

1. 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, 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. Over the years, data from the MCBS have been used to inform many advancements, including the creation of benefits such as Medicare's Part D prescription drug benefit.

The MCBS collects this information in three data collection periods, or rounds, per year. MCBS data collection includes both in-person and phone interviewing using computer-assisted personal interviewing (CAPI).

Each year, the MCBS Questionnaire specifications are made publicly available on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires>. 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 2024. These are the questionnaires administered during the 2024 calendar year.

The 2024 MCBS Questionnaire User's Guide is intended to accompany the 2024 MCBS Questionnaire specifications. For users less familiar with the MCBS Questionnaire, this document offers a publicly available resource, which highlights questionnaire changes made in 2024 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>.

Exhibit 1: 2024 MCBS Questionnaire Specification Sections

Section Group	Abbr.	Section Name	PDF Section File Name
Community Questionnaire			
Socio-Demographics	IAQ	Income and Assets	2024_Income_and_Assets_IAQ
	DIQ	Demographics/Income	2024_Demographics_Income_DIQ

Section Group	Abbr.	Section Name	PDF Section File Name
Health Insurance	HIQ	Health Insurance	2024_Health_Insurance_HIQ
Utilization	DVH	Dental, Vision, & Hearing Care Utilization	2024_Den_Vis_Hear_Care_Utl_DVH
	ERQ	Emergency Room Utilization	2024_Emergency_Utilization_ERQ
	IPQ	Inpatient Hospital Utilization	2024_Inpatient_Utilization_IPQ
	OPQ	Outpatient Hospital Utilization	2024_Outpatient_Util_OPQ
	IUQ	Institutional Utilization	2024_Institutional_Util_IUQ
	HHQ	Home Health Utilization	2024_Home_Health_Util_HHQ
	MPQ	Medical Provider Utilization	2024_Medical_Provider_Util_MPQ
	PMQ	Prescribed Medicine Utilization	2024_Prescribed_Med_Util_PMQ
	OMQ	Other Medical Expenses Utilization	2024_Other_Medical_Expense_OMQ
Cost	STQ	Statement Cost Series	2024_Statement_Cost_Series_STQ
	PSQ	Post-Statement Charge	2024_Post_Statement_Cost_PSQ
	NSQ	No Statement Charge	2024_No_Statement_Cost_NSQ
	CPS	Charge Payment Summary	2024_Cost_Payment_Summary_CPS
Experiences with Care	ACQ	Access to Care	2024_Access_to_Care_ACQ
	TLQ	Telemedicine	2024_Telemedicine_TLQ
	SCQ	Satisfaction with Care	2024_Satisfaction_Care_SCQ
	USQ	Usual Source of Care	2024_Usual_Source_Of_Care_USQ
Health Status	HFQ	Health Status and Functioning	2024_Health_Status_HFQ
	CMQ	Cognitive Measures	2024_Cognitive_Measures_CMQ
	PXQ	Physical Measures	2024_Physical_Measures_PXQ
Housing Characteristics	HAQ	Housing Characteristics	2024_Housing_Charcs_HAQ
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	2024_Chronic_Pain_CPQ
	MBQ	Mobility of Beneficiaries	2024_Mobility_MBQ
	NAQ	Nicotine and Alcohol Use	2024_Nicotine_Alcohol_Use_NAQ
	PVQ	Preventive Care	2024_Preventive_Care_PVQ
COVID-19	CVQ	COVID-19	2024_COVID_19_CVQ
	KNQ	Beneficiary Knowledge and Information Needs	2024_Beneficiary_Knowledge_KNQ

Section Group	Abbr.	Section Name	PDF Section File Name
Knowledge and Decision Making	RXQ	Drug Coverage	2024_Drug_Coverage_RXQ
Operational	INQ	Introduction	2024_Introduction_INQ
	ENS	Enumeration Summary	2024_Enumeration_Summary_ENS
	END	Closing	2024_End_END
	IRQ	Interviewer Remarks	2024_Interviewer_Remarks_IRQ
Facility Instrument			
Facility Characteristics	FQ	Facility Questionnaire	Fac2024_Facility_Quex_FQ
Socio-Demographics	RH	Residence History	Fac2024_Residence_History_RH
	BQ	Background	Fac2024_Background_BQ
Health Insurance	IN	Health Insurance	Fac2024_Health_Insurance_IN
Utilization	US	Use of Health Services	Fac2024_Use_Health_Services_US
Cost	EX	Expenditures	Fac2024_Expenditures_EX
Health Status	HS	Health Status	Fac2024_Health_Status_HS
COVID-19	CV	COVID-19 Beneficiary	Fac2024_COVID_19_Bene_CV
Operational	IR	Interviewer Remarks	Fac2024_Interviewer_Remarks_IR
Missing Data	FQM	Facility Questionnaire Missing Data	Fac2024_Facility_Missing_FQM
	RHM	Residence History Missing Data	Fac2024_Residence_Missing_RHM
	BQM	Background Questionnaire Missing Data	Fac2024_Background_Missing_BQM

2. WHAT'S NEW FOR THE QUESTIONNAIRE IN 2024?

Several questionnaire sections were revised in 2024. Below are highlights and updates for the 2024 survey administration year.

2.1 Community Questionnaire

Changes implemented for the 2024 Community questionnaire included the addition of new questionnaire items, the removal of items, and updates to question text, response options, and respondent universes.

2.1.1 Section-Specific Changes

COVID-19 (CVQ)

In Winter 2024, modifications were made to the COVID-19 Questionnaire (CVQ) to ensure the section remained policy relevant while minimizing respondent burden:

- The administration schedule of CVQ was changed to field the section once per year in the Winter rather than every round. To accommodate the new annual administration schedule, reference periods were updated throughout the section to refer to the previous year, rather than since the date of the last interview.
- Several content updates were made to make items more applicable and less burdensome for administration:
 - Vaccination: Rather than collecting full details for each COVID-19 vaccination dose, including vaccine date, manufacturer, and vaccine site, the revised CVQ asks how many COVID-19 vaccine doses have been received by the beneficiary and whether they have received a dose in the last year to convey an overall metric for vaccine uptake.
 - Testing: Previously, the testing series in CVQ collected information about at home and anti-body tests separately. In Winter 2024, the testing series was consolidated to ask about all types of COVID-19 tests (at home and anti-body) and follow-up items about testing details were reduced. The beneficiary is first asked if they have been tested for COVID-19 in the last year. If yes, they are asked which type of test they received (e.g., via nasal swab, at-home test, or blood test) and the test result. If they tested positive, they are asked about their symptoms.
 - Prevention: The revised CVQ asks how often the beneficiary masks in public.

Demographics and Income (DIQ)

In Fall 2023, new items about sexual orientation, gender identity, and religious preference were added to the Demographics and Income Questionnaire (DIQ). For their initial administration, these items were administered to all cases, including Continuing cases, although the section is typically fielded to Baseline cases only. This required updating routing throughout DIQ to

accommodate fielding to Continuing cases. In Fall 2024, the routing logic was reverted to the original routing, such that only Baseline cases receive DIQ.

Health Insurance (HIQ)

In 2024, two updates were made to improve the Health Insurance Questionnaire (HIQ):

- A routing discrepancy was uncovered at similar items PDPSAME and MHMOSAME, which collect whether the beneficiary is still covered by their Medicare Prescription Drug Plan or Medicare Advantage Plan, respectively. Although these items appear in separate series, their routing should be identical. However, for those with a preloaded Medicare Advantage plan, when asked if the beneficiary is still covered by the plan, the routing logic for “Don’t Know” and “Refused” responses were erroneously swapped. This meant that “Don’t Know” responses routed to MHMOOTH to collect whether the beneficiary was covered by any other Medicare Advantage plans during the reference period and “Refused” responses routed to the next series of questions on Medicaid, when instead the opposite should have occurred, as is the case at PDPSAME. This scenario rarely occurred, with only five instances of “Don’t Know” at MHMOSAME appearing in the data in Winter 2023. To resolve the discrepancy, the routing logic was updated in Winter 2024 for “Don’t Know” and “Refused” responses at MHMOSAME to ensure the routing matches that at PDPSAME.
- Two new items on Veterans Affairs (VA) enrollment and utilization were added to HIQ in Fall 2024. These items were sourced from the National Health Interview Survey (NHIS)¹ and are fielded to beneficiaries who previously reported serving in the Armed Forces. The first item (VACARCOV) replaced an existing item (VACOVER) and is fielded annually during the Fall round. VACARCOV will collect whether the beneficiary received care at a VA facility or care paid for by the VA. The second item, VAENROLL, is fielded to beneficiaries who report, “No” at VACARCOV and captures enrollment in VA health care. This item is fielded annually until the beneficiary reports, “Yes.” Together, these two items capture beneficiaries who may have had coverage through the VA but had not used VA health care services during the reference period.

Health Status and Functioning (HFQ)

Several new items were added to the Health Status and Functioning Questionnaire (HFQ) in Fall 2024:

- The 5-Item Oral Health Impact Profile (OHIP-5) scale² was integrated into the HFQ and assesses oral function, orofacial pain, orofacial appearance, and the psychosocial impact of having any problems with your teeth, mouth, dentures, or jaw.

¹ Centers for Disease Control and Prevention. (2023). 2024 NHIS Survey Questionnaire – English. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2024/EnglishQuest.pdf

² Naik A, John MT, Kohli N, Self K, Flynn P. Validation of the English-language version of 5-item Oral Health Impact Profile. J Prosthodont Res. 2016 Apr;60(2):85-91. doi: 10.1016/j.jpor.2015.12.003. Epub 2016 Jan 11. PMID: 26795728; PMCID: PMC4841723.

- Five items to collect data on beneficiary quality of life in relation to bowel incontinence were added to HFQ. These items were modeled after the existing HFQ items on urinary incontinence and similar items from a 2004 Mayo Clinic Study³.
- Two new items were added to collect data on the mode of insulin administration (INSUMODE) and whether the respondent had difficulty paying for insulin in the prior year (INSUTRBL). INSUMODE was sourced and slightly adapted from the Natividad Diabetes Self-Management Questionnaire⁴ while INSUTRBL was modeled after existing MCBS items HCTROUBL and PAYPROB. These items are fielded annually to beneficiaries with diabetes who report using insulin. The purpose of these changes is to provide information on insulin-related provisions of the Inflation Reduction Act (IRA) of 2022 close to the time of their implementation.
- The universe of respondents was modified at item COLRECNT, which collects when the beneficiary returned their most recent blood stool test. The universe now excludes beneficiaries who reported receiving an at-home blood stool test from their provider but never returned the completed samples. To reflect the universe change, COLRECNT was renamed RECNTCOL.

Housing Characteristics (HAQ)

A couple of modifications were made in Fall 2024 to the Housing Characteristics Questionnaire (HAQ) to assist with administration:

- HOUSTYPE asks the beneficiary if their place of residence is a part of a kind of community, such as a retirement community or assisted living facility. If they report yes, HCOMNTY collects what category of community best describes their living situation. To aid with telephone interviews, the list of community types that appear at HCOMNTY were added as on-screen help text to HOUSTYPE.
- Similarly, to assist with telephone interviewing, examples of personal care services were added as on-screen help text to HPERCARE, which asks whether the beneficiary's place of residence grants access to personal care services.
- In 2023, all text fills that used a gendered text fill structure were removed for proxy interviews. The resulting question text at PERSBATH, which collects if the beneficiary has their own bathroom facilities, and PERKITCH, which asks if the beneficiary has their own kitchen, was reported as cumbersome and confusing for proxy interviews. Therefore, minor adjustments were made to the question text at these items to ease administration.

³ Bharucha AE, Locke GR 3rd, Seide BM, Zinsmeister AR. A new questionnaire for constipation and faecal incontinence. *Aliment Pharmacol Ther.* 2004 Aug 1;20(3):355-64. doi: 10.1111/j.1365-2036.2004.02028.x. PMID: 15274673.

⁴ Diabetes self-management questionnaire. (n.d.). <https://www.natividad.com/wp-content/uploads/2018/04/Natividad-Diabetes-Questionnaire-English.pdf>

Income and Assets (IAQ)

In Summer 2024, one item from the American Community Survey⁵ on Supplemental Nutrition Assistance Program (SNAP) participation was added to the Income and Assets Questionnaire (IAQ). This new item, SNAPBNFT, assesses food insecurity among Medicare beneficiaries and beneficiary experiences that directly influence health outcomes.

Interviewer Remarks (IRQ)

During the COVID-19 pandemic, INPERSN and INPERSOS, which collect the willingness of the beneficiary to return to in-person interviewing, were added to the Interview Remarks Questionnaire (IRQ) to assist the MCBS with returning to in-person interviewing. These items were removed in Summer 2024 as they are no longer as relevant post-pandemic and with the option of hybrid interviewing.

Physical Measures (PXQ)

In Winter 2022, physical measures were incorporated into the MCBS via a new questionnaire section. The PXQ contains six physical measures: gait speed, chair stand, balance test, measured height, measured weight, and measured grip strength. PXQ was initially fielded in Winter 2022 as a pilot, administered to only a subset of exit round cases by trained interviewers. The PXQ section is administered at the end of the interview and only during interviews conducted in person with the beneficiary. For interviews conducted with the proxy, the PXQ is skipped.

An expanded pilot of PXQ was conducted in Summer 2022, 2023, and 2024 with a subset of respondents from all Continuing panels.

Satisfaction with Care (SCQ)

In Fall 2023, eight items about perceived discrimination within the prior year by health care providers based on aspects of the beneficiary's identity were added to the survey in the Satisfaction with Care Questionnaire (SCQ). To account for beneficiaries who have not received medical care in the last 12 months, a "not applicable" response option was added for these items in Fall 2024.

Telemedicine (TLQ)

Two updates to the Telemedicine Questionnaire (TLQ) were made in Winter 2024:

- TELMEDUS and TELMEDT4 ask if the beneficiary had an appointment with a doctor by telephone or video and, if yes, whether it was a telephone appointment, video appointment, or both. In Winter 2024, the universe of respondents who receive these items was updated so that they are administered to all beneficiaries rather than only those who report a usual

⁵ United States Census Bureau. (2020). *The American Community Survey*. <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf>

source of care in the Usual Source of Care Questionnaire (USQ). To accommodate the change, TELMEDUS and TELMEDT4 were renamed TELAPPT and TELAPPT1.

- TELMEDDU collected if the beneficiary's usual provider offered a telephone or video appointment to replace a regularly scheduled appointment. If the beneficiary reported yes, TELMEDT3 asked whether the provider offered a telephone appointment, video appointment, or both for that appointment. Both items were removed from the survey in Winter 2024 due to their redundancy with similar items in TLQ.

Usual Source of Care (USQ)

Several updates were made to the Usual Source of Care Questionnaire (USQ) in Winter 2024:

- Item INNOVATE, which collected if the beneficiary's health care provider is associated with an innovative care initiative, was removed from the USQ in Winter 2024 due to high levels of item non-response.
- The series on experiences with medical staff at the beneficiary's usual provider's office was transformed into a grid format with a simplified code frame to decrease administration time and reduce confusion. As this change slightly modified the meaning of each item in the series, variables OSUPTODT, OSTLKCR, and OSNOINFO were renamed OSUPTDAT, OSTALKCR, and OSKNWINF.
- To clarify item intent and shorten administration time, introductory text was removed from the question series that begins with USCKEYRY, which collects beneficiary experience with their health care providers.
- The phrase "or someone in [his/her/their] office" appeared at several items throughout USQ. In Winter 2024, the phrase was removed to shorten administration time and reduce redundancy.
- To clarify item intent, on-screen help text was added to the following items:
 - PROVYR, which asks if the beneficiary has seen their usual source of care provider in the last 12 months.
 - REMINDAPPT, which collects if the beneficiary received a reminder from their health care provider's office about their most recent appointment.
 - PREAPPT, which asks if the beneficiary received instructions on what to expect or how to prepare for their most recent health care provider visit.

2.2 Facility Instrument

Changes implemented for the 2024 Facility instrument included updates to question text, response options, programming logic, and the removal of one questionnaire item.

2.2.1 Section-Specific Changes

Several item and section level changes were made to the Facility instrument in 2024.

COVID-19 Beneficiary (CV)

In Winter 2024, modifications were made to the COVID-19 Beneficiary (CV) section to be in alignment with the Community component's CVQ updates and ensure the section remained policy relevant while minimizing respondent burden:

- The administration schedule of the CV section was changed to field the section once per year in the Winter rather than every round; however, cases will continue to receive this section in the season they enter the Facility component. To accommodate the new annual administration schedule, reference periods were updated throughout the section to refer to the previous year, rather than since the date of last interview.
- Items VACCDOSE, DOCENUMB, and PREVYRDS were added to ask how many COVID-19 vaccine doses have been received by the beneficiary and whether they have received a dose in the last year. This change was to convey an overall metric for vaccine uptake rather than collect full details for each COVID-19 vaccination dose (i.e., vaccine date, manufacturer, and vaccine site)
- Several items related to COVID-19 medical services and testing were removed to reflect evolving COVID-19 policies and to reduce respondent burden. The following items were removed: CV2-CVDTEST, CV2B-COVRSLT, CV4-MCARECV, CV4A-PROVTYP, CV4A-PROVOTH, CV6-VACROST, CV7-VACDATMM, CV7-VACDATYY, CV8-VACNME, CV8-VACNMEOS, CV9-VACSITE, CV9-VACSITOS, and CV10-VACMOR. In response to this change, the question text at CV1-CVDINTRO was updated to change "services" to "vaccines". Routing for this item was also updated to reflect the removal of CV2-CVDTEST.

COVID-19 Facility-level (FC)

Due to limited response variation at several items, the COVID-19 Facility-Level (FC) section was no longer administered starting in Winter 2024.

Expenditures (EX)

Two updates were made to the Expenditures (EX) section in Winter 2024:

- At item EX4-ANCILSEP, which collects if the facility bills ancillaries separately, the response option "NEVER BILLS SEPARATELY" was removed. If the beneficiary remained in the same facility, and "NEVER BILLS SEPARATELY WAS SELECTED", the Facility instrument was programmed to never collect ancillary payments and then prevented the interviewer from being able to report ancillaries separately in future rounds. Thus, the response option "NEVER BILLS SEPARATELY" was removed from item EX4-ANCILSEP in Winter 2024 to always have the option to report ancillaries separately, if needed.
- Items EX35AS1, ECAIDECO - EX35A, and ECAIDECO - EX35AB2 are asked of cases where Medicaid status was reported as pending in a previous round. Originally, the response options at these items included "STILL PENDING" and "DENIED". To better capture a beneficiary's approved Medicaid eligibility, response option "APPROVED" was added to items

EX35AS1, ECAIDECO - EX35A. The items' question and routing were also updated to reflect the response addition.

Health Status (HS)

In Winter 2024, the Facility instrument included changes to the Health Status (HS) section to accommodate updates to the Long-Term Care Minimum Data Set (MDS) -- much of the HS section mirrors the MDS. The MDS form is updated annually, with the final updated form released on or around October 1st of each year. In October 2023 there were several significant changes made to the MDS, some of which had a direct impact on the Facility instrument starting in Winter and Summer 2024.

- Section G, which collected information on the beneficiary's functional status, has been removed from the MDS. The HS section collects a selection of Section G items, which are administered to Facility respondents for beneficiaries without a reported CMS Certification Number (CCN) or are matched to MDS data for beneficiaries with a reported CCN. Starting in Winter 2024, these items will be administered to Facility respondents for all cases, regardless of CCN status as the deleted Section G does not have equivalent items elsewhere in the MDS. This allows for the Facility instrument to collect information on functional status for all beneficiaries.
- Variables impacted by this updated universe of respondents include: HA22PRBC-HA22PREB, PFTRNSFR-HA22B, PFLOCOMO-HA22B, PFDRSSNG- HA22B, PFEATING-HA22B, PFTOILET- HA22B, PFBATHNG- HA22B, HA24PRBC- HA24PREB, HA24BCOD-HA24B, and BOX HA14B, PFDRSSNG- HA22BT2, PFEATING- HA22BT2, PFTOILET-HA22BT2, PFBATHNG- HA22BT2, HA24PRBC- HA24PREBT2, HA24BCOD- HA24BT2, and BOX HA14BT2.
- Most changes that impacted the HS section were implemented in Winter 2024, however, one update was implemented in Summer 2024 to align HS item HA14B-HA14BCOD with MDS item C0900. This update included adding the text "hospital swing bed" within the fourth response option, so that it now reads "the fact that (she/he) was in a nursing home/hospital swing bed?"

Interviewer Remarks

A few updates were made to the Interviewer Remarks (IR) section for Winter 2024:

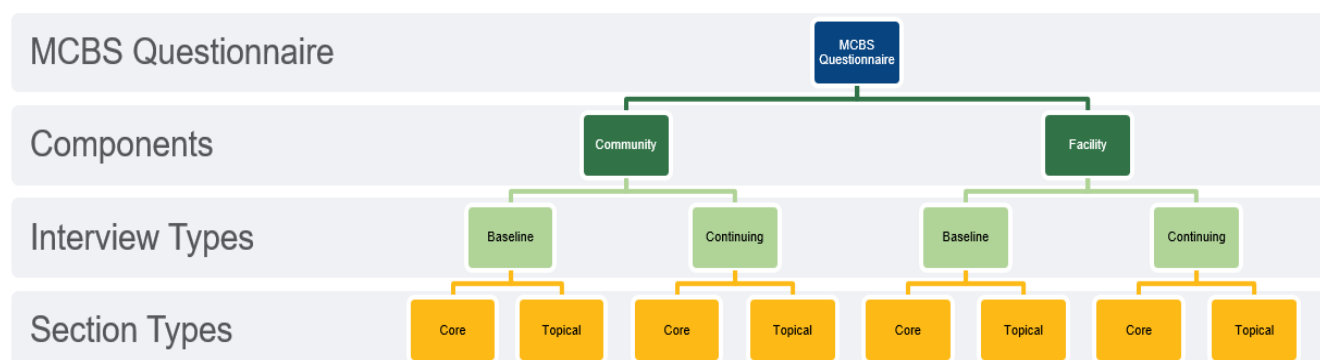
- In response to the evolving COVID-19 pandemic, items IRQ19-WORKREM and IRQ20-ELECREC were removed as these items related to employees working remotely due to the pandemic.
- Prior to the COVID-19 pandemic, interviewers often used electronic or paper medical charts to pull information for the Facility interview, including the MDS. Given that the majority of Facility interviews are now completed by phone, items IRQ16-MDSELEC, IRQ17-ELECHOW, and IRQ18-ELECOTH, which collected information about the facility's use of, and the interviewer's access to, an electronic MDS, were removed.

3. 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 conduct the Facility component with staff members located at the facility (i.e., facility respondents); beneficiaries are not interviewed if they reside at a facility. 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, 8, 10, and 11 for tables of the 2024 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.

3.1 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.

3.1.1 Interview Type

As the 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

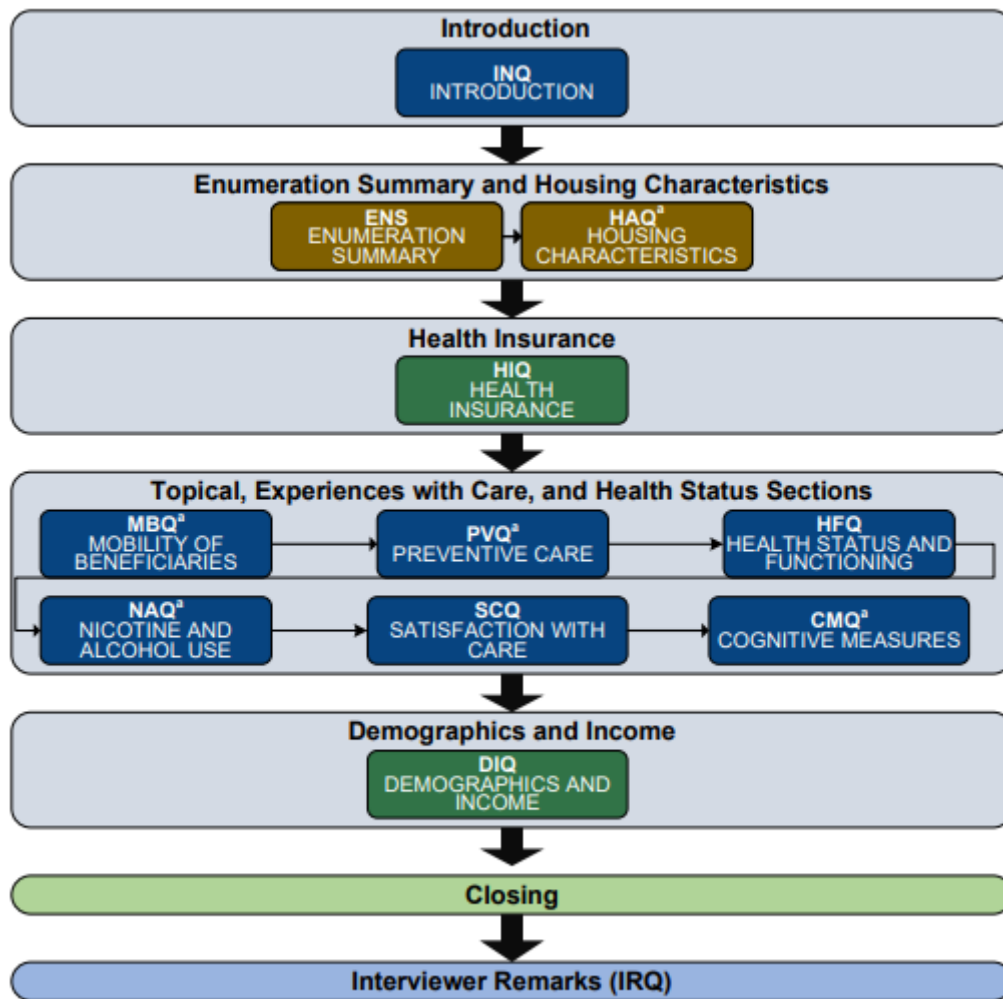
INTTYPE*	Description	Seasons
C001	Standard Continuing interview, meaning the most recent interview was in the Community during the last round.	All
C002	Facility "crossover," meaning the most recent interview was in a facility. No prior Community interview.	All
C003	Baseline interview. First round in 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

INTTYPE*	Description	Seasons
C006	Facility "crossover," meaning the most recent interview was in a facility. Last Community interview was three or more rounds ago.	All
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.

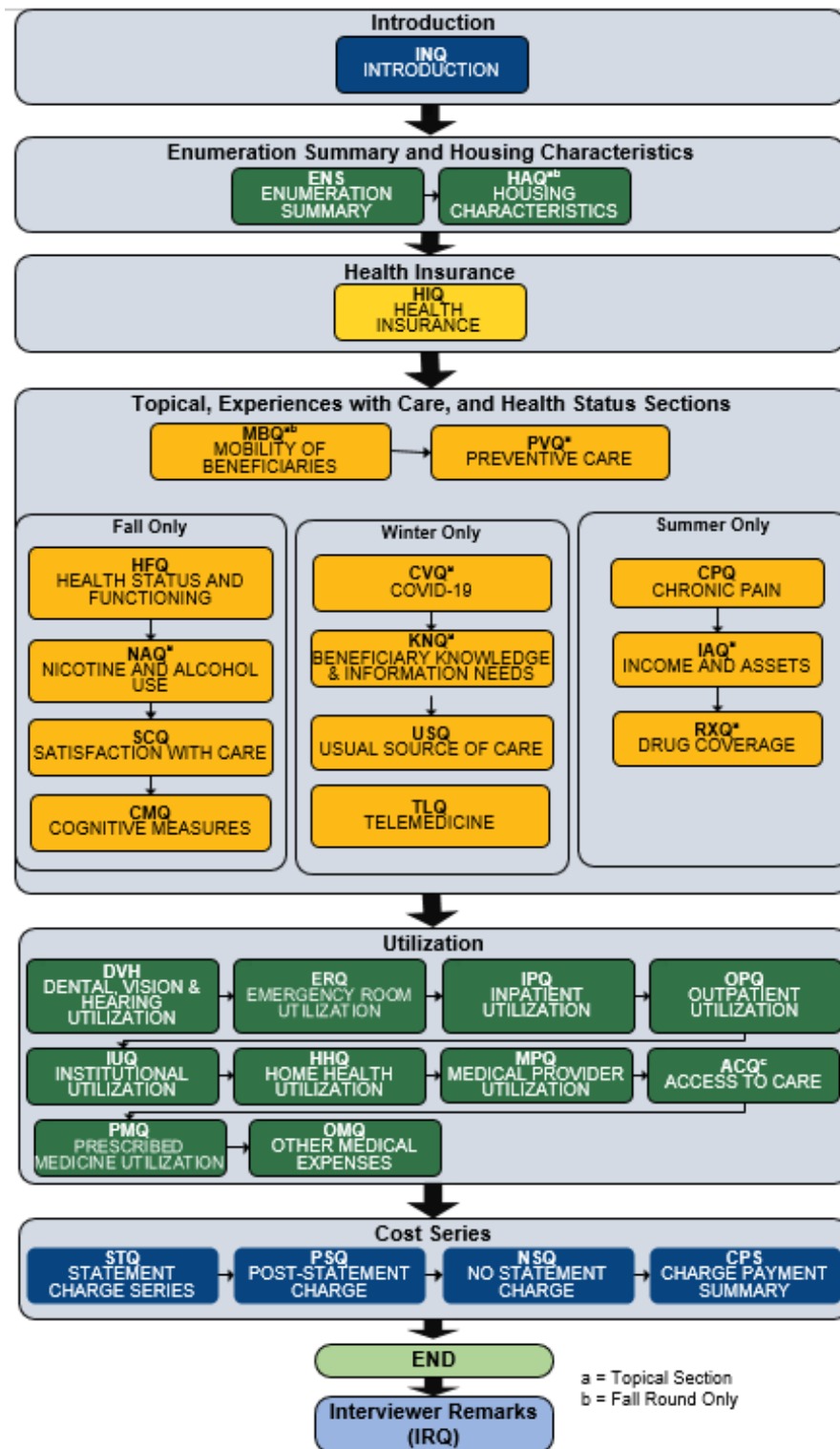
3.1.2 Community Questionnaire Flow

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: 2024 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: 2024 MCBS Community Questionnaire Flow for Continuing Interview⁶

3.1.3 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 to 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.

Exhibit 6: 2024 MCBS Community Core Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
Socio-Demographics	DIQ	Demographics/Income	Fall, Baseline Interview
	IAQ	Income and Assets	Summer**
Health Insurance	HIQ	Health Insurance	All Seasons
	DVH	Dental, Vision, & Hearing Care Utilization	All Seasons
	ERQ	Emergency Room Utilization	All Seasons
Utilization	IPQ	Inpatient Hospital Utilization	All Seasons
	OPQ	Outpatient Hospital Utilization	All Seasons
	IUQ	Institutional Utilization	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
Cost Series	STQ	Statement Cost Series	All Seasons
	PSQ	Post-Statement Cost	All Seasons
	NSQ	No Statement Cost	All Seasons
	CPS	Charge Payment Summary	All Seasons
Experiences with Care	ACQ	Access to Care	Winter
	SCQ	Satisfaction with Care	Fall
	TLQ	Telemedicine	Winter
	USQ	Usual Source of Care	Winter
Health Status	HFQ	Health Status and Functioning	Fall
	CMQ	Cognitive Measures	Fall
	PXQ	Physical Measures	Summer

SOURCE: 2024 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.

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, sexual orientation, gender identity, education, total household income, and religious preference. 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.

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 and detailed questions about 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.

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, vision, and hearing 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 other medical expenses, and prescribed medicines.

All utilization sections are administered in all Continuing interviews; these sections are not part of the 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, Vision, & Hearing Care Utilization (DVH) collects information about dental, vision, and hearing care visits during the reference period. DVH collects the name and type of dental, vision, and/or hearing care providers, dates of visits, services performed and/or medical equipment purchased (e.g., glasses, hearing aids), 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 Hospital 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).

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

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, 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, whether an event was a telehealth visit, and medicines prescribed during the visit.

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 questionnaire 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 include hearing and speaking 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 Cost Series (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,

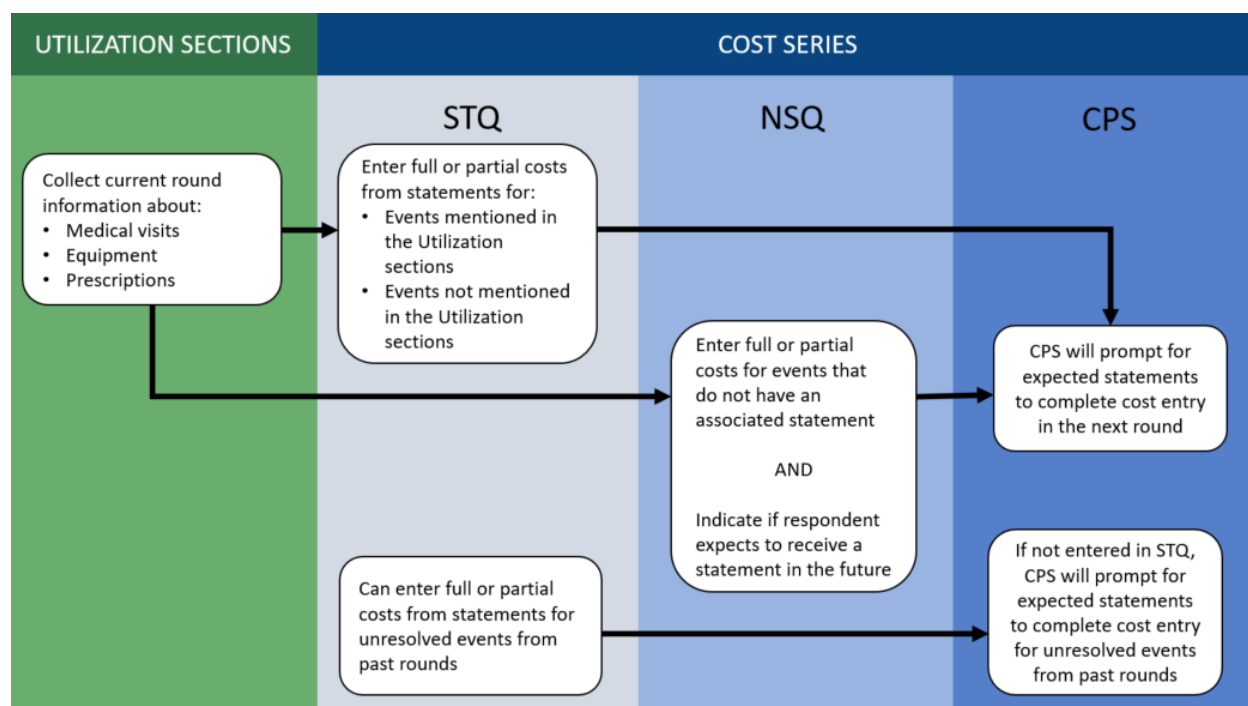
not previously recorded insurance statements containing events that occurred within the survey reference period (roughly the past year).

The **Post-Statement Cost 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 Cost 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

*The Post-Statement Series Questionnaire (PSQ) occurs very rarely to collect cost information for respondents with certain “rent-to-buy” items. If the PSQ section is prompted, it would appear after the **Statement section (STQ)**.

Experiences with Care

Four 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 administered in the fall round interview for Baseline and Continuing respondents. This section collects the respondent’s opinions about the health care that the beneficiary had received as well as perceived discrimination by health care providers due to certain personal attributes. The questions refer to medical care received from all medical providers, including both doctors and hospitals.

The **Telemedicine (TLQ)** section is administered in the winter round interview for Continuing respondents. TLQ asks questions on the availability and utilization of telemedicine services.

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, oral health, diabetes, autoimmune disease prevalence, 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, social isolation, falls, urine loss, and a more extensive series of questions for beneficiaries with high blood pressure and diabetes.

Cognitive Measures (CMQ) contains four well-established cognitive measures to assess signs of mild cognitive impairment among beneficiaries:

- Backwards Counting: Respondents are asked to count backwards starting at 20 for 10 continuous numbers.
- Date Naming: Respondents are asked to name today's date.
- Object Naming: Respondents are asked to answer two questions: "What do you usually use to cut paper?" and "What do you call the kind of prickly plant that grows in the desert?"
- President/Vice President Naming: Respondents are asked to name the current President/Vice President.

The **Physical Measures Questionnaire (PXQ)** section collects six measures: gait speed, chair stand, balance test, measured height, measured weight, and measured grip strength. The PXQ section is administered in the summer round to a sub-set of Continuing respondents. The section appears at the end of the interview and only during interviews conducted in person with the beneficiary.

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 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.

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 completed by the interviewer after every interview, usually after leaving the respondent's home, as none of the questions are directed to the respondent.

3.1.4 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: 2024 MCBS Community Topical Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
Housing Characteristics	HAQ	Housing Characteristics	Fall
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	Summer
	MBQ	Mobility of Beneficiaries	Fall
	NAQ	Nicotine and Alcohol Use	Fall
	PVQ	Preventive Care	All seasons
COVID-19	CVQ	COVID-19*	Winter
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	Winter
	RXQ	Drug Coverage	Summer

*In Summer 2021, COVID-19 was added to the Community questionnaire.

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, modifications to the home (e.g., ramps, railings, and bathroom

modifications), as well as problems with their residence (e.g., pests, mold, lack of heat, etc.). 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.

Social Determinants of Health or Health Behaviors

Four questionnaire sections record additional information about health behaviors, specifically prevalence and management of pain, mobility, nicotine and alcohol use, and preventive care.

Chronic Pain (CPQ) measures whether the beneficiary has experienced pain within the last three months. If so, the section asks more detailed questions about the beneficiary's experience with pain and what types of services and activities they have used to manage their pain. Questionnaire items were developed by the National Pain Strategy (NPS) Population Research Working Group for inclusion in federal surveys.

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.

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.

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 HIV, mammogram, Pap smear, or digital rectum exam.

COVID-19

The **COVID-19 (CVQ)** section is administered each Winter to collect vital information on how the Medicare population is impacted by the COVID-19 pandemic. CVQ spans a number of COVID-related topics, including COVID-19 vaccination, testing, diagnosis, symptom severity, and prevention.

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 use of the Internet for accessing health care related information, self-reported understanding of Medicare and certain Medicare

programs, self-reported use of certain Medicare programs, 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.

3.2 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.

3.2.1 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 for whom the previous round interview was a facility interview and who currently resides at the same facility.	Any
CFC	Community-Facility-Crossover. Beneficiary who was interviewed in the community previously and has now moved to a long-term care facility.	Any
FFC	Facility-Facility-Crossover. Beneficiary for whom an interview 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	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.

3.2.2 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.

3.2.3 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 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.

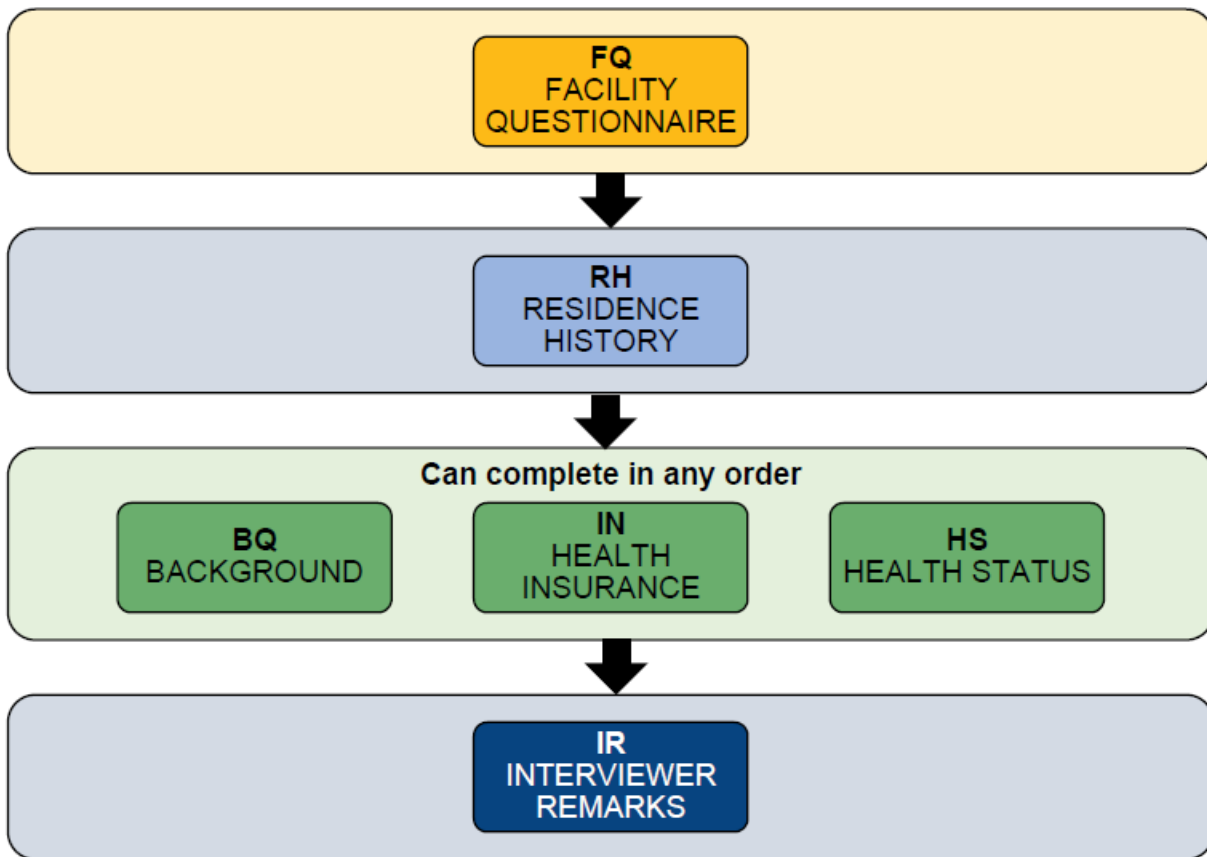
Exhibit 10: 2024 MCBS Facility Instrument Flow for Baseline Interview

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

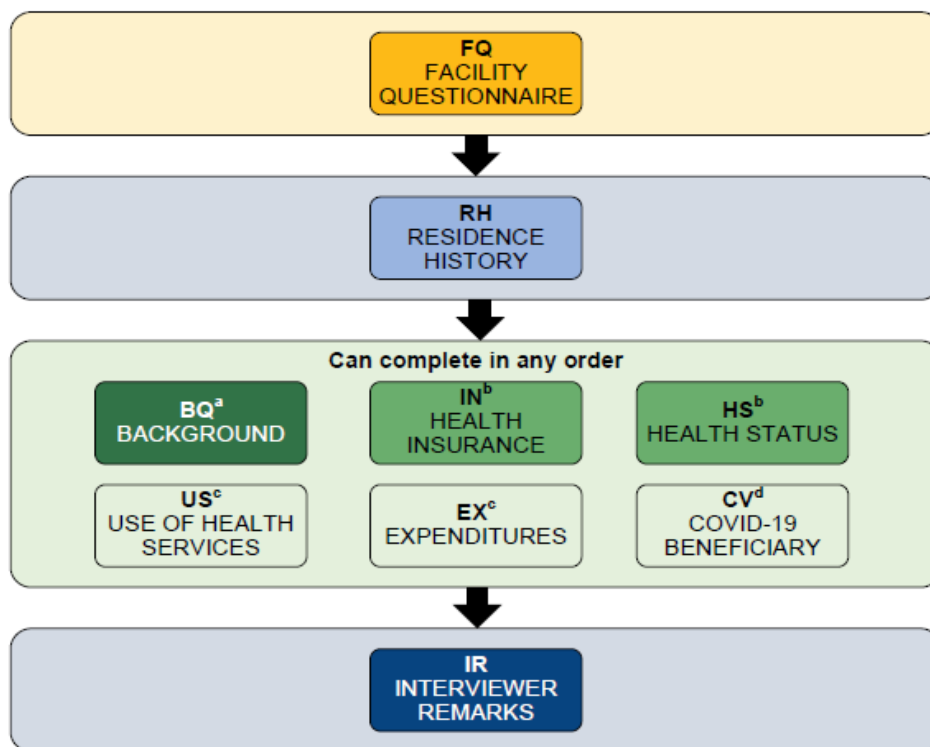
Because the Facility Instrument is administered to facility staff and not directly to the beneficiary, the Facility Instrument is designed to have a modular, flexible flow. The interviewer first completes the Facility Questionnaire (FQ) section. Next, the interviewer administers the Residence History (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.

As of Fall 2019, the Facility instrument flow was updated such that a shorter interview is administered for interviews conducted at Medicare- or Medicaid-certified facilities. Prior to Fall 2019, for facilities certified by Medicare or Medicaid, select questions in the MCBS Facility instrument were redundant with administrative data that are reported regularly to CMS. These administrative data sources include the Long-Term Care Minimum Data Set (MDS), which is a federally-mandated health assessment of residents living in Medicare- and Medicaid-certified nursing homes, and Certification and Survey Provider Enhanced Reports (CASPER), which

contains certification data and provider characteristics for every facility in the United States that is qualified to provide services under Medicare or Medicaid.

Importantly, CASPER also includes the CMS Certification Number (CCN), a unique identification number assigned to each facility certified to participate in Medicare and/or Medicaid. If a facility's certification and reporting status is confirmed via the presence of a valid CCN, the Facility interview will skip more than 100 variables in the Facility Questionnaire (FQ) and Health Status (HS) sections which are redundant with CASPER and MDS administrative data. For interviews conducted at facilities not certified by Medicare or Medicaid, the full Facility instrument is administered. During data processing, survey-collected data elements are combined with CASPER and MDS administrative data to provide complete information for all MCBS facility-dwelling beneficiaries in MCBS data products.

Exhibit 11: 2024 MCBS Facility Instrument Flow for Continuing and Crossover Interviews



a = Administered only for Community to Facility interviews

b = Administered to all sample types in Fall round. Otherwise, administered only for Community to Facility, Facility to Facility, and for beneficiaries residing in a Facility whose last interview was a Community interview and who completed a Facility interview in a prior round.

c = Administered for all Facility interviews

d = Administered to all sample types in Winter round. Otherwise, administered only for Community to Facility and Facility to Facility interviews in all other rounds.

3.2.4 Core Section Content

The Facility Instrument consists primarily of core sections. 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
Cost	EX	Expenditures	All seasons
Health Status	HS	Health Status	Fall**

SOURCE: 2024 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.

For interviews conducted in Medicare- or Medicaid-certified facilities, the FQ section collects the CMS Certification Number (CCN), which indicates that a facility is required to report MDS and CASPER administrative data to CMS. The CCN facilitates the linking of MCBS data to these administrative data sources during data processing. For interviews that report a valid CCN, the FQ skips items that are redundant with CASPER.

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 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. This section is administered to all sample types except for the Baseline interview.

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 in-person and telehealth 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.

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. For the small number of beneficiaries residing in Medicare- or Medicaid-certified facilities that did not report a CCN in the FQ, the HS section also presents the opportunity to collect the CCN. Since the HS section is often completed with a different facility staff member from the FQ section, and since facility staff often reference documentation containing the CCN to complete the HS section, these items will allow for another opportunity to collect the CCN in rare situations when the CCN is likely available but not reported during the FQ section.

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 MDS and reported to CMS. 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.

For MCBS beneficiaries residing in facilities for which a CCN was collected, the HS section skips items that are redundant with the MDS. During data processing, MDS administrative data are incorporated for items skipped during the Facility interview.

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.

3.2.5 Topical Section Content

In addition to the core content, there is one topical questionnaire section that captures data on beneficiary-level COVID-19 topics. Exhibit 13 lists the topical section and administration schedule.

Exhibit 13: 2024 MCBS Facility Topical Section by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
COVID-19	CV	COVID-19 Beneficiary	Winter*

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

COVID-19

The COVID-19 topical section captures key characteristics on the impact of the COVID-19 pandemic on long-term care facilities and Medicare beneficiaries.

The **COVID-19 Beneficiary (CV)** section collects information on topics related to the beneficiary’s COVID-19 vaccine utilization. The CV section is completed for each alive beneficiary in the facility.