

**CMS Responses to Public Comments Received for the Medicare Current Beneficiary Survey (MCBS),
CMS-P-0015A**

The Centers for Medicare and Medicaid Services (CMS) received three comments related to the Medicare Current Beneficiary Survey (MCBS) information collection request. Each comment is summarized and briefly addressed below. The comments can also be found in Attachment A.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received a comment signed by multiple organizations addressing the removal of questions on gender identity and items measuring perceived discrimination by health care providers. The commentors cited concerns about these changes hindering CMS' ability to make informed program decisions and monitor health disparities and discrimination. The letter requests the reinstatement of the removed items and the disclosure of rationale for removing these questions from the MCBS.

Response:

CMS appreciates the concerns of the commentors. The items were approved for removal from the survey in April 2025, in anticipation of the Fall 2025 data collection round. These changes were made to comply with Executive Order (E.O.) 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*.

CMS also values the commentor's analysis of items regarding perceived discrimination by health care providers. CMS agrees that information on self-reported topics, such as perceived discrimination, can provide an opportunity to monitor important health care experiences. Where possible, CMS adds self-reported items to the MCBS Community questionnaire to align with relevant areas or emerging topics of growing interest. CMS routinely reviews MCBS survey content and removes items to ensure the survey's sustainability and maintain a reasonable level of respondent burden. In reviewing responses to perceived discrimination items which were administered for the first time in Fall 2023 and subsequently included in Fall 2024, CMS noted low levels of endorsement of perceived discrimination (3% or less for any category) and minimal variation across survey years. These results suggest that a longitudinal general health survey may not be the most effective method for obtaining information on such a nuanced topic. Retaining these items in the survey long-term would not be cost-effective given the low variation in response across survey rounds. For these reasons, CMS plans to uphold the removal of these items at this time, with a plan to conduct further evaluation in the future to determine if alternative item versions or an alternative item cadence may be more effective.

Comment:

CMS received a comment from Justice in Aging opposing the proposed 1) removal of a subset of items related to instrumental activities of daily living (IADL) and activities of daily living (ADL), 2) removal of items with low analytic utility from the Usual Source of Care Questionnaire (USQ), including items on limited English proficiency (LEP) and transportation, and the prior 3) removal of items on gender identity and perceived discrimination.

Response:

CMS appreciates the commenters' concerns about the proposed changes to IADLs, ADLs and USQ, and the previously approved decision to remove items on gender identity and perceived discrimination. While the collection of health care utilization and cost data represent the central purpose of the MCBS, CMS includes the collection of other self-reported health care experiences to enhance analyses and aid in the monitoring of important health topics. To ensure long-term sustainability of the survey, it is vital to balance interest in specific health-related topics with survey costs and respondent burden, the latter of which also impacts overall survey response. CMS routinely reviews MCBS survey content with an eye towards 1) promoting efficiency by streamlining the questionnaire and reducing respondent burden; 2) continuously assessing utility of information collected by the MCBS, and 3) maintaining the production of high-quality data by removing content that is no longer performing well. For this full clearance revision, CMS has used this evaluation process to identify items such as those in the Health Status and Functioning Questionnaire (HFQ) and the USQ which a) are low performing due to difficulty of administration or data quality issues, b) are no longer needed at the same frequency of administration, c) require updated question text or response options, or d) no longer match the existing healthcare landscape and require further evaluation.

Of the items highlighted by the commentor, several were proposed for removal from the survey due to limited response variation. Items about transportation to healthcare visits and LEP from the USQ as well as items about perceived discrimination by health care providers had limited affirmative responses, raising concerns about the analytic utility of these data as well as the burden and cost associated with administering them annually via a longitudinal survey. Further, items about gender identity were removed to comply with Executive Order (E.O.) 14168 *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*.

In reviewing the commentor's thoughtful justification on the importance of questions about IADLs and ADLs, CMS agrees that it would be helpful to retain additional detail about the type of family member providing help. CMS plans to update the helper code list at ADL and IADL items in HFQ to delineate between potential caregivers, including: 1) Spouse, 2) Child, 3) Other Family Member, 4) Friend, 5) Home Health Aide or Home Care Worker, or 6) Homemaker or House Cleaner.

Finally, CMS appreciates the commentors' points on expanding the languages used to administer the survey which is currently limited to English and Spanish. Based on MCBS survey data on LEP as a proxy for language preference, only a small number of beneficiaries may require languages beyond English and Spanish. Expanding survey languages carries with it a high cost associated with survey translation as well as recruitment and training of highly specialized multilingual field interviewers. For the small number of sampled beneficiaries who may require an additional language, MCBS field interviewers offer respondent materials in additional languages to explain the purpose of the survey and help to identify a language assistant or family member who can help the respondent participate in the survey.

Comment:

Norma Coe provided a two-fold comment, 1) expressing concern over the removal of the perceived discrimination questions, and 2) supporting state-level data.

Response:

CMS appreciates the comment. CMS agrees with the importance of identifying potential barriers to accessing health care. In reviewing responses to perceived discrimination items administered in Fall 2023 and Fall 2024, CMS noted low levels of endorsement of perceived discrimination (3% or less for any category) and minimal variation across survey years. These results suggest that a longitudinal general health survey may not be the most effective method for obtaining information on such a nuanced topic. Retaining these items in the survey long-term would not be cost-effective given the low variation in response across survey rounds. For these reasons, CMS plans to uphold the removal of these items at this time, with a plan to conduct further research in the future to determine if alternative item versions or an alternative item cadence may be more effective.

CMS also appreciates the commentor's support of state-level data. CMS will implement a national design in Fall 2026 Round 106 that for the first time expands MCBS data collection to all 50 states and the District of Columbia, enabling production of state-level estimates and expanding analytic utility of MCBS data. Each Fall Incoming Panel will be selected using the redesigned approach, taking four years (through 2029) until all panel members have been selected under the new design.