To: Jamie Wilson

 Office of Information and Regulatory Affairs (OIRA)

 Office of Management and Budget (OMB)

From: William S. Long,

 Contracting Officer’s Representative, Medicare Current Beneficiary Survey

 CMS Office of Enterprise Data and Analytics

Subject: NonSubstantive Change Request – Medicare Current Beneficiary Survey (MCBS) CMS-P-0015A 0938-0568

Date: March 22, 2024

This memo requests approval of non-substantive changes to an approved data collection (OMB No. 0938-0568, expires 08/31/2025). The current clearance encompasses the MCBS Community questionnaire, Facility screener, and Facility instrument.

***Background***

The purpose of this modification is to provide time-sensitive information on diabetes management that will help CMS and the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) evaluate changes in diabetes self-management related to insulin-related provisions in the Inflation Reduction Act (IRA) of 2022.

***Overview of Requested Changes***

This change request seeks approval to implement non-substantive changes in the 2024 MCBS questionnaire that will be administered in Fall 2024 Round 100. Data collection for this round is scheduled to begin July 15, 2024. This non-substantive change request only affects the Health Status and Functioning (HFQ) section of the currently approved questionnaire. CMS requests approval to add two follow-up questions to an existing series on diabetes management to include:

* One additional follow-up item related to mode of insulin administration and
* One additional follow-up item related to trouble getting insulin.

***Time Sensitivities***

Development of the computer-assisted personal interviewing (CAPI) questionnaire is already underway. OMB approval of these new items is needed by May 17, 2024 to allow for sufficient time to finalize programming and testing of the questionnaire. Fielding the follow-up items in Fall 2024 will provide data points that closely corresponds to the time when IRA’s cap on out-of-pocket costs for insulin first took effect and therefore will improve CMS’ ability to observe changes in diabetes management trends since the implementation of IRA.