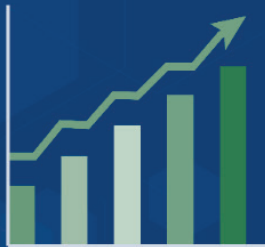


# 2023 | DATA YEAR RELEASE NOTES



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

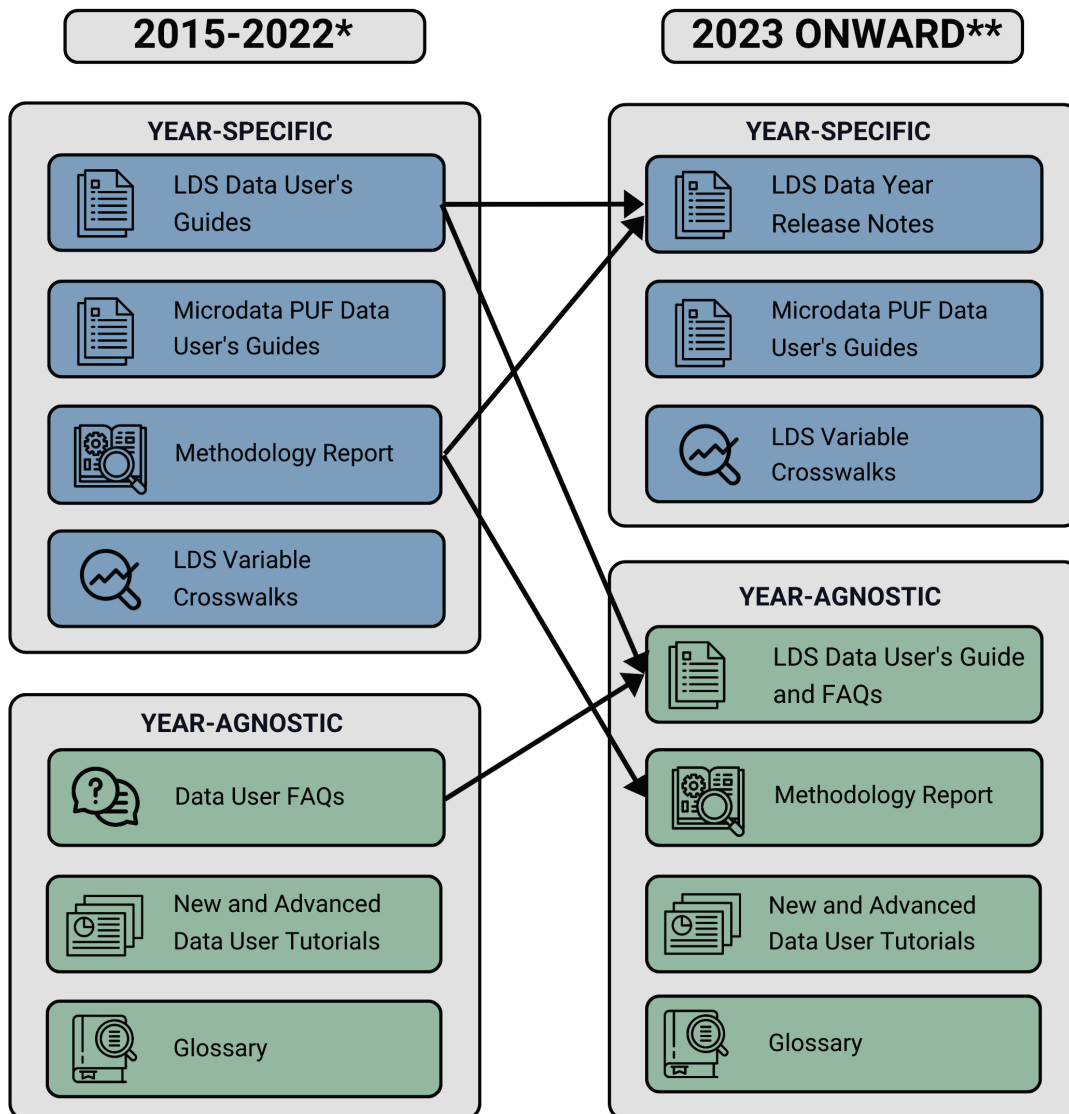
## Version Control Log

Date	Version	Revisions
09/05/2024	1.0	Initial version published for 2023 Survey File - Early Release LDS.
02/13/2025	1.1	Updated version published to reflect re-released 2023 Survey File - Early Release LDS.

## MCBS DOCUMENTATION CROSSWALK AND OVERVIEW

The Centers for Medicare & Medicaid Services (CMS) releases a comprehensive suite of documentation products to support researchers in using the Medicare Current Beneficiary Survey (MCBS). These products were consolidated beginning with the 2023 data year to separate the detailed, background information on the MCBS from focused year-specific content that is most relevant to researchers. This section provides a concise overview of MCBS documentation products beginning with the 2015 data year, all available for download on the CMS MCBS website: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks>.

### MCBS DOCUMENTATION OVERVIEW



NOTES: The year-specific products are updated annually for each data year. The year-agnostic products are reviewed annually, but only updated as needed.

\* For new researchers using the 2015-2022 MCBS LDS, the *Survey File LDS Data User's Guide* and *New User Tutorial* are the recommended starting points. See the CMS MCBS website for information on the pre-2015 MCBS documentation.

\*\* For new researchers using the 2023 MCBS LDS, the *LDS Data Year Release Notes* and *New User Tutorial* are the recommended starting points.

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## ACRONYM LIST

ACQ	Access to Care Questionnaire
ACS	American Community Survey
ADI	Area Deprivation Index
ADLs	Activities of Daily Living
AR	Administrative Records
BQ	Background Questionnaire
CAPI	Computer-Assisted Personal Interviewing
CCW	CMS Chronic Conditions Warehouse
CMS	Centers for Medicare & Medicaid Services
CMQ	Cognitive Measures Questionnaire
CPS	Charge Payment Summary Questionnaire
CQ	Community Questionnaire
CS	Cost Supplement File
CSV	Comma-separated Values
CVQ	COVID-19 Questionnaire
CV	COVID-19 Beneficiary Questionnaire
DIQ	Demographics and Income Questionnaire
DUA	Data Use Agreement
DVH	Dental, Vision, and Hearing Utilization Questionnaire
ENS	Enumeration Summary Questionnaire
EPPE	Enterprise Privacy Policy Engine
ER	Survey File - Early Release
ERQ	Emergency Room Utilization Questionnaire
ERS	Economic Research Service
ER_ACCESSCR	Survey File - Early Release Access to Care segment
ER_ASSIST	Survey File - Early Release Assistance segment
ER_CHRNCOND	Survey File - Early Release Chronic Conditions segment
ER_COGNFUNC	Survey File - Early Release Cognitive Measures segment
ER_COVIDEXP	Survey File - Early Release COVID-19 Experiences segment
ER_DEMO	Survey File - Early Release Demographics segment
ER_DIABETES	Survey File - Early Release Diabetes segment
ER_EVRWGTS	Survey File - Early Release ever enrolled population weights
ER_FALLS	Survey File - Early Release Falls segment
ER_GENHLTH	Survey File - Early Release General Health segment
ER_HHCHAR	Survey File - Early Release Household Characteristics segment
ER_HISUMRY	Survey File - Early Release Health Insurance Summary segment
ER_MENTHLTH	Survey File - Early Release Mental Health segment
ER_MOBILITY	Survey File - Early Release Mobility segment
ER_NAGIDIS	Survey File - Early Release Nagi Disability segment
ER_NICOALCO	Survey File - Early Release Nicotine and Alcohol segment
ER_PNTACT	Survey File - Early Release Patient Activation segment
ER_PREVCARE	Survey File - Early Release Preventive Care segment
ER_SATWCARE	Survey File - Early Release Satisfaction with Care segment
ER_VISHEAR	Survey File - Early Release Vision and Hearing segment
ESRD	End-stage renal disease
EX	Expenditures Questionnaire
FACCHAR	Facility Characteristics segment
FC	COVID-19 Facility-Level Questionnaire

FFS	Fee-for-Service
FI	Facility Instrument
FQ	Facility Questionnaire
GAD	Generalized Anxiety Disorder screening tool (GAD-2)
HAQ	Housing Characteristics Questionnaire
HFQ	Health Status and Functioning Questionnaire
HHQ	Home Health Utilization Questionnaire
HHS	Home Health Summary Questionnaire
HIQ	Health Insurance Questionnaire
HITLINE	Health Insurance Timeline segment
HMO	Health Maintenance Organization
HS	Health Status Questionnaire
IADLs	Instrumental Activities of Daily Living
IAQ	Income and Assets Questionnaire
ID	Identification
IN	Health Insurance Questionnaire
INQ	Introduction Questionnaire
IPQ	Inpatient Hospital Utilization Questionnaire
IRB	Institutional Review Board
IRQ	Interviewer Remarks Questionnaire
IUQ	Institutional Utilization Questionnaire
KNQ	Beneficiary Knowledge and Information Needs Questionnaire
LDS	Limited Data Set(s)
MA	Medicare Advantage
MBQ	Mobility of Beneficiaries Questionnaire
MCBS	Medicare Current Beneficiary Survey
MDS	Minimum Data Set
MDS3	Minimum Data Set segment
MMA	Medicare Prescription Drug, Improvement, and Modernization Act of 2003
MPQ	Medical Provider Utilization Questionnaire
NORC	NORC at the University of Chicago
NSQ	No Statement Charge Questionnaire
OASIS	Outcome and Assessment Information segment
OEDA	Office of Enterprise Data and Analytics
OMB	Office of Management and Budget
OMQ	Other Medical Expenses Utilization Questionnaire
OPQ	Outpatient Utilization Questionnaire
PAQ	Patient Activation Questionnaire
PDF	Portable Document Format
PDP	Prescription Drug Plan
PHQ	Patient Health Questionnaire depression screening tool (PHQ-9)
PMQ	Prescribed Medicine Questionnaire
PSQ	Post-Statement Charge Questionnaire
PUF	Public Use File
PVQ	Preventive Care Questionnaire
PXQ	Physical Measures Questionnaire
RH	Residence History Questionnaire
RIC	Record Identification Code
RUCA	Rural-Urban Commuting Area
RXQ	Drug Coverage Questionnaire
SAS	Statistical Analysis System



SCF	Sample Control File
SCQ	Satisfaction with Care Questionnaire
SF	Survey File
STQ	Statement Cost Series Questionnaire
TLQ	Telemedicine Questionnaire
US	Use of Health Services Questionnaire
USQ	Usual Source of Care Questionnaire
USU	Ultimate Sampling Unit
VA	Department of Veterans Affairs
VRDC	Virtual Research Data Center

# 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) consists of a representative national sample of the Medicare population sponsored by the Centers for Medicare & Medicaid Services (CMS).<sup>1</sup> The MCBS is designed to aid CMS in administering, monitoring, and evaluating the Medicare program. A leading source of information on Medicare and its impact on beneficiaries, the MCBS provides important information on beneficiaries that is not otherwise collected through operational or administrative data on the Medicare program and plays an essential role in monitoring and evaluating beneficiary health status and health care policy. For more information, see the *Data User's Guides* and *Methodology Report*.

Beginning with the 2023 data year, CMS releases five sets of MCBS files annually, three Limited Data Sets (LDS)<sup>2</sup> and two Microdata Public Use Files (PUFs). Exhibit 1.1 provides an overview of the LDS releases: Survey File - Early Release, Survey File, and Cost Supplement File. The data within the LDS releases are organized into data segments, which are described in detail in the Data File Notes sections below.

**Exhibit 1.1:** Overview of 2023 MCBS Limited Data Sets

	Survey File - Early Release	Survey File	Cost Supplement File
File Contents	<ul style="list-style-type: none"> <li>Timely data on key topics such as beneficiaries' socio-demographic information; self-reported health status, conditions, and functioning; disability; and access to and satisfaction with care</li> </ul>	<ul style="list-style-type: none"> <li>Fall data released on the Survey File - Early Release as well as annualized data on topics such as health insurance coverage</li> <li>Data collected into the next calendar year to provide a complete picture of the beneficiaries' health and well-being</li> <li>Facility information, administrative records and assessment data, and Fee-for-Service (FFS) claims data</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive accounting of beneficiaries' health care use, expenditures, and sources of payment</li> <li>Linked survey-reported and Medicare FFS and Part D claims data</li> </ul>
Data Collection Timeframe	Fall only	Annualized	Annualized
Population Represented	Community only	Community and facility	Community and facility

<sup>1</sup> 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.

<sup>2</sup> For the 2015 through 2022 data years, CMS released two MCBS LDS files annually, the Survey File and the Cost Supplement File. Beginning with the 2023 data year, CMS releases a subset of the Survey File LDS segments early via the Survey File - Early Release LDS in order to improve the timeliness of MCBS data. The Survey File LDS and Cost Supplement File LDS continue to be released annually.

	Survey File - Early Release	Survey File	Cost Supplement File
Weights Available	Cross-sectional ever enrolled Survey File - Early Release weights and select Topical weights	Cross-sectional ever enrolled, cross-sectional continuously enrolled, and longitudinal Survey File weights and Topical weights	Cross-sectional ever enrolled and longitudinal Cost Supplement File weights
Inclusion of Enrollment and Claims Data	Limited enrollment information; no FFS claims	Detailed enrollment information; five years of enrollment data; five years of FFS claims	No enrollment information; linked FFS and Medicare Part D claims
Supports Standalone Analysis?	Yes	Yes	No
Approximate Release Timeframe	Within nine months after the close of the calendar year	18 months after the close of the calendar year	Three months after the Survey File

Information on content and access to the MCBS Microdata PUFs, including codebooks and additional documentation, can be found at <https://www.cms.gov/data-research/statistics-trends-and-reports/mcbs-public-use-file>. Each PUF data release includes a *Data User's Guide* that is updated for each new data year to ensure that users have publicly available, easily searchable documentation on the data release.

For questions or suggestions on this document or other MCBS data-related questions, please email [MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov).

## 1.1 Contents of the Data Year Release Notes

The *2023 Data Year Release Notes* contain detailed information about the annual MCBS LDS releases. Data users can access this resource along with other data documentation at <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks>. The *2023 Data Year Release Notes* is initially released to accompany the Survey File - Early Release LDS. This documentation is then updated and re-released for the Survey File LDS and again for the Cost Supplement File LDS (see the Version Control Log for information on the current version).

Here is an overview of the contents of the *2023 Data Year Release Notes*:

- Sections 2-3: These sections provide information on sampling, questionnaires, interviewing, data collection, and data releases for the 2023 data year.
- Section ER: This section provides specific information on the Survey File - Early Release LDS release, including a description of any changes and an overview of each segment included in the release.
- Section S: Once available, this section provides specific information on the Survey File LDS release, including a description of any changes and an overview of each segment included in the release.
- Section C: Once available, this section provides specific information on the Cost Supplement File LDS release, including a description of any changes and an overview of each segment included in the release.
- Appendix: This section provides reference information.

Please note the following terminology preferences for the MCBS used throughout this document:

- *Beneficiary* refers to a person receiving Medicare services who may or may not be participating in the MCBS.<sup>3</sup> Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.
- *Respondent* is the person who answers questions for the MCBS; this person can be the beneficiary, a proxy, or a staff member located at a facility where the beneficiary resides (i.e., the Facility respondent).
- The *data collection year* refers to the three rounds of data collection (winter, summer, and fall) that occur within the calendar year (e.g., Winter 2023, Summer 2023, and Fall 2023 for 2023).
- The *data year* refers to the data collected over the three years that are included in the LDS release (e.g., 2022, 2023, and 2024 for the 2023 LDS).

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

## 2. 2023 DATA YEAR CONTENT

### 2.1 Questionnaires

The MCBS Community Questionnaire is administered to 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 and may be conducted with the beneficiary or a proxy. In addition to including data collected in the three rounds (winter, summer, and fall) administered during the calendar year, the 2023 MCBS LDS include some data collected in 2022 that are carried forward to fill in data for 2023 when questionnaire items are administered only once or when data are missing for the data year but valid values exist for the previous year. Some data collected in Winter and Summer 2024 are “pulled back” for inclusion in the 2023 LDS because the section’s reference period extends back to 2023. For guidance on analyzing data from these sections, see Section 3.4. The Facility Instrument is administered for beneficiaries living in facilities during the reference period covered by the MCBS interview and is conducted with staff members located at the facility. For more information on the MCBS Questionnaires, see the *Data User’s Guides* and *Methodology Report*. Additionally, descriptions of each of these questionnaire sections can be found in the *MCBS Questionnaire User Guide*: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires>.

#### 2.1.1 Core Community Questionnaire Sections

Exhibit 2.1.1 lists each Core section of the Community Questionnaire that contributes to the 2023 LDS.

**Exhibit 2.1.1:** 2023 Data Year MCBS Community Core Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS <sup>§</sup>	Data Collection Schedule
<b>Socio-Demographics</b>	IAQ	Income and Assets	SF	Summer 2024
	DIQ	Demographics/Income	ER, SF	Fall 2023, Baseline Interview
<b>Health Insurance</b>	HIQ	Health Insurance	ER, SF	All Seasons
<b>Utilization*</b>	DVH	Dental, Vision and Hearing Care Utilization	CS	All Seasons
	ERQ	Emergency Room Utilization	CS	All Seasons
	IPQ	Inpatient Hospital Utilization	CS	All Seasons
	OPQ	Outpatient Hospital Utilization	CS	All Seasons
	IUQ	Institutional Utilization	CS	All Seasons
	HHQ	Home Health Utilization	CS	All Seasons
	MPQ	Medical Provider Utilization	CS	All Seasons
	OMQ	Other Medical Expenses Utilization	CS	All Seasons
	PMQ	Prescribed Medicine Utilization	CS	All Seasons
<b>Cost**</b>	STQ	Statement Cost Series	CS	All Seasons
	PSQ	Post-Statement Charge	CS	All Seasons
	NSQ	No Statement Charge	CS	All Seasons
	CPS	Charge Payment Summary	CS	All Seasons

Section Group	Abbr.	Section Name	LDS <sup>§</sup>	Data Collection Schedule
<b>Experiences with Care</b>	ACQ	Access to Care	SF	Winter 2024
	SCQ	Satisfaction with Care	ER, SF	Fall 2023
	TLQ	Telemedicine	SF	Winter 2024
	USQ	Usual Source of Care	SF	Winter 2024
<b>Health Status</b>	HFQ	Health Status and Functioning	ER, SF	Fall 2023
	CMQ	Cognitive Measures	ER, SF	Fall 2023
	PXQ	Physical Measures	CS	Summer 2024

SOURCE: MCBS Community Questionnaire

\*New respondents receiving the Baseline interview do not receive Core sections about health care utilization and costs; these sections are reserved for Continuing respondents. As such, in Fall 2023, only persons in the 2020, 2021, and 2022 Panels received the Core sections about health care utilization and health care costs.

<sup>§</sup>Limited Data Set (LDS) indicates the file where the questionnaire data appear (i.e., ER = Survey File - Early Release, SF = Survey File, CS = Cost Supplement File).

### 2.1.2 Topical Community Questionnaire Sections

Exhibit 2.1.2 lists each Topical section of the Community Questionnaire that contributes to the 2023 LDS.

**Exhibit 2.1.2:** 2023 Data Year MCBS Community Topical Sections by Data File and Data Collection Schedule

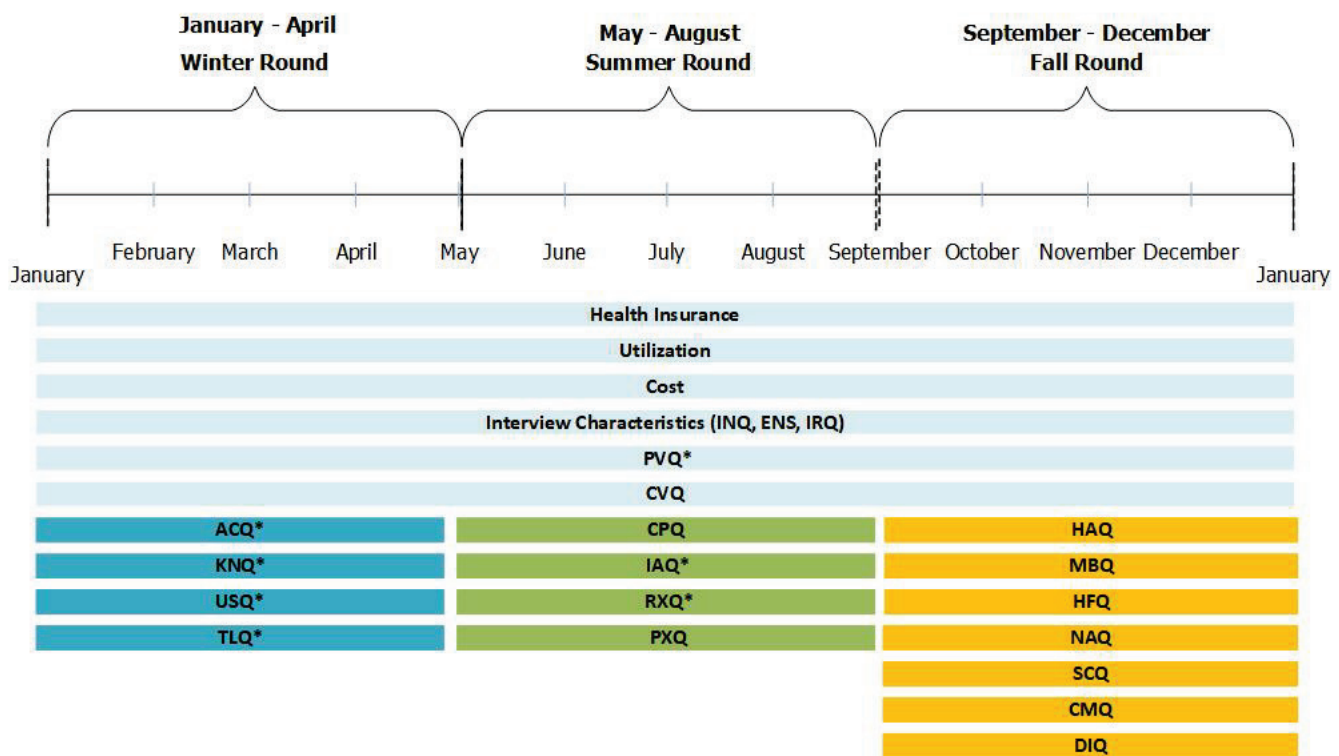
Section Group	Abbr.	Section Name	LDS <sup>§</sup>	Data Collection Schedule
Housing Characteristics	HAQ	Housing Characteristics	ER, SF	Fall 2023
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	SF	Summer 2024
	MBQ	Mobility of Beneficiaries	ER, SF	Fall 2023
	NAQ	Nicotine and Alcohol Use	ER, SF	Fall 2023
	PVQ	Preventive Care	ER, SF	Fall 2023, Winter 2024, and Summer 2024
	IAQ	Food Insecurity items	SF	Summer 2024
COVID-19	CVQ	COVID-19	ER, SF	Fall 2023 and Winter 2024
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	SF	Winter 2024
	RXQ	Drug Coverage	SF	Summer 2024

SOURCE: MCBS Community Questionnaire

<sup>§</sup>LDS indicates the file where the questionnaire data appear (i.e., ER = Survey File - Early Release, SF = Survey File, CS = Cost Supplement File).

### 2.1.3 Community Questionnaire Section Rotation within a Data Year

Exhibit 2.1.3 presents the MCBS Questionnaire section rotation schedule for 2023. The 2023 MCBS data releases reflect data collected from January 2023 through December 2023 and also include data collected in Winter and Summer 2024 rounds from questionnaire sections with a 2023 reference period.

**Exhibit 2.1.3:** 2023 Data Collection Year MCBS Community Questionnaire Section Rotation**Typical MCBS Data Collection Year**

\*Fielded in 2024, but given the reference period is 2023, data are included in the 2023 LDS.

**2.1.4 Facility Core Questionnaire Sections**

Exhibit 2.1.4 lists each Core section of the Facility Instrument that contributes to the 2023 LDS.

**Exhibit 2.1.4:** 2023 Data Year MCBS Facility Core Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS <sup>§</sup>	Data Collection Schedule
Facility Characteristics	FQ	Facility Questionnaire	SF	All Seasons
Socio-Demographics	RH	Residence History	SF	All Seasons
	BQ	Background	SF	Fall 2023, Baseline Interview*
Health Insurance	IN	Health Insurance	SF	Fall 2023 <sup>‡</sup>
Utilization	US	Use of Health Services	CS	All Seasons
Cost	EX	Expenditures	CS	All Seasons
Health Status	HS	Health Status	SF	Fall 2023 <sup>‡</sup>

SOURCE: MCBS Facility Instrument

\*The BQ section is also administered to Community-to-Facility Crossover cases each season.

<sup>‡</sup>The IN and HS sections are also administered to Community-to-Facility and Facility-to-Facility cases each season.

<sup>§</sup>Limited Data Set (LDS) indicates the file where the questionnaire data appears (i.e., SF = Survey File, CS = Cost Supplement File). Note, no Facility data are released on the 2023 Survey File - Early Release LDS.

### 2.1.5 Facility Topical Questionnaire Sections

Exhibit 2.1.5 lists the two Topical sections of the Facility Instrument that contribute to the 2023 LDS.

**Exhibit 2.1.5:** 2023 Data Year MCBS Facility Topical Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS <sup>§</sup>	Data Collection Schedule
COVID-19	CV	COVID-19 Beneficiary	SF	All Seasons
	FC*	COVID-19 Facility-Level	SF	Fall 2023*

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

<sup>§</sup>Limited Data Set (LDS) indicates the file where the questionnaire data appear (i.e., SF = Survey File, CS = Cost Supplement File). Note, no Facility data are released on the 2023 Survey File - Early Release LDS.

## 2.2 Sampling

Drawn from a subset of Medicare enrollment data, the beneficiaries included in the 2023 MCBS LDS releases represent a random cross-section of all beneficiaries residing in the continental U.S. who were ever enrolled in either Part A or Part B of the Medicare program for any portion of 2023. A subset of these beneficiaries represents a random cross-section of all beneficiaries who were continuously enrolled from January 1, 2023 up to and including interviews conducted during Fall 2023. The MCBS uses a rotating panel sample design, so the 2023 MCBS LDS represent four separate MCBS panels identified by the year in which the panel was selected and first interviewed (i.e., the 2020, 2021, 2022, and 2023 Panels). The beneficiaries selected in Fall 2019 exited the study at the conclusion of the Winter 2023 round. See the *Data User's Guides* and *Methodology Report* for additional information on sampling.

### 2.2.1 Targeted Population and Sampling Strata

The targeted population for the MCBS consisted of persons enrolled in Medicare Part A or Part B as of December 31 of the applicable sampling year (e.g., 2023 for the 2023 Panel), and whose address in the Medicare files was in one of the 48 contiguous states (excludes Alaska and Hawaii) or the District of Columbia. Additionally, in the 2020, 2021, 2022, and 2023 Panels, beneficiaries residing within the U.S. who were Hispanic were oversampled to improve precision of estimates for this group. See the *MCBS Methodology Report* for more information about this oversample. Exhibit 2.2.1 displays the beneficiaries selected as part of the 2023 Panel, by age and ethnicity.

**Exhibit 2.2.1:** 2023 Panel of Selected Beneficiaries by Hispanic and Non-Hispanic Ethnicity Classification and Age Category\*

Age Category as of 12/31/2023	TOTAL Sample Size	TOTAL Weighted	Hispanic Sample Size	Hispanic Weighted	Non-Hispanic Sample Size	Non-Hispanic Weighted
<b>Under 45 years</b>	1,186	1,567,767	131	187,568	1,055	1,380,199
<b>45-64 years</b>	1,266	6,113,271	171	613,954	1,095	5,499,318
<b>65-69 years</b>	2,968	17,997,989	358	1,429,313	2,610	16,568,675
<b>70-74 years</b>	2,189	15,505,622	269	1,227,722	1,920	14,277,900
<b>75-79 years</b>	2,297	11,966,216	282	884,148	2,015	11,082,068
<b>80-84 years</b>	2,476	7,424,851	304	591,724	2,172	6,833,127
<b>85+ years</b>	2,713	7,046,622	333	457,845	2,380	6,588,777
<b>Total</b>	15,095	67,622,339	1,848	5,392,273	13,247	62,230,065

SOURCE: Beneficiary age, race/ethnicity, and base weights were sourced from administrative data in the 2023 MCBS Internal Sample Control File.



### 2.2.2 Sample Selection

Exhibit 2.2.2 provides a brief summary of the number of selected beneficiaries and the inclusion criteria for the 2020 through 2023 Panels included in the 2023 MCBS LDS.

**Exhibit 2.2.2:** 2023 MCBS Sample Selection for the LDS Releases

Panel	# of Selected Beneficiaries	Previously Enrolled Beneficiaries Still Alive as of January 1 of Panel Year	Current-Year Enrollees
<b>2020</b>	15,952	Enrolled before 1/1/2020	Enrolled 1/1/2020 – 12/31/2020
<b>2021</b>	15,950	Enrolled before 1/1/2021	Enrolled 1/1/2021 – 12/31/2021
<b>2022</b>	17,139	Enrolled before 1/1/2022	Enrolled 1/1/2022 – 12/31/2022
<b>2023</b>	15,095	Enrolled before 1/1/2023	Enrolled 1/1/2023 – 12/31/2023

SOURCE: 2023 MCBS Internal Sample Control File

### 2.2.3 Completed Interviews

Exhibit 2.2.3 lists the number of completed interviews for the Fall 2023 Continuing (2020, 2021, and 2022) and Incoming (2023) Panels by age strata.

**Exhibit 2.2.3:** 2023 MCBS Fall Round Completed Interviews: Continuing and Incoming Panels

Age Category as of 12/31/2023	2020 Panel	2021 Panel	2022 Panel	2023 Panel	Total
<b>Under 45 years</b>	91	133	198	535	957
<b>45-64 years</b>	187	221	301	617	1,326
<b>65-69 years</b>	205	294	529	1,282	2,310
<b>70-74 years</b>	408	412	524	954	2,298
<b>75-79 years</b>	316	375	562	978	2,231
<b>80-84 years</b>	323	375	560	1,023	2,281
<b>85+ years</b>	380	415	640	1,136	2,571
<b>Total</b>	1,910	2,225	3,314	6,525	13,974

SOURCE: 2023 MCBS Internal Sample Control File

## 2.3 Interviewer Recruitment, Staffing, and Training

In 2023, most MCBS interviewers were experienced, having conducted interviews for at least a year or more. New interviewers were recruited to the project in Fall 2023 based on staffing needs and attrition.

The 2023 MCBS Training Program consisted of the following:

- Ahead of Summer 2023 data collection, NORC held an all staff in-person training on the administration of the Physical Measures (PXQ) section of the interview for all experienced interviewers actively working on the project. During this training, interviewers were prepared to collect the six physical measures asked about in the PXQ section: height, weight, balance, timed walk, chair stands, and grip strength. Experienced interviewers also received remote trainings ahead of the Winter and Fall rounds of data collection.
- New staff were onboarded and trained on the Baseline interview remotely in Fall 2023. This training included self-study modules in the learning management system, roundtable discussions with experienced interviewers and field managers, gaining cooperation role playing, and protocol demonstrations.

- Later in the Fall round, new staff were trained in-person on the Continuing interview. This 3.5-day training focused on the essential skills and protocols in the Continuing interview that require in-person instruction, such as correctly prompting for health events and purchases, organizing and abstracting from health and insurance documentation, and balancing complex caseloads.
- The select interviewers trained to administer the Facility interview received a short training focused on new content and round-specific reminders ahead of each round of data collection. A new cohort of experienced interviewers were trained to administer the Facility interview ahead of the Winter round.
- Formal trainings were supplemented with ad hoc additional training interventions, including weekly field memos, groups calls, and interviewer observations, referred to as “ride-alongs” or “call-alongs.”

## 2.4 Data Collection Schedule and Results

Exhibit 2.4.1 shows the data collection schedule for the 2023 calendar year.

**Exhibit 2.4.1:** 2023 MCBS Data Collection Schedule

Round	Start Date	End Date
Winter 2023 (Round 95)	January 9, 2023	April 23, 2023
Summer 2023 (Round 96)	May 3, 2023	August 6, 2023
Fall 2023 (Round 97)	July 17, 2023	December 31, 2023

Beneficiaries often require assistance in providing the detailed information needed to accurately respond to survey items, so during data collection, the beneficiary may designate a proxy to participate in the interview on their behalf or an assistant to provide help when responding to specific survey questions. Approximately 12-13 percent of interviews had proxy usage and approximately 9-10 percent of interviews had assistant usage. Additionally, the Community Questionnaire is programmed for administration in English or Spanish, while the Facility Instrument is available for administration in English. Approximately 5 percent of Community components were conducted in Spanish in 2023. For more information on proxy and assistant usage and interviewing languages, see the *MCBS Methodology Reports*.

An interview is complete once administration of all questionnaire sections to the respondent has concluded, the Interviewer Remarks Questionnaire (IRQ) is completed, and data are fully transmitted. Exhibit 2.4.2 provides the count of completed interviews by round and component for 2023. Exhibit 2.4.3 provides the ratio of completed interviews by interview mode.

**Exhibit 2.4.2:** 2023 Completed Interviews by Component

Round	Component	Completed Interviews	Mean Interview Duration (minutes)
<b>Winter 2023</b>	Community	10,769	67.1
	Facility	825	30.8
<b>Summer 2023</b>	Community	7,717	57.4
	Facility	639	24.3
<b>Fall 2023</b>	Community	13,417	72.1
	Facility	565	42.0

**Exhibit 2.4.3:** 2023 Completed Interviews by Interview Mode

Round	Component	Phone Interviews	In-Person Interviews
<b>Winter 2023</b>	Community	73%	27%
	Facility	94%	6%
<b>Summer 2023</b>	Community	82%	18%
	Facility	97%	3%
<b>Fall 2023</b>	Community	69%	31%
	Facility	94%	6%

**2.5 Clearance**

CMS maintains a current OMB clearance for the MCBS. For the 2023 MCBS, CMS received OMB approval on August 26, 2022 (OMB control number 0938-0568, expiration date 8/31/2025). The NORC IRB reviews and approves all MCBS data collection protocols, questionnaires, and respondent materials to ensure human subject protections are properly addressed before field data collection begins. The research protocol and consent procedures for MCBS data collection were first approved by NORC's IRB in July 2014, with subsequent changes to the protocol approved through amendments and annual renewal.

## 3. DATA USE GUIDANCE & DATA FILE DOCUMENTATION

### 3.1 Data Access

All requested LDS files require a signed LDS Data Use Agreement (DUA) between CMS and the data requestor to ensure that the data remain protected against unauthorized disclosure. Data users can submit an LDS request via a CMS DUA tracking system, the Enterprise Privacy Policy Engine or EPPE. EPPE can be used to initiate a new LDS DUA request or to amend/update an existing LDS DUA. Questions about LDS files or the process for requesting LDS files can be sent to [datauseagreement@cms.hhs.gov](mailto:datauseagreement@cms.hhs.gov). For additional information on data access and the DUA process, including instructions for accessing and using EPPE to make a request, data users can visit the CMS LDS website at <https://www.cms.gov/data-research/files-for-order/data-disclosures-and-data-use-agreements-duas/limited-data-set-lds>.

Administrative processing fees for obtaining the LDS files are \$300 for the Survey File - Early Release alone, \$300 for the 2022 Survey File alone, and \$600 for the 2022 Survey File with the 2022 Cost Supplement File (the Cost Supplement File cannot be acquired separately or with the Survey File - Early Release). The processing of the DUA takes approximately six to eight weeks. Upon approval and payment, CMS releases the data within ten business days, depending on the size of the data request. Data users will receive the data on DVD or flash drive, or via the CMS Virtual Research Data Center (VRDC) for use with SAS® or other statistical software packages; each data release contains multiple files that are linkable through a key identification variable (BASEID).

### 3.2 Guidelines for Citation of Data Source

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. All material appearing in this document is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated. Accordingly, CMS requests that data users cite CMS and the MCBS as the data source in any publications or research based upon these data. Suggested citation formats are below.

**Tables and Graphs:** The suggested citation below all tables and graphs should read:

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, [Data File, (e.g., Cost Supplement File Limited Data Set)], [Year].

**Bibliography:** The suggested citation for this document should read:

SOURCE: Centers for Medicare & Medicaid Services. [Year] *Medicare Current Beneficiary Survey Data Year Release Notes*. Retrieved from [ADD URL], [YEAR ACCESSED].

**Survey Data:** The suggested citation for the MCBS survey data files and other documentation should read:

SOURCE: Centers for Medicare & Medicaid Services. Medicare Current Beneficiary Survey, [Data File, (e.g., Cost Supplement File Limited Data Set)] data. Baltimore, MD: U.S. Department of Health and Human Services, [Year].

### 3.3 Data User Resources

CMS provides technical assistance to researchers interested in using MCBS data and provides free consultation to users interested in obtaining these data products and using these data in research. Users can email

[MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov) with questions regarding obtaining or using the data. Exhibit 3.3.1 provides the links to MCBS documentation and other data user resources.

**Exhibit 3.3.1:** Table of Links to MCBS Documentation and Resources

MCBS Resources	Links
CMS MCBS website	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey</a>
MCBS LDS file information	<a href="https://www.cms.gov/data-research/files-for-order/data-disclosures-and-data-use-agreements-duas/limited-data-set-lds">https://www.cms.gov/data-research/files-for-order/data-disclosures-and-data-use-agreements-duas/limited-data-set-lds</a>
MCBS Microdata PUFs	<a href="https://www.cms.gov/data-research/statistics-trends-and-reports/mcbs-public-use-file">https://www.cms.gov/data-research/statistics-trends-and-reports/mcbs-public-use-file</a>
CMS Chronic Conditions Warehouse (CCW)	<a href="https://www.ccwdata.org/web/guest/home/">https://www.ccwdata.org/web/guest/home/</a>
MCBS Documentation: Data Year Release Notes, Data User's Guides, Methodology Reports, Codebooks, and LDS Variable Crosswalks	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks</a>
PUF Table Packages and Chartbook PDFs	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables</a>
Early Look, Data Briefs, Infographics, and Tutorials	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-briefs-tutorials">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-briefs-tutorials</a>
Bibliography	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/bibliography">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/bibliography</a>
Questionnaires and Questionnaire User Documentation	<a href="https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires">https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires</a>
MCBS Interactives – COVID-19 Data Tool, Survey File PUF Data Tool, and Financial Well-being Data Tool <sup>4</sup>	<a href="https://mcbs-interactives.norc.org/">https://mcbs-interactives.norc.org/</a>
Chartbook <sup>5</sup>	<a href="https://data.cms.gov/medicare-current-beneficiary-survey-mcbs">https://data.cms.gov/medicare-current-beneficiary-survey-mcbs</a>

<sup>4</sup> The MCBS Interactives consist of three data tools, the Financial Well-being Data Tool, the Survey File PUF Data Tool and the COVID-19 Data Tool. Each tool contains multiple interactive dashboards that allow users to sort and visualize data according to a variety of demographic and health-related factors.

<sup>5</sup> Beginning with the release of 2021 MCBS data, the MCBS Chartbook website replaced the PDF version of the MCBS Chartbook that was updated and released annually on the CMS MCBS website to disseminate current estimates on the Medicare population. MCBS estimates from 2015 through 2020 can be found in both the online version of the MCBS Chartbook and the previous MCBS Chartbook PDFs at <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables>.

## 3.4 Using the Data

### 3.4.1 Initial Interview Variables

Some questions are asked in only two scenarios: 1) it is the case's Baseline (initial) interview or 2) it is the first time the case has crossed to a new component (e.g., the case crosses from the Community component to the Facility component for the first time). These "initial interview variables" are not asked again during subsequent interviews because the responses are not likely to change. The 2023 LDS variables that have been processed this way are listed in Exhibit 3.4.1.

**Exhibit 3.4.1:** Initial Interview Variables in the 2023 LDS

Segment <sup>1</sup>	Topic	LDS Variable Name
ER_DEMO/DEMO	Date of Birth	D_DOB
ER_DEMO/DEMO	Hispanic Origin	HISPORIG; HISPORMA; HISPORPR; HISPORCU; HISPOROT
ER_DEMO/DEMO	Race	D_RACE2; RACEAA; RACEAS; RACENH; RACEWH; RACEAI
ER_DEMO/DEMO	Asian Race Subcategories	RACEASAI; RACEASCH; RACEASFI; RACEASJA; RACEASKO; RACEASVI; RACEASOT
ER_DEMO/DEMO	Pacific Islander Race Subcategories	RACEPIHA; RACEPIGU; RACEPISA; RACEPIOT
ER_DEMO/DEMO	Military Service	SPAFEVER; SPAFVIET; SPAFKORE; SPAFWWII; SPAFGULF; SPAFIRAF; SPAFPEAC; SPNGEVER; SPNGALL; SPNGDSBL; SPVARATE
ER_DEMO/DEMO	Number of Children	SPCHNLNM
ER_DEMO/DEMO	Limited English Proficiency	ENGWELL; ENGREAD; OTHRLANG; WHATLANG
ER_DEMO/DEMO	Education	SPDEGRCV
DEMO	Income	INCOME
ER_CHRNCOND/ CHRNCOND	Reason for Medicare Eligibility	EMHBP; EMMYOCAR; EMCHD; EMCFAIL; EMHRTCND; EMSTROKE; EMCSKIN; EMCANCER; EMARTERY; EMARTHRRH; EMARTOST; EMARTHOT; EMMENTAL; EMALZMER; EMDEMENT; EMDEPRSS; EMPSYCHO; EMOSTEOP; EMBRKHIP; EMPARKIN; EMEMPHYS; EMPPARAL; EMAMPUTE; EMDIABTS; EMOTHOS
ER_CHRNCOND	Number of Medications Taken for Blood Pressure	HYPEMANY
FACCHAR	Place of Residence before Facility Admission	BEFORADM
FACCHAR	Household Makeup before Facility Admission	D_LIVWTH

<sup>1</sup> Variables listed with more than one segment are released on both the Survey File - Early Release and Survey File.

### 3.4.2 Sort Order for Merging the LDS Segments

Sort order is important to understand when data users are merging segments within or across LDS releases. Most 2023 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, as shown in Exhibit 3.4.2.

**Exhibit 3.4.2:** Sort Order by Segment in the 2023 LDS

Segment(s)	LDS Release(s)	Sorted By
ER_ASSIST/ASSIST	Survey File - Early Release/Survey File	BASEID HLPNUM
FACCHAR	Survey File	BASEID RECADMN
HITLINE	Survey File	BASEID PLANTYPE PLANNUM
MDS3	Survey File	BASEID TRGT_DT A2300
OASIS	Survey File	BASEID HHASMTID

### 3.5 MCBS Rounds by Data Year and Season

Exhibit 3.5.1 lists the MCBS data collection rounds by year and by season.

**Exhibit 3.5.1:** MCBS Rounds by Data Year and Season through Fall 2024

Year	Winter	Summer	Fall
1991	n/a	n/a	1
1992	2	3	4
1993	5	6	7
1994	8	9	10
1995	11	12	13
1996	14	15	16
1997	17	18	19
1998	20	21	22
1999	23	24	25
2000	26	27	28
2001	29	30	31
2002	32	33	34
2003	35	36	37
2004	38	39	40
2005	41	42	43
2006	44	45	46
2007	47	48	49
2008	50	51	52
2009	53	54	55
2010	56	57	58
2011	59	60	61
2012	62	63	64
2013	65	66	67
2014	68	69	70

<b>Year</b>	<b>Winter</b>	<b>Summer</b>	<b>Fall</b>
<b>2015</b>	71/72	71/72	73
<b>2016</b>	74	75	76
<b>2017</b>	77	78	79
<b>2018</b>	80	81	82
<b>2019</b>	83	84	85
<b>2020</b>	86	87	88
<b>2021</b>	89	90	91
<b>2022</b>	92	93	94
<b>2023</b>	95	96	97
<b>2024</b>	98	99	100



# 2023 Survey File - Early Release LDS

## ER1. SURVEY FILE - EARLY RELEASE LDS

The content of the MCBS LDS releases is governed by their central focus of serving as unique sources of information on beneficiaries' health and well-being that cannot be obtained through CMS administrative sources alone. For the 2023 data year, the Survey File - Early Release LDS contains data collected directly from Community respondents during the Fall data collection round and supplemented by some administrative data. The Survey File - Early Release is released approximately nine months after the end of data collection to allow for timely analysis. The Survey File - Early Release LDS includes beneficiaries who were alive, enrolled in Medicare, and completed a Community interview in fall 2023.

The following information is represented in the Survey File - Early Release LDS: beneficiary demographics; disability; health behaviors; health status, conditions, and functioning; household characteristics; mobility; patient activation; and access to and satisfaction with care. The file also contains select information on type of Medicare enrollment and preventive care as of the fall round. The following section contains detailed information about these data.

## ER2. WHAT'S NEW FOR DATA YEAR 2023?

Below are the highlights and updates for the 2023 data year that pertain to the Survey File - Early Release LDS.

### ER2.1 Sampling

There were no changes to sampling for the 2023 data year.

### ER2.2 Questionnaires

**Questionnaire content changes:** There were a number of questionnaire sections that were revised in Fall 2023. Note that variable names referenced below are the questionnaire variable names. Data users can view the questionnaire for each data year along with the questionnaire variable names referenced below and question text on the MCBS website at <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires>.

#### *Community Questionnaire*

The MCBS introduced several Community Questionnaire updates in Fall 2023 to enhance survey content and data quality and improve interviewer and respondent experience. Changes include the addition of new items and updates to question text, response options, and respondent universes.

#### **COVID-19 (CVQ)**

A new response option was added to LONGCVD, which collects if the beneficiary had COVID-19 symptoms lasting three months or longer. The code list was updated to include a new "Not Applicable" response option to accommodate beneficiaries who were recently diagnosed (less than three months ago) with COVID-19.

#### **Health Status and Functioning (HFQ)**

In Fall 2023, two items (TEETHGUM and DRYMOUTH) adapted from the NHIS 2008 Oral Health Supplement<sup>6</sup> and the World Health Organization Oral Health Survey<sup>7</sup> were added to the Health Status and Function Questionnaire (HFQ) to assess the risk of disease for dry mouth symptoms and tooth sensitivity. Additionally, one item (TOOTHSEN) sourced from the 2019-2020 National Health and Nutrition Examination Survey (NHANES) was added to the HFQ to assess the overall oral health of the beneficiary's teeth and gums.

#### **Preventive Care (PVQ)**

Item HYSTEREC, which collects whether the beneficiary has ever had a hysterectomy, was moved to precede item PAPSMEAR, which collects if the beneficiary had a Pap smear in the prior year in Fall 2023. As a result of this change, the code list at the variable that collects the reason why the beneficiary has not had a recent Pap smear, PAPCODE, was updated to remove hysterectomy as a response option. To reflect the corresponding change in the universe of respondents at these items:

- HYSTEREC was renamed HYSTER
- PAPSMEAR was renamed PAPTEST
- PAPCODE was renamed PAPREASN

<sup>6</sup> [https://ftp.cdc.gov/pub/health\\_statistics/nchs/Dataset\\_Documentation/NHIS/2008/srvydesc.pdf](https://ftp.cdc.gov/pub/health_statistics/nchs/Dataset_Documentation/NHIS/2008/srvydesc.pdf)

<sup>7</sup> <https://www.who.int/publications/i/item/9789241548649>

- PAPNOTHS was renamed PAPOTHR

### *Facility Instrument*

The MCBS introduced several Facility Instrument updates in Fall 2023 that included streamlining of the instrument and updates to question text and programming logic. However, given no Facility data are released on the Survey File - Early Release LDS, these changes will be documented in the *2023 Data Year Release Notes* for the Survey File LDS.

## ER2.3 Data Collection

In Fall 2023, administrative data were used to prioritize enhanced outreach to Black, Asian, and Hispanic beneficiaries to increase their representation in the 2023 Panel data. These enhancements included a multi-lingual insert in the advance letter mailing that was included to facilitate conversation at the door and resolve possible language barriers quickly. Throughout data collection, interviewers concentrated on in-person contacting and interviewing, targeted field interviewer travel trips, and reminder letters sent via FedEx to prompt non responders who were presumed to be Black, Hispanic, and Asian.

## ER2.4 Data Processing

The 2023 Survey File - Early Release is built from 16 analytic data files from Fall 2023 Community data collection, as well as some administrative data. These files are input into CMS processes that generate the final data files available to the public.

### **New and revised content:**

For the 2023 Survey File - Early Release LDS, there are no new segments. The Survey File - Early Release LDS comprises a subset of the segments released on the annual Survey File LDS (i.e., all segments released on the Survey File - Early Release will also be released on the Survey File). To distinguish the Survey File - Early Release segments from the Survey File segments, the Early Release versions begin with the abbreviation "ER\_." Notably, the 2023 Survey File - Early Release LDS provides abbreviated versions of three segments compared to prior Survey File LDS's: Demographics (DEMO), Health Insurance Summary (HISUMRY), and Preventive Care (PREVCARE). The complete, annualized versions of the DEMO and HISUMRY segments will be reprocessed and released on the 2023 Survey File LDS, while the Winter and Summer round data formerly included on the PREVCARE segment will be released on a new immunization segment beginning in 2023.

The 2023 questionnaire changes resulted in the following variables added to the release.

### **Exhibit ER2.4.1:** 2023 MCBS Survey File - Early Release LDS Content Additions

Location	Questionnaire Section	Variable	Description
ER_CHRONCOND	HFQ	DRYMOUTH	HOW OFTEN SP HAVE DRY MOUTH
ER_CHRONCOND	HFQ	TEETHGUM	GENERAL ORAL, TEETH, AND GUM HEALTH OF SP
ER_CHRONCOND	HFQ	TOOTHSEN	HOW OFTEN SP HAVE TOOTH SENSITIVITY

### **Weighting:**

For the inaugural 2023 Survey File - Early Release LDS release, three new sets of weights were developed to facilitate analysis of the data segments included in the release. The first weight is ER\_EEYRSWGT, which can be used for all Survey File - Early Release data except the Patient Activation (ER\_PNTACT) and Cognitive

Measures (ER\_COGNFUNC) segments. For analysis of ER\_PNTACT data, data users should use the weight ER\_PNSEWT instead; this weight has been adjusted to account for non-proxy respondents to the Patient Activation (PAQ) section of the Satisfaction with Care Questionnaire (SCQ). For analysis of ER\_COGNFUNC data, data users should use the weight ER\_CGSEWT instead; this weight has been adjusted to account for non-proxy respondents to the Cognitive Measures Questionnaire (CMQ). All of these weights are accompanied by a set of 100 replicate weights for use in variance estimation. Each weight is representative of the same population: beneficiaries who were alive, enrolled in Medicare, and living in the community in the fall of 2023. More information on these new weights is available in section ER3.3.

**Imputation:**

There were no changes for the 2023 data year that affect the Survey File - Early Release LDS data.

## ER3. DATA FILE CONTENTS

### ER3.1 2023 MCBS Survey File - Early Release Segments

The 2023 Survey File - Early Release LDS contains over 1,100 variables across 20 segments. Exhibit ER3.1.1 displays each segment included in the Survey File - Early Release LDS including the **segment abbreviation**, **brief description**, and **information on weights or other special notes**.

The **Data Source** column describes the source of the data on the segment. The two possible sources for the Survey File - Early Release LDS are the Community Questionnaire (CQ) and Administrative Records (AR). Each LDS segment can have any combination of these sources. Data source reflects where the data came from, not where the beneficiary was living. For example, a beneficiary could have lived in both settings during the year, but the data for that beneficiary available on the ER\_ASSIST segment came from their Community interview only.

The **Quex Section** column lists the specific questionnaire sources for the LDS segment. Please note that not all variables from the questionnaire are released on the segments. Some questionnaire items are combined or recoded to create the LDS variable. Data users will see these derived variables noted in the codebooks preceded with the character "D", such as D\_OCDTYP.

**Season** indicates the round (winter, summer, fall, or all) and year when the questionnaire was administered.

**Panel** describes whether the questionnaire sections that provide the data for each segment are fielded for Baseline respondents (base), Continuing respondents (cont), or all panels (all). If the segment consists of administrative CMS data, then the cell indicates all panels are included.

**Unit of Observation** indicates what each row in the segment represents. For example, the ER\_ASSIST segment provides multiple rows per BASEID for each person reported as helping the beneficiary in the data year.

A list of equivalent historic segments from the 1991-2013 data release structure is provided in section ER4.3.

#### Exhibit ER3.1.1: 2023 MCBS Survey File - Early Release Segments and Contents

Survey File - Early Release Segment (Abbrev)	Description	Data collection and special weights notes	Data Source	Quex Section	Season	Panel	Unit of Observation
Access to Care (ER_ACCESSCR)	Information on ability to obtain health care, delay of care related to costs, and reasons for not obtaining needed health care.		CQ	HFQ	Fall	All	Beneficiary
Assistance (ER_ASSIST)	Information on the person helping and type of assistance that the beneficiary with ADLs and IADLs.		CQ	ENS, HFQ	All (ENS) Fall (HFQ)	All	Helper by beneficiary

Survey File - Early Release Segment (Abbrev)	Description	Data collection and special weights notes	Data Source	Quex Section	Season	Panel	Unit of Observation
Chronic Conditions (ER_CHRNCOND)	Information on chronic and other diagnosed medical conditions.	Special non-response adjustment weights are included with this file.	CQ	HFQ, PVQ	Fall (HFQ, PVQ) <sup>1</sup>	All	Beneficiary
Cognitive Measures (ER_COGNFUNC)	Measures of cognitive functioning.		CQ	CMQ	Fall	All	Beneficiary
COVID-19 Experience (ER_COVIDEXP)	Information on COVID-19 vaccination, testing, diagnosis, symptoms, and prevention.		CQ	CVQ	Fall	All	Beneficiary
Demographics (ER_DEMO)	Select demographic information.		CQ, AR	ENS, DIQ, INQ	All (ENS, INQ) Fall (DIQ)	All (ENS, INQ) Base (DIQ)	Beneficiary
Diabetes (ER_DIABETES)	Information on diabetes management such as insulin usage.		CQ	HFQ	Fall	All	Beneficiary
Falls (ER_FALLS)	Information on injuries and attitudes about falls.		CQ	HFQ	Fall	All	Beneficiary
General Health (ER_GENHLTH)	Information on general health status and functioning such as height and weight.		CQ	HFQ	Fall	All	Beneficiary
Health Insurance Summary (ER_HISUMRY)	Select administrative information on the characteristics of insurance coverage.		AR	n/a	All	All	Beneficiary
Household Characteristics (ER_HHCHAR)	Information on household composition and home.		CQ	ENS, HAQ	Fall (ENS) Fall (HAQ)	All	Beneficiary
Mental Health (ER_MENTHLTH)	Information on mental health such as feelings of anxiety or depression.		CQ	HFQ	Fall	All	Beneficiary
Mobility (ER_MOBILITY)	Information on the use of available transportation options and whether health status affects their daily travel.		CQ	MBQ	Fall	All	Beneficiary
Nagi Disability (ER_NAGIDIS)	Information on difficulties with performance of activities of daily living.		CQ	HFQ	Fall	All	Beneficiary

Survey File - Early Release Segment (Abbrev)	Description	Data collection and special weights notes	Data Source	Quex Section	Season	Panel	Unit of Observation
Nicotine and Alcohol (ER_NICOALCO)	Information on the prevalence and frequency of alcohol and nicotine use.		CQ	NAQ	Fall	All	Beneficiary
Patient Activation (ER_PNTACT)	Information on the degree to which beneficiaries actively participate in their health care and decisions concerning care.	Special non-response adjustment weights are included with this file.	CQ	SCQ	Fall	All	Beneficiary
Preventive Care (ER_PREVCARE)	Information on preventive services such routine screening procedures.		CQ	HFQ, PVQ	Fall (HFQ, PVQ) <sup>1</sup>	All	Beneficiary
Satisfaction with Care (ER_SATWCARE)	Information on satisfaction with different aspects of health care.		CQ	SCQ	Fall	Cont. (MPQ, PMQ) Both (SCQ)	Beneficiary
Vision and Hearing (ER_VISHEAR)	Information on eye health and hearing status.		CQ	HFQ	Fall	All	Beneficiary
Survey File - Early Release Weights (ER_EVRWGTS)	The weights segment includes: general-purpose cross-sectional weights to represent the ever enrolled population and a series of replicate weights.		CQ	n/a	n/a	All	Beneficiary

1. PVQ is administered in rounds following the current data year given that the reference period is the prior year and data are included in the prior year data files. Fall round PVQ data are released on the Survey File - Early Release LDS, while winter and summer round PVQ data are released on the Survey File LDS.

## ER3.2 Imputation

There are no imputation notes for the Survey File - Early Release LDS as the LDS does not include any imputed data.

## ER3.3 Weights

Data users can merge segments within the 2023 Survey File - Early Release. This LDS file includes cross-sectional weights for the ever enrolled population based on preliminary enrollment data. Longitudinal weights are not available for these data, nor are cross-sectional weights for the continuously enrolled population.

The Survey File - Early Release cross-sectional weights represent the ever enrolled population of inference, which corresponds to the population of beneficiaries who were alive, enrolled, and living in the community as of fall 2023. The ever enrolled Survey File - Early Release weight is greater than zero for all beneficiaries in the



Survey File - Early Release. This weight segment is ER\_EVRWGTS, and the name of the weight is ER\_EEYRSWGT. The sum of this weight represents the population of beneficiaries who were entitled and enrolled in Medicare for at least one day at any time during the calendar year and still alive, enrolled, and living in the community in fall 2023.

### *ER3.3.1 Special Topical Segment Weights*

The 2023 Survey File - Early Release LDS includes two segments with special non-response adjusted weights: ER\_PNTACT and ER\_COGNFUNC. ER\_PNTACT includes select items from the Patient Activation Questionnaire (PAQ) section of SCQ that were fielded in Fall 2023 to only non-proxy respondents (i.e., beneficiary respondents). ER\_COGNFUNC includes items from CMQ that were fielded in Fall 2023 to only non-proxy respondents. On the Survey File - Early Release LDS, ER\_PNTACT and ER\_COGNFUNC each offer one set of full-sample and replicate weights that correspond to the Survey File - Early Release ever enrolled population who were alive and living in the community in fall 2023 and can be used to conduct analyses of the Topical data as representing the ever enrolled population and in conjunction with other Survey File - Early Release data.

Exhibit ER3.3.1 summarizes the weights released on the 2023 Survey File - Early Release.

**Exhibit ER3.3.1:** 2023 MCBS Survey File - Early Release Summary of Weights

Limited Data Set	Description	Segment	Full-Sample Weight	Replicate Weights	Population
Survey File - Early Release	Ever Enrolled Cross-Sectional Weights	ER_EVRWGTS	ER_EEYRSWGT	ER_EEYRS1- ER_EEYRS100	Ever enrolled for at least one day at any time during 2023
Survey File - Early Release Topical Segment	CMQ Survey File - Early Release Ever Enrolled Weights	ER_COGNFUNC	ER_CGSEWT	ER_CGSE1- ER_CGSE100	Ever enrolled for at least one day at any time during 2023; includes Fall non-proxy adjustment
Survey File - Early Release Topical Segment	PAQ Survey File - Early Release Ever Enrolled Weights	ER_PNTACT	ER_PNSEWT	ER_PNSE1- ER_PNSE100	Ever enrolled for at least one day at any time during 2023; includes Fall non-proxy adjustment

## ER4. DATA FILE NOTES

### ER4.1 Survey File - Early Release Segment Information

Below is the information regarding each segment within the Survey File - Early Release, presented in alphabetical order. The notes have been organized into three main categories of information.

1. Core Content – a description of the main subject of the data.
2. Variable Definitions – definitions of derived variables and/or variables that require additional explanation regarding their construction. Note: The variables listed are not a comprehensive list of all variables in each segment. The Codebook provides information on all variables in each segment.
3. Special Notes – additional background information that data users may find helpful for constructing analyses.

### ER4.2 Survey File - Early Release Segment Descriptions

#### *ER4.2.1 Access to Care (ER\_ACCESSCR)*

##### **ER4.2.1.1 Core Content**

The Access to Care segment contains information from the HFQ section in the fall round. General questions are asked about the beneficiary's ability to access medical services. This segment also contains information on medical debt and the reasons beneficiaries cannot access the care they need.

##### **ER4.2.1.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

##### **ER4.2.1.3 Special Notes**

Respondents are asked why the beneficiary had trouble getting health care or scheduling a health care appointment in an open-ended format (e.g., "What were the reasons the doctor's office offered as an explanation for not scheduling an appointment with you?"). The respondents answer these questions in their own words, and interviewers select the response option(s) from a predefined code list that best matched the respondents' answer(s). These questions are select-all-that-apply so that respondents may provide multiple answers to each question, and each answer is stored in its own analytic variable.

If the respondent reports a reason that is not included in the predefined code list, the interviewer documents their response verbatim in an "other specify" variable that is not released. The "other specify" response is back coded as necessary into the predefined code list.

If the respondent reports that the beneficiary could not schedule an appointment because the doctor is not accepting new Medicare patients or the doctor does not accept Medicare at all, the respondent is then asked at variable OFFEXPLN whether the doctor's office explained why this is the case. If the doctor's office provided an explanation to the respondent, this explanation is recorded verbatim at OFFEXVB1 but not released.

## *ER4.2.2 Assistance (ER\_ASSIST)*

### **ER4.2.2.1 Core Content**

The Assistance segment contains information on each person identified as helping the beneficiary with ADLs or IADLs, including the helper's age, relationship to the beneficiary, and the types of assistance that the beneficiary receives (e.g., assistance with dressing, shopping, eating) from each identified helper. The number of records in the Assistance segment reflects the number of persons identified as having assisted the beneficiary with one or more ADL or IADLs. Therefore, it is possible to have one, several, or no helper records per beneficiary.

### **ER4.2.2.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.2.3 Special Notes**

When a beneficiary has more than one helper, the variable HLPRMOST identifies which helper provides the beneficiary with the most help with daily activities. This variable contains missing values for helpers who were a beneficiary's only helper. If a beneficiary with multiple helpers has not indicated which helper provides the most help, then this variable contains missing data for each of the beneficiary's helpers.

Beginning in 2023, the code frame for the variable HLPREL (relationship to helper) aligns with the relationship code frame used by the ER HHCHAR segment.

Most ADL and IADL questions are asked in the HFQ section in the fall round. However, there is one variable, HLPRUSGO (the person who usually accompanies the beneficiary to their provider's office), that is asked in the winter round in the USQ section. As such, HLPRUSGO is not included in the Survey File - Early Release.

## *ER4.2.3 Chronic Conditions (ER\_CHRNCOND)*

### **ER4.2.3.1 Core Content**

The Chronic Conditions segment contains information on whether the beneficiary has a series of chronic and other diagnosed medical conditions such as cancer, high blood pressure, and depression. If the respondent reports that the beneficiary has the condition, a series of follow-up questions is asked.

### **ER4.2.3.2 Variable Definitions**

D\_OCDTYP: This variable indicates type of diabetes and is derived from OCDTYPE and DIAPRGNT. The OCDTYPE categories for "Pre-diabetes" and "Borderline" diabetes are combined into one category for D\_OCDTYP. Beneficiaries who answer "Yes" for DIAPRGNT, which is not released, are coded as "Gestational diabetes" for D\_OCDTYP, unless they indicate for OCDTYPE that they have Type 1 diabetes.

LOSTURIN: "More than once a week" is coded if the beneficiary cannot control urination at all. Leaking urine, especially when the person laughs, strains or coughs, does not qualify as incontinence.

### **ER4.2.3.3 Special Notes**

The HFQ and PVQ sections ask respondents whether they have ever had any of a series of illnesses or conditions in the fall round. Their responses are coded affirmatively if the beneficiary had at some time been diagnosed with the condition, even if the condition had been corrected by time or treatment. The condition

must be reported by the respondent as diagnosed by a physician, not by the respondent. If the respondent is not sure about the definition of a condition, the interviewer offers no advice or information, but records the respondent's answer verbatim.

There are different versions of each illness/condition question depending on whether a respondent is in the Incoming Panel sample or Continuing sample. Incoming Panel sample respondents are asked if a doctor ever told them that they had a specific condition (e.g., hypertension). If the answer is "Yes", then the Incoming Panel respondent is asked if the doctor had told them in the past year that they had the condition.

For illnesses or conditions that cannot change after diagnosis (e.g., Alzheimer's), once an affirmative response is given, respondents are not asked again. However, if a negative response is given, respondents are asked annually thereafter if they had that specific illness or condition in the past year.

For illnesses or conditions that can change after diagnosis or can be reoccurring, such as high blood pressure, respondents are asked annually thereafter if they were diagnosed with that illness or condition in the past year, irrespective of prior responses. All data for a beneficiary from the current survey year and all previous years are used to determine whether the beneficiary has ever been told by a doctor that they had a condition. The ER\_CHRNCOND segment includes variables that indicate whether a beneficiary ever had specific conditions.

The "other specify" questions EMOS and EVROS are back coded as necessary into the "reason for Medicare eligibility" and "type of cancer" response options, respectively, but the verbatim text is not released.

As described in section ER2.2, the hysterectomy item was renamed to HYSTER in the questionnaire in Fall 2023 to reflect the change in the universe of respondents. However, the original variable name, HYSTEREC, is retained in the ER\_CHRNCOND segment.

In 2023, three new variables were added to the ER\_CHRNCOND segment: DRYMOUTH (how often beneficiary experiences dry mouth), TOOTHSEN (how often beneficiary experiences tooth sensitivity), and TEETHGUM (beneficiary's rating of their teeth and gum health).

#### *ER4.2.4 Cognitive Measures (ER\_COGNFUNC)*

##### **ER4.2.4.1 Core Content**

The Cognitive Measures segment contains data on the beneficiary's cognitive abilities collected in the CMQ section administered in the fall rounds. The CMQ contains four cognitive measures, including backwards counting, date naming, object naming, and president/vice president naming.

##### **ER4.2.4.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

##### **ER4.2.4.3 Special Notes**

Special non-response adjustment weights are included in the file to account for survey non-response as these items are only asked of non-proxy respondents.

## *ER4.2.5 COVID-19 Experiences (ER\_COVIDEXP)*

### **ER4.2.5.1 Core Content**

The COVID-19 Experiences segment contains information collected in the CVQ section during the fall round, and it includes data on COVID-19 vaccination, testing, diagnosis, symptoms, and prevention.

For the items collected in the CVQ section during the Winter round, see the COVID-19 Topical (COVIDTOP) segment on the Survey File.

### **ER4.2.5.1 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.5.1 Special Notes**

COVID-19 vaccine data are brought forward from the 2022 Survey File, but no other ER\_COVIDEXP data are combined across interview rounds. The vaccine doses included in ER\_COVIDEXP are those that were reported at or before the beneficiary's Fall 2023 interview.

The "other specify" question CVDOTHER is back coded as necessary into the "why beneficiary didn't seek medical care for coronavirus" response options, but the verbatim text is not released.

In Fall 2023, the code frame at LONGCVD, which collects if the beneficiary had any symptoms lasting three months or longer that they didn't have prior to having COVID-19, was updated to include a "Question does not apply" response for beneficiaries recently diagnosed with COVID-19 (less than three months).

## *ER4.2.6 Demographics (ER\_DEMO)*

### **ER4.2.6.1 Core Content**

The Demographics segment released on the Survey File - Early Release (ER\_DEMO) contains select demographic information collected in the survey as well as demographic information from Medicare Administrative enrollment data and constructed items of interest. Additional demographic data are provided on the Demographics segment released on the Survey File (DEMO).

### **ER4.2.6.2 Variable Definitions**

ADI: The Area Deprivation Index (ADI) is an indicator of the socioeconomic deprivation of geographic areas and is intended for use in evaluating the relationship between socioeconomic factors and health. This index was originally developed using 17 markers of socioeconomic status from the 1990 Census data. The ADI dataset used in this data release was developed by Amy Kind, MD, PhD and her research team at the University of Wisconsin using the same indicators and 2020 Census block group-level data from the American Community Survey (ACS). This dataset contains national percentile rankings at the block group level from 1 to 100 as well as state decile rankings from 1 to 10. Raw ADI values are used to determine percentile and decile rankings. ADI values in the first percentile are the least disadvantaged, and those in the hundredth are the most disadvantaged.<sup>8</sup>

<sup>8</sup> "2020 Area Deprivation Index v3.2," University of Wisconsin School of Medicine and Public Health, <https://www.neighborhoodatlas.medicine.wisc.edu/>.

The MCBS includes two ADI values for each beneficiary, a national-level percentile (ADINATNL) and a state-level decile (ADISTATE). Both rankings are based on the Census block group for the beneficiary's primary residence address. Beneficiaries have a value for each of these variables if their Census block group is found on the ADI dataset.

H\_DOB, H\_DOD, H\_AGE, and D\_STRAT: These four variables are related to the beneficiary's age. The "legal" dates of birth and death from Medicare and the Social Security Administration records are recorded as H\_DOB and H\_DOD, respectively. The variable H\_AGE represents the "legal" age as of December 31, 2023, adjusted for date of death, if present. The variable D\_STRAT groups the beneficiaries by various age categories using H\_AGE. The date of birth, as reported during the Baseline interview, is recorded in ER\_DEMO (D\_DOB).

D\_DOB: When the complete date of birth is entered (D\_DOB) in the MCBS instrument, the CAPI questionnaire automatically calculates the person's age, which is then verified with the respondent. Despite this validation, the date of birth given by the respondent (D\_DOB) does not always agree with the date of birth per CMS records (H\_DOB). In these cases, the beneficiary is asked again in the next interview to provide a date of birth. Some recording errors are identified this way, but in most cases, beneficiaries provide the same date of birth both times they are asked. In some cases, proxies indicate that no one is exactly sure of the correct date of birth. In general, it is recommended that the variable (H\_DOB) be used for analyses, since the CMS date of birth is used to select and stratify the sample.

D\_RACE2: Race categories are self-reported by the respondent. Categories are not suggested by the interviewer, nor does the interviewer try to explain or define any of the groups. Ethnic groups such as Irish or Cuban are not recorded.

H\_CENSUS: The Census division is performed through internal edits by matching the survey respondent's SSA State code to the appropriate Census region. The Census divisions are as follows:

- New England – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- Middle Atlantic – New Jersey, New York, Pennsylvania
- South Atlantic – Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
- East North Central – Illinois, Indiana, Michigan, Ohio, Wisconsin
- West North Central – Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
- East South Central – Alabama, Kentucky, Mississippi, Tennessee
- West South Central – Arkansas, Louisiana, Oklahoma, Texas
- Mountain – Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
- Pacific – Alaska, California, Hawaii, Oregon, Washington

Urban/rural status variables: H\_RUCA indicates overall urban/rural status. H\_RUCA1 and H\_RUCA2 indicate the primary and secondary RUCA codes, respectively (see Exhibits ER4.2.1 and ER4.2.2). This classification scheme provides an alternative to county-based systems for situations where more detailed geographic analysis is feasible. It identifies areas of emerging urban influence and areas where urban-rural classifications overlap, thus providing an exhaustive system of statistical areas for the country.

The ten whole numbers shown in Exhibit ER4.2.1 below refer to the primary, or single largest, commuting share. Metropolitan cores (code 1) are defined as Census tract equivalents of urbanized areas. Micropolitan and small town cores (codes 4 and 7, respectively) are tract equivalents of urban clusters. Tracts are included in urban cores if more than 30 percent of their population is in the urbanized area or urban cluster.

High commuting (codes 2, 5, and 8) means that the largest commuting share is at least 30 percent to a metropolitan, micropolitan, or small town core. Many micropolitan and small town cores themselves (and even a few metropolitan cores) have high enough out-commuting to other cores to be coded 2, 5, or 8; typically,

these areas are not job centers themselves but serve as bedroom communities for a nearby larger city. Low commuting (codes 3, 6, and 9) refers to cases where the single largest flow is to a core but is less than 30 percent. These codes identify "influence areas" of metro, micropolitan, and small town cores, respectively, and are similar in concept to the "nonmetropolitan adjacent" codes found in other Economic Research Service (ERS) classification schemes ([Rural-Urban Continuum Codes](#), [Urban Influence Codes](#)). The last of the general classification codes (10) identifies rural tracts where the primary flow is local or to another rural tract.

**Exhibit ER4.2.1:** Primary RUCA (H\_RUCA1) Codes

Code	Classification description
<b>1</b>	Metropolitan area core: primary flow within an urbanized area (UA)
<b>2</b>	Metropolitan area high commuting: primary flow 30% or more to a UA
<b>3</b>	Metropolitan area low commuting: primary flow 10% to 30% to a UA
<b>4</b>	Micropolitan area core: primary flow within an urban cluster (UC) of 10,000 to 49,999 (large UC)
<b>5</b>	Micropolitan high commuting: primary flow 30% or more to a large UC
<b>6</b>	Micropolitan low commuting: primary flow 10% to 30% to a large UC
<b>7</b>	Small town core: primary flow within an urban cluster of 2,500 to 9,999 (small UC)
<b>8</b>	Small town high commuting: primary flow 30% or more to a small UC
<b>9</b>	Small town low commuting: primary flow 10% to 30% to a small UC
<b>10</b>	Rural areas: primary flow to a tract outside a UA or UC
<b>99</b>	Not coded: Census tract has zero population and no rural-urban identifier information

These ten codes offer a relatively straightforward and complete delineation of metropolitan and nonmetropolitan areas based on the size and direction of primary commuting flows. However, secondary flows may indicate other connections among rural and urban places. Thus, the primary RUCA codes are further subdivided to identify areas where classifications overlap, based on the size and direction of the secondary, or second largest, commuting flow (see Exhibit ER4.2.2). For example, 1.1 and 2.1 codes identify areas where the primary flow is within or to a metropolitan core, but another 30 percent or more commute to a larger metropolitan core. Similarly, 10.1, 10.2, and 10.3 identify rural tracts for which the primary commuting share is local, but more than 30 percent also commute to a nearby metropolitan, micropolitan, or small town core, respectively.



**Exhibit ER4.2.2:** Secondary RUCA (H\_RUCA2) Codes

<b>Code</b>	<b>Classification description</b>
<b>1 Metropolitan area core: primary flow within an urbanized area (UA)</b>	
1.0	No additional code
1.1	Secondary flow 30% to 50% to a larger UA
<b>2 Metropolitan area high commuting: primary flow 30% or more to a UA</b>	
2.0	No additional code
2.1	Secondary flow 30% to 50% to a larger UA
<b>3 Metropolitan area low commuting: primary flow 10% to 30% to a UA</b>	
3.0	No additional code
<b>4 Micropolitan area core: primary flow within an urban cluster (UC) of 10,000 to 49,999 (large UC)</b>	
4.0	No additional code
4.1	Secondary flow 30% to 50% to a UA
<b>5 Micropolitan high commuting: primary flow 30% or more to a large UC</b>	
5.0	No additional code
5.1	Secondary flow 30% to 50% to a UA
<b>6 Micropolitan low commuting: primary flow 10% to 30% to a large UC</b>	
6.0	No additional code
<b>7 Small town core: primary flow within an urban cluster of 2,500 to 9,999 (small UC)</b>	
7.0	No additional code
7.1	Secondary flow 30% to 50% to a UA
7.2	Secondary flow 30% to 50% to a large UC
<b>8 Small town high commuting: primary flow 30% or more to a small UC</b>	
8.0	No additional code
8.1	Secondary flow 30% to 50% to a UA
8.2	Secondary flow 30% to 50% to a large UC
<b>9 Small town low commuting: primary flow 10% to 30% to a small UC</b>	
9.0	No additional code
<b>10 Rural areas: primary flow to a tract outside a UA or UC</b>	
10.0	No additional code
10.1	Secondary flow 30% to 50% to a UA
10.2	Secondary flow 30% to 50% to a large UC
10.3	Secondary flow 30% to 50% to a small UC
<b>99 Not coded: Census tract has zero population and no rural-urban identifier information</b>	

INT\_TYPE: Provides the source for a beneficiary's residence status at the time of interview. In the Survey File - Early Release, all INT\_TYPES are C, which means the respondent only lived in the community and only completed Community-administered survey instruments in each round. INT\_TYPE on the Survey File - Early Release is created as follows: Beneficiaries are assigned an INT\_TYPE if they completed or partially completed an interview in at least one round in 2023. INT\_TYPE is also calculated for beneficiaries who completed an interview, but died or lost entitlement during the data year.

Note that in each data year, some differences by segment will exist (i.e., data may reflect a prior or future calendar year due to the specific questionnaire and reference period used to collect the information).



INT\_TYPE is only constructed using survey-reported data for the benefit year and is not edited to account for data collected in a future or prior data year.

INT\_TYPE is calculated on the benefit year, but data segments may reflect a prior or future calendar year due to the specific questionnaire and reference period used to collect the information. That is, the segment data is collected prior to or after the benefit year designation of INT\_TYPE.

PANEL: Indicates the year of the beneficiary's Baseline interview.

### **ER4.2.6.3 Special Notes**

ER\_DEMO contains all demographic data from both the survey and from CMS administrative records, except for variables on income (INCOME\_H, INCSRCE, INCOME, and IPR) and select variables related to the death of the beneficiary and their spouse/partner (D\_DOD, SURVIVE, and SPSDTH). These variables will be released on DEMO in the Survey File.

The Department of Veterans Affairs (VA) disability rating collected at SPVARATE is a percentage and is expressed in multiples of ten; it refers to disabilities that are officially recognized by the government as service-related. If the VA finds that a Veteran has multiple disabilities, the VA uses a Combined Ratings Table to calculate a combined disability rating (see <https://www.benefits.va.gov/compensation/rates-index.asp#combined>).

## ***ER4.2.7 Diabetes (ER\_DIABETES)***

### **ER4.2.7.1 Core Content**

The Diabetes segment includes survey responses related to diabetes management. Only beneficiaries living in the community who indicated that they had ever been told they have non-gestational diabetes (variable D\_OCDTYP in the Chronic Condition segment) are included in the Diabetes segment. This segment includes beneficiaries who indicated they had been diagnosed with any of these diabetic conditions: Type 1, Type 2, pre-diabetes/borderline diabetes, or other non-gestational type of diabetes.

### **ER4.2.7.2 Variable Definitions**

Frequency of management variables: The Diabetes segment includes five pairs of items that describe the frequency of specific diabetes management behaviors. These behaviors are taking insulin, using an insulin pump, taking prescription or oral diabetes medications, testing blood glucose, and checking for foot sores. The frequency of each behavior is described by a pair of variables, with one set yielding the numeric frequency (variables D\_INSFRQ, D\_INSPMP, D\_MEDFRQ, D\_TSTFRQ, and D\_SORFRQ, respectively). The other set of variables captures the corresponding frequency unit, with the exception of D\_INSPMP (variables INSUUNIT, MEDSUNIT, TESTUNIT, and SOREUNIT, respectively).

### **ER4.2.7.3 Special Notes**

The variables included in the Diabetes segment are centered on diabetes management. It should be noted there are other diabetes-related variables on other segments. For example, the Chronic Conditions segment stores variables relevant to diabetes diagnoses (e.g., OCBETES and D\_OCDTYP). Variables related to diabetes risk and screening (e.g., DIAEVERT, DIARCNT, DIAAWARE, DIARISK, and DIASIGNS) appear in the ER\_PREVCARE segment. The variable pertaining to diabetic retinopathy (RETINEVR) appears in the ER\_VISHEAR segment.

## *ER4.2.8 Falls (ER\_FALLS)*

### **ER4.2.8.1 Core Content**

The Falls segment contains responses related to injuries and attitudes related to falls.

### **ER4.2.8.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.8.3 Special Notes**

The “other specify” question FALOTHOS is back coded as necessary into the “type of injury from fall” response options, but the verbatim text is not released.

## *ER4.2.9 General Health (ER\_GENHLTH)*

### **ER4.2.9.1 Core Content**

The General Health segment contains data regarding a beneficiary’s general health status and functioning such as height and weight.

### **ER4.2.9.2 Variable Definitions**

BMI\_CAT: BMI (Body Mass Index) was calculated using height and weight as-  

$$(WEIGHT*703)/((HEIGHTFT*12+HEIGHTIN)*(HEIGHTFT*12+HEIGHTIN))$$

Then categorized as:

0 < BMI < 18.5 = 1  
 18.5 ≤ BMI < 25 = 2  
 25 ≤ BMI < 30 = 3  
 30 ≤ BMI < 40 = 4  
 BMI ≥ 40 = 5

### **ER4.2.9.3 Special Notes**

For height and weight information at HEIGHTFT, HEIGHTIN, and WEIGHT, the respondent is asked to recall or estimate, not to measure or weigh themselves. In the height measurement, fractions of an inch have been rounded: those one-half inch or more were rounded up to the next whole inch, those less than one-half inch were rounded down. In the weight measurement, fractions of a pound have been rounded: those one-half pound or more were rounded up to the next whole pound, those less than one-half pound were rounded down.

## *ER4.2.10 Health Insurance Summary (ER\_HISUMRY)*

### **ER4.2.10.1 Core Content**

The Health Insurance Summary segment released on the Survey File - Early Release (ER\_HISUMRY) contains a subset of information on administrative plans and their characteristics. Specifically, it includes flags for monthly enrollment, Part D, and dual eligibility status. Additional health insurance data are provided on the Health Insurance Summary segment released on the Survey File (HISUMRY).

There are important caveats to using premium information contained in ER\_HISUMRY. For more details, see the notes below on the H\_PDLS01-12: Low-Income Subsidy Indicator values.

#### ER4.2.10.2 Variable Definitions

H\_DUAL01-12: The variables H\_DUAL01-H\_DUAL12 describe dual eligibility for each month based on state reporting requirements outlined in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). These variables provide more detail regarding the type of Medicaid benefits the beneficiary is entitled to receive and are considered the most accurate source of information on enrollee status. Specific types of dual eligibility identified by these variables are as follows, where the applicable month is MM:

- Qualified Medicare Beneficiaries without other Medicaid (QMB-only) – These individuals are entitled to Medicare Part A, have an income of 100 percent of the Federal poverty level (FPL) or less, have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and to the extent consistent with the Medicaid State plan, Medicare deductibles, and coinsurance for Medicare services provided by Medicare providers. [Partial benefit; H\_DUALMM=01]
- Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus) – These individuals are entitled to Medicare Part A, have an income of 100 percent FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits. [Full benefit; H\_DUALMM=02]
- Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only) – These individuals are entitled to Medicare Part A, have an income of greater than 100 percent FPL but less than 120 percent FPL, have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. [Partial benefit; H\_DUALMM=03]
- Specified Low-Income Medicare Beneficiaries plus full Medicaid (SLMB-Plus) – These individuals are entitled to Medicare Part A, have an income of greater than 100 percent FPL but less than 120 percent FPL, have resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part B premiums and provides full Medicaid benefits. [Full benefit; H\_DUALMM=04]
- Qualified Disabled and Working Individuals (QDWI) – These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have an income of 200 percent FPL or less, have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only. [Partial benefit; H\_DUALMM=05]
- Qualifying Individuals (QI) – There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have an income of at least 120 percent FPL but less than 135 percent FPL, have resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. [Partial benefit; H\_DUALMM=06]
- Other full benefit dually eligible/Medicaid Only Dually Eligibles (Non-QMB, -SLMB, -QDWI, -QI) – These individuals are entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits. They are not eligible for Medicaid as a QMB, SLMB, QDWI, or QI. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost sharing liability. Payment by Medicaid of Medicare Part B premiums is a state option. [Full benefit; H\_DUALMM=08]

H\_MAFF01-12: The MA flag variables are the most reliable indicators for monthly MA information. This information is sourced from the CMS administrative data.

H\_OPMDCD: This variable provides a summary of annual Medicare-Medicaid dual eligibility based on the state Medicare Modernization Act (MMA) files.

Beneficiaries are assigned a dually eligible status if they are Medicaid eligible for at least one month. Specific eligibility (full, partial, or QMB) is determined by the beneficiary's status in the last month of eligibility for the year (for definitions, see option C below in Special Notes for HISUMRY for Full-benefit vs. Partial-benefit vs. QMB-only). QMB beneficiaries include Qualified Medicare Beneficiaries without other Medicaid (QMB-only). The "partial benefit" beneficiaries include: Specified Low-Income Medicare Beneficiaries without other Medicaid (SLMB-only), Qualified Disabled and Working Individuals (QDWI), and Qualifying Individuals (QI). The "full benefit" beneficiaries include: Qualified Medicare Beneficiaries plus full Medicaid (QMB-Plus), Specified Low-Income Medicare Beneficiaries (SLMB-Plus), and all other full benefit beneficiaries (Non-QMB, -SLMB, -QDWI, -QI).

H\_PDLS01-12: Low-Income Subsidy Indicator values: When conducting data analysis with the variables H\_PDLS01-12 from the 2013 and earlier files and the 2015 and later files, you will need to recode the 2015 and later data to the previous values. See the *2018 and 2019 Data User's Guides: Survey File* for recoding guidance. The eligible categories are beneficiaries who are deemed eligible, and these beneficiaries are automatically enrolled.

### ER4.2.10.3 Special Notes

When describing dually eligible enrollees, users typically define and present analyses separately for two subgroups: full-benefit and partial-benefit. However, some users may wish to pull the QMB-only beneficiaries out of the partial-benefit group to create a third classification. Therefore, the H\_DUAL01-H\_DUAL12 variables may be used to group Medicare-Medicaid enrollees into one, two or three categories, as follows:

A. No delineation:

All Medicare-Medicaid (dually eligible) enrollees: H\_DUAL01-H\_DUAL12 in (01, 02, 03, 04, 05, 06, 08)

B. Full-benefit vs. Partial-benefit:

Partial-benefit: H\_DUAL01-H\_DUAL12 in (01, 03, 05, 06)

Full-benefit: H\_DUAL01-H\_DUAL12 in (02, 04, 08)

C. Full-benefit vs. Partial-benefit vs. QMB-only:

QMB-only: H\_DUAL01-H\_DUAL12 = 01

Partial-benefit (non-QMB): H\_DUAL01-H\_DUAL12 in (03, 05, 06)

Full-benefit: H\_DUAL01-H\_DUAL12 in (02, 04, 08)

For detailed information on how the HITLINE and ER\_HISUMRY/HISUMRY segments differ from the previously released RICs (i.e., RICs 4 and A), see the *2018 and 2019 Data User's Guides: Survey File*.

### ER4.2.11 Household Characteristics (ER\_HHCHAR)

#### ER4.2.11.1 Core Content

The Household Characteristics segment includes beneficiaries who resided in a community setting as of their last complete interview and contains information about the beneficiary's household composition and residence. For each calendar year, this segment reflects the latest available data on the size of the household and the age and relationship of household members. Information about the beneficiary's physical residence is collected at the Baseline interview and updated as necessary.

### ER4.2.11.2 Variable Definitions

D\_HHTOT: Reflects the total number of people living in the household.

D\_COMPHH: Reflects the composition of the household members.

D\_SEXSPP: Indicates the sex when a spouse or partner is identified in D\_COMPHH as a member of the household.

D\_HHLT50 and D\_HHGE50: Indicate the number of people in the household under the age of 50 and the number of people 50 years of age or above, respectively. These numbers may include the beneficiary.

D\_HHLT18: Indicates the number of people under the age of 18 who are related to the beneficiary.

### ER4.2.11.3 Special Notes

CMS defines a household as a group of individuals, either related or not, who live together and share one kitchen. This may be one person living alone, a head of household and relatives only, or a head of household living with relatives, boarders, and any other unrelated individual living under the same roof, sharing the same kitchen.

Household membership includes all persons who currently live at the household or who normally live there but are away temporarily. For example, unmarried students away at school or family members away receiving medical care are included. Visitors in the household who will be returning to a different home at the end of the visit are not included. Generally, if there is any question about the composition of the household, the respondent's response is accepted.

Because the date of birth is sometimes unknown (perhaps because a proxy provided the information), the sum of the variables "number under 50"/"number 50 or older" (D\_HHLT50/D\_HHGE50) may not equal the total number of people in the household (D\_HHTOT).

Data on certain characteristics of the residence (e.g., number of levels) is collected during the Baseline interview and carried forward unless a beneficiary moved or had a Facility stay prior to returning to the Community. Information about other characteristics of the residence (e.g., availability of personal care services) is updated annually during the fall interview.

Only beneficiaries living in the community who are responding to a Continuing interview are in the universe for the question SPMOVED, "Has the SP moved since the last Fall Round data collection date?". For this reason, data users are encouraged to use the longitudinal weights (on the Survey File LDS) if they wish to utilize this variable in analysis. The reference period for this variable is going to be longer for beneficiaries whose last fall interview was in a facility and beneficiaries who missed the last fall interview.

The "other specify" questions DWELLOS and HCOMUNOS are back coded as necessary into the "description of beneficiary's housing" response options, but the verbatim text is not released.

Full date of birth is only collected for the beneficiary and their spouse or partner. Logic at variable EHHD0BDD hides the "day" field if the household member is anyone other than the beneficiary's partner or spouse.

## *ER4.2.12 Mental Health (ER\_MENTHLTH)*

### **ER4.2.12.1 Core Content**

The Mental Health segment contains survey responses regarding the beneficiary's mental health such as feelings of anxiety or depression.

### **ER4.2.12.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.12.3 Special Notes**

Generalized Anxiety Disorder scale (GAD-2): Two items labeled with "GAD" comprise the GAD-2 scale, which is a screening tool for generalized anxiety.

Patient Health Questionnaire (PHQ-9): Items labeled with "PHQ" are taken from the PHQ-9, which is a screening tool for depression. The MCBS does not collect the ninth item on the PHQ-9, which asks about suicidal ideation, but does include the PHQ-9 follow-up question that asks about the overall difficulty caused by depression (ER\_MENTHLTH item PHQPRDIF).

## *ER4.2.13 Mobility (ER\_MOBILITY)*

### **ER4.2.13.1 Core Content**

The Mobility segment contains information on the beneficiary's use of available transportation options and whether the beneficiary's health affects their daily travel.

### **ER4.2.13.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.13.3 Special Notes**

N/A

## *ER4.2.14 Nagi Disability (ER\_NAGIDIS)*

### **ER4.2.14.1 Core Content**

The Nagi Disability segment contains information on the beneficiary's difficulties with performing ADLs and IADLs, including which ADLs and IADLs the beneficiary has difficulty performing, how long the beneficiary has experienced these difficulties, whether the beneficiary has received any help or used supportive equipment to perform ADLs or IADLs, and the total number of persons who have helped the beneficiary, if applicable.

### **ER4.2.14.2 Variable Definitions**

ADL and IADL measures: The MCBS asks respondents whether they have any difficulty performing 12 activities. Their answers about difficulty performing the IADLs (PRBTELE, PRBLHWK, PRBHHWK, PRBMEAL, PRBSHOP, and PRBBILS) and ADLs (HPPDBATH, HPPDDRES, HPPDEAT, HPPDCHAR, HPPDWALK, and HPPDPTOIL) reflect whether or not the beneficiary usually has difficulty and anticipates continued trouble with these tasks, even if a short-term injury made them temporarily difficult.



“Difficulty” in these questions has a qualified meaning. Only difficulties associated with a health or physical problem are considered. If a beneficiary only performed an activity with help from another person (including just needing to have the other person present while performing the activity), then that respondent is deemed to have difficulty with the activity.

Help from another person includes a range of helping behaviors. The concept encompasses personal assistance in physically doing the activity, instruction, supervision, and “standby” help. These questions are asked in the present tense; the difficulty may have been temporary or may be chronic. Vague or ambiguous answers, such as “Sometimes I have difficulty,” are coded “yes.”

**D\_ADLHNM:** D\_ADLHNM stores the number of persons helping the beneficiary with ADLs and/or IADLs. D\_ADLHNM is derived by counting the number of helper rows for a BASEID.

**D\_MODTIM:** The length of time the beneficiary spent doing moderate activities (e.g., golf, gardening) is collected in number of minutes/day, hours/day, hours/week, or hours/month. The length of time is stored in a continuous variable while the corresponding unit is stored in a categorical variable. These variables are used to derive D\_MODTIM, the number of hours per week the beneficiary spent doing moderate activities.

**D\_MUSTIM:** The length of time the beneficiary spent increasing muscle strength (e.g., lifting weights, yoga) is collected in number of minutes/day, hours/day, hours/week, or hours/month. The length of time is stored in a continuous variable while the corresponding unit is stored in a categorical variable. These variables are used to derive D\_MUSTIM, the number of hours per week the beneficiary spent increasing muscle strength.

**D\_VIGTIM:** The length of time the beneficiary spent doing vigorous activities (e.g., running, aerobics) is collected in number of minutes/day, hours/day, hours/week, or hours/month. The length of time is stored in a continuous variable while the corresponding unit is stored in a categorical variable. These variables are used to derive D\_VIGTIM, the number of hours per week the beneficiary spent doing vigorous activities.

**HPPDBATH:** Beneficiaries who have difficulty bathing or showering without help met at least one of the following criteria:

- someone else washes at least one part of the body
- someone else helps the person get in or out of the tub or shower or helps get water for a sponge bath
- someone else gives verbal instruction, supervision, or stand-by help
- the person uses special equipment such as handrails or a seat in the shower stall
- the person never bathes at all (a highly unlikely possibility)
- the person receives no help, uses no special equipment or aids, but acknowledges having difficulty

**HPPDDRES:** Dressing is the overall complex behavior of getting clothes from closets and drawers and then putting the clothes on. Tying shoelaces and putting on socks or hose are not considered part of dressing. Special dressing equipment includes items such as button hooks, zipper pulls, long-handled shoe horns, tools for reaching, and any clothing made especially for accommodating a person's limitations in dressing, such as Velcro fasteners or snaps.

**HPPDEAT:** A person eats without help if he or she can get food from the plate into the mouth. A person who does not ingest food by mouth (that is, is fed by tube or intravenously) is not considered to eat at all. Special eating equipment includes such items as a special spoon that guides food into the mouth, a forked knife, a plate guard, or a hand splint.

**PRBBILS:** Managing money refers to the overall complex process of paying bills, handling simple cash transactions, and generally keeping track of money coming in and money going out. It does not include

managing investments, preparing tax forms, or handling other financial activities for which members of the general population often seek professional advice.

**PRBLHWK and PRBHHWK:** The distinction between light housework (PRBLHWK) and heavy housework (PRBHHWK) is made clear by examples. Washing dishes, straightening up and light cleaning represent light housework; scrubbing floors and washing windows represent heavy housework. The interviewer is not permitted to interpret the answer in light of the degree of cleanliness of the dwelling.

**PRBMEAL:** "Preparing meals" includes the overall complex behavior of cutting up, mixing, and cooking food. The amount of food prepared is not relevant, so long as it would be sufficient to sustain a person over time. Reheating food prepared by someone else does not qualify as "preparing meals."

**PRBSHOP:** Shopping for personal items means going to the store, selecting the items, and getting them home. Having someone accompany the beneficiary would qualify as help from another person.

**PRBTELE:** Using the telephone includes the overall complex behavior of obtaining a phone number, dialing the number, talking and listening, and answering the telephone.

### **ER4.2.14.3 Special Notes**

Six global disability questions are released to comply with HHS guidance DISDECSN, DISWALK, DISBATH, and DISERRND on the ER\_NAGIDIS segment. Variables DISHEAR and DISSEE are included on the ER\_VISHEAR segment.

For beneficiaries with identified helpers, information about the persons responsible for assisting with the beneficiary's performance of ADLs and IADLs is found in the ER\_ASSIST segment.

## *ER4.2.15 Nicotine and Alcohol (ER\_NICOALCO)*

### **ER4.2.15.1 Core Content**

The Nicotine and Alcohol segment contains information on the prevalence and frequency of alcohol and nicotine use (including cigarettes, e-cigarettes, cigars, pipe tobacco, and smokeless tobacco).

### **ER4.2.15.2 Variable Definitions**

Please see the Codebook for information regarding variables in this segment.

### **ER4.2.15.3 Special Notes**

Affirmative responses indicating former or current use of inhaled tobacco products (cigar, cigarette, smokeless tobacco, pipe tobacco, and e-cigarettes) or alcohol are pulled forward to the current data year variables (i.e., CIGARONE, CIGAR50, CIG100, SMKLSONE, PIPEONE, ECIGONE, and ALCLIFE).

## *ER4.2.16 Patient Activation (ER\_PNTACT)*

### **ER4.2.16.1 Core Content**

The Patient Activation segment contains data that can be used to assess the degree to which beneficiaries actively participate in their own health care and the decisions concerning their health care, measuring if beneficiaries receive information about their health and Medicare and if they understand the information in a way that makes it useful.



## ER4.2.16.2 Variable Definitions

Please see the Codebook for information regarding variables in this segment.

## ER4.2.16.3 Special Notes

Special non-response adjustment weights are included in the file to account for survey non-response as these items are only asked of non-proxy respondents.

### *ER4.2.17 Preventive Care (ER\_PREVCARE)*

#### ER4.2.17.1 Core Content

The Preventive Care segment provides data on the beneficiary's use of preventive services, including getting a mammogram, Pap smear, prostate screening, diabetes screening, colon cancer screening, blood pressure screening, and HIV testing.

#### ER4.2.17.2 Variable Definitions

Please see the Codebook for information regarding variables in this segment.

#### ER4.2.17.3 Special Notes

Certain PVQ items are collected only in the fall, including questions about getting a mammogram, Pap smear, prostate test, blood pressure screening, hysterectomy, and HIV testing, and are released on the Preventive Care segment. Other PVQ items are collected only in the summer (whether the beneficiary received a pneumonia shot or the shingles vaccine), while the seasonal flu vaccine items are asked in the winter and summer rounds; these items will be released on a new immunization segment in the 2023 Survey File LDS.

The "other specify" questions MAMNOTHS, PAPOTHR, and PRONOTHS are back coded as necessary into the reason(s) for not getting a mammogram, Pap smear, or prostate test respectively, but the verbatim text is not released.

As described in ER2.2, the Pap smear items were renamed in the questionnaire in Fall 2023 to reflect the change in the universe of respondents. The variable names were changed as follows in the ER\_PREVCARE segment. Note, the variable PAPNHYST (no Pap because beneficiary had a hysterectomy) was dropped as a result of the questionnaire change.

- |                      |                      |                      |
|----------------------|----------------------|----------------------|
| ■ PAPSMEAR → PAPTEST | ■ PAPNREC → PAPREC   | ■ PAPNHEAR → PAPHEAR |
| ■ PAPNNEED → PAPNEED | ■ PAPNLIKE → PAPLIKE | ■ PAPNAPPT → PAPAPP  |
| ■ PAPNANUL → PAPANU  | ■ PAPNLOCA → PAPLOC  | ■ PAPNILL → PAPILL   |
| ■ PAPNGET → PAPCAN   | ■ PAPNMISS → PAPMISS | ■ PAPNOTHR → PAPOTH  |
| ■ PAPNRISK → PAPRISK | ■ PAPNCOST → PAPCOST |                      |
| ■ PAPNPRES → PAPPRES | ■ PAPNFEAR → PAPFEAR |                      |

### *ER4.2.18 Satisfaction with Care (ER\_SATWCARE)*

#### ER4.2.18.1 Core Content

The Satisfaction with Care segment contains data from the SCQ section on satisfaction with different aspects of medical care, such as cost and the information provided by the beneficiary's medical care provider. The questions about satisfaction with care represent the respondent's general opinion of all medical care received in the year preceding the interview.

## ER4.2.18.2 Variable Definitions

Please see the Codebook for information regarding variables in this segment.

## ER4.2.18.3 Special Notes

N/A

### *ER4.2.19 Vision and Hearing (ER\_VISHEAR)*

#### ER4.2.19.1 Core Content

The Vision and Hearing segment contains information on the beneficiary's eye health and hearing status.

#### ER4.2.19.2 Variable Definitions

Please see the Codebook for information regarding variables in this segment.

#### ER4.2.19.3 Special Notes

The "other specify" question EDOCTYOS is back coded as necessary into a variable (EDOCTYPE) capturing the type of doctor the beneficiary saw at their last eye exam, but the verbatim text is not released.

Six global disability questions are released to comply with HHS guidance. DISHEAR and DISSEE are included on the ER\_VISHEAR segment. Variables DISDECSN, DISWALK, DISBATH, and DISERRND are included on the ER\_NAGIDIS segment.

### *ER4.2.20 Weights*

For information about the ever enrolled cross-sectional weights available in the Survey File - Early Release LDS and obtaining weighted estimates using these files, please see section ER3.3.

For discussion on how the weights files were created, please refer to the prior *MCBS Methodology Reports*, which can be found on the CMS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

## ER4.3 2023 MCBS Survey File - Early Release LDS Segment Crosswalk

Exhibit ER4.3.1 crosswalks the 2023 Survey File - Early Release LDS segments against their historic RIC segments counterparts (as released prior to data year 2015).

### **Exhibit ER4.3.1:** 2023 MCBS Survey File - Early Release LDS Segment Crosswalk

<b>Survey File - Early Release Segment</b>	<b>Segment Abbrev</b>	<b>Historic RIC Segment</b>
Access to Care	ER_ACCESSCR	3
Assistance	ER_ASSIST	2H
Chronic Conditions	ER_CHRNCOND	2, 2P
Cognitive Measures	ER_COGNFUNC	N/A
COVID-19 Experiences	ER_COVIDEXP	N/A
Demographics	ER_DEMO	1, 9, A, K

<b>Survey File - Early Release Segment</b>	<b>Segment Abbrev</b>	<b>Historic RIC Segment</b>
Diabetes	ER_DIABETES	N/A
Falls	ER_FALLS	2, 2P
General Health	ER_GENHLTH	2
Health Insurance Summary	ER_HISUMRY	4, A
Household Characteristics	ER_HHCHAR	5
Mental Health	ER_MENTHLTH	N/A
Mobility	ER_MOBILITY	N/A
Nagi Disability	ER_NAGIDIS	2, 2H, 2P
Nicotine and Alcohol	ER_NICOALCO	2, 2P
Patient Activation	ER_PNTACT	PA
Preventive Care	ER_PREVCARE	2, 2P
Satisfaction with Care	ER_SATWCARE	3
Vision and Hearing	ER_VISHEAR	2
Survey File - Early Release Weights	ER_EVRWGTS	N/A

## APPENDIX A. REFERENCES

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