

2020 Medicare Current Beneficiary Survey (MCBS) Financial Well-being of Medicare Beneficiaries Public Use File Technical Appendix

DATA AND METHODS

This Technical Appendix provides information about the production of the estimates and standard errors presented in the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File.

These estimates are based on data from the 2020 Medicare Current Beneficiary Survey (MCBS), a nationally representative, longitudinal survey of Medicare beneficiaries sponsored by the Centers for Medicare & Medicaid Services (CMS) and directed by the Office of Enterprise Data and Analytics (OEDA). The MCBS is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through operations and administration of the Medicare program.

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through CMS' LDS website at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA - NewLDS](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-NewLDS). Other MCBS Public Use Files (PUFs) are available to the public as free downloads 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>.

For details about the MCBS sample design, survey operations, and data files, please see the most recent *MCBS Methodology Report* and *Data User's Guides* available on the CMS MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index>.

The universe for the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File includes Medicare beneficiaries living in the community who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The Survey File ever-enrolled weights were used to produce estimates that represent the population that was ever enrolled in Medicare for any period during 2020. Estimates generated using data from Topical segments, which were fielded in the winter and summer rounds following the data year, used the special non-response adjustment weights that are specific to each Topical segment. Balanced repeated replication survey weights were used to account for the complex sample design.

Estimate suppression is used to protect the confidentiality of Medicare beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. Estimates with a denominator of less than 50 sample persons or with a numerator of zero sample persons are suppressed in the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File. Some estimates are suppressed because they do not meet minimum criteria for reliability, which are explained below.

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Statistical Reliability

The 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File only displays statistics that meet reliability criteria. For the proportions in these tables, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130 percent of the estimate are suppressed in the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File.¹

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

Additional technical questions concerning the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File may be directed to: MCBS@cms.hhs.gov

GLOSSARY

This Glossary provides an explanation of key terms and defines the measures for which estimates are presented in the 2020 MCBS Financial Well-being of Medicare Beneficiaries Public Use File.

Area deprivation index (ADI): ADI is an indicator of the socioeconomic disadvantage of geographic areas. National rankings are based on the Census block group for the beneficiary's primary residence address. ADI values in the first percentile are the least disadvantaged, and those in the hundredth are the most disadvantaged.²

Age: Age is obtained from administrative data sources.

Alzheimer's disease: Respondents were asked whether a doctor or other health professional had ever told them that they had Alzheimer's disease.

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

¹ Parker, Jennifer D., Makram Talih, Donald J., Malec, et al. "National Center for Health Statistics Data Presentation Standards for Proportions." National Center for Health Statistics. *Vital Health Stat 2*, no. 175 (2017). Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

² University of Wisconsin School of Medicine Public Health. 2018 and 2019 Area Deprivation Index v2.0. <https://www.neighborhoodatlas.medicine.wisc.edu/>

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Assets at financial institutions: Assets at financial institutions comprise a group of three assets measures: if the beneficiary and/or their spouse has a checking account, a savings account, or certificates of deposit.

Beneficiary: Beneficiary refers to a person receiving Medicare services who may or may not be participating in the MCBS. Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.³

Cancer, other than skin cancer: Respondents were asked whether a doctor or other health professional had ever told them that they had any kind of cancer, malignancy, or tumor other than skin cancer.

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

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

COVID-19 Winter 2021 Community Supplement: A nationally representative, cross-sectional telephone survey of Medicare beneficiaries living in the community on topics pertaining to the COVID-19 pandemic that was administered from March 2021 through April 2021.

Dementia, other than Alzheimer's disease: Respondents were asked whether a doctor or other health professional had ever told them that they had any type of dementia (other than Alzheimer's disease).

Depression: Respondents were asked whether a doctor or other health professional had ever told them that they had depression.

³ <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>.

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Diabetes: Respondents were asked whether a doctor or other health professional had ever told them that they had any type of diabetes. In this report, diabetes encompasses Type I, Type II, borderline diabetes, prediabetes, gestational diabetes, and high blood sugar.

Disability status: Respondents were asked whether they have serious difficulty hearing, seeing, concentrating, remembering, or making decisions, walking or climbing stairs, dressing or bathing, or with errands. Beneficiaries who had no serious difficulties with these activities were included in the category “No disability.” Beneficiaries who had a serious difficulty in one area were categorized as “One disability” and those who had a serious difficulty in more than one area were categorized as “Two or more disabilities.”

Dual eligibility status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Beneficiaries were considered “dually eligible” and assigned a dual eligibility status if they were enrolled in Medicaid for at least one month. Full- or partial-benefit status was determined by the beneficiary’s status in the last month of the year in which he or she qualified as dually eligible. This information was obtained from administrative data sources.

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

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

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

Has internet access: Respondents in the COVID-19 Winter 2021 Community Supplement were asked if they had access to internet.

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

Heart disease: Respondents were asked whether a doctor or other health professional had ever told them that they had myocardial infarction (heart attack), angina pectoris or coronary

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heart disease, congestive heart failure, or any other heart condition. The heart disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with heart disease.

High cholesterol: Respondents were asked whether a doctor or other health professional has told them that they have high cholesterol.

Hypertension: Respondents were asked whether a doctor or other health professional has ever told them that they had hypertension or high blood pressure.

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

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

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

Limited driving to daytime: Respondents were asked if they have given up driving all together or have limited driving to daytime. The limited driving to daytime measure is applicable to respondents who were asked if they have limited driving to daytime but have not given up driving all together.

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

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Mental condition: Respondents were asked whether a doctor or other health professional had ever told them that they had depression or a mental or psychiatric disorder other than depression. The mental condition measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with a mental condition.

Metropolitan area resident: Metropolitan area residence was obtained from administrative data sources and verified in the survey.

Osteoporosis/broken hip: Respondents were asked whether a doctor or other health profession has ever told them that they had osteoporosis or a broken hip. The osteoporosis/broken hip measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with osteoporosis/broken hip.

Parkinson's disease: Respondents were asked whether a doctor or other health professional had ever told them that they had Parkinson's disease.

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

Pulmonary disease: Respondents were asked whether a doctor or other health professional had ever told them that they had emphysema, asthma, or chronic obstructive pulmonary disease (COPD). The pulmonary disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with pulmonary disease.

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

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Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), or Two or More Races.

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

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

Stroke: Respondents were asked whether a doctor or other health professional had ever told them that they had a stroke, brain hemorrhage, or cerebrovascular accident, including transient ischemic attack. The stroke measure counts the presence of at least one of these diagnoses. Beneficiaries who have more than one diagnosis are only counted once for the purposes of calculating the proportion of beneficiaries with history of stroke.

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