

MCBS Revision to Current Clearance
Proposed Changes to Community Interview and Effect on Burden

Community Interview Change (Addition/Deletion/Change)	Section	Winter 2020 Round 86	Summer 2020 Round 87	Fall 2020 Round 88	Effect on Annual Burden	Question Name	Question text	Skip instructions
Addition	KNQ	Increase of 1.3 minutes	-	-	Increase of 1.3 minutes	KN58 - OEINTRO	Now I would like to ask you about comparisons [you/(SP)] may have made during the last Medicare Open Enrollment Period, which is sometimes called the Annual Election Period or Annual Coordinated Enrollment Period. The Open Enrollment Period runs each year from mid-October to early-December. (01) CONTINUE	KN58A - RVWCOST
						KN58A - RVWCOST	During the last open enrollment period, did [you/(SP)] review [your/his/her] Medicare insurance coverage to see if there were going to be changes in [your/his/her] monthly premium, deductibles, co-payments, or other out of pocket expenses? [EXPLAIN IF NECESSARY: The Open Enrollment Period – sometimes called the Annual Election Period or Annual Coordinated Enrollment Period – runs each year from mid-October to early-December.] (01) YES (02) NO (03) NOT APPLICABLE, JUST SIGNED UP FOR MEDICARE (-8) DONT KNOW (-9) REFUSED	KN58B - RVWSRVC
						KN58B - RVWSRVC	During the last open enrollment period, did [you/(SP)] review [your/his/her] Medicare insurance coverage to see if the kinds of treatment, drugs, and services covered will meet [your/his/her] health care needs? [EXPLAIN IF NECESSARY: The Open Enrollment Period – sometimes called the Annual Election Period or Annual Coordinated Enrollment Period – runs each year from mid-October to early-December.] (01) YES (02) NO (03) NOT APPLICABLE, JUST SIGNED UP FOR MEDICARE (-8) DONT KNOW (-9) REFUSED	KN58C - CMPRPLN
						KN58C - CMPRPLN	As you know, Medicare beneficiaries can choose different types of Medicare insurance plans. During the last open enrollment period, did [you/(SP)] compare [your/his/her] Medicare insurance plan with other Medicare plans that were available? [EXPLAIN IF NECESSARY: The Open Enrollment Period – sometimes called the Annual Election Period or Annual Coordinated Enrollment Period – runs each year from mid-October to early-December.] (01) YES (02) NO (03) NOT APPLICABLE, JUST SIGNED UP FOR MEDICARE (-8) DONT KNOW (-9) REFUSED	If (01) YES, go to KN58D - CPLNTYPE If (02) NO, go to KN59 - KCSUGGST If (03) NOT APPLICABLE, JUST SIGNED UP FOR MEDICARE, go to KN59 - KCSUGGST If (-8) DONTKNOW, go to KN59 - KCSUGGST If (-9) REFUSED, go to KN59 - KCSUGGST

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						KN58D - CPLNTYPE	<p>SHOWCARD KN10What types of Medicare plans did [you/(SP)] compare with [your/his/her] Medicare insurance plan?</p> <p>[EXPLAIN IF NECESSARY: -Medicare Parts A and B, commonly referred to as “Original Medicare,” provide hospital and medical insurance. -Medicare Part C includes Medicare Advantage plans. These are plans offered to Medicare beneficiaries by private companies (approved by Medicare) and provide beneficiaries with their Part A and B benefits. Medical Advantage is an alternative to Original Medicare. -Part D covers prescription drugs -- this type of plan is also known as an MPDP. Prescription drug plans are offered by private companies (approved by Medicare). - Medigap is a supplemental insurance plan sold by private companies for use with Original Medicare. It cannot be used with Medicare Advantage. Medigap plans help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles.]</p> <p>(01) Medicare Parts A and B (Original Medicare) (02) Medicare Part C, Medicare Advantage (MA) Plans (03) Medicare Part D, Medicare Prescription Drug Plans (MPDPs) (04) Medigap Plans (-8) DON'T KNOW (-9) REFUSED</p>	KN59 - KCSUGGST
Addition	USQ	Increase of 0.4	-	-	Increase of 0.4 minutes	PP58A - DOCCARE	<p>Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need help from [anyone in (US5A PROVIDER NAME)'s office/the doctors or other health professionals at (US3A PROVIDER NAME)] to manage [your/his/her] care among these different providers and services?</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>If (01) YES, go to PP58B-GETHELP If (02) NO, go to PP59-ONEDOC If (-8) DON'T KNOW, go to PP59-ONEDOC If (-9) REFUSED, go to PP59-ONEDOC</p>
						PP58B-GETHELP	<p>SHOW CARD US5</p> <p>Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get the help [you/he/she] needed from [(US5A PROVIDER NAME)'s office/the doctors or other health professionals at (US3A PROVIDER NAME)] to manage [your/his/her] care among these different providers and services?</p> <p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p>	PP59-ONEDOC

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Addition	USQ	Increase of 0.5 minutes	-	-	Increase of 0.5 minutes	US7 - INNOVATE	<p>Many health care providers are beginning to participate in innovative health care initiatives, programs, and payment models. Is (US5A PROVIDER NAME)/(US3A PROVIDER NAME) associated with an innovative health care initiative such as an accountable care organization or a patient centered medical home?</p> <p>IF NEEDED: Innovative health care initiatives are programs that test ways to improve the delivery of health care, improve the quality of health care, lower health care costs, and reduce health disparities. IF THE RESPONDENT DOESN'T KNOW WHAT INNOVATIVE HEALTH CARE INITIATIVES ARE OR HAS NEVER HEARD OF INNOVATIVE HEALTH CARE INITIATIVES, SELECT 'DON'T KNOW'.</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	BOX USD
Addition	USQ	Increase of 2.7 minutes	-	-	Increase of 2.7 minutes	EHR2-COMPUSE	<p>The next few questions will help us to understand how (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) use(s) a computer during [your/(SP)'s] office visit. Please answer the questions that follow based upon where [you go/(SP) goes] for medical care most of the time.</p> <p>[Does (US5A PROVIDER NAME)/Do the providers at (US3A PROVIDER NAME)] use a computer during [your/(SP)'s] office visit?</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>If (01) YES, go to US37K - EMEDREC If (02) NO, go to BOX EHR2 If (-8) DON'T KNOW, go to BOX EHR2 If (-9) REFUSED, go to BOX EHR</p>
						EHR3 - COMPSHW	<p>Is the examination room set up so that (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) can easily show [you/(SP)] information on the computer screen?</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>If (01) YES, go to EHR4-COMPHLTH If (02) NO, go to BOX EHR2 If (-8) DON'T KNOW, go to BOX EHR2 If (-9) REFUSED, go to BOX EHR2</p>
						EHR4 - COMPHLTH	<p>[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you your/(SP) his/(SP) her] health information during [your/his/her] visit, such as trends in blood pressure reading, height, weight and body mass index, previous lab results, x-rays/images, immunizations or medications?</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>If (01) YES, go to EHR5-COMPREC If (02) NO, go to BOX EHR2 If (-8) DON'T KNOW, go to BOX EHR2 If (-9) REFUSED, go to BOX EHR2</p>

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						EHR5 - COMPREC	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you/(SP)] recommendations for preventive health screenings or other medical services? (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED	BOX EHR2
						EHR6 - COMPRD	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] read back to [you/(SP)] information that [you have/(SP) has] given during [your/(SP)'s] visit that is being put into [your/(SP)'s] medical record? (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED	EHR7-COMPINF
						EHR7 - COMPINF	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] send [you/(SP)] health information electronically, such as information about [your/(SP)'s] medications, exercise plans, dietary advice, etc.? (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED	EHR8-COMPACC
						EHR8 - COMPACC	[Does (US5A PROVIDER NAME)]'s/Do the doctors or other health professionals at (US3A PROVIDER NAME)]'s office give [you/(SP)] access through [your/(SP)'s] own computer or smart phone to parts or all of [your/(SP)'s] electronic medical record (such as a list of [your/(SP)'s] medications, lab results, x-ray reports, office notes) through a "patient portal" or other electronic system? (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED	BOX EHR3

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						EHR9 - COMPHLP	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit is helpful to [me/(SP)]. (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	EHR9-COMPDIST
						EHR9 - COMPDIST	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit distracts him/her from paying attention to [me/(SP)]. (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	EHR9-COMPATT
						EHR9 - COMPATT	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit distracts [me/(SP)] from paying attention to the clinician. (01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	EHR10-COMPTM

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						EHR10 - COMPTM	<p>SHOWCARD US8</p> <p>The amount of time during the visit that (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) spend(s) on the computer seems:much more than it should be, somewhat more than it should be, about what it should be, somewhat less than it should be, or no opinion?</p> <p>(01) Much more than it should be (02) Somewhat more than it should be (03) About what it should be (04) Somewhat less than it should be (05) Much less than it should be (06) No opinion</p>	BOX USEND
Deletion	KNQ			Included in above calculation for KNQ		KN53D-KNDOCREC	<p>Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records.</p> <p>When [you/ (SP)] (visit/visits) (your/his/her) usual health care provider, does a doctor or other health professional generally enter [your/ (SP's)] health information into a computer while (you are/he is/she is) present?</p> <p>[EXPLAIN IF NECESSARY: "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	BOX KN8
Addition	PVQ	-	-	Increase of 0.8 minutes	Increase of 0.8 minutes	PV8A - WELLNESS	<p>Within the first 12 months of a beneficiary's Medicare enrollment, Medicare pays for a one-time "Welcome to Medicare" visit with their primary care provider to assess their current health. After a beneficiary has been enrolled in Medicare for 12 months, Medicare pays for "Annual Wellness" visits. These visits are yearly appointments with the beneficiary's primary care provider to update their personalized prevention plan.</p> <p>Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has SP] had either a "Welcome to Medicare" or an "Annual Wellness" visit?</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	PV9-BPTAKEN

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Addition	PVQ	-	-	Increase of 0.3 minutes	Increase of 0.3 minutes	PV10A - BASKORAL	[Have you/Has SP] ever had an exam for oral cancer in which the doctor or dentist pulls on [your/his/her] tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	If (01) YES, go to PV10C-OCCEXAM If (02) NO, go to BOX PV19 If (-8) DON'T KNOW, go to BOX PV19 If (-9) REFUSED, go to BOX PV19
						PV10B - CASKORAL	Since (SAMPLE_PERSON.DATE_FALLRND), [have you/has SP] had an exam for oral cancer in which the doctor or dentist pulls on [your/his/her] tongue, sometimes with gauze wrapped around it, and feels under the tongue and inside the cheeks? (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PV19
						PV10C - OCCEXAM	When did [you/SP] have [your/his/her] most recent oral or mouth cancer exam? Was it within the past year, between 1 and 3 years ago, or over 3 years ago? (01) WITHIN THE PAST YEAR (02) BETWEEN 1 AND 3 YEARS AGO (03) OVER 3 YEARS AGO (-8) DON'T KNOW (-9) REFUSED	BOX PV19
Addition	HFQ	-	-	Increase of 0.2 minutes	Increase of 0.2 minutes	DIS2A - DISTEETH	[Have you/Has (SP)] lost all of [your/his/her] upper and lower natural (permanent) teeth? (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	DIS3 - DISDECISION