***What is the MCBS?***

**The Medicare Current Beneficiary Survey (MCBS)** is a national survey of Medicare beneficiaries in the United States. It collects information on health status, sources of health care, satisfaction with care, and health care expenditures.

***What is the current study about?***

This study is being conducted on behalf of the Centers for Medicare and Medicaid Services (CMS) to test some new questions on chronic conditions that CMS would like to add to the survey.

***What is the Centers for Medicare & Medicaid Services (CMS)?***

CMS is a federal agency that is part of the United States Department of Health and Human Services. CMS administers the Medicare program. For more information about CMS, please visit the website [www.cms.gov](file:///\\norc.org\Projects\7649\Common\Task%208_7681\Task%208.1%20LEP\Cognitive%20Testing%20Plan\www.cms.gov).

***Who is NORC?***

NORC is a not-for-profit social science research organization affiliated with the University of Chicago. NORC is conducting this study on behalf of the Centers for Medicare & Medicaid Services. You can learn more about NORC at its website, [www.norc.org](http://www.norc.org/).

***Do I have to participate?***

Participation is voluntary. You may choose whether or not you want to be in this study. If you decide to participate, you may choose to skip any question you do not want to answer or stop participating at any time. Your Medicare benefits will not be affected in any way by your decision.

***How much will I be paid?***

You will receive $40 for participating.

***How long will the study take?***

The interview will take about one hour.

***Why should I participate?***

We are testing a new version of the MCBS questionnaire. Input from beneficiaries on how the new questionnaire is working will help improve the data we collect. By participating in this study you can help make sure that CMS collects the most complete and accurate data possible on the experiences of Medicare beneficiaries.

***Who do I contact if I have questions about my rights as a study participant?***

If you have any questions regarding your rights as a study participant, you may call the NORC IRB Manager, toll-free, at 866-309-0542.

***How is my privacy protected?***

Your answers will always be kept private, and none of the information that you provide will be used for any purpose other than research. Your responses will be kept strictly confidential. Your name or any information that could identify you will never be used.

***What information will be shared with the government/with CMS?***

Your name will not be associated with any of the responses you give to the survey questions, and we will not provide the names of any participants to CMS. CMS will receive information about this study in a form that will not lead to the identification of any participants.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  The valid OMB control number for this information collection is 0938-1275 (expires 05/31/2021). The time required to complete this information collection is estimated to average 70 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.  If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports ClearanceOfficer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact [MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov).