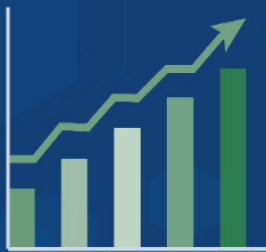


# 2016 Medicare Current Beneficiary Survey (MCBS): Frequently Asked Questions



Centers for Medicare & Medicaid Services (CMS)  
Office of Enterprise Data and Analytics (OEDA)

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## Version Control Log

Date	Version	Revisions
November 12, 2018	1.0	Initial version published.
December 15, 2018	1.1	FAQ added to Analysis section.

## FREQUENTLY ASKED QUESTIONS

### Data Requests

- How do I request the MCBS Limited Data Set (LDS) files and how long does it take to receive the data? Information on how to request the MCBS LDS files is posted on the CMS website linked here: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/LimitedDataSets/index.html>

Please also see the instructions on the [DUA - Limited Data Sets](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA_-_NewLDS.html) page for more information on the request process: [https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA - NewLDS.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA_-_NewLDS.html)

The processing of DUAs takes approximately 6-8 weeks. If approved, then data processing time varies depending on the number of data years and files requested. Normal data processing time is one week.

### Content

- **What type of Medicare eligibility/enrollment data is included?** The Survey File LDS contains information on Medicare eligibility and enrollment data. Specifically, the Health Insurance Timeline (HITLINE) segment provides monthly coverage indicators, coverage start and end dates, the type of plan, and the source of coverage information for the plan. The Health Insurance Summary (HISUMRY) segment also contains eligibility codes, information about private plans, and detailed Medicare-Medicaid dual eligibility indicators.
- **Are Medicare Advantage (MA)/Medicaid/Part D claims data included?** The Survey File release contains the Fee-for-Service (FFS) claims data, which provide CMS administrative information on medical services and payments paid by Medicare FFS claims; claims data for Medicare Advantage beneficiaries are not available, nor are Medicaid claims or Part D claims.
- **What cost and utilization information is available for beneficiaries enrolled in Medicare Advantage (MA)?** When a beneficiary reports healthcare events, we use the explanation of benefits (EOBs) form from their Medicare Advantage provider to report the payments, as well as the capitation information from the administrative data for total Medicare Advantage Payments. This is the same approach we take for services that are not covered by Medicare, such as most dental care. Actual claims-based information for MA beneficiaries, referred to as encounter data, are not currently available for these individual events.
- **How often do respondents receive each questionnaire?** Different combinations of MCBS Questionnaire sections are used depending on a number of criteria, including interview type (Baseline vs. Continuing); the season of the round of data collection (fall, winter, summer); whether the respondent is alive, deceased, or in a facility; and whether the interview is being completed with the beneficiary or a proxy. For more information about the specific questionnaires administered during each round of data collection, please see the *MCBS Data User's Guide: General Information* available on CMS' MCBS website.

## Sampling

- **What types of beneficiaries are in the continuously enrolled vs. ever enrolled populations?** The continuously enrolled represent a population of beneficiaries who were enrolled continuously between January 1st of the data year and the completion of their Fall interview. Beneficiaries who died during the calendar year, newly-enrolled beneficiaries who enrolled in Medicare during the year that they were sampled, and beneficiaries who have lost eligibility are not included in the continuously enrolled group. The ever enrolled represent the population of beneficiaries who were ever enrolled in Medicare for at least one day at any time during the data year. The ever enrolled population includes beneficiaries who died or lost entitlement prior to completing the Fall 2016 (Round 76) interview. Beneficiaries who first became enrolled in 2016 are also included. Thus, the continuously enrolled beneficiaries are a subset of the ever enrolled beneficiaries.
- **Does the survey use a household sample or a list sample?**  
The survey uses a list sample. The sample for the MCBS is drawn from a subset of the Medicare enrollment data, which is a list of all Medicare beneficiaries.
- **Do Primary Sampling Units (PSUs) and Secondary Sampling Units (SSUs) align with other surveys, such as NHIS?**  
The MCBS selected its own PSUs and SSUs. In late 2000, the current set of PSUs was selected. In 2014, SSUs were reconstructed using Census tracts, and a new sample was drawn. While the MCBS PSUs and SSUs do not align directly with other surveys, they may overlap in some areas with PSUs and/or SSUs used for other surveys.
- **Are populations (given changes to the sample design, e.g. the addition of newly-eligible beneficiaries to the sample) comparable with past years?**  
The Survey File cross-sectional and longitudinal population definitions are consistent from year to year, so the data are comparable between years. The Cost Supplement cross-sectional population definition is also consistent and comparable from year to year. The Cost Supplement two-year longitudinal population changed slightly in 2016 from what was defined the last time the two-year longitudinal weights were supplied (i.e., in 2013). In 2013, the two-year longitudinal (i.e., one-year backward longitudinal weight) Cost Supplement weights represented the population that enrolled on or before 1/1/2011 and was still enrolled in 2013 (i.e., enrollees after 1/1/2011 were not included). Beginning in 2016, the two-year longitudinal weights represent a true two-year ever-enrolled population (i.e., the population of beneficiaries who were ever enrolled in both 2015 and 2016).

## Analysis

- **What is the smallest unit of analysis?** Although the MCBS data is nationally representative, it is not representative at the regional or state level, so you cannot use the data to produce regional or state-level estimates. However, you can use the data to look for national trends across demographics.
- **Where can I find documentation for longitudinal analysis?** *The Data User's Guide: General Information* contains information on conducting longitudinal analyses (see section 8.4.1). *The Data User's Guide: Cost Supplement File* also contains some sample analyses with programs (see Technical Appendix C.1).
- **Why does the number of BASEIDs differ across segments?** There are multiple reasons why the number of BASEIDS may differ across segments. First, some segments include data from Community questionnaires and others from Facility questionnaires with different numbers of beneficiaries providing responses. Second, there are also differences in the number of beneficiaries by the specific round completed. Third, the use of ever enrolled or continuously enrolled weights in constructing the segments may result in differences.
- **How can I conduct subgroup analyses and maintain the appropriate variance estimation?**

Variance estimation can be impacted by selecting individuals prior to analysis. The correct way to analyze MCBS data is to employ domain statements (procs `surveymeans`, `surveylogistic`, and `surveyreg`) or indicator variables in three-way tables (proc `surveyfreq`).

For indicator variables in three-way tables, you can create flags to help you identify the population of interest. For instance, if you are interested in the prevalence of diabetes in men versus women, but only in the over-65 population in Medicare Advantage, you could use the following SAS code:

```
proc surveyfreq data=mcbsdata VARMETHOD = brr (fay=.30);
table gender * diabetes * flag / col notot;
weight cs1yrwgt;
repweight cs1yr001-cs1yr100;
run;
```

....where the FLAG variable is set to 1 if the beneficiary is over 65 and in Medicare Advantage, 0 otherwise (for example). Basically, you want to keep the full population in your analysis dataset for strictly accurate variance estimation. Point estimates will not be affected.

- **Can I use the Survey File longitudinal weights with the Cost Supplement data?** The Survey File longitudinal weights are for analysis of Survey File data. Data users cannot use the Survey File longitudinal weights with Cost Supplement data. There are no longitudinal weights for the 2015 Cost Supplement, because 2014 data were not released. Beginning with the 2016 data year, there is a two-year longitudinal Cost Supplement weight. In the 2017 data year, there are two- and three-year longitudinal Cost Supplement weights.

- **If I am using the variables from the 2016 Survey File DENTAL segment DVNEED and DVNDRS/DVNDROS, is it more appropriate to use the Survey File weights or Cost Supplement weights for analysis?** When conducting data analysis with the variables DVNEED and DVNDRS/DVNDROS, it is most appropriate to use the Cost Supplement weights (i.e., CSEVRWGT). The reason for this is that the Cost Supplement population includes the full universe of persons who couldn't get dental care, although some missingness will be present.

The questions are asked in every round but in the following manner:

1. In non-fall rounds, respondents who are alive and reside in the community (that is only respondents who are in the community in that round) are asked these questions whether they report a dental event or not (so, may include people who had a dental event).
2. In fall rounds, only members of the Continuing panels that reside in the community who reported no dental utilization are asked these questions. No one from the Incoming Panels are asked the questions.

In summary, the universe of the variable DVNEED and DVNDRS/DVNDROS are all Continuing cases who are alive and not institutionalized, regardless of whether they reported a dental event. Facility cases need to be excluded and the variable SPLIVE must equal 1. The Incoming Panel will also be out of universe and can be excluded using the PANEL variable on the DEMO segment. Any remaining difference may be due to persons who become eligible for Medicare in the current year.