

2020 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Public Use File Glossary

GLOSSARY

This Glossary provides an explanation of key terms and defines the measures for which estimates are presented in the 2020 MCBS Oral Health and Access to Dental Care Public Use File (PUF).

Age: Age is obtained from administrative data sources.

Area deprivation index (ADI): ADI is an indicator of the socioeconomic disadvantage of geographic areas. National rankings are based on the Census block group for the beneficiary's primary residence address. ADI values in the first percentile are the least disadvantaged, and those in the hundredth are the most disadvantaged.¹

Beneficiary: Beneficiary refers to a person receiving Medicare services who may or may not be participating in the MCBS. Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.²

Chronic conditions: Chronic conditions comprises a group of 13 health conditions measures: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, osteoporosis/broken hip, pulmonary disease, stroke, high cholesterol, and Parkinson's disease. It is possible for a beneficiary to have "ever" been diagnosed with both Alzheimer's disease and dementia (other than Alzheimer's disease) as previous survey responses are carried forward into subsequent data years. For the purposes of the number of chronic conditions measure, Alzheimer's disease and dementia (other than Alzheimer's disease) are counted as one chronic condition for beneficiaries diagnosed with both conditions. As the definition of mental condition encompasses depression, for the purposes of the number of chronic conditions measure, depression and mental condition are counted as one chronic condition for beneficiaries diagnosed with both conditions.

Chronic tooth pain: Respondents who reported having chronic pain at least some days were asked whether they have been bothered by toothache or jaw pain in the past three months. Respondents who reported never having chronic pain were categorized as "No" responses. This question was only asked of beneficiaries (i.e., not proxy respondents).

Community interview: Survey administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview. An interview may be conducted with the beneficiary or a proxy.

¹ University of Wisconsin School of Medicine Public Health. 2018 and 2019 Area Deprivation Index v2.0. <https://www.neighborhoodatlas.medicine.wisc.edu/>

² <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>.

2020 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Public Use File Glossary

Dental coverage through Medicare Advantage (MA) only: Respondents were asked whether they have dental coverage through their current Medicare managed care plan. If “Yes”, responses were categorized as “Dental coverage through MA only”.

Dual eligibility status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Beneficiaries were considered “dually eligible” and assigned a dual eligibility status if they were enrolled in Medicaid for at least one month. This information was obtained from administrative data sources.

Ever enrolled: A Medicare beneficiary who was enrolled at any time during the calendar year including people who dis-enrolled or died prior to their fall interview. Excluded from this population are residents of foreign countries and of U.S. possessions and territories.

Fee-for-Service (FFS): FFS Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits at any time during the data collection year, and who were not enrolled in a Medicare Advantage plan at any time during the year. However, beneficiaries may have had Medicaid coverage or other public insurance coverage, such as a state-sponsored prescription drug plan, or may have been eligible for Department of Veterans Affairs health care benefits. Beneficiaries enrolled in FFS coverage may also have supplemental private insurance coverage. Coverage status is indicated for records for which administrative data are available.

Income to poverty ratio (IPR): IPR is calculated only for household sizes of one (beneficiary living alone) or two (beneficiary living with a spouse only) as the income and asset information is collected only from the beneficiary and the beneficiary’s spouse. Medicare beneficiaries have slightly different poverty level indices used for program eligibility. The IPR uses the Medicare poverty thresholds for calculation.

Language spoken at home: Respondents were asked if they speak a language other than English at home.

Medicare Advantage (MA): Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare. An MA provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment. The term “Medicare Advantage” includes all types of MAs that contract with Medicare, encompassing risk MAs, cost MAs, and health care prepayment plans (HCPPs). Beneficiaries were coded as having Medicare Advantage coverage if they had coverage for one or more months out of the calendar year. This information is obtained from administrative data sources.

2020 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Public Use File Glossary

Metropolitan/micropolitan area resident: Metropolitan/micropolitan area residence was obtained from administrative data sources and verified in the survey. This classification is based on Core Based Statistical Area (CBSA) designations.³

Oral cancer exam: Respondents were first asked whether they have ever received an exam for oral cancer (during which the doctor or dentist pulled on their tongue and felt under the tongue and inside the cheeks). Responses of "Yes" were categorized as "Ever had an oral cancer exam". If "Yes", respondents were then asked when their most recent oral/mouth cancer exam took place. Responses of "Within the past year" were categorized as "Had oral/mouth cancer exam in the past year". Responses of "Between 1 and 3 years" and "Over 3 years ago" were categorized as "No". Respondents who reported "No" to ever receiving an exam were also categorized as "No".

Other dental coverage: Beneficiaries were categorized as having "Other" dental coverage if they did not report having private dental coverage or dental coverage through MA only. This group included beneficiaries who had no dental coverage and beneficiaries who were dually eligible and had some dental coverage through their state's Medicaid program.

Private dental coverage: Respondents were asked if their private plan covers dental care. If "Yes", responses were categorized as "Private dental coverage".

Proxy: Beneficiaries who were too ill, or who could not complete the interview for other reasons, were asked to designate a proxy, someone very knowledgeable about the beneficiary's health and living habits. In most cases, the proxy was a close relative such as the spouse or a son or daughter. In a few cases, the proxy was a non-relative like a close friend or caregiver. In addition, a proxy was utilized if a beneficiary had been reported as deceased during the current round's reference period or if a beneficiary who was living in the community in the previous round had since entered into a long-term care facility.

Race/ethnicity: Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as White and not of Hispanic origin were coded as White non-Hispanic; beneficiaries reported as Black/African-American and not of Hispanic origin were coded as Black non-Hispanic;

³ "Core Based Statistical Area Type." Board of Governors of the Federal Reserve System. Last modified January 9, 2023. [https://www.federalreserve.gov/apps/mdrm/data-dictionary/search/item?keyword=9153%20&show_short_title=False&show_conf=False&rep_status=All&rep_state=Opened&rep_period=Before&date_start=99991231&date_end=99991231#:~:text=The%20term%20%22Core%20Based%20Statistical,but%20less%20than%2050%2C000\)%20population](https://www.federalreserve.gov/apps/mdrm/data-dictionary/search/item?keyword=9153%20&show_short_title=False&show_conf=False&rep_status=All&rep_state=Opened&rep_period=Before&date_start=99991231&date_end=99991231#:~:text=The%20term%20%22Core%20Based%20Statistical,but%20less%20than%2050%2C000)%20population)

2020 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Public Use File Glossary

beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The "Other Race/Ethnicity" category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), or Two or More Races.

Reference period: The timeframe to which a questionnaire item refers.

Respondent: Respondent refers to a person who answers questions for the MCBS; for Community interviews, this person can be the beneficiary or a proxy.

Self-reported health status: Respondents were asked to rate their general health compared to other people of the same age. Beneficiaries answered health status questions themselves, unless they were unable to do so.

Sex: Respondents were asked to self-report the beneficiary's sex.

Trouble eating solid foods: Respondents were asked how much trouble they have eating solid foods because of problems with their mouth or teeth. Response options include "No trouble", "A little trouble", and "A lot of trouble." "A little trouble" and "A lot of trouble" were collapsed into "Has trouble eating solid foods due to teeth."

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