

# **2022 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Among Medicare Beneficiaries Public Use File (PUF) Technical Appendix**

## **DATA AND METHODS**

This Technical Appendix provides information about the production of the estimates and margins of error (MOEs) presented in the *2022 Medicare Current Beneficiary Survey (MCBS) Oral Health and Access to Dental Care Among Medicare Beneficiaries* Public Use File (PUF).

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

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through the CMS LDS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA> - [NewLDS](#). MCBS Microdata Public Use Files (PUF) are also available to the public as free downloads and can be found through the CMS PUF website at <https://data.cms.gov/medicare-current-beneficiary-survey-mcbs>. This PUF and other PUFs based on MCBS microdata are available here: <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs/data-tables>.

For details about the MCBS sample design, survey operations, and data files, please see the most recent *MCBS Methodology Report* 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 this PUF includes Medicare beneficiaries who were ever enrolled in Medicare in 2022 and completed a Community interview in Fall 2022, Winter 2023, or Summer 2023. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates presented in this PUF may not be representative of people with Medicare living in facilities.

Some measures are constructed from survey questions that involve questionnaire skip logic. For these items, unless otherwise noted, if the respondent provided a "No" response and subsequently skipped the follow-up question, the response was still included in the denominator and the follow-up question that was skipped was treated as a "No" response for measure calculation. "Don't know" and "Refused" responses were treated as missing values and excluded from both the numerator and denominator in measure calculation.

The Survey File ever-enrolled weights were used to produce estimates that represent the population that was ever enrolled in Medicare and still alive, entitled, and living in the community during the season in which the corresponding questionnaire item was fielded (Fall 2022, Winter 2023, and Summer 2023). All estimates in this PUF except those otherwise noted are based on questionnaire items fielded in Fall 2022. 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 addition, some estimates are suppressed because they do not meet minimum criteria for reliability. For the proportions in these tables, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130 percent of the estimate are suppressed.<sup>1</sup> MOEs are presented for each estimate.

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 these estimates may be directed to:  
[MCBS@cms.hhs.gov](mailto: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 Preventive Care PUF. This Glossary also provides relevant preventive care screening guidelines from the U.S. Preventive Services Task Force (USPSTF), if available.<sup>2</sup>

**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.<sup>3</sup>

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<sup>1</sup> 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](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf).

<sup>2</sup> <https://uspreventiveservicestaskforce.org/uspstf/home>

<sup>3</sup> University of Wisconsin School of Medicine Public Health. 2018 and 2019 Area Deprivation Index v2.0. <https://www.neighborhoodatlas.medicine.wisc.edu/>.

**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.

**Chronic pain:** Respondents were asked how often the beneficiary experienced pain. Beneficiaries who reported "Most days" or "Every day" were categorized as having chronic pain. Respondents who reported "Some days" or "Never" were categorized as not having chronic pain.

**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.

**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. This information was obtained from administrative data sources.

**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.

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

**Metropolitan/micropolitan area resident:** Metropolitan/micropolitan area residence was obtained from administrative data sources and verified in the survey. This classification is based on Core Based Statistical Area (CBSA) designations.<sup>4</sup>

**Oral cancer exam:** Respondents were asked whether they received an exam for oral cancer in the past year during which the doctor or dentist pulled on their tongue and felt under the tongue and inside the cheeks. The USPSTF "concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for oral cancer in asymptomatic adults."<sup>5</sup>

**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.

**Trouble eating solid food because of teeth:** Respondents were asked how much trouble the beneficiary had eating solid foods because of problems with their teeth or mouth. Responses of "A lot of trouble" or "A little trouble" were classified as "Yes," and responses of "No trouble" were classified as "No."

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<sup>4</sup> [https://www.federalreserve.gov/apps/mdrm/data-dictionary/search/item?keyword=9153%20&show\\_short\\_title=False&show\\_conf=False&rep\\_status=All&rep\\_state=Opened&rep\\_period=Before&date\\_start=99991231&date\\_end=99991231#:~:text=The%20term%20%22Core%20Based%20Statistical,but%20less%20than%2050%2C000\)%20population](https://www.federalreserve.gov/apps/mdrm/data-dictionary/search/item?keyword=9153%20&show_short_title=False&show_conf=False&rep_status=All&rep_state=Opened&rep_period=Before&date_start=99991231&date_end=99991231#:~:text=The%20term%20%22Core%20Based%20Statistical,but%20less%20than%2050%2C000)%20population)

<sup>5</sup> <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/oral-cancer-screening>

(PUF). Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables>.