

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

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
Addition: Immunization Prevalence, Location, and Cost-Sharing	IMQ: Winter Round	Increase of 2.0 minutes	<p>Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots.</p> <p>[Have you/Has (SP)] ever had a vaccine for Shingles?</p> <p>IF THE RESPONDENT HAD ONE DOSE OF A SHINGLES VACCINE, SELECT YES.</p>	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			<p>Did [you/(SP)] get [you/their] Shingles vaccine since January 1, 2023?</p>	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			<p>Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines that have been used to prevent shingles. The first was Zostavax®, which was available in the U.S. from 2006 through 2020 and required one shot. The other is Shingrix®, which has been available since 2017 and requires two shots.</p> <p>Since (LAST IM MONTH YEAR), [have you/has (SP)] had a vaccine for Shingles?</p> <p>IF THE RESPONDENT HAD ONE DOSE OF A SHINGLES VACCINE, SELECT YES.</p>	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			<p>Where did [you/(SP)] go for [your/(SP)'s] Shingles vaccine?</p>	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (09) OTHER, SPECIFY (-8) DONT KNOW (-9) REFUSED
			<p>Did [you/(SP)] pay some or all of the cost of the Shingles vaccine?</p>	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			<p>For what reason didn't [you/(SP)] get a Shingles vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>CHECK ALL THAT APPLY.</p>	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DONT LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DONT KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>[Have you/Has (SP)] EVER had a pneumonia shot?</p> <p>This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax@23, and conjugate, also known as Prevnar@20 or Vaxneuvance@.</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>Did [you/(SP)] get [your/their] pneumonia vaccine since January 1, 2023?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>Since (LAST IM MONTH YEAR), [have you/has (SP)] EVER had a pneumonia shot?</p> <p>This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax@23, and conjugate, also known as Prevnar@20 or Vaxneuvance@.</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>Where did [you/(SP)] go for [your/(SP)s] pneumonia shot?</p>	<p>(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (09) OTHER, SPECIFY (-8) DONT KNOW (-9) REFUSED</p>
			<p>Did [you/(SP)] pay some or all of the cost of the pneumonia shot?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>For what reason didn't [you/(SP)] get a pneumonia shot?</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY.</p>	<p>(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DONT LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DONT KNOW (-9) REFUSED</p>
			<p>Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Adults aged 60 years and older may receive a single dose of RSV vaccine.</p> <p>[Have you/Has (SP)] EVER had a vaccine for RSV?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			Did [you/(SP)] get [your/their] RSV vaccine since January 1, 2023?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Adults aged 60 years and older may receive a single dose of RSV vaccine. Since (LAST IM MONTH YEAR), [have you/has (SP)] had a vaccine for RSV?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			Where did [you/(SP)] go for [your/(SP)s] RSV vaccine?	(01) PHARMACY/DRUG STORE (02) DOCTORS OFFICE OR GROUP PRACTICE (03) CLINIC (MEDICAL CLINIC/NEIGHBORHOOD/FAMILY HEALTH CENTER/RURAL HEALTH CLINIC/COMPANY CLINIC/WORKPLACE) (04) HOSPITAL/WALK-IN URGENT CENTER (05) VA FACILITY (06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY) (07) AT HOME (08) SENIOR CENTER (09) OTHER, SPECIFY (-8) DONT KNOW (-9) REFUSED
			Did [you/(SP)] pay some or all of the cost of the RSV vaccine?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			For what reason didn't [you/(SP)] get an RSV vaccine? [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) WORRIED ABOUT SIDE EFFECTS/ALLERGIC TO INGREDIENTS IN VACCINE/MEDICAL REASON FOR NOT GETTING VACCINE (02) VACCINE IS NOT NEEDED OR NECESSARY (03) FORGOT/TOO BUSY (04) SHOT COULD BE PAINFUL/DONT LIKE NEEDLES (05) COULDN'T AFFORD VACCINE/OTHER COST-RELATED CONCERNS (06) INTEND TO GET VACCINE BUT HAVE NOT YET GOTTEN IT (07) PROVIDER DID NOT RECOMMEND VACCINE (08) VACCINE NOT AVAILABLE/COULDN'T FIND A PLACE OFFERING THE VACCINE (09) DIFFICULTY MAKING AN APPOINTMENT/TRANSPORTATION PROBLEMS (10) DISEASE IS NOT SERIOUS (11) DOESN'T TRUST THE GOVERNMENT (-8) DONT KNOW (-9) REFUSED
Addition: Beneficiary Knowledge of IRA Provisions	KNQ: Winter Round	Increase of 0.80 minutes	As far as you know, is there a federal law in place that ...Requires the federal government to negotiate the price of some prescription drugs for people with Medicare	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Places an annual limit on out-of-pocket prescription drug costs for people with Medicare	(01) YES (02) NO (-8) Don't Know (-9) Refused
			Caps the cost of each insulin product for people with Medicare at \$35 per month	(01) YES (02) NO (-8) Don't Know (-9) Refused

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>Removes out-of-pocket costs for recommended vaccines covered under Medicare Part D</p> <p>[IF NEEDED: Vaccines covered under Medicare Part D protect against Shingles, Respiratory Syncytial Virus (RSV), Hepatitis A, Hepatitis B, Measles, Mumps, and Rubella (MMR), and others, including vaccines recommended for international travel.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
			<p>Allows Medicare Part D enrollees to spread their out-of-pocket prescription drug costs out over the year</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
<p>Redesign of Income and Assets Collection: Additions by Topic Area</p>	<p>IAQ: Summer Round</p>	<p>Net increase of 4.0 minutes for all IAQ updates</p>		
Financial Investments			<p>[Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own any other financial investments? Examples include a business, a farm, real estate [other than [your/(SP)'s] home, motorcycles, boats, and RV's?]</p> <p>DO NOT INCLUDE BURIAL PLOTS.</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have other financial investments, such as a business, a farm, real estate [other than [your/(SP)'s] home], motorcycles, boats, and RV's. If these investments were sold today and any debts on them were paid off, in total, about how much would they bring?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Now thinking about all of <u>last year</u>, that is calendar year [CURRENT YEAR - 1], in total, how much income did [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] receive from these other investments before any federal or state taxes were taken out?</p> <p>IF NEEDED: We don't need an exact dollar amount.</p> <p>IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.</p> <p>IF NO INCOME WAS RECEIVED FROM THESE OTHER INVESTMENTS, ENTER 0.</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
Financial Liquidity			<p>Over the past year, would you say that [your/(SP)'s] (family's) spending exceeded [your/(SP)'s] (family's) income, that it was about the same as [your/(SP)'s] income, or that [you/(SP)] spent less than [your/(SP)'s] income?</p> <p>[IF NEEDED: Spending should not include any investments [you have/(SP) has] made.]</p> <p>IF DEBTS ARE BEING REPAID ON NET, TREAT THIS AS SPENDING LESS THAN INCOME.</p>	<p>(01) SPENDING EXCEEDED INCOME (02) SPENDING SAME AS INCOME (03) SPENDING WAS LESS THAN INCOME (-8) DON'T KNOW (-9) REFUSED</p>
Medical Debt and Credit Card Debt			<p>The next few questions will now ask about any debt [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] may have.</p> <p>Please think about any money [you/(SP)] currently owe or debt you have due to medical or dental bills. This may include bills for your own medical or dental care or someone else's care, such as a child, spouse, or parent.</p> <p>[Do you/Does (SP)] currently have...</p> <p>Any medical or dental bills [you are/(SP) is] paying off over time directly to a provider?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>Any medical or dental bills [you have/(SP) has] put on a credit card, and [you are/(SP) is] paying off over time?</p> <p>Please include consumer and medical credit cards.</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Any debt [you owe/(SP) owes] to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Any debt [you owe/(SP) owes] to a family member or friend for money [you/(SP)] borrowed to pay medical or dental bills?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Any other medical or dental bills that [you are/(SP) is] unable to pay?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
			<p>You mentioned that [you have/(SP) has] medical or dental bills [you are/(SP) is] paying off over time directly to a provider. About how much [do you/does (SP)] currently owe?</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA23</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$500 (02) \$500 TO LESS THAN \$2,500 (03) \$2,500 TO LESS THAN \$5,000 (04) \$5,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>You mentioned that [you have/(SP) has] medical or dental bills [you have/(SP) has] put on a credit card, and [you are/(SP) is] paying off over time. About how much [do you/does (SP)] currently owe?</p> <p>Please include any interest and fees accrued in the total balance.</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA23</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$500 (02) \$500 TO LESS THAN \$2,500 (03) \$2,500 TO LESS THAN \$5,000 (04) \$5,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>You mentioned that [you have/(SP) has] debt [you owe/(SP) owes] to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills. About how much [do you/does (SP)] currently owe?</p> <p>Please do not include any debt held on a credit card.</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA23</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$500 (02) \$500 TO LESS THAN \$2,500 (03) \$2,500 TO LESS THAN \$5,000 (04) \$5,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>You mentioned that [you have/(SP) has] debt [you owe/(SP) owes] to a family member or friend for money borrowed to pay medical or dental bills. About how much [do you/does (SP)] currently owe?</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>SHOW CARD IA23</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$500 (02) \$500 TO LESS THAN \$2,500 (03) \$2,500 TO LESS THAN \$5,000 (04) \$5,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>You mentioned that [you have/(SP) has] other medical or dental bills that [you/(SP)] are unable to pay. About how much [do you/does (SP)] currently owe?</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA23</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$500 (02) \$500 TO LESS THAN \$2,500 (03) \$2,500 TO LESS THAN \$5,000 (04) \$5,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Thinking about the medical or dental bills that led to [your/(SP'S)] medical debt, were these bills for [your/(SP'S)] own care, someone else's care, or both [your/(SP'S)] care and someone else's care?</p>	<p>(01) MY OWN CARE (02) SOMEONE ELSE'S CARE (03) BOTH MY AND SOMEONE ELSE'S CARE (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Were any of the bills that caused [your/(SP's)] medical debt due to...</p> <p>DOCTOR VISITS OR LAB FEES OR DIAGNOSTIC TESTS SUCH AS X-RAYS OR MRIS EMERGENCY CARE OR AMBULANCE SERVICES HOSPITALIZATION OR OUTPATIENT SURGERY PRESCRIPTION DRUGS LONG TERM CARE SERVICES OR SUPPORT, EITHER IN HOME OR IN A NURSING HOME OR RESIDENTIAL FACILITY MEDICAL EQUIPMENT DENTAL CARE OR SOME OTHER EVENT?</p>	<p>(01) DOCTOR VISITS OR LAB FEES OR DIAGNOSTIC TESTS SUCH AS X-RAYS OR MRIS (02) EMERGENCY CARE OR AMBULANCE SERVICES (03) HOSPITALIZATION OR OUTPATIENT SURGERY (04) PRESCRIPTION DRUGS (05) LONG TERM CARE SERVICES OR SUPPORT, EITHER IN HOME OR IN A NURSING HOME OR RESIDENTIAL FACILITY (06) MEDICAL EQUIPMENT (07) DENTAL CARE (91) OTHER (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Which of the following comes closer to describing the bills that contributed to [your/(SP's)] medical debt?</p>	<p>(01) BILL FOR A ONE TIME OR SHORT-TERM MEDICAL EXPENSE, SUCH AS A SINGLE HOSPITAL STAY OR TREATMENT FOR AN ACCIDENT (02) BILLS THAT BUILD UP OVER TIME, SUCH AS TREATMENT FOR CHRONIC ILLNESS LIKE DIABETES OR CANCER (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Approximately how long ago did [this incident occur/the treatment that led to [your/(SP's)] medical debt begin]?</p>	<p>(01) WITHIN THE LAST YEAR (02) BETWEEN ONE AND TWO YEARS AGO (03) BETWEEN THREE AND FOUR YEARS AGO (04) FIVE YEARS AGO OR MORE (-8) DON'T KNOW (-9) REFUSED</p>

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>Besides what you've already told me about, do [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] owe any money for credit card bills?</p> <p>EXCLUDE CREDIT CARD BILLS THAT WERE PAID IN FULL OR REIMBURSED. DO NOT INCLUDE ANY AMOUNT CURRENTLY COUNTED TOWARDS MEDICAL DEBT BALANCE.</p> <p>[IF NEEDED: This item is asking specifically about money owed for credit card bills that cannot be paid off by the due date on the statement. If the bills were paid off by the statement due date, do not include those bills.]</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>What is the total amount of credit card debt [you/(SP)] [and (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] currently owe?</p> <p>Please include any interest and fees accrued.</p> <p>EXCLUDE CREDIT CARD DEBT FOR BUSINESS EXPENSES THAT WILL BE PAID OR REIMBURSED. DO NOT INCLUDE ANY AMOUNT CURRENTLY COUNTED TOWARDS MEDICAL DEBT BALANCE.</p>	<p>(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA24</p> <p>Please look at this card and tell me which is closest.</p>	<p>(01) LESS THAN \$1,000 (02) \$1,000 TO LESS THAN \$5,000 (03) \$5,000 TO LESS THAN \$10,000 (04) \$10,000 TO LESS THAN \$25,000 (05) \$25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
<p>Federal Assistance Program Participation and Awareness</p>			<p>The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric company, gas company, or fuel dealer.</p> <p>In [CURRENT YEAR - 1], did [you/this household/(SP's) household] receive assistance of this type from the federal, state, or local government?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help".</p> <p>Before today, were you aware that Medicare offers a low-income subsidy or extra help with prescription drug coverage?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>[Are you/Is (SP)] receiving this type of help to pay for [your/(SP's)] (CURRENT YEAR) Medicare prescription drug coverage?</p> <p>[EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>As you may know, the government has a set of programs, called Medicare Savings Programs (MSP), that help beneficiaries pay for the costs associated with Medicare, such as Part A (Hospital Insurance) or Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Unlike additional insurance plans that require a monthly premium, Medicare Savings Programs provide financial help at no cost to eligible beneficiaries who have limited income and resources. Before today, were you aware that Medicare offers these programs?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
<p>Addition: Charity Care</p>	<p>HFQ: Fall Round</p>	<p>Increase of 0.10 minutes</p>	<p>Since (LAST HF MONTH YEAR) [have you/has (SP)] had any medical bills reduced through a financial assistance program for people who have trouble paying?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>

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

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
Migration to IMQ: Pneumonia and Shingles Vaccine Prevalence	PVQ: Winter Round	Decrease of 0.2 minutes	<p>Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax®, which requires 1 shot, and Shingrix®, a new vaccine which requires 2 shots.</p> <p>[Have you/Has (SP)] had a vaccine for Shingles?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
			<p>[Have you/Has (SP)] EVER had a pneumonia shot?</p> <p>This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. There are two types of pneumonia shots: polysaccharide, also known as Pneumovax®23, and conjugate, also known as Prevnar13®.</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>
Migration to IAQ: MSP Program Participation and Application	KNQ: Winter Round	Net Decrease of 0.1 minute	<p>We're interested in learning about how Medicare beneficiaries navigate certain programs available to help them pay for their health care costs. As you may know, the government has a set of programs, called Medicare Savings Programs (MSP), that help beneficiaries pay for the costs associated with Medicare, such as Part A (Hospital Insurance) or Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Unlike additional insurance plans that require a monthly premium, Medicare Savings Programs provide financial help at no cost to eligible beneficiaries who have limited income and resources. We're going to ask you a few questions about these programs, and what [your/(SP)'s] experience, if any, has been with them.</p> <p>[Are you/Is (SP)] receiving any assistance from a Medicare Savings Program (MSP) to help pay for [your/(SP)'s] (CURRENT YEAR) health care costs?</p> <p>[EXPLAIN IF NECESSARY: Medicare Savings Programs pay for remaining costs (premiums, deductibles, coinsurance, and copayments) not covered by Medicare. These programs are different from additional insurance plans, such as Medicare Supplement Insurance (Medigap) or private insurance plans, in that beneficiaries will not pay for this extra financial help. Instead, beneficiaries must be eligible (i.e., have limited resources or income) and apply to receive this financial assistance from an MSP.</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Deletion: MSP Program Participation and Application	KNQ: Winter Round		<p>Did [you/(SP)] apply to the [STATE] Medicare office for help with (CURRENT YEAR) expenses?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Migration to IAQ: LIS Program Participation and Application	RXQ: Summer Round	Net Decrease of 0.1 minutes	<p>As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help".</p> <p>[Are you/Is (SP)] receiving this type of help to pay for [your/his/her] (CURRENT YEAR) Medicare prescription drug coverage?</p> <p>[EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Deletion: LIS Program Participation and Application	RXQ: Summer Round		<p>Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
			<p>Was [your/(SP's)] application for extra help accepted or denied?</p>	<p>(01) ACCEPTED (02) DENIED (03) STILL PENDING/NO DECISION YET (-8) Don't Know (-9) Refused</p>

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
Deletion: Income and Assets	IAQ: Summer Round	Note: the deletion of 22 items from the IAQ is included in the net increase to respondent burden in the "additions" tab	Did [you/(SP)] do any work for pay in the last week? By the last week, I mean the week beginning on Sunday [MONTH, DAY OF SUNDAY PRIOR TO TODAY/MONTH, DAY OF SUNDAY PRIOR TO THE SATURDAY BEFORE TODAY'S DATE] and ending [today/on Saturday (MONTH, DAY OF SATURDAY PRIOR TO TODAY'S DATE)]?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			Is this because [you were/(SP) was] retired or [you/(SP)] never worked?	(01) RETIRED (02) NEVER WORKED (03) NO, NEITHER OF THESE IS TRUE (-8) DONT KNOW (-9) REFUSED
			[Do you/Does (SP)] have a job from which [you were/(he/she) was] absent last week because of illness, vacation, or some other reason?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			Last week, did [you/(SP)] have more than one job, including part-time, evening, or weekend work?	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			How many hours did [you/(SP)] work last week? ENTER NUMBER OF HOURS	(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED
			You said [you were/(SP) was] absent from work last week. How many hours did [you/he/she] work the last week [you were/(he/she) was] at work? ENTER NUMBER OF HOURS	(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED
			[Are you/Is (SP)/In (your/{SP}'s)] main job, [are you/is (he/she)] paid every week, every two weeks, two times a month, or on some other schedule?	(1) EVERY WEEK (2) EVERY TWO WEEKS (3) TWO TIMES A MONTH (4) ONCE A MONTH (5) DAILY (91) OTHER SPECIFY (-8) DON'T KNOW (-9) REFUSED
			SPECIFY OTHER PAYMENT SCHEDULE	(1) [continuous response]
			How much was [your/(SP)'s] last paycheck before taxes and any other deductions [for (your/his/her) main job]? IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine. IF NEEDED: If it is easier, you can just tell me how much [you earn/(SP) earns] per hour or per day. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(1) ENTER PAYCHECK AMOUNT (2) ENTER PAY PER HOUR (3) ENTER PAY PER DAY (-8) DON'T KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			ENTER PAYCHECK AMOUNT \$	(1) [continuous response]
			[Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)/(PARTNER FIRSTNAME LASTNAME)] expect to pay off the mortgage within 5 years, 10 years, or longer? IF NEEDED: Include any payments on a home equity loan or second mortgage.	(1) WITHIN 5 YEARS (2) WITHIN 10 YEARS (3) LONGER THAN 10 YEARS (-8) DON'T KNOW (-9) REFUSED
			[Do you/Does (SP)] get payments by direct deposit, on a prepaid card, or by mail?	(1) MAIL (2) DIRECT DEPOSIT (3) PREPAID CARD (-8) DON'T KNOW (-9) REFUSED
			What month and year did [you/(SP)] start receiving Social Security? [ENTER MONTH AND YEAR]	(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED
			What month and year did [you/(SP)] start receiving Social Security? [ENTER MONTH AND YEAR]	(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED
			[Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)/(PARTNER FIRSTNAME LASTNAME)] own a business, a farm, or any other real estate [besides (your/ {SP}' s) home], including land or rental properties? [SELECT ALL THAT APPLY]	(1) YES, SP HAS ASSET (2) YES, SPOUSE/PARTNER HAS ASSET (3) YES, SP AND SPOUSE/PARTNER HAVE ASSET JOINTLY (4) NO ASSET OF THIS TYPE (-8) DON'T KNOW (-9) REFUSED
			SHOWCARD IA35 What was the largest lump sum [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)/(PARTNER FIRSTNAME LASTNAME)] received - was it from an inheritance, a trust, an insurance settlement, a pension settlement, a gift, a lawsuit, or what?	(1) INSURANCE SETTLEMENT (2) PENSION SETTLEMENT (3) INHERITANCE (OR TRUST) (4) GIFT (5) LAWSUIT (91) OTHER (SPECIFY) (-8) DONT KNOW (-9) REFUSED
			OTHER (SPECIFY)	(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED
			About how much did [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)/(PARTNER FIRSTNAME LASTNAME)] receive from the [insurance settlement/pension settlement/inheritance or trust/gift/lawsuit/(OTHER)]? DO NOT PROBE.	(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED
			Did it amount to less than \$50,000, more than \$50,000, or what? DO NOT PROBE.	(1) LESS THAN \$50K (2) ABOUT \$50K (3) MORE THAN \$50K (-8) DONT KNOW (-9) REFUSED

Community Interview Additions	Section	Effect on Annual Burden	Question Text	Response Options
			<p>Now, I would like to change topics and talk about automobiles [you own/(SP) owns] [or (your/his/her) (husband/wife/partner) owns].</p> <p>[Do you/Does (SP)] [or (your/his/her) (husband/wife/partner)] own any cars, trucks, or vans?</p> <p>IF NEEDED: Do not include recreational vehicles, such as motorcycles, trailers, motor homes, boats, or airplanes.</p>	<p>(1) YES (2) NO (-8) DON'T KNOW (-9) REFUSED</p>
			<p>Altogether, what is their present value, that is, about how much would they bring if [you/(SP)] sold them on today's market?</p> <p>ENTER DOLLAR AMOUNT</p>	<p>(1) [continuous response] (-8) DON'T KNOW (-9) REFUSED</p>
			<p>SHOW CARD IA36</p> <p>Please look at this card and tell me which is closest.</p>	<p>(1) LESS THAN \$2,500 (2) \$2,500 TO LESS THAN \$5,000 (3) \$5,000 TO LESS THAN \$7,500 (4) \$7,500 TO LESS THAN \$10,000 (5) \$10,000 TO LESS THAN \$20,000 (6) \$20,000 OR MORE (-8) DON'T KNOW (-9) REFUSED</p>
<p>Deletion: Outstanding Medical Bills</p>	<p>HFQ: Fall Round</p>	<p>Net decrease of 0.1 minutes</p>	<p>Since (LAST HF MONTH YEAR) [have you/has (SP)] had any medical bills reduced through a financial assistance program for people who have trouble paying?</p>	<p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p>