

2018 Medicare Current Beneficiary Survey (MCBS): Frequently Asked Questions



Version Control Log

Date	Version	Revisions
7/31/2020	1.0	Initial version published.

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>

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%20-%20NewLDS) 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](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA%20-%20NewLDS)

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.

The MCBS Public Use File (PUF) is available to the public as a free download and can be found through CMS' PUF website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

- **What resources are available to data users?** Resources for MCBS data users include *Data User's Guides* for the Survey File LDS and Cost Supplement File LDS, *Methodology Report*, *Codebooks*, *Questionnaire Specifications*, *New User Tutorial*, and *Advanced Tutorials on Using Community and Facility Data* and *Weighting and Variance Estimation*. Links to these and other resources are included in Exhibit 1.

Exhibit 1: Table of Links to MCBS Documentation

MCBS Resources	Links
CMS MCBS website	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS
Data User's Guides, Methodology Reports, and Codebooks	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks
Chartbook	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables
Early Look, Data Briefs, New User Tutorial, and Advanced Topic-Based Tutorials	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Briefs
Bibliography	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Bibliography
Questionnaire Specifications	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires

File Corrections

- Occasionally, there are corrections to the original files that a data user has received. Recipients will be notified via email, and, where possible, a zipped/encrypted correction will be sent via email.
- ▶ **If you did not receive the updated files.** If you received a password notification but did not receive updated MCBS files, it is likely that your organization has removed the attachments (.zip files). Check your e-mail security settings to determine how attachments are handled by your organization. The updates are also available as executable (.exe) files. If executable files are supported by your organization, these can be sent to you by request.
- ▶ **If the “password” doesn’t work.** MCBS data products are encrypted using PKWARE and this can sometimes cause problems when opened with other encryption packages. If the error you are receiving is asking for a password, this is the problem. PKWARE uses the term “passphrase” instead of password. PKWARE is freeware, if needed. For more information, please see:

SecureZIP® by PKWARE, Inc.
<https://support.pkware.com/>
- ▶ **If you received multiple emails from the MCBS.** Updates are sent by DUA#. If you receive password notifications or receive data more than once, it is likely because you are listed as having multiple DUAs that include MCBS data.

Content

- **What type of Medicare eligibility/enrollment data are included?** The Survey File LDS contains information on Medicare eligibility and enrollment data. Specifically, the 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 HISUMRY segment also contains eligibility codes 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. However, the MCBS data include survey-reported health care utilization and cost data for MA beneficiaries in the Cost Supplement.
- **What cost and utilization information is available for beneficiaries enrolled in Medicare Advantage (MA)?** When a beneficiary reports health care 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: Survey File* available on CMS' MCBS website. Questionnaires for each data year are also available on CMS's MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires>.

- **How is the Cost Supplement ever enrolled population derived?** To define the population, the MCBS creates a calendar history of a beneficiary's MCBS interviews. A number of eligibility checks are run against this calendar history to identify beneficiaries who met eligibility requirements for inclusion in the survey data for the calendar year, either because they were interviewed for a full year or interviewed until death or loss of Medicare entitlement. Beneficiaries who pass these eligibility checks become the population eligible for the Cost Supplement ever enrolled weight and the prescription medicine data files.
- **How do I find out what proportion of Medicare beneficiaries received a flu shot in a given calendar year?** Flu shot data are available for both Community and Facility components, but data collection and processing methods are different and the variables are located on different segments in the Survey File LDS. To estimate prevalence of flu shots in the 2017-2018 flu season, data users need the 2017 Survey File for beneficiaries living in the community and the 2018 Survey File for beneficiaries living in a facility.

Note that the response categories of the FLUSHOT variables are similar (Yes/No), but the coding values associated with the Yes/No categories in the LDS files are different. For Community, Yes=1 and No=2, but for Facility Yes=1 and No=0. In addition, the reference periods differ between the Community and Facility components. Therefore, users need both 2017 and 2018 (i.e., current year and prior year) Survey File LDS's in order to estimate the flu shot prevalence for all Medicare beneficiaries for the 2017-2018 flu season.

Exhibit 2: Segment, Questionnaire, and Variable Information for Analyses of 2017-2018 Flu Shot Data

Component	Variable Location	Variable Label	Data Collection Timing	Reference Period
Community	FLUSHOT on PREVCARE	"Flu shot for last winter"	PVQ in Winter and Summer 2018 and included in 2017 Survey File	"Flu season" from July 1, 2017 through date of Winter/Summer 2018 interview
Facility	FLUSHOT on FACASMNT	"Sp Had A Flu Shot In The Past Year?"	HS in Fall 2018 and included in 2018 Survey File	"Last winter" or September through December 2018

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 interview. Beneficiaries who first became enrolled in Medicare during the data year are also included. Thus, the continuously enrolled beneficiaries are a subset of the ever enrolled beneficiaries.

The ever enrolled population from the Survey File is the largest, including anyone enrolled at any time during the calendar year. The Survey File continuously enrolled population is limited to those beneficiaries who were enrolled from January 1 of the survey year through the fall interview date. The Cost Supplement File represents the ever enrolled population derived from a smaller subset of sampled beneficiaries with complete cost and utilization data for the year.

- **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 federal health surveys, such as NHIS?** The MCBS selects 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 federal health 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 sort order for merging the Survey File LDS segments?** Sort order is often important to understand when data users are merging segments within or across LDS releases.

Most LDS segments are sorted by BASEID. However, some are sorted on other fields to create appropriate and unique sort keys for matching and merging the data. See Exhibit 3 below.

Exhibit 3: Sort Order by Segment in the Survey File LDS

Segment	Sorted by
ASSIST	BASEID HLPRNUM
FACCHAR	BASEID RECADMN
HITLINE	BASEID PLANTYPE PLANNUM
INTERV	BASEID SEQNUM
MDS3	BASEID TRGT_DT A2300
OASIS	BASEID M0090_AS

The Medicare Current Beneficiary Survey (MCBS) Research Claims are a subset of items from the claims available on the Chronic Conditions Warehouse (CCW). All research claims are sorted by BASEID and CLAIMID. The MCBS Claims Variable Crosswalk spreadsheet crosswalks the MCBS claims item (variable) names with the CCW item (variable) names.

Item (variable) names are listed in alphabetical order. MCBS Research Claims have a unique and de-identified BASEID and CLAIMID, so that these cannot be linked back to the original claims.

The full descriptions of the items on the MCBS Research Claim can be found on the public facing CCW Claims Data Dictionary, located at:

<https://www2.ccwdata.org/documents/10280/19022436/codebook-ffs-claims.pdf>

- **Can the MCBS be used to produce subnational estimates? / Are MCBS estimates representative at the state or local level?** The MCBS is designed to produce nationally representative estimates of the population of all Medicare beneficiaries. Estimates from MCBS data are not representative at the state or local level.
- **Why do I see differences between Medicare published statistics and estimates using MCBS data?** In general, MCBS estimates may differ from Medicare program statistics using 100 percent administrative enrollment data. There are several reasons for the differences. The most important reason for the difference is that the administrative enrollment data may include people who are no longer alive. This may occur where people have entitlement, such as for Part A only, and receive no Social Security check. When field interviewers try to locate these beneficiaries for interviews, they establish the fact of these deaths. Unrecorded deaths may still be present on the Medicare Administrative enrollment data. The MCBS makes every effort to reconcile the survey information against the administrative data when possible. Other reasons, such as sampling error, may also contribute to differences between MCBS estimates and Medicare program statistics. Lastly, estimates may differ because Medicare program statistics adjust for partial enrollment. Medicare program estimates use a 'person year' calculation where partial enrollment is counted as a fraction for the year. In contrast, the MCBS gives each beneficiary the same weight regardless

of full or partial enrollment during the year, thus leading to differences in estimates using Medicare published statistics and MCBS data.

- **Where can I find documentation for longitudinal analysis?** The *Data User's Guide: Survey File* contains information on conducting longitudinal analyses (see section 9). 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. If the BRR variance estimation method is used, subgroup analyses can be conducted by limiting the dataset to the desired sub-sample. If other variance estimation methods, such as Taylor Series linearization are used, 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`). Additional information on variance estimation can be found in the *Data User's Guide: Survey File* (see section 9) and the *Data User's Guide: Cost Supplement File* (see Technical Appendix C.1).

For indicator variables in three-way tables, you can create flags to help you identify the population of interest. The variables SUDSTRAT (sampling strata) and SUDUNIT (primary sampling unit) are included for variance estimation using the Taylor Series linearization method. This method does not require replicate weights. 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;

    table SEX * DIABETES * FLAG / col notot;
    strata SUDSTRAT;
    cluster SUDUNIT;
    weight CEYRSWGT;

run;
```

....where the FLAG variable is set to 1 if the beneficiary is over 65 and in Medicare Advantage, 0 otherwise (for example).

Since variance estimation using the BRR approach permits limiting the dataset to the desired sub-sample of interest, the following SAS code can also be used to achieve the same result.

```
data mcbsdata_subset;

    set mcbsdata;
```

```

if FLAG = 1 then output;

run;

proc surveyfreq data=mcbsdata_subset VARMETHOD = brr (fay=.30);

    table SEX * DIABETES / col notot;
    weight CEYRSWGT;
    repweight CEYRS001 - CEYRS100;

run;

```

- **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 2018 data year, there are two- and three-year longitudinal Cost Supplement weights. Users who want to analyze Survey File data along with utilization and cost data in the Cost Supplement should limit analysis to cases with a positive Cost Supplement weight.
- **Which cross-sectional weights are available in which data years?** Cross sectional weights are available for the Survey File and the Cost Supplement File in each data year. The Survey File LDS contains weights for the continuously enrolled (CENWGTS) and ever enrolled (EVRWGTS) populations. Given that the Cost Supplement population represents an ever enrolled population enrolled in Medicare on at least one day at any time in 2017, the Cost Supplement LDS contains cross-sectional weights for the ever enrolled population only (CSEVRWGT). The population represented by the sum of CSEVRWGT is identical to the population represented by the sum of the ever enrolled Survey File weight, but it is populated for a smaller subset of respondents with complete cost and utilization data.
- **Can I link MCBS to electronic medical records?** MCBS data cannot be linked to electronic medical records, or to any other records that record lab values or physiologic data. MCBS data can be linked to Medicare Part A and Part B claims data for beneficiaries who participated in the MCBS.
- **Are physical exams performed for the MCBS?** No physical exams are administered as part of the MCBS. However the MCBS will implement new physical measures with additions to the Survey File LDS expected in 2021.