

2022 Medicare Current Beneficiary Survey (MCBS) Financial Well-being Public Use File (PUF) Technical Appendix

DATA AND METHODS

This Technical Appendix provides information about the production of the estimates and margins of error (MOEs) presented in the 2022 MCBS Financial Well-being of Medicare Beneficiaries Living in the Community Public Use File (PUF).

These estimates are based on data from the 2022 MCBS, a nationally representative, longitudinal survey of Medicare beneficiaries sponsored by the Centers for Medicare & Medicaid Services (CMS) and directed by the Office of Enterprise Data and Analytics (OEDA). The MCBS is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through operations and administration of the Medicare program.

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through the CMS LDS website at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA - NewLDS](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-NewLDS). MCBS Microdata PUFs are available to the public as free downloads and can be found through the CMS PUF website at <https://www.cms.gov/data-research/statistics-trends-and-reports/mcbs-public-use-file>. The 2020, 2021, and 2022 Financial Well-being PUFs and other PUFs based on MCBS microdata are available here: <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs/data-tables>.

For details about the MCBS sample design, survey operations, and data files, please see the most recent *MCBS Methodology Report*, *Data User's Guides*, and *Data Year Release Notes* available on the CMS MCBS website at <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey>. For definitions of common key terms used for the MCBS, please see the Glossary available at the same link.

The universe for the 2022 MCBS Financial Well-being PUF includes Medicare beneficiaries living in the community who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. "Don't know" and "Refused" responses were treated as missing values and excluded from both the numerator and denominator in measure calculation.

The Survey File ever enrolled weights were used to produce estimates that represent the population that was ever enrolled in Medicare for any period during 2022.¹ Estimates generated

¹ The Survey File ever enrolled cross-sectional weights were used for the access to transportation estimates.

using data from Topical segments, which were fielded in the summer rounds following the data year, used special non-response adjustment weights.² Balanced repeated replication survey weights were used to account for the complex sample design.

Estimate suppression is used to protect the confidentiality of Medicare beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. Estimates with a denominator of less than 50 sample persons or with a numerator of zero sample persons are suppressed. In addition, some estimates are suppressed because they do not meet minimum criteria for reliability. For the proportions in these tables, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130 percent of the estimate are suppressed.³ For other estimates such as medians, relative standard errors (RSEs) are calculated as the standard error of the estimate divided by the estimate itself. Estimates with an RSE of greater than 30 percent are suppressed because they do not meet the standards of reliability or precision.

All median values are conditional on ownership/work for pay and unless otherwise specified, combine amounts reported for the beneficiary and spouse/partner (if applicable). Each measure contains either a survey-reported value or an imputed value.

The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

For a complete listing of measures and available products, please see the CMS MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS>.

Additional technical questions concerning the 2022 MCBS Financial Well-being PUF may be directed to: MCBS@cms.hhs.gov.

WHAT'S NEW

The 2022 MCBS Financial Well-being PUF includes two new measures showing the percentage of beneficiaries who received payment for work and if applicable, median individual earnings from work. The PUF no longer includes a previously released measure that showed the percentage of households where either the beneficiary or their spouse/partner (if applicable) had non-zero monthly earnings from work.

² The Income and Assets Questionnaire (IAQ) Survey File ever enrolled weights were used for estimates of financial well-being, asset ownership, and food insecurity.

³ Parker, Jennifer D., Makram Talih, Donald J., Malec, et al. "National Center for Health Statistics Data Presentation Standards for Proportions." National Center for Health Statistics. *Vital Health Stat* 2, no. 175 (2017). Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf.

GLOSSARY

This Glossary provides an explanation of key terms and defines the measures for which estimates are presented in the 2022 MCBS Financial Well-being PUF.

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.⁴

Assets: Respondents were asked whether the beneficiary and/or their spouse/partner (if applicable) had or received the following assets: a checking account, a savings account, certificates of deposit, stocks or mutual funds, a retirement account, Social Security, Supplemental Security Income (SSI), and pension.

Assets at financial institutions: Assets at financial institutions comprise a group of three assets held by the beneficiary and their spouse/partner (if applicable): a checking account, a savings account, or certificates of deposit.

Chronic conditions: Chronic conditions comprises a group of 14 health conditions measures: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, arthritis, 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) were 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 were counted as one chronic condition for beneficiaries diagnosed with both conditions.

Delayed care due to cost: Respondents were asked whether the beneficiary had delayed medical care due to costs in the fall MCBS Community interview. The reference period for this question is "since last year."

Difficulty obtaining care: Respondents were asked whether the beneficiary had any trouble getting health care that they wanted or needed in the fall MCBS Community interview. The reference period for this question is "since last year."

Disability status: Respondents were asked whether they have serious difficulty hearing; seeing; concentrating, remembering, or making decisions; walking or climbing stairs; dressing or bathing; or with errands. Beneficiaries who had no serious difficulties with these activities

⁴ "2020 Area Deprivation Index v3.2," University of Wisconsin School of Medicine and Public Health, <https://www.neighborhoodatlas.medicine.wisc.edu/>.

were included in the category “No disability.” Beneficiaries who had a serious difficulty in one area were categorized as “One disability.” Beneficiaries who had a serious difficulty in more than one area were categorized as “Two or more disabilities.”

Dual eligibility status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Medicare beneficiaries were considered “dually eligible” if they were enrolled in Medicaid for at least one month. Beneficiaries who were not enrolled in Medicaid for at least one month in the calendar year were categorized as “non-dually eligible.” This information was obtained from administrative data sources.

Earnings from work: Information on earnings is self-reported by the respondent from the previous month. Respondents were asked to report the total income the beneficiary and their spouse/partner (if applicable) received from work before any taxes or deductions. Only respondents who reported work for pay were included in the median monthly earnings from work.

Food insecure: Beneficiaries were categorized as food insecure if respondents reported any of the following five food insecurity measures: Food didn’t last and no money to buy more, cut size of meals or skip meals, eat less because not enough money for food, didn’t eat because not enough money for food, and couldn’t afford balanced meals.

Home equity: Respondents who reported owning their home were asked about the present value of their home as well as the amount remaining on their mortgage. Home equity is calculated as the difference between these values.

Home ownership: Respondents were asked if they and/or their spouse/partner (if applicable) own their home. Respondents who do not own their homes (e.g., they rent their homes) or have other living arrangements were classified as “not owning their home.”

Income: Information on income is self-reported by the respondent for the calendar year. Respondents were asked to report the total income the beneficiary and their spouse/partner (if applicable) received from all sources during the year, including Social Security, Railroad Retirement, Supplemental Security Income (SSI), the Veteran’s Administration, pensions, retirement accounts, interest, banking accounts, businesses, real estate, and jobs, before any taxes or deductions. Income represents the best source or estimate of income received during the year based on the most recent information reported.

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

Limited driving to daytime: Respondents were asked if they have given up driving all together or have limited driving to daytime. The limited driving to daytime measure is applicable

to respondents who were asked if they have limited driving to daytime but have not given up driving all together.

Margin of error (MOE): MOE is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs are based on standard errors calculated using replicate weights.

Median: Median reflects the center of the data. Exactly half of the data points lie above the median, and half lie below the median. The median is more reliable than an average since it is less influenced by extreme values.

Metropolitan area resident: The classification is based on Core Based Statistical Area (CBSA) designations.⁵ Beneficiaries who live in a micropolitan statistical area outside the boundaries of a CBSA designation were categorized as "Non-metropolitan area residents." This information was obtained from administrative data sources.

Problem paying medical bills: Respondents were asked whether the beneficiary had problems paying or was unable to pay medical bills in the fall MCBS Community interview. The reference period for this question is "since last year."

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⁵ <https://www.census.gov/programs-surveys/metro-micro/about/glossary.html>