

[Month], [Year]

Dear [Administrator]:

Thank you for your willingness to participate in the Medicare Current Beneficiary Survey. One of our interviewers will be contacting your facility soon to complete your interview.

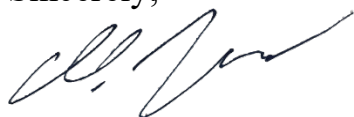
On the back of this letter, you will find a summary of potential topics covered that will be asked for the beneficiary in your facility selected for this survey. We hope this will help to prepare you and/or your staff for your interview. Please note that it is likely the interviewer may not cover all topics listed.

For the most recent public version of the questions you may be asked, you may visit: [cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires](https://cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires)

We sincerely thank you for your time and effort in providing us the information we need to improve. Know that your participation is making a meaningful difference in lives of Medicare beneficiaries across the country.

We look forward to speaking with you soon. In the meantime, if you have any questions, please do not hesitate to contact NORC toll-free at 1-844-777-2151, or by email at [mcbs@norc.org](mailto:mcbs@norc.org).

Sincerely,



Marina Vornovitsky

Director, Medicare Current Beneficiary Survey  
Centers for Medicare and Medicaid Services

Interview Topic	Description
<b>Facility Questionnaire</b>	Collects your facility’s contact information, structure type, eligibility, classification, certification status of beds within your facility, and billing rates.
<b>Residence History</b>	Establishes where your resident has resided within the last few months.
<b>Background</b>	Collects background and demographic information on your resident including race, income, level of education, service in the Armed Forces, and family composition.
<b>Health Insurance</b>	Collects information on your resident’s health insurance coverage including all types of health insurance coverage your resident may have in addition to Medicare such as, private insurance, long-term Care insurance, Dept. of Veterans Affairs eligibility, and TRICARE or CHAMPVA.
<b>Health Status</b>	Collects information on your resident’s general health status and conditions, and ability to perform various physical activities.
<b>Use of Health Services</b>	Collects information on the health care services delivered to your resident while residing in your facility.
<b>Expenditure</b>	Collects your facility’s billing periods and charges for your resident’s health care to capture billing rate changes and your resident’s source of payments for those charges.
<b>COVID-19 Beneficiary Supplement</b>	Collects data on COVID-19 pandemic topics related to your resident’s utilization of COVID-19 testing, COVID-19 medical care, and COVID-19 vaccine utilization.
<b>COVID-19 Facility-level Supplement</b>	Collects information on your facility regarding topics related to the COVID-19 pandemic’s impact on MCBS eligible facilities including availability of telehealth services, COVID-19 prevention measures, and mental health and social and recreational services offered inside and outside of your facility.