

INTRODUCTION

Medicare is the nation's health insurance program for persons 65 years and over and for persons younger than 65 years who have a qualifying disability. The Medicare Current Beneficiary Survey (MCBS) is a continuous, in-person, multi-purpose longitudinal survey covering a representative national sample of the Medicare population. Sponsored by the Centers for Medicare & Medicaid Services (CMS), the MCBS primarily focuses on economic and beneficiary topics including health care use and health care access barriers, health care expenditures, and factors that affect health care utilization. As a part of this focus, the MCBS collects a variety of information about the beneficiary, including demographic characteristics, health status and functioning, access to care, insurance coverage and out of pocket expenses, financial resources, and potential family support. The MCBS collects this information in three data collection periods, or rounds, per year. Over the years, data from the MCBS have been used to inform many advancements, including the creation of new benefits such as Medicare's Part D prescription drug benefit.

Each year, the MCBS Questionnaire specifications are made publically available on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires.html>. For each survey year, questionnaire users can view separate PDF files for each Community and Facility instrument section administered, including the question variable names and question text in each section. Exhibit 1 shows the PDF section specifications now available for 2018. These are the questionnaires administered during the 2018 calendar year.

The 2018 MCBS Questionnaire User's Guide is intended to accompany the 2018 MCBS Questionnaire specifications. For users less familiar with the MCBS Questionnaire, this document offers a publically available resource, which highlights questionnaire changes made in 2018 and explains the Community

and Facility instruments more generally. For resources about MCBS data products, users can view documentation for each data year on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks.html>.

Exhibit 1: 2018 MCBS Questionnaire Specification Sections

Section Group	Abbr.	Section Name	PDF Section File Name
Community Questionnaire			
Socio-Demographics	IAQ	Income and Assets	2018_Income_and_Assets_IAQ
	DIQ	Demographics/Income	2018_Demographics_Income_DIQ
Health Insurance	HIQ	Health Insurance	2018_Health_Insurance_HIQ
	DUQ	Dental Utilization	2018_Dental_Utilization_DUQ
Utilization	ERQ	Emergency Room Utilization	2018_Emergency_Utilization_ERQ
	IPQ	Inpatient Hospital Utilization	2018_Inpatient_Utilization_IPQ
	OPQ	Outpatient Hospital Utilization	2018_Outpatient_Util_OPQ

Section Group	Abbr.	Section Name	PDF Section File Name
	IUQ	Institutional Utilization	2018_Institutional_Util_IUQ
	HHS	Home Health Summary	2018_Home_Health_Summary_HHS
	HHQ	Home Health Utilization	2018_Home_Health_Util_HHQ
	MPQ	Medical Provider Utilization	2018_Medical_Provider_Util_MPQ
	PMQ	Prescribed Medicine Utilization	2018_Prescribed_Med_Util_PMQ
	OMQ	Other Medical Expenses Utilization	2018_Other_Medical_Expense_OMQ
Cost	STQ	Statement Cost Series	2018_Statement_Cost_Series_STQ
	PSQ	Post-Statement Charge	2018_Post_Statement_Cost_PSQ
	NSQ	No Statement Charge	2018_No_Statement_Cost_NSQ
	CPS	Charge Payment Summary	2018_Cost_Payment_Summary_CPS
Experiences with Care	ACQ	Access to Care	2018_Access_to_Care_ACQ
	SCQ	Satisfaction with Care	2018_Satisfaction_Care_SCQ
	USQ	Usual Source of Care	2018_Usual_Source_Of_Care_USQ
Health Status	HFQ	Health Status and Functioning	2018_Health_Status_HFQ
Housing Characteristics	HAQ	Housing Characteristics	2018_Housing_Charcs_HAQ
Health Behaviors	MBQ	Mobility of Beneficiaries	2018_Mobility_MBQ
	NAQ	Nicotine and Alcohol Use	2018_Nicotine_Alcohol_Use_NAQ
	PVQ	Preventive Care	2018_Preventive_Care_PVQ
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	2018_Beneficiary_Knowledge_KNQ
	RXQ	Drug Coverage	2018_Drug_Coverage_RXQ
Operational	INQ	Introduction	2018_Introduction_INQ
	ENS	Enumeration Summary	2018_Enumeration_Summary_ENS
	END	Closing	2018_End_END
	IRQ	Interviewer Remarks	2018_Interviewer_Remarks_IRQ
Facility Instrument			
Facility Characteristics	FQ	Facility Questionnaire	Fac2018_Facility_Quex_FQ
Socio-Demographics	RH	Residence History	Fac2018_Residence_History_RH
	BQ	Background	Fac2018_Background_BQ
Health Insurance	IN	Health Insurance	Fac2018_Health_Insurance_IN
Utilization	US	Use of Health Services	Fac2018_Use_Health_Services_US
	PM	Prescribed Medicines	Fac2018_Prescribed_Medicine_PM
Cost	EX	Expenditures	Fac2018_Expenditures_EX
Health Status	HS	Health Status	Fac2018_Health_Status_HS

Section Group	Abbr.	Section Name	PDF Section File Name
Operational	IR	Interviewer Remarks	Fac2018_Interviewer_Remarks_IR
Missing Data	FQM	Facility Questionnaire Missing Data	Fac2018_Facility_Missing_FQM
	RHM	Residence History Missing Data	Fac2018_Residence_Missing_RHM
	BQM	Background Questionnaire Missing Data	Fac2018_Background_Missing_BQM

WHAT'S NEW FOR THE QUESTIONNAIRE IN 2018?

There were a number of questionnaire sections that were revised in 2018. Below questionnaire users will note highlights and updates for the 2018 survey administration year.

Community Questionnaire

Changes implemented for the 2018 Community questionnaire generally included updates to question text, response options, programming logic, text fills, and the addition of new questionnaire items.

General

- Navigator screens were removed from the enumeration, utilization, and cost sections to streamline entry of household persons and provider visits and improve data quality.

Section-Specific Changes

Several item and section level changes were made to the Community questionnaire in 2018.

Access to Care (ACQ)

Starting in Winter 2018, the Access to Care Questionnaire (ACQ) is now fielded in the Winter round as part of the Continuing interview. ACQ items which previously asked Incoming Panel Respondents about inpatient hospital visits and nursing home stays during the Fall round interview were removed from the survey. This same information is collected during the Winter round Continuing interview as part of the Emergency Room Utilization Questionnaire (ERQ) and Institutional Utilization Questionnaire (IUQ). Response categories at items AC13-OPDDRTEL and AC25-MDDRTEL were also updated to capture more nuanced information about appointment setting for outpatient and doctor's visits.

Exit Questionnaire (EXQ)

In Fall 2017, all closing and thank you remarks were consolidated into the End Questionnaire (END), including those for cases in their 11th round interview. With the consolidation of all closing statements in the End section, and the discontinuation of all 12th round interviews in Summer 2018, there is no need for a separate questionnaire section to house closing statements for exit panel cases. Therefore, the Exit Questionnaire section was removed in Summer 2018.

Health Status and Functioning (HFQ)

In Fall 2018, two new screening items were added to the Health Status and Functioning (HFQ) questionnaire. One item was adapted from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Accountable Care Organizations (ACOs) to collect information about depression screening (HFJ47-BASKDEPRS and HFJ48- CASKDEPRES). The other item was sourced from the National Health and Nutrition Examination Survey (NHANES) and asks about weight management counseling (HFJ45-BLOSWGHT and HFJ46-CLOSWGHT).

Interviewer Remarks (IRQ)

Two new items (IRB3-REMEMLTR and IRB4-FIASKLTR) were added to the Interviewer Remarks (IRQ) section in Fall 2018 to better understand how interviewers and Incoming Panel Respondents interact with MCBS advance letter material, which is mailed before the Baseline interview.

Nicotine and Alcohol Use (NAQ)

One new item on tobacco cessation from the National Health Interview Survey (NHIS) was added to the Nicotine and Alcohol Use (NAQ) section in Fall 2018 (NA25-BDOCSMOK or NA26-CDOCSMOK). For beneficiaries who report smoking every day or some days, this item asks whether a doctor or other health professional has ever talked to them about their smoking.

Drug Coverage (RXQ)

In Summer 2018, 22 items from the Satisfaction with Care Questionnaire (SCQ) relating to prescription medicine coverage were migrated to the Drug Coverage Questionnaire (RXQ). The purpose of this change was to streamline the flow of both the SCQ and RXQ sections. In addition, the response option "AUTOMATICALLY RECEIVES GENERICS" was added to item SC20-GENERRX to improve data collection about the use of generic medicines.

Usual Source of Care (USQ)

Starting in Winter 2018, the Usual Source of Care Questionnaire (USQ) is now fielded in the Winter round as part of the Continuing interview. In addition, seven items were added to the section to ask how beneficiaries with Limited English Proficiency (LEP) usually communicate with health care providers. The flow of these items varies based on the beneficiary's LEP status and language spoken at home. Several items, which collected redundant information, were removed from the survey to streamline the USQ section. Finally, a sub-set of items from the Patient Perceptions of Integrated Care (PPIC) module were re-introduced to the USQ section. These PPIC items include an adjusted reference period of 12 months instead of six months to align with other items in the MCBS Community questionnaire.

Facility Instrument

There were several changes to the Facility instrument in 2018, including updates to question text, response options, programming logic, and text fills.

General

- In a number of sections, question wording and response options were updated to use the term "Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)" instead of the outdated term "Intermediate Care Facility for the Mentally Retarded (ICF-MR)".

Section-Specific Changes

Several item and section level changes were made to the Facility instrument in 2018.

Facility Questionnaire (FQ)

In Fall 2018, the routing at billing rate questions was updated to maximize the amount of data collected. A Facility respondent who does not know the high billing rate at item FR3-HIGHRATE now has the opportunity to report a low billing rate at FR4-LOWRATE.

Health Status (HS)

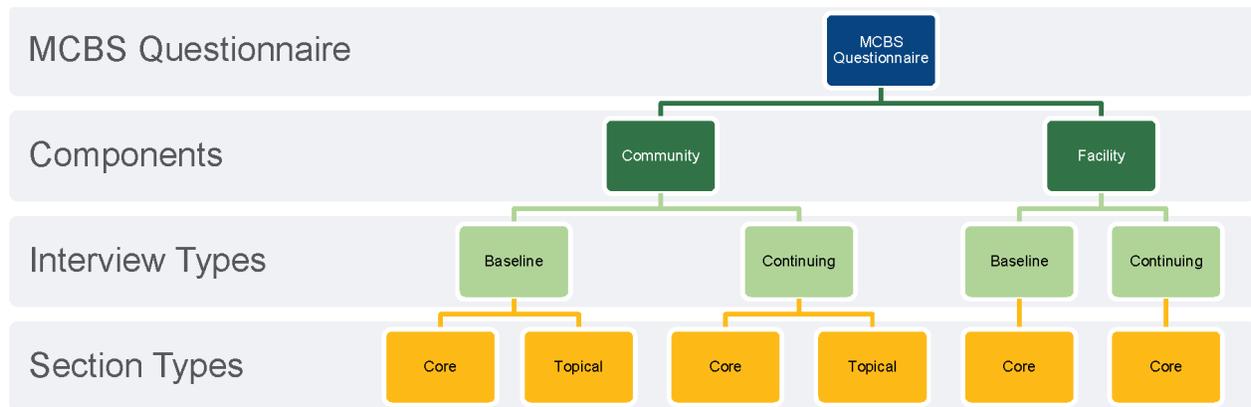
Several changes were made to the Health Status (HS) section to better align with the Long-Term Care Minimum Data Set (MDS). In Summer 2018, outdated routing for selecting the most appropriate MDS assessment for facilities located in Mississippi and South Dakota was removed from the questionnaire. In Fall 2018, new programming logic was added for the Brief Interview for Mental Status (BIMS) assessment items to be consistent with how the MDS form handles incomplete BIMS assessments. Like the MDS, the Facility instrument now collects information about the Staff Assessment for Mental Status in instances when the BIMS assessment was not completed. In Fall 2018, "Don't Know" and "Refused" response options were added to items HA29B-HA29BCOD, HA37AB-HA37ABCO, and HA37BB-HA37BBCO to ensure more accurate data entry in situations where no response options was selected on the MDS form.

QUESTIONNAIRES

The MCBS Questionnaire structure features two components (Community and Facility), administered based on the beneficiary’s residence status. Within each component, the flow and content of the questionnaire varies by interview type and data collection season (fall, winter, or summer). There are two types of interviews (Baseline and Continuing) containing two types of questionnaire sections (Core and Topical). The beneficiary’s residence status determines which questionnaire component is used and how it is administered. See Exhibit 2 for a depiction of the MCBS Questionnaire structure.

- **Community Component:** Survey of beneficiaries residing in the community at the time of the interview (i.e., their residence or a household). Interviews may be conducted with the beneficiary or a proxy.
- **Facility Component:** Survey of beneficiaries residing in facilities such as long-term care nursing homes or other institutions at the time of the interview. Interviewers do not conduct the Facility component with the beneficiary, but with staff members located at the facility (i.e., facility respondents). This is a key difference between the Community and Facility components.

Exhibit 2: MCBS Questionnaire Overview



Interviews are conducted in one or both components in a given data collection round, depending on the beneficiary’s living situation.

Within each component, there are two types of interviews – an initial (Baseline) interview administered to new beneficiaries, and an interview administered to repeat (Continuing) beneficiaries as they progress through the study.

- ▶ **Baseline:** The initial questionnaire administered to beneficiaries new to the study; administered in the fall of the year they are selected into the sample (interview #1).
- ▶ **Continuing:** The questionnaire administered to beneficiaries as they progress through the study (interviews #2-11).

Depending on the interview type and data collection season (fall, winter, or summer), the MCBS Questionnaire includes Core and Topical sections. See Exhibits 6 and 8 for tables of the 2018 Core and Topical sections.

- ▶ Core: These sections are of critical purpose and policy relevance to the MCBS, regardless of season of administration. Core sections collect information on beneficiaries' health insurance coverage, health care utilization and costs, and operational management data such as locating information.
- ▶ Topical: These sections collect information on special interest topics. They may be fielded every round or on a seasonal basis. Specific topics may include housing characteristics, drug coverage, and knowledge about Medicare.

Community Questionnaire Content

The section that follows provides an overview of the Community component of the MCBS questionnaire. The actual content administered varies based upon several factors, including the questionnaire administration season or round, the type of interview which reflects the length of time the respondent has been in the MCBS, and the component of the most recent interview.

Interview Type

As MCBS is a panel survey, the type of interview a given beneficiary is eligible for depends on his or her status in the most recent round of data collection. Interview type (also referred to in this report by its Community Questionnaire variable name, INTTYPE) is a key determinant of the path followed through the Community Questionnaire. For example, the Baseline interview is an abbreviated interview that includes many Core and Topical sections but does not include questionnaire sections that collect health care utilization and cost information. For the purposes of administering the Community Questionnaire, there are eight interview types, summarized in Exhibit 3 below. Several of these interview types are applicable only in a certain season. For example, the Baseline interview (INTTYPE C003) is always conducted in the fall.

Exhibit 3: Community Questionnaire Interview Types

INTTYPE*	Description	Seasons
C001	Standard Continuing interview, meaning the most recent interview was in the community during the last round.	All
C002	New from facility, meaning the most recent interview was in a facility. No prior community interview.	All
C003	Baseline interview. First round in the sample.	Fall
C004	Standard community "holdover," meaning the last round interview was skipped. Most recent interview was in the community.	All
C005	Facility "crossover," meaning the most recent interview was in a facility. Last community interview was two rounds ago.	All
C006	Facility "crossover," meaning the most recent interview was in a facility. Last community interview was three or more rounds ago.	All

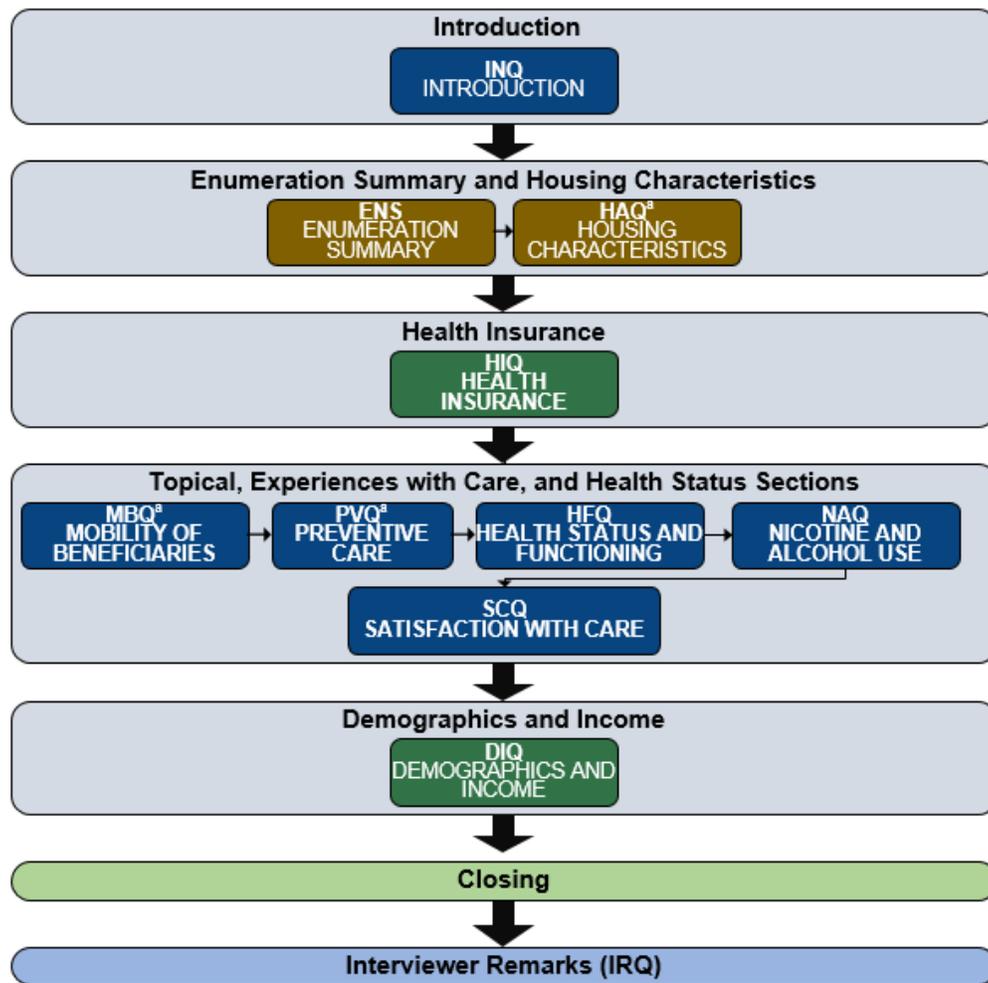
INTTYPE*	Description	Seasons
C007	Second round interview. Most recent interview was the fall Baseline interview. The second round interview is the first time utilization and cost data are collected.	Winter
C010	Second round "holdover," meaning the winter interview was skipped. Most recent interview was the fall Baseline interview. The third round interview is the first time in which utilization and cost data are collected.	Summer

*Interview types for exit panel Community cases in the Summer round (INTTYPEs C008 and C009) were removed from the questionnaire specifications in 2018.

Community Questionnaire Flow

Interview type and data collection season (fall, winter, or summer) are the two main factors that determine the specific sections included in a given interview. Further factors include whether the interview is conducted with the beneficiary or with a proxy and, for proxy interviews, whether the beneficiary is living or deceased. The Baseline interview contains an abbreviated flow which does not include the utilization or cost sections of the questionnaire. Exhibit 4 shows the flow for the Baseline interview.

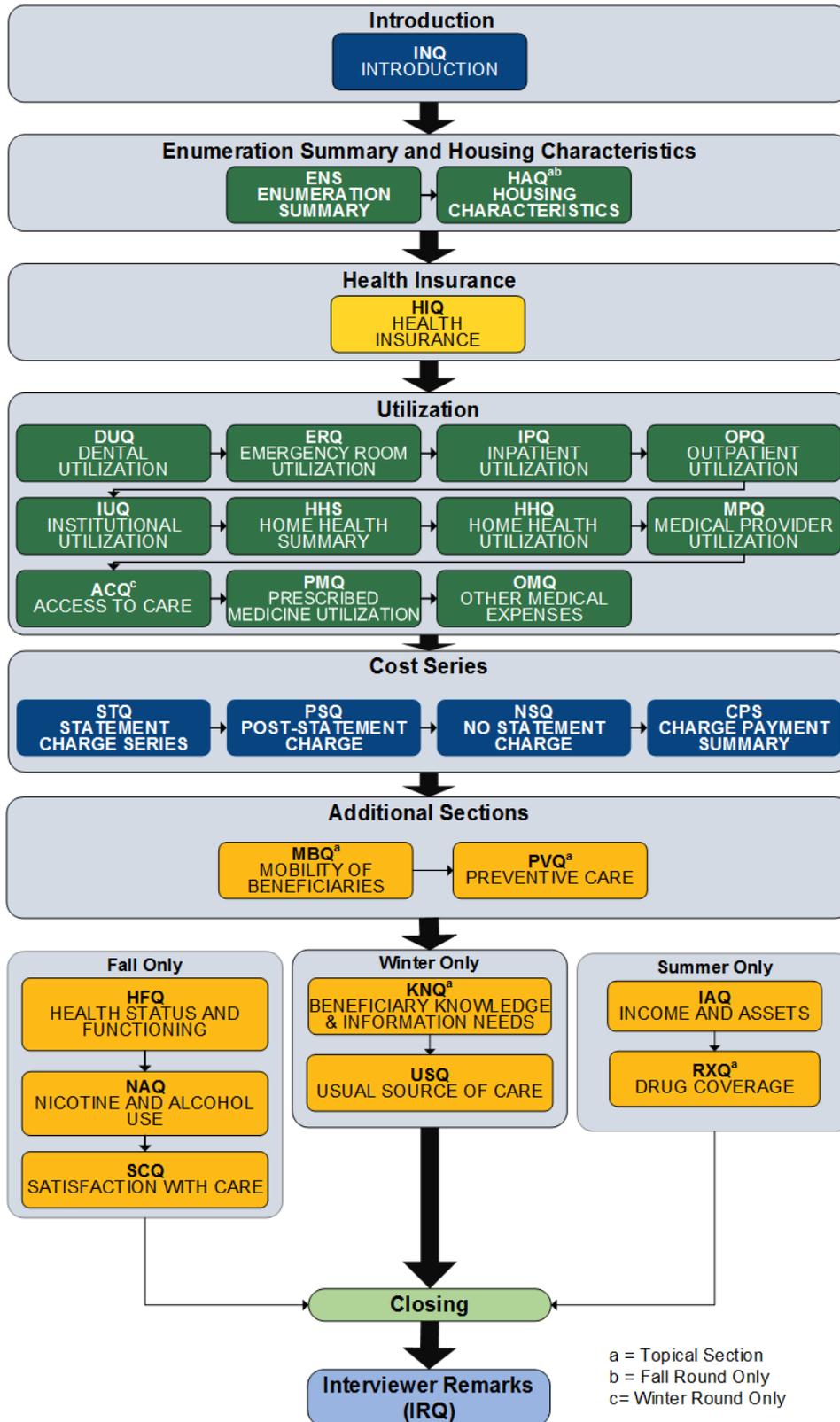
Exhibit 4: 2018 MCBS Community Questionnaire Flow for Baseline Interview



a = Topical Section

Exhibit 5 shows the most common Community Questionnaire flow for standard Continuing community sample.

Exhibit 5: 2018 MCBS Community Questionnaire Flow for Continuing Interview



Core Section Content

Core survey content is grouped into questionnaire sections that collect data central to the policy goals of the MCBS. These sections collect information related socio-demographics, health insurance coverage, health care utilization and costs, beneficiary health status and experiences with care, as well as operational and procedural data. Many of the core sections are administered each round. The following pages describe core sections of the Community Questionnaire, organized by topic of information collected. Exhibit 6 lists the core sections of the Community Questionnaire and the seasons in which they are administered.

Socio-Demographics

Two sections in the Community Questionnaire capture key socio-demographic characteristics of the beneficiary. The Demographics and Income section is administered for each Community beneficiary once during the Baseline interview. Income and Assets is administered to all Continuing beneficiaries once per year.

The **Demographics and Income (DIQ)** section includes traditional demographic items such as Hispanic origin, race, English proficiency, education, and a total household income. This section is administered during the Baseline interview.

Income and Assets (IAQ) collects detailed information about income and assets of the beneficiary and spouse or partner (if applicable). IAQ covers beneficiary (and spouse/partner) income from employment, Social Security, Veteran’s Administration, and pensions. The respondent is also asked to indicate the value of the beneficiary’s (and spouse’s/partner’s) assets including retirement accounts, stocks, bonds, mutual funds, savings accounts, businesses, land or rental properties, and automobiles. Also included is homeownership or rental status, and food security items. The Income and Assets section is asked in the summer round to collect income and asset information about the previous calendar year.

Exhibit 6: 2018 MCBS Community Core Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
Socio-Demographics	IAQ	Income and Assets	Summer**
	DIQ	Demographics/Income	Fall, Baseline Interview
Health Insurance	HIQ	Health Insurance	All Seasons
Utilization	DUQ	Dental Utilization	All Seasons
	ERQ	Emergency Room Utilization	All Seasons
	IPQ	Inpatient Hospital Utilization	All Seasons
	OPQ	Outpatient Hospital Utilization	All Seasons
	IUQ	Institutional Utilization	All Seasons
	HHS	Home Health Summary***	All Seasons
	HHQ	Home Health Utilization	All Seasons
	MPQ	Medical Provider Utilization	All Seasons
	PMQ	Prescribed Medicine Utilization	All Seasons
OMQ	Other Medical Expenses Utilization	All Seasons	

Section Group	Abbr.	Section Name	Administrative Season
Cost	STQ	Statement Cost Series	All Seasons
	PSQ	Post-Statement Charge	All Seasons
	NSQ	No Statement Charge	All Seasons
	CPS	Charge Payment Summary***	All Seasons
Experiences with Care	ACQ	Access to Care	Winter
	SCQ	Satisfaction with Care	Fall
	USQ	Usual Source of Care	Winter
Health Status	HFQ	Health Status and Functioning	Fall

SOURCE: 2018 MCBS Community Questionnaire

*Certain procedural or operational management sections are collected specifically to manage the data collection process (e.g., Introduction (INQ), Enumeration (ENS), and Interview Remarks (IRQ)).

**The IAQ is administered in the Summer round following the current data year.

***Summary sections: Updates and corrections are collected through the summary sections. The respondent is asked to verify summary information gathered in previous interviews. Changes are recorded if the respondent reports information that differs from what was previously recorded.

Health Insurance

The Community Questionnaire captures health insurance information each round.

Health Insurance (HIQ) records all health insurance plans that the beneficiary has had since the beginning of the reference period. The survey prompts for coverage under each of the following types of plans: Medicare Advantage, Medicaid, Tricare, non-Medicare public plans, Medicare Prescription Drug Plans, and private (Medigap or supplemental) insurance plans. Detailed questions about coverage, costs, and payment are included for Medicare Advantage, Medicare Prescription Drug, and private insurance plans.

Utilization

The utilization sections of the questionnaire capture health care use by category. Generally, four types of health care utilization are recorded: provider service visits, home health care, other medical expenses, and prescribed medicines. Provider service visits includes visits to dental providers, emergency rooms, inpatient and outpatient hospital departments, institutional stays, and medical providers. In these sections, visits are reported as unique events by date, although in cases where there are more than five visits to a single provider during the reference period, the events are entered by month with the number of visits specified. A slightly different reporting structure is used for home health care, other medical expenses, and prescribed medicines.

All utilization sections are administered in all Continuing interviews; these sections are not part of the Incoming Panel's Baseline interview. Additional detail is provided on each of the four types of health care utilization collected by the community survey below.

Provider Service Visits

The utilization sections collecting provider service dates are as follows.

Dental Utilization (DUQ) collects information about dental visits during the reference period. DUQ collects the name and type of dental providers, dates of visits, services performed, and medicines prescribed during the visits.

Emergency Room Utilization (ERQ) records visits to hospital emergency rooms during the reference period. ERQ collects the names of the hospitals, dates of visits, whether the visit was associated with a particular condition, and medicines prescribed during the visits. If a reported emergency department visit resulted in hospital admission, an inpatient visit event is created, with follow up questions asked in the Inpatient Utilization section.

Inpatient Utilization (IPQ) collects information about inpatient stays during the reference period. IPQ collects the names of the hospitals, beginning and end dates of the stays, whether surgery was performed, whether the visit was associated with a particular condition, and medicines prescribed to be filled upon discharge from the hospital (medicines administered during the stay are not listed separately). Inpatient stays resulting from emergency room admissions are also covered.

Outpatient Hospital Utilization (OPQ) prompts for visits that the beneficiary may have made to hospital outpatient departments or clinics during the reference period. OPQ collects the name of the outpatient facility, dates of visits, whether surgery was performed, whether the visit was associated with a particular condition, and medicines prescribed during the visits.

Institutional Utilization (IUQ) collects information about stays in nursing homes or any similar facility during the reference period. IUQ collects the name of the institution(s) and the dates the beneficiary was admitted and discharged from the institution(s).

Medical Provider Utilization (MPQ) collects information about medical provider visits during the reference period. In addition to physicians and primary care providers, this includes visits with health practitioners that are not medical doctors (acupuncturists, audiologists, optometrists, chiropractors, podiatrists, homeopaths, naturopaths), mental health professionals, therapists (including speech, respiratory, occupational, and physical therapists), and other medical persons (nurses, nurse practitioners, paramedics, and physician's assistants). MPQ collects names and types of providers, dates, whether the visit is associated with a particular condition, and medicines prescribed during the visit.

Home Health Care Visits

A second type of health care utilization captured by the community survey are home health care visits. For Continuing beneficiaries that reported home health events during the prior round, **Home Health Summary (HHS)** reviews those providers and confirms whether the same providers were visited during the current round. These visits are recorded not by date, but by the number of visits. In addition, the length of visits and services performed are recorded.

Home Health Utilization (HHQ) then collects information about home health provider visits, both professional and non-professional, during the reference period. HHQ collects names and types of home health providers, number and length of visits, and services performed during visits.

Prescribed Medicines

The **Prescribed Medicine Utilization (PMQ)** section collects details about prescribed medicines obtained during the reference period. For medicines recorded in the provider service visit sections (in the context of those visits), PMQ collects the medicine strength, form, quantity, and number of purchases. Medicines that are not previously reported during the course of the provider service visit utilization sections, including those that are refilled or called in by phone, are also collected in this section. Unlike for provider service visits, event dates are not collected for prescribed medicines. Instead, the interviewer records the number of purchases or refills. Information about non-prescription medicines and prescriptions that are not filled are not recorded.

Other Medical Expenses

The community survey also records other medical expenses. These expenses are reported using a slightly different reporting structure within the questionnaire.

Other Medical Expenses Utilization (OMQ) collects information about medical equipment and other items (excluding prescriptions) that the beneficiary purchased, rented, or repaired during the reference period. Other medical expenses includes glasses, hearing devices, orthopedic items (wheelchairs, canes, etc.), diabetic equipment and supplies, dialysis equipment, prosthetics, oxygen-related equipment and supplies, ambulance services, other medical equipment (beds, chairs, disposable items, etc.) and alterations to the home or car. For each item the date(s) of rental, purchase, or repair are recorded. For disposable medical items (e.g., bandages), the number of purchases is collected, rather than a date.

Cost Series

Once all utilization sections are completed, the questionnaire flows to the cost series, wherein the costs of all reported visits and purchases are recorded, along with the amount paid by various sources. Importantly, additional visits and purchases not reported in the utilization sections of the questionnaire could be recorded within the cost series, and all corresponding data for those events are collected within the cost series.

The cost series consists of four sections: Statement, Post-Statement, No Statement, and Charge Payment Summary. Each is described below.

The **Statement section (STQ)** collects medical cost information directly from Medicare Summary Notices (MSNs), insurance explanations of benefits (EOB), Prescription Drug Plan statements, and TRICARE or other insurance statements. In cases where the beneficiary had more than one payer (e.g., Medicare and private insurance), interviewers organize statements into charge bundles, which are driven by the claim total on a MSN or EOB and may include one or more utilization events (visits, medicines, or purchases). Each charge bundle is entered separately, and all previously-reported events associated with the charge bundle are linked to the cost record. Payment details are entered from the statements and any remaining amount not accounted for is confirmed with the respondent. This process is repeated for all available, not previously recorded insurance statements containing events that occurred within the survey reference period (roughly the past year).

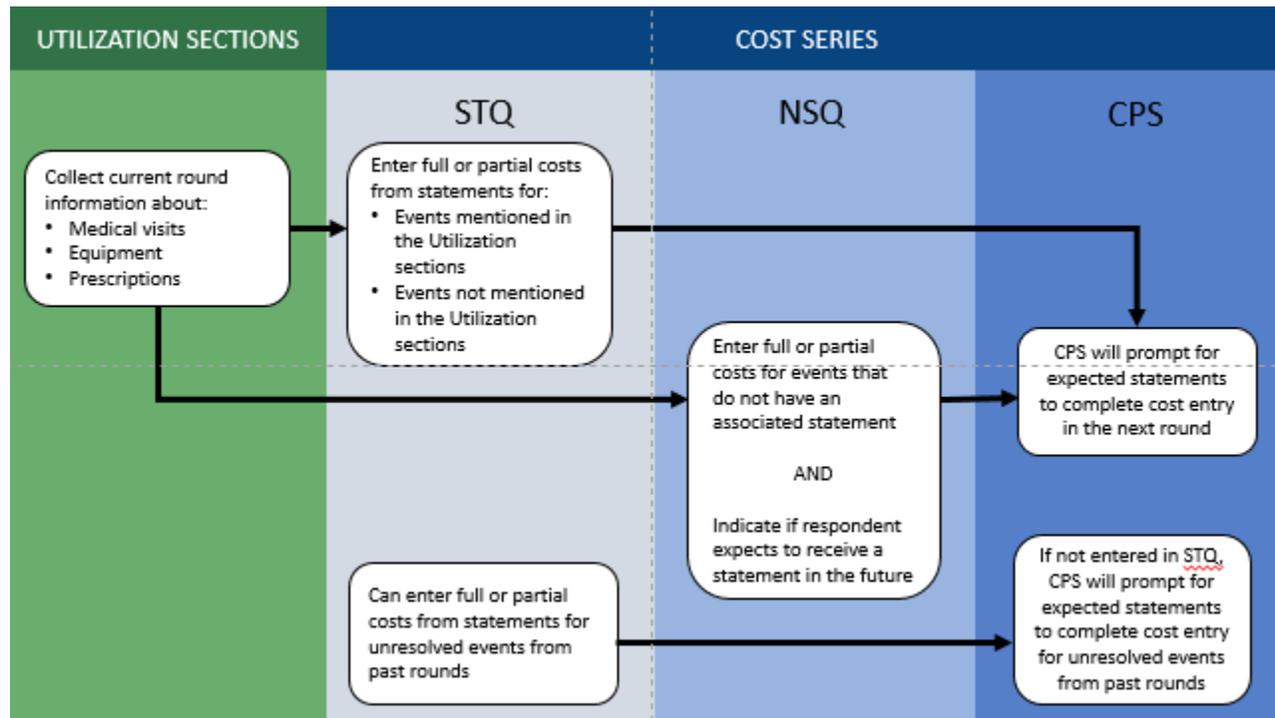
The **Post-Statement section (PSQ)** facilitates cost data collection for rental items that span multiple rounds of interviews (such as a long term wheelchair rental) and for which cost data has not yet been reported.

The **No Statement section (NSQ)** prompts for cost data for all events that do not have a Medicare, insurance, or TRICARE statement reported in the current round. This section attempts to capture cost data even in absence of insurance statements. The respondent may refer to non-statement paperwork such as bills or receipts to help collect accurate cost information. NSQ loops through a series of cost verification items for each event or purchase reported during the current round utilization but not already linked to a cost record via the Statement section. If respondents indicate a statement for the event is expected, then the NSQ items are bypassed.

The final cost series section, the **Charge Payment Summary (CPS)** reviews outstanding cost information reported from previous rounds. For example, if the respondent reported in the previous interview that he/she expected to receive an insurance statement for a particular event, then this event is carried forward to the next round CPS. Any charge bundle for which costs are not fully resolved is asked about in the next round CPS section. There are a variety of reasons a cost record might qualify to be asked about in CPS (referred to as "CPS Reasons"). For example, a respondent may have been expecting to receive a statement related to the event or may have reported payments that account for only part of the total charge. The amount of information collected in CPS and the path through the section is determined by the CPS reason for the cost record. One case can have multiple cost records flagged for CPS with a variety of CPS reasons. The questionnaire loops through each eligible cost record in an attempt to collect further cost data.

The flow of sections and questions within the Cost series varies depending on data collected in the current round (e.g., whether the beneficiary had a health insurance statement for a visit reported in the current round) and data collected in prior rounds (i.e., whether there was outstanding cost information reported from a prior round). Exhibit 7 illustrates how paths through these sections may vary depending on health care utilization and cost information collected in the current and previous rounds.

Exhibit 7: Utilization and Cost Section Flow



Experiences with Care

Three sections cover the beneficiary’s experience with care in various medical settings.

Access to Care (ACQ) is administered in the winter round interview for Continuing respondents and focuses on the beneficiary’s experience with particular types of medical encounters (hospital emergency room, hospital clinic or outpatient department, long-term care facility, or medical doctor visits) during the reference period. If the beneficiary had one or more of a particular type of medical encounter, additional items collect information about services received and waiting times associated with the most recent encounter.

Satisfaction with Care (SCQ) is part of the fall round interview for Incoming Panel and Continuing respondents and collects the respondent’s opinions about the health care that the beneficiary had received. The questions refer to medical care received from all medical providers, including both doctors and hospitals.

The **Usual Source of Care (USQ)** section is administered in the winter round interview for Continuing respondents and collects specific information about the usual source of health care for the beneficiary as well as any specialists seen during the reference period.

Health Status

Health Status and Functioning (HFQ) collects information on the beneficiary’s general health status and needs. This includes specific health areas such as disabilities, vision, hearing, and preventive health measures. HFQ includes measures of the beneficiary’s ability to perform physical activities, moderate and vigorous exercise, health care maintenance and needs, and

standard measures of Instrumental Activities of Daily Living (using the telephone, preparing meals, etc.), and Activities of Daily Living (bathing, walking, etc.). In addition, HFQ asks about medical diagnoses for common conditions (cancer, arthritis, hypertension, etc.). Finally, the section covers mental health conditions, falls, urine loss, and a more extensive series of questions for beneficiaries with high blood pressure and diabetes.

Operational and Procedural

These sections help guide the interviewer through the interview, providing scripts for introducing and ending the interview. They also facilitate collection of address and household information to augment sample information for the purposes of locating respondents for follow-up interviews.

Introduction (INQ) introduces the survey and records whether the interview was completed by the beneficiary or a proxy. For interviews completed by a proxy, the introduction collects the proxy's name and relationship to the beneficiary and determines if the proxy is a member of the beneficiary's household. The introduction is part of every community interview.

The **Closing (END)** section is administered to close the interview for all respondents. During the exit interview, this section contains additional scripts to thank the respondent for participation over the four years of the MCBS.

Enumeration (ENS) collects household information and a roster of persons living in the household. For each household member added to the roster, his/her relationship to the beneficiary, sex, date of birth, age and employment status are collected. ENS is administered in all rounds except the final exit interview.

The **Interviewer Remarks Questionnaire (IRQ)** captures additional metadata about the interview, as recorded by the interviewer. This includes the length of the interview, assistance the respondent may have received, perceived reliability of the information provided during the interview, and comments the interviewer had about the interviewing situation. IRQ is administered after every interview, but is generally completed after leaving the respondent's home, as none of the questions are directed to the respondent.

Topical Section Content

In addition to the core content, there are several topical questionnaire sections that capture data on a variety of key topics that relate to the beneficiary's housing characteristics, health behaviors, knowledge about Medicare, and health-related decision making. Each topical section is described below, organized by information collected. Exhibit 8 lists the topical sections and administration schedule.

Exhibit 8: 2018 MCBS Community Topical Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
Housing Characteristics	HAQ	Housing Characteristics	Fall

Section Group	Abbr.	Section Name	Administrative Season
Health Behaviors	MBQ	Mobility of Beneficiaries	All seasons
	NAQ	Nicotine and Alcohol Use	Fall
	PVQ	Preventive Care	All seasons
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	Winter
	RXQ	Drug Coverage	Summer

Housing Characteristics

Housing Characteristics (HAQ) collects information on the beneficiary's housing situation. This includes the type of dwelling, facilities available in the household (e.g., kitchen and bathrooms), accessibility, and modifications to the home (e.g., ramps, railings, and bathroom modifications). This section also records if the beneficiary lives in an independent or assisted living community (distinct from a nursing or long-term care facility) where services like meals, transportation, and laundry may be provided. HAQ is administered in the fall for all beneficiaries in the Community component.

Health Behaviors

Three questionnaire sections record additional information about health behaviors, specifically mobility, preventive care, and nicotine and alcohol use.

Mobility of Beneficiaries (MBQ) determines the beneficiary's use of available transportation options, with a focus on reduced mobility and increased reliance on others for transportation.

The **Preventive Care (PVQ)** section collects information about beneficiaries' preventive health behaviors. Questions administered in this section vary by data collection season. In the winter round, the PVQ focuses on the influenza vaccine while in the summer round, the PVQ asks about the shingles and pneumonia vaccines. In the fall round, the PVQ asks whether the beneficiary has received various types of applicable preventive screenings or tests, such as a mammogram, Pap smear, or digital rectum exam.

Nicotine and Alcohol Use (NAQ) collects information on beneficiaries' smoking and drinking behavior, including past and current use of cigarettes, cigars, "smokeless" tobacco, and e-cigarettes. It also asks about past and current drinking behavior.

Knowledge and Decision-Making

Respondent knowledge of Medicare and health-related decision making is captured in two topical sections.

The **Beneficiary Knowledge and Information Needs (KNQ)** section is administered in the winter round. These items measure the respondent's self-reported understanding of Medicare and common sources of information about health care and Medicare.

The **Drug Coverage (RXQ)** section is a summer round section that focuses on the Medicare Prescription Drug benefit, including respondent knowledge of the benefit, and opinions of the beneficiary's drug coverage, whether through a Medicare Prescription Drug Plan, a Medicare Advantage plan with prescription drug coverage, or a private insurance plan that covers prescription drugs.

Facility Instrument Content

The following section provides an overview of the content of the Facility component of the MCBS questionnaire. The content of the Facility Instrument varies based upon several factors, including the season of data collection, the type of interview (which reflects the length of time the beneficiary has been in the facility), and the component of the most recent interview.

Interview Type

Similar to the Community Questionnaire, the Facility Instrument uses interview type as a key determinant of which questionnaire sections to administer during a facility interview.

The MCBS uses five interview types, also known as sample types, to describe MCBS beneficiaries who reside in a facility, summarized in Exhibit 9.

Exhibit 9: Facility Instrument Interview Types

INTTYPE	Description	Season
CFR	Continuing Facility Resident. Beneficiary whose previous round interview was a facility interview and who currently resides at the same facility.	Any
CFC	Community-Facility-Crossover. Beneficiary who interviewed in the community previously and has now moved to a long-term care facility.	Any
FFC	Facility-Facility-Crossover. Beneficiary who was previously interviewed in a long-term care facility and has now moved to a different facility.	Any
FCF	Facility-Community-Facility Crossover. Beneficiary whose last interview was in the community and for whom a facility interview has been conducted in a previous round, and who has been admitted to a new facility or readmitted to a facility where the beneficiary had a previous stay. This sample type is rarely encountered.	Any
IPR	Incoming Panel Respondent. Beneficiary who was just added to the MCBS sample (fall round only) and currently resides in a facility.	Fall

NOTE: Interview type (INTTYPE) is typically referred to as Sample Type in the Facility Instrument section specifications.

Facility Screener

The Facility screener is administered to a facility staff member when a beneficiary moves to a new facility setting. The Facility screener confirms whether the beneficiary is currently living at the facility (or lived at the facility at some point during the reference period) and determines whether the facility is a public or private residence.

Facility Instrument Flow

The Facility Instrument collects similar data to the Community Questionnaire. However, the Facility Instrument is administered to facility staff and not to the beneficiary; that is, the beneficiary does not answer questions during a Facility interview – instead, facility administrators and staff answer questions on behalf of the beneficiary.

Just like the Community Questionnaire, the sections administered in a given facility interview vary by interview type and data collection season (fall, winter, or summer). The Baseline interview administered to Incoming Panel Respondents contains an abbreviated flow which does not include the utilization or cost sections of the questionnaire. Exhibit 10 shows the flow for the Baseline interview.

Exhibit 10: 2018 MCBS Facility Instrument Flow for Baseline Interview

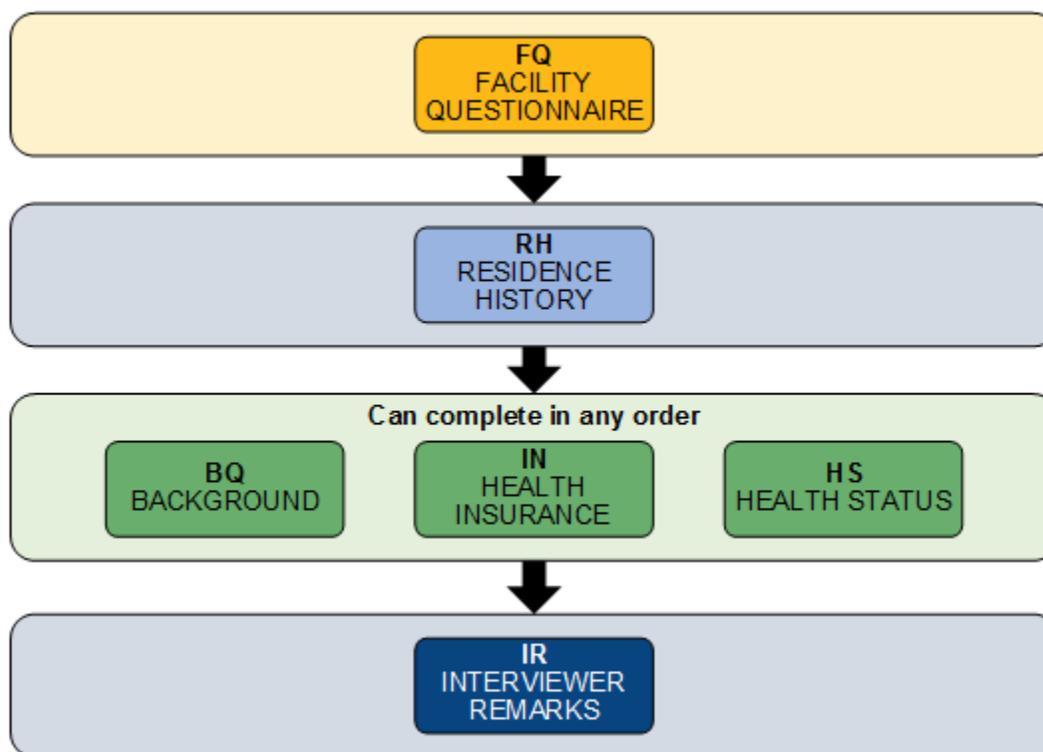
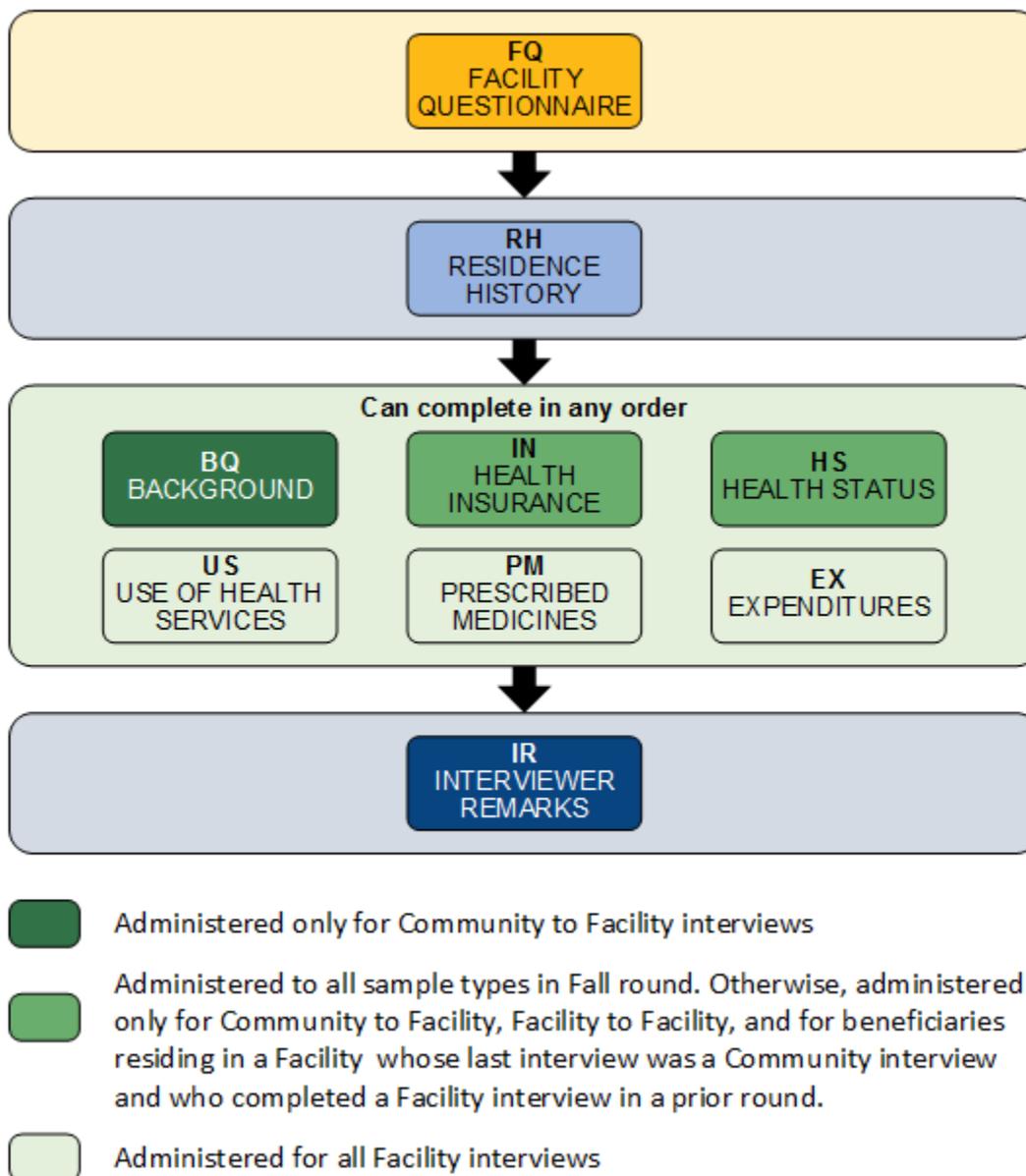


Exhibit 11 shows the flow for the Continuing and crossover interview types.

Because the Facility Instrument is administered to facility staff and not directly to the beneficiary, the Facility Instrument is designed to have a modular, flexible flow. The interviewer

first completes the Facility Questionnaire (FQ) section. Next, the interviewer administers the Residence History (RH) section. The remaining sections may be completed in any order. Interviewers are instructed to conduct the sections in the order most suitable to the facility structure and the availability of facility staff. For example, the interviewer may conduct three sections with the head nurse and then visit the billing office to complete the remaining sections. Interviewers complete the Interviewer Remarks (IR) section at the end of the interview.

Exhibit 11: 2018 MCBS Facility Instrument Flow for Continuing and Crossover Interviews



Core Section Content

The Facility Instrument consists of only core sections with no topical content. The following pages describe core sections of the Facility Instrument, organized by topic of information

collected. Exhibit 12 shows the core sections of the Facility Instrument and the seasons in which they are administered.

Exhibit 12: Facility Core Sections by Administration Schedule

Section Group	Abbrev	Section Name	Administrative Season
Facility Characteristics	FQ	Facility Questionnaire	All seasons
Socio-Demographics	RH	Residence History	All seasons
	BQ	Background	Fall**
Health Insurance	IN	Health Insurance	Fall***
Utilization	US	Use of Health Services	All seasons
	PM	Prescribed Medicines	All seasons
Cost	EX	Expenditures	All seasons
Health Status	HS	Health Status	Fall***

SOURCE: 2018 MCBS Facility Instrument

NOTE: Certain procedural or operational management sections are collected specifically to manage the data collection process (e.g., Interview Remarks (IR)).

*The BQ section is also administered to Community-to-Facility crossover cases each season.

**The IN and HS sections are also administered to Community-to-Facility and Facility-to-Facility crossover cases each season.

Facility Characteristics

The Facility Characteristics core section contains the **Facility Questionnaire (FQ)** section of the Facility Instrument. The FQ section collects information on the number, classification, and certification status of beds within the facility; sources of payment for facility residents; and facility rates. Interviewers typically conduct the FQ with the facility administrator. Interviewers are not allowed to abstract this section of the interview; it must be conducted with a facility staff member.

Socio-Demographics

The Socio-Demographics core sections capture key characteristics of the interview and the beneficiary. These include residence history and demographics.

The **Residence History (RH)** section collects information about all of the places that the beneficiary stayed during the reference period. Information is collected about where the beneficiary was just before entering the facility and where he/she went if they had been discharged. For each stay, the interviewer collects the name of the place of residence, the type of place it is, and the start and end date for the period the beneficiary was living there.

The RH section creates a timeline of the beneficiary's whereabouts from the date the beneficiary entered the facility or the date of the last interview, through the date of interview, date of discharge, or date of death. The goal is to obtain a complete picture of the beneficiary's

stays during the reference period, including any stays of one night or more in hospitals, other facilities, or any other place.

The **Background Questionnaire (BQ)** collects background information about the beneficiary such as use of long-term care before admission to the facility, level of education, race, ethnicity, service in the Armed Forces, marital status, spouse's health status, living children, and income. The BQ is completed only once for each beneficiary during their first interview in the Facility.

Health Insurance

The Health Insurance core section contains the **Health Insurance (IN)** section of the Facility Instrument. The IN section collects information about the beneficiary's type(s) of health insurance coverage. This includes questions about all types of health insurance coverage the beneficiary had in addition to Medicare: private insurance, long-term care insurance, Department of Veterans Affairs eligibility, and TRICARE or CHAMPVA.

Utilization

The Utilization sections collect data on the beneficiary's use of health care and prescribed medicines. These sections are administered to all sample types except for the Incoming Panel.

The **Use of Health Care Services (US)** section collects information on the beneficiary's use of health care services while a resident of the facility. This includes visits with a range of providers including medical doctors, dentists, and specialists; visits to the hospital emergency room; and other medical supplies, equipment, and other types of medical services provided to the beneficiary.

The best facility respondent for this questionnaire section is usually someone directly involved with the beneficiary's care or someone who is familiar with the medical records.

The **Prescribed Medicines (PM)** section collects data on the beneficiary's monthly use of prescribed medicines while in the facility. The data collected includes the medicine name, form, strength, dosage, how often it is administered, and the total times per month that the medicine is taken. The data for this section may be obtained by abstracting from the Medication Administration Record (MAR), which is the report that serves as a legal record of the medications administered to a patient at a facility by a health care professional. MARs are commonly referred to as drug charts. Unlike other parts of the questionnaire, the PM section collects data by month, asking for each month separately.

In the Facility Instrument, prescribed medicines are defined as medicines ordered by a physician through a written or verbal order for a pharmacist to fill. In the long-term care setting, doctors often order medications that do not require a prescription in the community setting, such as vitamins. This is a key difference between the Facility and Community Instruments. As a result, medications that are not considered prescribed medicines in the Community Instrument are collected as prescribed medicines in the Facility Instrument. Prescribed medicine data collected via the Facility interview are not incorporated into data products that are shared with users. Prescribed medicine data from Medicare Part D claims for facility respondents are incorporated into data products shared with users.

Cost

The Facility Cost component consists of the **Expenditures (EX)** section. The EX section collects information about bills for the beneficiary's care at a facility and payments by source for those charges. Data are only collected for the time period when the beneficiary was a resident of the facility at which the interview takes place. The EX section collects information by billing period (e.g., monthly semi-monthly, quarterly, etc.).

Unlike the Community Questionnaire which collects information for each service, the EX section collects information on the fees the facility bills for the beneficiary's care. The EX section collects information on the amount billed for the beneficiary's basic care and for any health related ancillary services. Typically the EX section is administered to facility staff located in the billing office.

Health Status

The **Health Status (HS)** section collects information on the beneficiary's general health status, ability to perform various physical activities, general health conditions, instrumental activities of daily living, and activities of daily living.

Most of the information needed to conduct the HS section may be found in a medical chart. The Federal Government requires that all nursing facilities certified by Medicaid or Medicare conduct comprehensive and standardized assessments of each resident's health status when the resident is admitted to the nursing home and at regular intervals thereafter. These assessments are captured by the Long-Term Care Minimum Data Set (MDS), which contains a set of key items measuring a resident's capacity to function independently. Nursing homes use this information to assess each resident's health status, identify problem areas and, where problems exist, formulate care plans to address them.

The HS section is designed to mirror the flow and wording of the MDS items; it contains a subset of the MDS items. In addition, the HS section contains some questions that are not found on the MDS. Interviewers ask these questions of someone knowledgeable about the beneficiary's care or find the information in the medical chart.

Operational and Procedural

The **Interviewer Remarks (IR)** section captures additional metadata about the interview, as recorded by the interviewer. This includes comments the interviewer may have about the interviewing situation and notes to themselves for use in gaining cooperation in the future.

Missing Data Sections

There are three additional sections, called missing data sections, which are activated when essential survey information is coded as "don't know" or "refused" in the FQ, RH, or BQ sections. The missing data sections prompt the interviewer for the specific piece of information that is missing. There are no new questions in the missing data sections, just repeats of questions initially asked in the FQ, RH, or BQ. Examples of the type of missing information that activate the missing data sections are the name of the facility or date of death.

The purpose of the missing data sections is to reduce item non-response for key variables in a highly modular, flexible format. If the interviewer is able to obtain the missing information from another facility staff member or from a different medical document, then the interviewer uses the missing data section to later capture a non-missing response for the key questionnaire item without modifying responses for the other already-completed items in the FQ, RH, and BQ sections. If the interviewer is unable to obtain the missing information, either “don’t know” or “refused” is entered in the missing data sections.

The missing data sections are:

- Facility Questionnaire Missing Data (FQM): collects data missing from the FQ section of the interview;
- Residence History Questionnaire Missing Data (RHM): collects data missing from the RH section; and
- Background Questionnaire Missing Data (BQM): collects data missing from the BQ section.