

MEDICARE CURRENT BENEFICIARY SURVEY (MCBS)

# 2024 Content Management Cycle Cognitive Testing Report

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## Executive Summary

The Medicare Current Beneficiary Survey (MCBS) is a continuously fielded survey of a nationally representative sample of the Medicare population conducted by the Centers for Medicare & Medicaid Services (CMS) through a contract with NORC at the University of Chicago (NORC). The Medicare population includes all Medicare eligible persons aged 65 and over, and persons under age 65 with certain disabilities or with end-stage renal disease (ESRD). The MCBS uses a rotating panel design and collects data from Medicare beneficiaries up to eleven times over a span of four years. Incoming panels are sampled and recruited in the fall of each year to replace the panel that rotates out in the winter. The survey covers topics including health care utilization and expenditures, sources of health insurance coverage, and health status and functioning. Data are collected for sampled beneficiaries living in noninstitutionalized (e.g., households) and institutionalized (e.g., nursing homes) settings.

Each year, CMS solicits content changes to the MCBS questionnaires from partners and stakeholders. As a result of this call, in April 2022 CMS received requests for two new series of items to be added to the MCBS Community questionnaire in 2024. These requests include two items about comparing Medicare coverage options and five items related to oral health. Based on draft wording of the new items (either directly from other surveys or from other resources), a small-scale cognitive testing round was designed to assess comprehension and the overall flow of administration. A total of eight cognitive tests were conducted by phone in Summer 2022; five of the eight tests were conducted in English and three tests were conducted in Spanish.

Based on the results of this small-scale testing effort, the 5-Item Oral Health Impact Profile (OHIP-5) is recommended for implementation on the MCBS. The testing found that a few of the questions needed minor revisions to improve clarity but overall, the scale performed well and administration was straightforward in both English and Spanish. Adding these new items beginning in Fall 2024 will close important data gaps related to oral health.

The remaining items about comparing Medicare coverage options are not recommended for implementation at this time due to comprehension issues observed during testing.

## Introduction

The Medicare Current Beneficiary Survey (MCBS) is a continuously fielded survey of a nationally representative sample of the Medicare population conducted by the Centers for Medicare & Medicaid Services (CMS) through a contract with NORC at the University of Chicago (NORC). The Medicare population includes all Medicare eligible persons aged 65 and over, and persons under age 65 with certain disabilities or with end-stage renal disease (ESRD). The MCBS uses a rotating panel design and collects data from Medicare beneficiaries up to eleven times over a span of four years. Incoming panels are sampled and recruited in the fall of each year to replace the panel that rotates out in the winter. The survey covers topics including health care utilization and expenditures, sources of health insurance coverage, and health status and functioning. Data are collected for sampled beneficiaries living in noninstitutionalized (e.g., households) and institutionalized (e.g., nursing homes) settings.

Each year, CMS solicits content changes to the MCBS questionnaires from partners and stakeholders. As a result of this call, in April 2022 CMS received requests to consider two new series of items to be added to the MBCS Community questionnaire in 2024. These requests include two new items about comparing Medicare coverage options and five new items related to oral health (Exhibit 1). Based on draft wording of the new and revised items (either directly from other surveys or from other resources), a small-scale cognitive testing round was designed to assess comprehension and overall flow of administration. A total of eight cognitive tests were conducted by phone in Summer 2022; five of the eight tests were conducted in English and three tests were conducted in Spanish.

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### Exhibit 1. 2024 Content Cycle Requests and Requested Implementation Timeline

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Content Request	Item Source	Requested Implementation Timeline
Comparing Medicare Coverage Options	Original Items	Winter 2024 Round 98
Oral Health Items	OHIP-5	Fall 2024 Round 100

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### Item Source and Description

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All items in the 2024 content cycle required testing to assess comprehension and clarity among Medicare beneficiaries.

- The “Comparing Medicare Coverage Options” items are original items designed to measure the methods beneficiaries use to review and compare Medicare coverage options. These items were requested and initially drafted by the CMS Office of Program Operations and Local Engagement (OPOLE) Local and Engagement Administration.

- The 5-Item Oral Health Impact Profile (OHIP-5) scale was requested for inclusion by the Chief Dental Officer at CMS. These items assess oral function, orofacial pain, orofacial appearance, and the psychosocial impact of having any problems with your teeth, mouth, dentures, or jaw. Earlier iterations of the OHIP scale measured these same oral health domains via a longer scale comprised of 49 items,<sup>1</sup> and later, 14 items.<sup>2</sup> In an attempt to capture analytically similar information with the minimum number of items, a five-item version of the scale was created.<sup>3</sup> The five-item version of the scale was validated in the adult general population in both English and Spanish and was found to have sufficient reliability and validity.<sup>4,5</sup> The five-item version of the scale has been found to be highly correlated with longer versions and is recommended for usage in both research and clinical settings as it provides interchangeable information and has minimal burden.<sup>6</sup>

## Methods

The purpose of this cognitive testing study was to understand the processes people use to answer questions about several health-related topics and to identify potential problems in the questions and response categories. A qualitative analysis of the interviews was conducted.

### Sampling, Recruitment, and Screener

As is typical of cognitive interviewing, convenience sampling was used to identify eligible cases. Cognitive interviewing staff recruited from retired 2018 panel respondents who consented to future contact at their Winter 2022 Round 92 Community questionnaire. They were selected based on a variety of demographic characteristics such as language, race/ethnicity, age, and education level. Respondents were screened prior to interview administration to confirm their Medicare eligibility and their demographic information (see screening instruments in Appendices A and B).

A total of eight interviews were completed from August to September 2022; five of the eight tests were conducted in English and three tests were conducted in Spanish. Respondents were provided a

<sup>1</sup> Slade, G. D., & Spencer, A. J. (1994). Development and evaluation of the Oral Health Impact Profile. *Community dental health, 11*(1), 3–11.

<sup>2</sup> Slade G. D. (1997). Derivation and validation of a short-form oral health impact profile. *Community dentistry and oral epidemiology, 25*(4), 284–290. <https://doi.org/10.1111/j.1600-0528.1997.tb00941.x>

<sup>3</sup> John, M. T., Miglioretti, D. L., LeResche, L., Koepsell, T. D., Hujoel, P., & Micheelis, W. (2006). German short forms of the oral health impact profile. *Community dentistry and oral epidemiology, 34*(4), 277–288.

<sup>4</sup> Naik, A., John, M. T., Kohli, N., Self, K., & Flynn, P. (2016). Validation of the English-language version of 5-item Oral Health Impact Profile. *Journal of prosthodontic research, 60*(2), 85–91. <https://doi.org/10.1016/j.jpor.2015.12.003>

<sup>5</sup> Simancas-Pallares, M., John, M. T., Enstad, C., & Lenton, P. (2020). The Spanish Language 5-Item Oral Health Impact Profile. *International dental journal, 70*(2), 127–135. <https://doi.org/10.1111/idj.12534>

<sup>6</sup> John, M. T., Omara, M., Su, N., List, T., Sekulic, S., Häggman-Henrikson, B., Visscher, C. M., Bekes, K., Reissmann, D. R., Baba, K., Schierz, O., Theis-Mahon, N., Fueki, K., Stamm, T., Bondemark, L., Oghli, I., van Wijk, A., & Larsson, P. (2022). Recommendations for use and scoring of Oral Health Impact Profile Versions. *Journal of Evidence-Based Dental Practice, 22*(1). <https://doi.org/10.1016/j.jebdp.2021.101619>

\$40 incentive for participating. They ranged in age from 64 to 91 (mean age = 79.9). Exhibit 2 shows distributions by sex, ethnicity, race, and educational attainment as reported during screening.

**Exhibit 2.** Distribution of Sex, Ethnicity, Race, and Educational Attainment among Cognitive Interview Respondents

Characteristic	Count
<b>Sex</b>	
<i>Female</i>	4
<i>Male</i>	4
<b>Ethnicity</b>	
<i>Hispanic</i>	3
<i>Non-Hispanic</i>	5
<b>Race</b>	
<i>Black or African American</i>	2
<i>White</i>	6
<b>Education</b>	
<i>Nursery school to eighth grade</i>	2
<i>High school diploma</i>	1
<i>Some college, but no degree</i>	1
<i>Bachelor's degree</i>	3
<i>Master's, professional or doctorate degree</i>	1

### Data Collection

Interviewers administered the questionnaire as a paper-and-pencil interview (PAPI) remotely via telephone. Once potential respondents were screened and determined to be eligible, interviewers reviewed and obtained informed consent and administered the test questionnaire in full. Interviews were audio recorded with respondents' permission, so analysts could reference the recording during analysis as needed. After each series of items was administered, interviewers debriefed respondents, probing for information about how they interpreted the questions and arrived at their answers. The cognitive testing questionnaire is shown in Appendices C and D.

### Data Analysis Methods

This cognitive testing effort used retrospective probing techniques in which respondents were asked additional questions about the items being tested. During and after each interview, observers wrote notes summarizing the themes and responses they heard. Analysts then reviewed the notes; listened to the interview recordings for additional clarity when needed; and identified themes in the responses. This analysis provided insights into any confusion respondents may have had in responding to the draft items and identified items where respondents did not answer as intended. It also identified possible opportunities for improvement of some measures.

## Results and Recommendations

The discussion below is structured around each set of items: (1) comparing Medicare coverage options, and (2) oral health items. For each set of items, this section first describes the testing results and, when appropriate, includes recommendations to improve or revise the questions. For each group of test questions, the report includes descriptive statistics and a discussion of item performance.

### Comparing Medicare Coverage Options

The cognitive testing questionnaire contained a series of five items related to comparing Medicare coverage options (Exhibit 3). Items Q1 and Q2 are existing MCBS items that ask about the ease and frequency with which beneficiaries compare their Medicare coverage options. These items were included in the test questionnaire to orient respondents and provide context to the topic of interest for testing. Item Q3, requested by the OPOLE Local and Engagement Administration, asks how beneficiaries review and compare their Medicare coverage options. Item Q4 was included in the cognitive testing questionnaire as a close-ended probe to assess familiarity with the response options tested in item Q3. Finally, item Q5, requested by the OPOLE Local and Engagement Administration, asks about awareness of using a medicare.gov account to manage Medicare benefits.

**Exhibit 3.** Comparing Medicare Coverage Options, Item Q1-Q5 Question Text\*

Variable Name	Question Text	Code List
Q1	How easy or difficult would you say it is for you to review and compare your Medicare coverage options? Would you say it is ...	(01) Very easy (02) Somewhat easy (03) Somewhat difficult (04) Very difficult (05) DOES NOT MAKE DECISIONS ON HEALTH INSURANCE (-8) DON'T KNOW (-9) REFUSED
Q2	How often do you review or compare your Medicare coverage options? Would that be at least once every year, once every few years, rarely, or never?	(01) AT LEAST ONCE EVERY YEAR (02) ONCE EVERY FEW YEARS (03) RARELY (04) NEVER → <b>Skip to Q4</b> (05) ONLY ONCE WHEN FIRST SIGNED UP FOR DRUG PLAN (06) ONLY ONCE WHEN FIRST SIGNED UP FOR MEDICARE (07) JUST SIGNED UP FOR MEDICARE (-8) DON'T KNOW (-9) REFUSED



Variable Name	Question Text	Code List
Q3	<p><b>How do you review or compare your Medicare coverage options? Select all that apply:</b></p> <p><b>IF NEEDED: Medicare SHIP (State Health Insurance Assistance Program) is a free, one-on-one counseling service to help answer your questions about Medicare coverage and plan options.</b></p>	<p><b>(01) 1-800-MEDICARE</b>  <b>(02) medicare.gov</b>  <b>(03) “Medicare and You” Handbook</b>  <b>(04) State Health Insurance Assistance Program (SHIP)</b>  <b>(05) Family member</b>  <b>(06) Other (Specify)</b></p>
Q4	<p>Before today, were you aware of the following ways to review or compare your Medicare coverage options? Please indicate yes or no to each one:</p> <ul style="list-style-type: none"> <li>• 1-800-MEDICARE</li> <li>• medicare.gov</li> <li>• “Medicare and You” Handbook</li> <li>• State Health Insurance Assistance Program (SHIP)</li> </ul> <p>[IF NEEDED: Medicare SHIP (State Health Insurance Assistance Program) is a free, one-on-one counseling service to help answer your questions about Medicare coverage and plan options.]</p>	<p>(01) YES  (02) NO  (-8) DON'T KNOW  (-9) REFUSED</p>
Q5	<p><b>Before today, were you aware that you can create an account at medicare.gov to manage your Medicare benefits?</b></p>	<p><b>(01) YES</b>  <b>(02) NO</b>  <b>(-8) DON'T KNOW</b>  <b>(-9) REFUSED</b></p>

\*Items requested by the OPOLE Local and Engagement Administration for inclusion in the 2024 MCBS Community questionnaire are bolded.

All eight respondents answered items Q1 and Q2. At item Q1, 87.5% of respondents (n=7) found it “very easy” or “somewhat easy” to compare their Medicare coverage options and 12.5% (n=1) found it “somewhat difficult”. The majority of respondents (62.5%, n=5) reported reviewing or comparing their coverage “at least once every year” at item Q2. Of the remaining respondents, one respondent reported “rarely” comparing coverage options, one reported “never” comparing options, and one answered, “Don’t Know.”

espondents who responded to items Q3 and Q4 reported using a variety of sources to review or compare their coverage options (item Q3) and reported varying levels of awareness of these sources (item Q4). Exhibit 4 shows the breakdown of responses reported at these items. As shown below, one respondent reported using the State Health Insurance Assistance Program (SHIP) at item Q3.

However, after receiving a definition of SHIP at item Q4 they realized they had not used SHIP to review/compare their coverage options.

**Exhibit 4.** Comparing Medicare Coverage Options, Item Q3-Q4 Responses

Methods for reviewing/comparing coverage	Q3: How do you review or compare your Medicare coverage options? (Total n=7)*	Q4: Before today, were you aware of the following ways to review or compare your Medicare coverage options? (Total n=8)
1-800-MEDICARE	0% (n=0)	37.5% (n=3)
medicare.gov	0% (n=0)	12.5% (n=1)
“Medicare and You” Handbook	14% (n=1)	50% (n=4)
State Health Insurance Assistance Program (SHIP)	14% (n=1)**	50% (n=4)
Family member	29% (n=2)	n/a
Other (Specify)	43% (n=3) <i>Respondents reported the following “other” methods: Mailing, Medicare insurance agent, and mail &amp; television.</i>	n/a

\*One of the respondents elected to refuse answering the question due to lack of comprehension and frustration with the series overall.

\*\*This response was later discovered to be erroneous, the respondent realized that they did not use this program.

At item Q5, only one of the eight respondents was aware of the ability to create an account at medicare.gov to manage their Medicare benefits.

***Analysis and Recommendations***

Several respondents were able to complete this section with relative ease. Of these individuals, one respondent reported reviewing their coverage options annually and seemed very involved in their health care decision making. Another respondent rarely reviewed their coverage options, but when they did, it was with the help of a Medicare insurance agent. Other respondents received assistance from family members.

The majority of respondents in the English-language interviews (and half of the respondents overall), however, reported comprehension issue with this series. For those who reported challenges, this series proved to be confusing for two main reasons.

1. First, some respondents had difficulty engaging with the question topic. One respondent had difficulty understanding the series as they did not understand the concept of reviewing Medicare coverage options. This led to them being unable to answer item Q3 (i.e., refusing to respond), not necessarily because they did not use any of the methods but because they did

not understand the concepts in the question. The frustration expressed by the respondent at being asked questions they did not understand nearly led to a loss of cooperation for the rest of the interview.

Another respondent struggled with the series because their spouse makes the healthcare decisions in their household. Situations such as this, where a family member assists with choosing coverage, are challenging at item Q3. A respondent may choose “family member” from the list of available response options or may choose the program resources their family member uses to compare coverage options, depending on how involved they are in the decision-making process and how they interpret the question. This could lead to inconsistencies in interpretation and variable responses and, therefore, may not provide useful data for the requesting agency.

2. Second, respondents were unfamiliar with the technical terms used in items Q3, Q4, and Q5. At Q3, one respondent mistook the State Health Insurance Assistance Program (SHIP) for something else, but this was not revealed until the respondent was administered item Q4 and received a definition of the program. Further, half or fewer respondents reported awareness of each program resource at item Q4 (Exhibit 4), suggesting that a lack of selection of a program resource at item Q3 is likely due to a combination of being unfamiliar with the resource and/or not using the resource. Two respondents also struggled with item Q5 (knowledge of medicare.gov account creation) as they were unfamiliar with the website entirely.

Two of the three Spanish interview respondents also struggled to understand the concepts of the items Q3 and Q4. The field interviewer conducting this questionnaire added extra context to the answer choices such as “the webpage medicare.gov” rather than simply “medicare.gov” to attempt to alleviate confusion. When probed, one respondent stated that they were “thinking about how much information [they] don’t know.” This implies that the respondent understood that the questions were about Medicare, but they did not know enough about the assistance tools for comparing coverage to answer these questions comfortably.

Given the comprehension issues encountered by at least half of respondents, NORC does not recommend implementing this series of items. To make such questions viable in a population-based survey would require a more extensive review of the literature and in-depth analysis to improve item flow and comprehension.

## Oral Health Items

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The cognitive testing questionnaire contained a series of five items related to oral health (shown in Exhibit 5). These new items were sourced from the OHIP-5, as requested by the Chief Dental Officer at CMS, and ask about oral pain (Q1), oral function (Q2 and Q5), orofacial appearance (Q3), and the

psychosocial impact of oral health problems (Q4).<sup>7</sup> The original series contained a reference period of one month. Prior to cognitive testing, all items in this series were modified to accommodate an annual reference period, typically used for health status and functioning questions in the MCBS. Additionally, items Q3 and Q4 were modified to include interviewer help text that provide definitions of terms that may be confusing for respondents.

**Exhibit 5. Oral Health Testing Items**

Variable Name	Question Text	Code List
Q1	Since [LAST HF MONTH YEAR], have you had painful aching in your mouth? Would you say:	(01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED
Q2	Since [LAST HF MONTH YEAR], have you had difficulty chewing any foods because of problems with your teeth, mouth, dentures, or jaw? Would you say:	(01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED
Q3	Since [LAST HF MONTH YEAR], have you felt uncomfortable about the appearance of your teeth, mouth, dentures, or jaws? Would you say:  [IF NEEDED: “Uncomfortable” can include a wide spectrum of emotions (embarrassment, anxiety, anger, sadness, etc.).]	(01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED
Q4	Since [LAST HF MONTH YEAR], have you had difficulty doing your usual activities because of problems with your teeth, mouth, dentures, or jaws? Would you say:  [IF NEEDED: “Activities” may include going to a job, doing housework such as light cleaning, shopping, or running errands, preparing meals, etc.]	(01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED

<sup>7</sup> John, M. T., Miglioretti, D. L., LeResche, L., Koepsell, T. D., Hujoel, P., & Micheelis, W. (2006). German short forms of the oral health impact profile. *Community dentistry and oral epidemiology*, 34(4), 277-288.

Variable Name	Question Text	Code List
Q5	Since [LAST HF MONTH YEAR], have you felt that there has been less flavor in your food because of problems with your teeth, mouth, dentures, or jaws? Would you say:	(01) Never (02) Hardly ever (03) Occasionally (04) Fairly often (05) Very often (-8) DON'T KNOW (-9) REFUSED

Of the eight participants, two respondents reported oral pain, four respondents reported having difficulty chewing, three respondents reported feeling uncomfortable with their oral appearance, two respondents reported having difficulty doing their usual activities, and one respondent reported feeling there had been less flavor in their food because of problems with their teeth, mouth, dentures, or jaw. When probed on item Q2, one respondent indicated they “[did] not have any problems” which was coded as “never” by the field interviewer.

***Analysis and Recommendations***

The items on oral health performed well as tested. They were easily understood, and every participant was able to report on them.

One minor modification to the question text for items Q2-Q5 was identified to avoid field interviewer confusion while coding responses. Items Q2-Q5 are written in a way that assumes the respondent has problems with their teeth, mouth, dentures, or jaws. If the respondent reports they have no problems or the question is not applicable to them, these responses can be confusing to code for inexperienced field interviewers. NORC recommends updating the question text to include “if any” after “problems” is read to avoid such confusion (shown in Exhibit 6).

**Exhibit 6.** Proposed Revisions to Oral Health Testing Items

Variable Name	Question Text
Q2	Since [LAST HF MONTH YEAR], have you had difficulty chewing any foods because of problems, <b>if any</b> , with your teeth, mouth, dentures, or jaw? Would you say:
Q4	Since [LAST HF MONTH YEAR], have you had difficulty doing your usual activities because of problems, <b>if any</b> , with your teeth, mouth, dentures, or jaws? Would you say:  [IF NEEDED: “Activities” may include going to a job, doing housework such as light cleaning, shopping, or running errands, preparing meals, etc.]
Q5	Since [LAST HF MONTH YEAR], have you felt that there has been less flavor in your food because of problems, <b>if any</b> , with your teeth, mouth, dentures, or jaws? Would you say:

## Discussion

This section summarizes recommendations for implementation.

- **Comparing Medicare Coverage Options: Not Recommended for Implementation Due to Lack of Comprehension.** Items about comparing Medicare Coverage Options were challenging for respondents to answer given the item wording, concepts of interest, format, and use of technical terms. Any potential modifications to make these items viable in the MCBS would require a more extensive review of the literature and in-depth analysis.
- **Oral Health Items: Recommended for Implementation.** The new oral health items (OHIP-5) were easily understood and pose a relatively small increase to respondent burden. Based on the results of this small testing effort, and the policy priority of oral health content, it is recommended that this new set of items be implemented on the MCBS with minor wording clarifications. The new oral health items will be included in a full clearance revision to the main MCBS (0938-0568) for implementation in Fall 2024.

**Exhibit 7.** Administration Schedule and Burden of Oral Health Items

Content Request	# of New Items	Quex Section	Administration Schedule	Anticipated Burden
Oral Health Items	5	Health Status and Functioning Questionnaire (HFQ)	Annually, Fall Round	1.9 minutes

## Appendix A: Cognitive Interview Screening Instrument (English)

PARTICIPANT NUMERIC IDENTIFIER: \_\_\_\_\_

1. What is your sex? Are you male, female, or do you identify yourself another way?
  - MALE
  - FEMALE
  - I IDENTIFY AS \_\_\_\_\_
  - I don't know
  - Refused
  
2. How old are you?  
  
\_\_\_\_\_ years
  
3. Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. Do you receive health insurance through Medicare?
  - YES
  - NO → I am sorry, but only people who receive insurance through Medicare are eligible for this study.
  
4. What is the highest degree or level of school you have completed?
  - NO SCHOOLING COMPLETED
  - NURSERY SCHOOL TO 8TH GRADE
  - 9TH-12TH GRADE, NO DIPLOMA
  - HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
  - VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL)
  - SOME COLLEGE, BUT NO DEGREE
  - ASSOCIATE DEGREE
  - BACHELOR'S DEGREE
  - MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
  
5. Are you of Hispanic, Latino, or Spanish origin?
  - YES
  - NO
  
6. What is your race? [SELECT ONE OR MORE. READ RESPONSE OPTIONS IF NEEDED.]
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Something else: \_\_\_\_\_

**IF CONDUCTING SCREENER DURING RECRUITMENT, CONTINUE TO NEXT QUESTION TO SCHEDULE THE APPOINTMENT. OTHERWISE ADMINISTER QUESTIONNAIRE.**

7. CONFIRM CONTACT INFORMATION AND SCHEDULE APPOINTMENT:

Ok, let's schedule an appointment to do the interview.

[TAKE INFORMATION]

8. Can you confirm that [PHONE NUMBER] is the best number to contact you on [DATE] for the interview?

[TAKE INFORMATION]

Thank you for volunteering to participate. We will speak with you on [REPEAT DATE AND TIME OF APPOINTMENT].

With your permission, your interview session will be recorded to allow us to ensure we capture all of the feedback you provide us. Only staff directly involved in the project will have access to the recording. If you do not want to be recorded, we can do the interview without recording. Your answers will always be kept private, and none of the information that you provide will be used for any purpose other than research.



## Appendix B: Cognitive Interview Screening Instrument (Spanish)

PARTICIPANT NUMERIC IDENTIFIER: \_\_\_\_\_

1. ¿Cuál es su sexo? ¿Es usted hombre, mujer o se identifica de otra manera?
  - MALE
  - FEMALE
  - I IDENTIFY AS \_\_\_\_\_
  - I don't know
  - Refused
  
2. ¿Cuántos años tiene?
 

\_\_\_\_\_ años
  
3. Medicare es el programa federal de seguro de salud para personas de 65 años de edad o mayores, ciertas personas más jóvenes con discapacidades y personas con enfermedad renal en etapa terminal. Necesito confirmar, ¿usted recibe seguro de salud a través de Medicare?
  - YES
  - NOà Lo siento, pero sólo las personas que reciben seguro a través de Medicare son elegibles para este estudio.

READ IF NECESSARY: ¿Tiene una tarjeta de Medicare? La Parte A de Medicare incluye la cobertura de hospitalizaciones y la Parte B incluye la cobertura de los servicios del médico. La Parte C, Planes Medicare Advantage, se ofrece a través de compañías de seguros privadas bajo contrato con Medicare. Algunas personas optan por agregar la Parte D, que es la cobertura de medicamentos recetados.

4. ¿Cuál es el grado o nivel más alto de la escuela que usted ha completado?
  - NO SCHOOLING COMPLETED
  - NURSERY SCHOOL TO 8TH GRADE
  - 9TH-12TH GRADE, NO DIPLOMA
  - HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
  - VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL)
  - SOME COLLEGE, BUT NO DEGREE
  - ASSOCIATE DEGREE
  - BACHELOR'S DEGREE
  - MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
  
5. ¿Es de origen hispano, latino o español?
  - YES
  - NO

6. ¿Cuál es su raza? [SELECT ALL THAT APPLY. READ RESPONSE OPTIONS IF NEEDED.]
- Indio/a americano/a o nativo/a de Alaska
  - Asiático/a
  - Negro/a o afroamericano/a
  - Nativo/a Hawaiano/a u otra isla del Pacífico
  - Blanco/a
  - SOMETHING ELSE: \_\_\_\_\_

**IF CONDUCTING SCREENER DURING RECRUITMENT, CONTINUE TO NEXT QUESTION TO SCHEDULE THE APPOINTMENT. OTHERWISE ADMINISTER QUESTIONNAIRE.**

7. CONFIRM CONTACT INFORMATION AND SCHEDULE APPOINTMENT:

Ok, programemos una cita para hacer la entrevista.

[TAKE INFORMATION]

8. ¿Puede usted confirmar que [NÚMERO DE TELÉFONO] es el mejor número para contactarlo/a en la [FECHA] para la entrevista?

[TAKE INFORMATION]

Gracias por ofrecerse como voluntario/a para participar. Hablaremos con usted el [REPETIR FECHA Y HORA DE LA CITA].

Con su permiso, se grabará la sesión de su entrevista para permitirnos asegurarnos de capturar todos los comentarios que usted nos proporcione. Sólo el personal directamente involucrado en el proyecto tendrá acceso a la grabación. Si usted no quiere que le graben, podemos hacer la entrevista sin grabar. Sus respuestas siempre se mantendrán en privado, y la información que usted proporcione no se utilizará para ningún otro propósito que no sea la investigación.

## Appendix C: Cognitive Interview Instrument (English)

### MATERIALS NEEDED FOR INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET)
- INFORMED CONSENT
- RECORDING DEVICE/VOICE RECORDING APP
- PENS AND PENCILS; SOFTWARE FOR DIGITAL NOTETAKING

### STEP 1: INFORMED CONSENT

INT1. The Medicare Current Beneficiary Survey (MCBS) asks Medicare beneficiaries about their health status, sources of health care, satisfaction with care, and health care expenditures. In today's interview I will be asking you about how you review your Medicare options and your oral health.

Periodically during the interview, I will ask you some questions about how you decided to answer some of the survey questions. Getting your feedback on the questions can help make the questions better.

[CONTINUE]

INT2. All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974. Medicare benefits will not be affected in any way by survey responses or participation.

Do you agree to participate in this interview?

- a. YES -> GO TO NEXT QUESTION
- b. NO -> STOP INTERVIEW AND THANK THEM FOR THEIR TIME.

INT3. In order to have a complete record of your comments, with your permission, your interview session will be audio taped. The recording will be stored electronically on NORC's secure servers. We plan to use the recording to ensure that we capture all of the feedback you provide us. Only staff directly involved in this research project will have access to the recording. Any quotes used in presentations and publications will not include any names or any information that could identify any participant.

Is it okay for me to proceed with the recording on?

- a. YES -> TURN RECORDING ON
- b. NO -> PROCEED WITHOUT RECORDING

### STEP 2: COMPLETION OF THE QUESTIONNAIRE

The Medicare Current Beneficiary Survey (MCBS) asks Medicare beneficiaries about their health status, sources of health care, satisfaction with care, and health care expenditures. In today's interview I will be asking you about how you review your Medicare options and your oral health.

After we have finished the survey, I would like to talk with you about some of the questions in the survey. Getting your feedback on the questions can help make the questions better.

[INTERVIEWER: EACH SERIES OF QUESTIONS IN THE PROTOCOL IS IMMEDIATELY FOLLOWED BY A SET OF PROBES AND INTERVIEWER NOTES DESIGNED TO AID THE DEBRIEFING PROCESS; WHILE SPECIFIC PROBES WILL VARY, THE EXAMPLES PROVIDED IN THE PROTOCOL ARE MEANT TO BE A STARTING POINT FOR DIALOG WITH THE RESPONDENT. INTERVIEWERS ARE INSTRUCTED TO ADMINISTER EACH SERIES AND THEN ADMINISTER THE PROBES TO DEBRIEF WITH THE RESPONDENT. REMIND THE RESPONDENT OF THE QUESTION AND HIS/HER RESPONSE IN ADVANCE OF USING PROBES AS NEEDED.]

### *MEDICARE KNOWLEDGE ITEMS*

[INTERVIEWER READ]: We're interested in learning more about how people covered under Medicare navigate their coverage options. We're going to ask you a few questions about how you review your Medicare coverage options.

Q1. (KNCOVOPT): How easy or difficult would you say it is for you to review and compare your Medicare coverage options? Would you say it is ...

- (01) Very easy
- (02) Somewhat easy
- (03) Somewhat difficult
- (04) Very difficult
- (05) DOES NOT MAKE DECISIONS ON HEALTH INSURANCE
- (-8) DON'T KNOW
- (-9) REFUSED

Q2. (KNCOVREV): How often do you review or compare your Medicare coverage options? Would that be at least once every year, once every few years, rarely, or never?

- (01) AT LEAST ONCE EVERY YEAR
- (02) ONCE EVERY FEW YEARS
- (03) RARELY
- (04) NEVER
- (05) ONLY ONCE WHEN FIRST SIGNED UP FOR DRUG PLAN
- (06) ONLY ONCE WHEN FIRST SIGNED UP FOR MEDICARE
- (07) JUST SIGNED UP FOR MEDICARE
- (-8) DON'T KNOW
- (-9) REFUSED

**If response is "Never" then skip to Q4 (KMEDACCT). Otherwise, continue to next question.**

Q3. (KNCOVMTH): How do you review or compare your Medicare coverage options? Select all that apply:

- (01) 1-800-MEDICARE
- (02) medicare.gov
- (03) "Medicare and You" Handbook
- (04) State Health Insurance Assistance Program (SHIP)
- (05) Family member
- (06) Other \_\_\_\_\_

IF NEEDED: Medicare SHIP (State Health Insurance Assistance Program) is a free, one-on-one counseling service to help answer your questions about Medicare coverage and plan options.

Q4. Before today, were you aware of the following ways to review or compare your Medicare coverage options? Please indicate yes or no to each one:

	Yes	No
1-800-MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>
medicare.gov	<input type="checkbox"/>	<input type="checkbox"/>
“Medicare and You” Handbook	<input type="checkbox"/>	<input type="checkbox"/>
State Health Insurance Assistance Program (SHIP)	<input type="checkbox"/>	<input type="checkbox"/>
[IF NEEDED: Medicare SHIP (State Health Insurance Assistance Program) is a free, one-on-one counseling service to help answer your questions about Medicare coverage and plan options.]		

**SECTION TIME: --**

**REQUIRED PROBES:**

- Please tell me in your own words what you think these questions are asking.
- What did you think about when answering these questions?
- How did you decide on your answers?

*ORAL HEALTH*

[INTERVIEWER READ]: We are now going to ask you some questions about your oral health.

Q1. (ORALPAIN): Since August 2021, have you had painful aching in your mouth? Would you say:

- (01) Never
- (02) Hardly ever
- (03) Occasionally
- (04) Fairly often
- (05) Very often
- (-8) DON'T KNOW
- (-9) REFUSED

Q2. (CHEWPROB): Since August 2021, have you had difficulty chewing any foods because of problems with your teeth, mouth, dentures, or jaw? Would you say:

- (01) Never
- (02) Hardly ever
- (03) Occasionally
- (04) Fairly often
- (05) Very often

- (-8) DON'T KNOW
- (-9) REFUSED

Q3. (ORALAPER): Since August 2021, have you felt uncomfortable about the appearance of your teeth, mouth, dentures, or jaws? Would you say:

- (01) Never
- (02) Hardly ever
- (03) Occasionally
- (04) Fairly often
- (05) Very often
- (-8) DON'T KNOW
- (-9) REFUSED

IF NEEDED: “Uncomfortable” can include a wide spectrum of emotions (embarrassment, anxiety, anger, sadness, etc.).

Q4. (JOBTEETH): Since August 2021, have you had difficulty doing your usual activities because of problems with your teeth, mouth, dentures, or jaws? Would you say:

- (01) Never
- (02) Hardly ever
- (03) Occasionally
- (04) Fairly often
- (05) Very often
- (-8) DON'T KNOW
- (-9) REFUSED

IF NEEDED: “Activities” may include going to a job, doing housework such as light cleaning, shopping, or running errands, preparing meals, etc.]

Q5. (LESSFLAV): Since August 2021, have you felt that there has been less flavor in your food because of problems with your teeth, mouth, dentures, or jaws? Would you say:

- (01) Never
- (02) Hardly ever
- (03) Occasionally
- (04) Fairly often
- (05) Very often
- (-8) DON'T KNOW
- (-9) REFUSED

**SECTION TIME: --**

**REQUIRED PROBES:**

- Please tell me in your own words what you think these questions are asking.
- What did you think about when answering these questions?
  - *If R reported a problem, can ask:* What type of problem were you thinking about?

- *Additional probe as needed:* What did you think about when I asked if you were uncomfortable about the appearance of your teeth, mouth, dentures, or jaws?
- How did you decide on your answers?

**Be sure to collect the Respondent’s address for their incentive in the next section, Step 3: THANK YOU AND INCENTIVE on the next page.**

**STEP 3: THANK YOU AND INCENTIVE**

[INTERVIEWER] Thank you for participating in the interview today. To thank you for your time, we’d like to send you a check for \$40. Could you please provide me with an address to mail the check to?

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Appendix D: Cognitive Interview Instrument (Spanish)

### MATERIALS NEEDED FOR INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET)
- INFORMED CONSENT
- RECORDING DEVICE/VOICE RECORDING APP
- PENS AND PENCILS; SOFTWARE FOR DIGITAL NOTETAKING

### STEP 1: INFORMED CONSENT

INT1. La Encuesta de Beneficiarios Actuales de Medicare (MCBS) pregunta a los beneficiarios de Medicare sobre su estado de salud, fuentes de cuidado de salud, satisfacción con el cuidado y gastos de cuidado de salud. En la entrevista de hoy, le preguntaré cómo usted revisa sus opciones de Medicare y su salud bucal.

Periódicamente durante la entrevista, le haré a usted algunas preguntas sobre cómo decidió responder algunas de las preguntas de la encuesta. Obtener sus comentarios sobre estas preguntas puede ayudar a mejorarlas.

[CONTINUE]

INT2. Toda la información de la encuesta se mantendrá privada en la medida permitida por la ley, según lo prescrito por la Ley de Privacidad de 1974. Los beneficios de Medicare no se verán afectados de ninguna manera por las respuestas o la participación en la encuesta.

¿Está usted de acuerdo con participar en esta entrevista?

- a. SÍ -> VAYA A LA SIGUIENTE PREGUNTA
- b. NO -> PARE LA ENTREVISTA Y AGRADÉCELES SU TIEMPO.

INT3. Para tener un registro completo de sus comentarios, con su permiso su sesión de entrevista será grabada en audio. La grabación se almacenará electrónicamente en los servidores seguros de NORC. Planeamos usar la grabación para asegurarnos de capturar todos los comentarios que usted nos brinde. Sólo el personal directamente involucrado en este proyecto de investigación tendrá acceso a la grabación. Las citas utilizadas en presentaciones y publicaciones no incluirán ningún nombre ni información con la que se pueda identificar a algún participante.

¿Está bien que yo continúe con la grabación activada?

- a. SÍ -> ACTIVE LA GRABACIÓN
- b. NO -> CONTINÚE SIN GRABAR

### STEP 2: COMPLETION OF THE QUESTIONNAIRE

La Encuesta de Beneficiarios Actuales de Medicare (MCBS) pregunta a los beneficiarios de Medicare sobre su estado de salud, fuentes de cuidado de salud, satisfacción con el cuidado y



gastos de cuidado de salud. En la entrevista de hoy, le preguntaré cómo usted revisa sus opciones de Medicare y su salud bucal.

Después de que hayamos terminado la encuesta, me gustaría hablar con usted sobre algunas de las preguntas de la encuesta. Obtener sus comentarios sobre las preguntas puede ayudar a mejorarlas.

[INTERVIEWER: EACH SERIES OF QUESTIONS IN THE PROTOCOL IS IMMEDIATELY FOLLOWED BY A SET OF PROBES AND INTERVIEWER NOTES DESIGNED TO AID THE DEBRIEFING PROCESS; WHILE SPECIFIC PROBES WILL VARY, THE EXAMPLES PROVIDED IN THE PROTOCOL ARE MEANT TO BE A STARTING POINT FOR DIALOG WITH THE RESPONDENT. INTERVIEWERS ARE INSTRUCTED TO ADMINISTER EACH SERIES AND THEN ADMINISTER THE PROBES TO DEBRIEF WITH THE RESPONDENT. REMIND THE RESPONDENT OF THE QUESTION AND HIS/HER RESPONSE IN ADVANCE OF USING PROBES AS NEEDED.]

### *MEDICARE KNOWLEDGE ITEMS*

[INTERVIEWER READ]: Estamos interesados en obtener más información sobre cómo las personas cubiertas por Medicare navegan con sus opciones de cobertura. Le haremos algunas preguntas a usted sobre cómo revisa sus opciones de cobertura de Medicare.

Q1. (KNCOVOPT): Qué tan fácil o difícil usted diría que es para revisar y comparar sus opciones de cobertura de Medicare? ¿Diría usted que es...

- (01) Muy fácil
- (02) Algo fácil
- (03) Algo difícil
- (04) Muy difícil
- (05) DOES NOT MAKE DECISIONS ON HEALTH INSURANCE
- (-8) NO SABE
- (-9) REHUSA

Q2. (KNCOVREV): Con qué frecuencia revisa o compara sus opciones de cobertura de Medicare? ¿Diría usted que sería al menos una vez al año, una vez cada pocos años, rara vez, o nunca?

- (01) AT LEAST ONCE EVERY YEAR
- (02) ONCE EVERY FEW YEARS
- (03) RARELY
- (04) NEVER
- (05) ONLY ONCE WHEN FIRST SIGNED UP FOR DRUG PLAN
- (06) ONLY ONCE WHEN FIRST SIGNED UP FOR MEDICARE
- (07) JUST SIGNED UP FOR MEDICARE
- (-8) NO SABE
- (-9) REHUSA

**If response is “Never” then skip to Q4 (KMEDACCT). Otherwise, continue to next question.**

Q3. (KNCOVMTH): ¿Cómo revisa o compara usted sus opciones de cobertura de Medicare?  
 Seleccione todas las que correspondan:

- (01) 1-800-MEDICARE
- (02) medicare.gov
- (03) “Medicare y Usted” Manual
- (04) Programa estatal de asistencia sobre seguro médico (SHIP)
- (05) Miembro de la familia
- (06) Otro \_\_\_\_\_

IF NEEDED: Medicare SHIP (Programa estatal de asistencia sobre seguro médico) es un servicio de asesoramiento personalizado gratuito para ayudar a responder sus preguntas sobre la cobertura de Medicare y las opciones de planes.

Q4. Antes de hoy, ¿conocía usted las siguientes formas de revisar o comparar sus opciones de cobertura de Medicare? Por favor indique sí o no a cada una:

	Si	No
1-800-MEDICARE	<input type="checkbox"/>	<input type="checkbox"/>
medicare.gov	<input type="checkbox"/>	<input type="checkbox"/>
“Medicare y Usted” Manual	<input type="checkbox"/>	<input type="checkbox"/>
Programa estatal de asistencia sobre seguro médico (SHIP)	<input type="checkbox"/>	<input type="checkbox"/>
[IF NEEDED: El programa estatal de asistencia sobre seguro médico (SHIP) es un servicio de asesoramiento personalizado gratuito para ayudar a responder sus preguntas sobre la cobertura de Medicare y las opciones de planes.		

Q5. (KMEDACCT): Antes de hoy, ¿sabía usted que puede crear una cuenta en medicare.gov para administrar sus beneficios de Medicare?

- (01) SI
- (02) NO
- (-8) NO SABE
- (-9) REHUSA

**SECTION TIME: --**

**REQUIRED PROBES:**

- Por favor, dígame con sus propias palabras qué cree usted que significan estas preguntas.
- ¿En qué pensó usted al responder estas preguntas?
- ¿Cómo decidió usted sus respuestas?

*ORAL HEALTH*

[INTERVIEWER READ]: Ahora vamos a hacerle a usted algunas preguntas sobre su salud bucal.

Q1. (ORALPAIN): Desde Agosto de 2021, ha tendido molestias dolorosas en su boca? Diría:

- (01) Nunca
- (02) Prácticamente nunca
- (03) Ocasionalmente
- (04) Con bastante frecuencia
- (05) Muy a menudo
- (-8) NO SABE
- (-9) REHUSA

Q2. (CHEWPROB): Desde Agosto de 2021, ha tenido dificultades mordiendo algun alimento por problemas con sus dientes, boca, dentaduras postizas o mandíbula? Diría:

- (01) Nunca
- (02) Prácticamente nunca
- (03) Ocasionalmente
- (04) Con bastante frecuencia
- (05) Muy a menudo
- (-8) NO SABE
- (-9) REHUSA

Q3. (ORALAPER): Desde Agosto de 2021, ha sentido incómodo/a sobre la apariencia de sus dientes, boca, dentaduras postizas o mandíbula? Diría:

- (01) Nunca
- (02) Prácticamente nunca
- (03) Ocasionalmente
- (04) Con bastante frecuencia
- (05) Muy a menudo
- (-8) NO SABE
- (-9) REHUSA

IF NEEDED: "Incómodo/a" puede incluir un amplio espectro de emociones (vergüenza, ansiedad, ira, tristeza, etc.).

Q4. (JOBTEETH): Desde Agosto de 2021, ha tenido dificultades haciendo sus actividades habituales por problemas con sus dientes, boca, dentaduras postizas o mandíbula? Diría:

- (01) Nunca
- (02) Prácticamente nunca
- (03) Ocasionalmente
- (04) Con bastante frecuencia
- (05) Muy a menudo
- (-8) NO SABE
- (-9) REHUSA

IF NEEDED: "Las "actividades" pueden incluir ir a un trabajo, hacer tareas domésticas como limpieza ligera, ir de compras o hacer mandados, preparar comidas, etc.]

Q5. (LESSFLAV): Desde Agosto de 2021, has sentido que hay menos sabor en sus alimentos por problemas con sus dientes, dentaduras postizas o mandíbula? Diría:

- (01) Nunca
- (02) Prácticamente nunca
- (03) Ocasionalmente
- (04) Con bastante frecuencia
- (05) Muy a menudo
- (-8) NO SABE
- (-9) REHUSA

**SECTION TIME: --**

**REQUIRED PROBES:**

- Por favor, dígame en sus propias palabras qué cree usted que significan estas preguntas.
- ¿En qué pensó usted al responder estas preguntas?
  - o *If R reported a problem, can ask:* ¿En qué tipo de problema estaba usted pensando?
  - o *Additional probe as needed:* ¿En qué pensó usted cuando le pregunté si se sentía incómodo/a con la apariencia de sus dientes, boca, dentaduras postizas o mandíbulas?
- ¿Cómo decidió usted sus respuestas?

**Be sure to collect the Respondent's address for their incentive in the next section, Step 3: THANK YOU AND INCENTIVE on the next page.**

**STEP 3: THANK YOU AND INCENTIVE**

[INTERVIEWER] Gracias por participar en la entrevista de hoy. Para agradecerle su tiempo, nos gustaría enviarle un cheque por \$40. ¿Por favor podría usted proporcionarme una dirección para enviarle el cheque por correo?

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_