefore, they are non-substantive additions to the survey. They include the following items:

- One item on tobacco cessation from the National Health Interview Survey (NHIS). For respondents who report smoking every day or some days, the question will ask them whether a doctor or other health professional has ever talked to them about their smoking. The item will be added to the Nicotine and Alcohol (NAQ) section, which includes other tobacco items. This item will be administered annually to all respondents in the Fall round who report smoking every day or some days (approximately 14% of all respondents in 2016). The item is not administered in the Summer or Winter rounds.
- One item on depression screening from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Accountable Care Organizations (ACOs). The question asks the respondent whether a doctor or other health professional has ever asked them if there was a period of time when they felt sad, empty, or depressed. The item will be added to the Health Functioning and Status (HFQ) section. This item will be administered annually to all respondents in the Fall round. The item is not administered in the Summer or Winter rounds.
- One item on weight loss and obesity management from the National Health and Nutrition Examination Survey (NHANES). The question asks the respondent whether they have ever been told by their doctor or other health professional to control their weight or lose weight to lower their risk for certain diseases. It will be added to the HFQ section. This item will be administered annually to all respondents in the Fall round. The item is not administered in the Summer or Winter rounds.

The three additional items will be integrated into the MCBS questionnaire in Fall 2018 Round 82. The additions to NAQ and HFQ are highlighted in green text in **Attachments A and B**.

A12. Estimates of Annualized Burden Hours and Costs

The revisions will result in the following minimal increase in burden.

Item	Estimated Average Respondent Burden
Tobacco cessation item (in NAQ) for approximately 14% of respondents who report smoking	2 seconds
Depression screening item (in HFQ) for all respondents	10 seconds
Weight loss and obesity management item (in HFQ) for all respondents	10 seconds
TOTAL INCREASE IN BURDEN	22 seconds for Fall round interviews

These three questions do not result in a change in total annual burden based on the average amount of time estimated across all respondents.

Attachments:

- A – Revised Nicotine and Alcohol (NAQ) section
- B – Revised Health Status and Functioning (HFQ) section