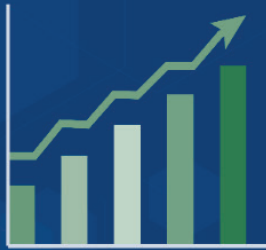


2024 | DATA YEAR RELEASE NOTES



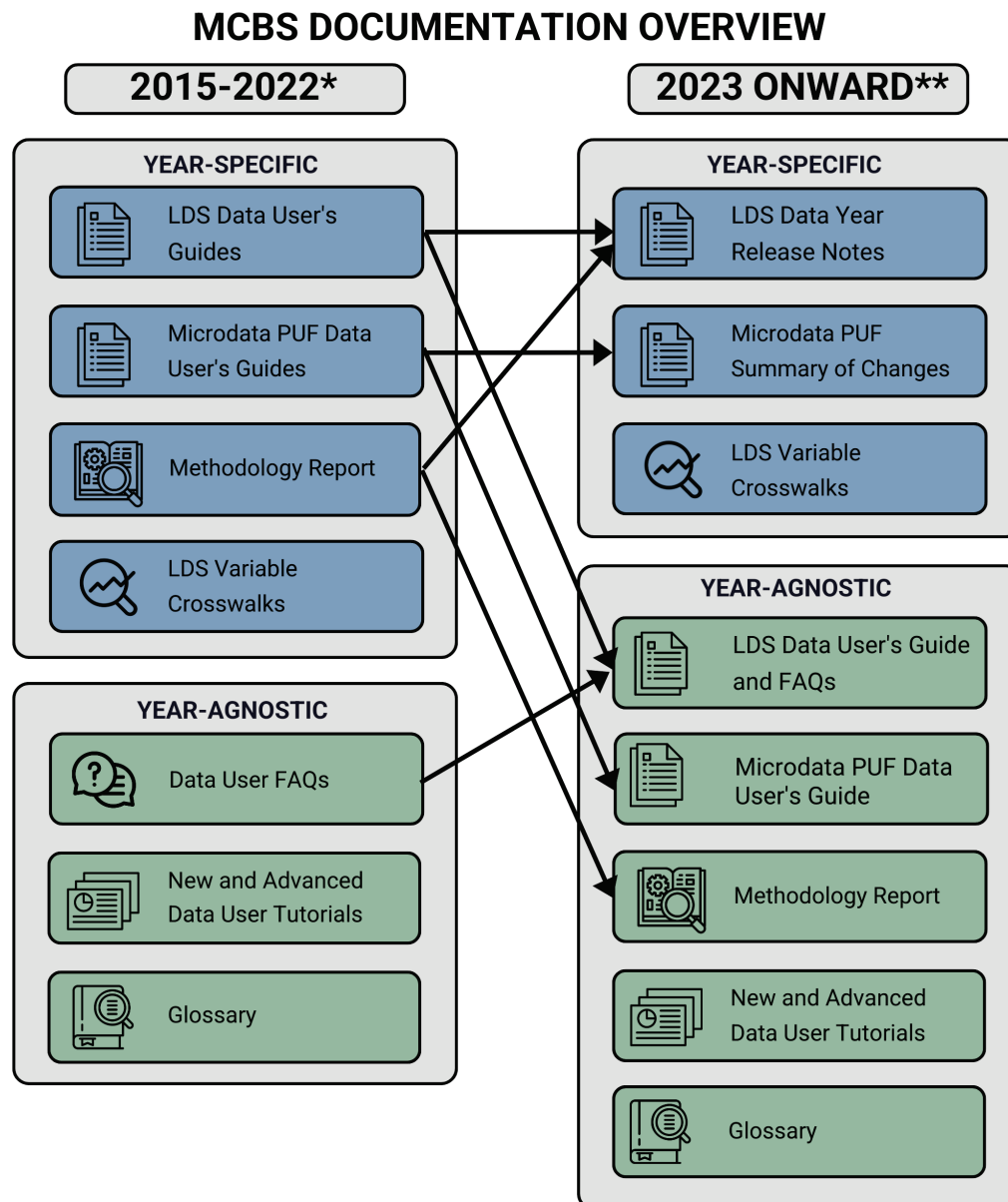
Centers for Medicare & Medicaid Services (CMS)
Office of Enterprise Data and Analytics (OEDA)

Version Control Log

Date	Version	Revisions
08/29/2025	1.0	Initial version published for 2024 Survey File - Early Release LDS.
07/02/2026	1.1	Content added for 2024 Survey File 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>.



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.

** Beginning with the 2023 MCBS LDS, the *LDS Data Year Release Notes* and *New User Tutorial* are the recommended starting points for new researchers.

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ACRONYM LIST

ACCESSCR	Survey File Access to Care segment
ACCSSMED	Survey File Access to Care, Medical Appointments segment
ACQ	Access to Care Questionnaire
ADLs	Activities of Daily Living
ADMNUTLS	Survey File Administrative Utilization Summary segment
AR	Administrative Records
ASEC	Annual Social and Economic (Supplement)
ASSIST	Survey File Assistance segment
BQ	Background Questionnaire
CCN	CMS Certification Number
CCW	CMS Chronic Conditions Warehouse
CENWGTS	Survey File Continuously enrolled weights
CHRNCDL	Survey File Chronic Conditions Flags segment
CHRNCOND	Survey File Chronic Conditions segment
CHRNPAIN	Survey File Chronic Pain segment
CMS	Centers for Medicare & Medicaid Services
CMQ	Cognitive Measures Questionnaire
COGNFUNC	Survey File Cognitive Measures segment
COVIDEXP	Survey File COVID-19 Experiences segment
COVIDTOP	Survey File COVID-19 Topical segment
CPQ	Chronic Pain Questionnaire
CPS	Charge Payment Summary Questionnaire (or Current Population Survey)
CQ	Community Questionnaire
CS	Cost Supplement File
CV	COVID-19 Beneficiary Questionnaire
CVQ	COVID-19 Questionnaire
DBQ	Debt Questionnaire
DEMO	Survey File Demographics segment
DIABETES	Survey File Diabetes segment
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
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_NPWGTS	Survey File - Early Release non-proxy adjustment weights
ER_ORALHLTH	Survey File - Early Release Oral Health 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
EOB	Explanation of Benefits
EX	Expenditures Questionnaire
EVRWGTS	Survey File Ever enrolled weights
FACASMNT	Survey File Facility Assessments segment
FACCHAR	Survey File Facility Characteristics segment
FAE	Survey File Facility Events segment
FALLS	Survey File Falls segment
FALLSUP	Fall 2025 Pulse Supplement segment
FC	COVID-19 Facility-Level Questionnaire
FFS	Fee-for-Service
FI	Facility Instrument
FNCEWGTS	Cost Supplement File Ever enrolled Fall non-proxy adjustment weights
FNSCWGTS	Survey File Continuously enrolled Fall non-proxy adjustment weights
FNSEWGTS	Survey File Ever enrolled Fall non-proxy adjustment weights
FOODINS	Survey File Food Insecurity segment
FQ	Facility Questionnaire
GENHLTH	Survey File General Health segment
HAQ	Housing Characteristics Questionnaire
HFQ	Health Status and Functioning Questionnaire
HH	Home health events
HHCHAR	Survey File Household Characteristics segment
HHQ	Home Health Utilization Questionnaire
HHS	Home Health Summary Questionnaire
HIQ	Health Insurance Questionnaire
HISUMRY	Survey File Health Insurance Summary segment
HITLINE	Survey File Health Insurance Timeline segment
HS	Health Status Questionnaire
HUE	Survey File Hearing Utilization Events segment
IADLs	Instrumental Activities of Daily Living
IAQ	Income and Assets Questionnaire
ID	Identification
IMQ	Survey File Immunization segment
IN	Health Insurance Questionnaire
INCASSET	Survey File Income, Assets, and Debt segment
INQ	Introduction Questionnaire
INTERV	Survey File Interview Characteristics segment
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)
LIHEAP	Low-Income Home Energy Assistance Program
LIS	Low Income Subsidy
LNG2WGTS	Survey File Longitudinal weights (2-year)
LNG3WGTS	Survey File Longitudinal weights (3-year)
LNG4WGTS	Survey File Longitudinal weights (4-year)
MA	Medicare Advantage
MAPLANQX	Survey File Medicare Advantage Plan Questions segment
MBQ	Mobility of Beneficiaries Questionnaire
MCBS	Medicare Current Beneficiary Survey
MCREPLNQ	Survey File Medicare Beneficiary Knowledge segment
MDS	Minimum Data Set
MDS3	Survey File Minimum Data Set segment
MENTHLTH	Survey File Mental Health segment
MOBILITY	Survey File Mobility segment
MPQ	Medical Provider Utilization Questionnaire
MSP	Medicare Savings Program
MYENROLL	Survey File Multiple Year Enrollment segment
NAGIDIS	Survey File Nagi Disability segment
NAQ	Nicotine and Alcohol Use Questionnaire
NHIS	National Health Interview Survey
NICOALCO	Survey File Nicotine and Alcohol segment
NORC	NORC at the University of Chicago
NSQ	No Statement Charge Questionnaire
OASIS	Survey File Outcome and Assessment Information segment
OEDA	Office of Enterprise Data and Analytics
OHIP-5	Oral Health Impact Profile 5-item scale
OMB	Office of Management and Budget
OMQ	Other Medical Expenses Utilization Questionnaire
OPQ	Outpatient Utilization Questionnaire
ORALHLTH	Survey File Oral Health segment
PAQ	Patient Activation Questionnaire
PDP	Prescription Drug Plan
PMQ	Prescribed Medicine Questionnaire
PNTACT	Survey File Patient Activation segment
PREVCARE	Survey File Preventive Care segment
PSQ	Post-Statement Charge Questionnaire
PUF	Public Use File
PVQ	Preventive Care Questionnaire
PXQ	Physical Measures Questionnaire
RESTMLN	Survey File Residence Timeline segment
RH	Residence History Questionnaire
RIC	Record Identification Code
RSV	Respiratory syncytial virus
RXMED	Survey File RX Medications segment
RXQ	Drug Coverage Questionnaire
SAS	Statistical Analysis System
SATWCARE	Survey File Satisfaction with Care segment
SCEWGTS	Cost Supplement File Ever enrolled Summer nonresponse adjustment weights
SCF	Sample Control File (or Survey of Consumer Finances)
SCQ	Satisfaction with Care Questionnaire

SF	Survey File
SIPP	Survey of Income and Program Participation
SNAP	Supplemental Nutrition Assistance Program
SNF	Skilled Nursing Facility
SNCEWGTS	Cost Supplement File Ever enrolled Summer non-proxy, nonresponse adjustment weights
SNSCWGTS	Survey File Continuously enrolled Summer non-proxy, nonresponse adjustment weights
SNSEWGTS	Survey File Ever enrolled Summer non-proxy, nonresponse adjustment weights
SSCWGTS	Survey File Continuously enrolled Summer nonresponse adjustment weights
SSEWGTS	Survey File Ever enrolled Summer nonresponse adjustment weights
SSI	Supplemental Security Income
STQ	Statement Cost Series Questionnaire
TELEMED	Survey File Telemedicine segment
TLQ	Telemedicine Questionnaire
US	Use of Health Services Questionnaire
USCARE	Survey File Usual Source of Care segment
USQ	Usual Source of Care Questionnaire
VISHEAR	Survey File Vision and Hearing segment
VRDC	Virtual Research Data Center
WCEWGTS	Cost Supplement File Ever enrolled Winter nonresponse adjustment weights
WSCWGTS	Survey File Continuously enrolled Winter nonresponse adjustment weights
WSEWGTS	Survey File Ever enrolled Winter nonresponse adjustment weights

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).¹ 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 Guide* and *Methodology Report*.

Beginning with the 2023 data year, CMS releases five sets of MCBS files annually, three Limited Data Sets (LDS)² and two Microdata Public Use Files (PUFs). Exhibit 1.1 provides an overview of the 2024 LDS releases: Survey File - Early Release, Survey File, and Cost Supplement File. The data within the LDS releases are organized into data segments.

Exhibit 1.1: Overview of 2024 MCBS Limited Data Sets

	Survey File - Early Release	Survey File	Cost Supplement File
File Contents	Timely fall 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	- Fall data released on the Survey File - Early Release as well as annualized data on topics such as health insurance coverage - Data on additional topics (e.g., income, debt, knowledge of the Medicare program, etc.) collected in the winter and summer rounds of the next calendar year - Facility information, administrative records and assessment data, and Fee-for-Service (FFS) claims data	- Comprehensive accounting of beneficiaries' health care use, expenditures, and sources of payment - Linked survey-reported and Medicare FFS and Part D claims data
Data Collection Timeframe	Fall only	Annualized	Annualized

¹ The MCBS is authorized by section 1875 (42 USC 1395II) 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.

² 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 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
Population Represented	Community only	Community and facility	Community and facility
Weights Available	Cross-sectional ever enrolled and select Topical weights	Cross-sectional ever enrolled, cross-sectional continuously enrolled, longitudinal, and Topical weights	Cross-sectional ever enrolled and longitudinal 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
Intended for Analysis with Other MCBS LDS Files?	No	Yes (with Cost Supplement File)	Yes (with Survey File)
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 on the data release, can be found at <https://data.cms.gov/medicare-current-beneficiary-survey-mcbs>.

For questions or suggestions on this document or other MCBS data-related questions, please email MCBS@cms.hhs.gov.

1.1 Contents of the Data Year Release Notes

The *2024 Data Year Release Notes* contains 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 *2024 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 *2024 Data Year Release Notes*:

- Section 2: This section provides information on sampling, questionnaires, interviewing, data collection, and data releases for the 2024 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 SF: 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 CS: 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.

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.³ 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 2024, Summer 2024, and Fall 2024 for 2024).
- The *data year* refers to the data collected over the three years that are included in the LDS release (e.g., 2023, 2024, and 2025 for the 2024 LDS).

1.2 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. For additional information on data access and the DUA process, including instructions for accessing and using EPPE to order LDS files and pricing information, 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>. Each MCBS LDS data release contains multiple files (or segments) that are linkable through a key identification variable (BASEID).

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

1.4 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 with questions regarding obtaining or using the data. Exhibit 1.4.1 provides links to MCBS documentation and other data user resources.

Exhibit 1.4.1: Table of Links to MCBS Documentation and Resources

MCBS Resources	Links
CMS MCBS website	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey
MCBS LDS file ordering information	https://www.cms.gov/data-research/files-for-order/data-disclosures-and-data-use-agreements-duas/limited-data-set-lds
MCBS Microdata PUFs	https://data.cms.gov/medicare-current-beneficiary-survey-mcbs
CMS Chronic Conditions Warehouse (CCW)	https://www.ccwdata.org/web/guest/home/
MCBS Documentation: Data Year Release Notes, Summary of Changes, Data User's Guides, Methodology Reports, Codebooks, and LDS Variable Crosswalks	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks
PUF Table Packages and Chartbook PDFs	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-tables
Early Look, Data Briefs, Infographics, and Tutorials	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-briefs-tutorials
Bibliography	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/bibliography
Questionnaires and Questionnaire Documentation	https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires

2. 2024 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 2024 MCBS LDS include some data collected in 2023 that are carried forward to fill in data for 2024 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 2025 are “pulled back” for inclusion in the 2024 LDS because the section’s reference period extends back to 2024. 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 Guide* 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 2024 LDS.

Exhibit 2.1.1: 2024 Data Year MCBS Community Core Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS ⁵	Data Collection Schedule
Socio-Demographics	IAQ	Income and Assets	SF	Summer 2025
	DIQ	Demographics/Income	ER, SF	Fall 2024, Baseline Interview
Health Insurance	HIQ	Health Insurance	ER, SF	All Seasons
Utilization*	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
Cost*	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
Experiences with Care	ACQ	Access to Care	SF	Winter 2025
	SCQ	Satisfaction with Care	ER, SF	Fall 2024
	TLQ	Telemedicine	SF	Winter 2025
	USQ	Usual Source of Care	SF	Winter 2025

Section Group	Abbr.	Section Name	LDS [§]	Data Collection Schedule
Health Status	HFQ	Health Status and Functioning	ER, SF	Fall 2024
	CMQ	Cognitive Measures	ER, SF	Fall 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 2024, only persons in the 2021, 2022, and 2023 Panels received the Core sections about health care utilization and health care costs.

[§]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 2024 LDS.

Exhibit 2.1.2: 2024 Data Year MCBS Community Topical Sections by Data File and Data Collection Schedule

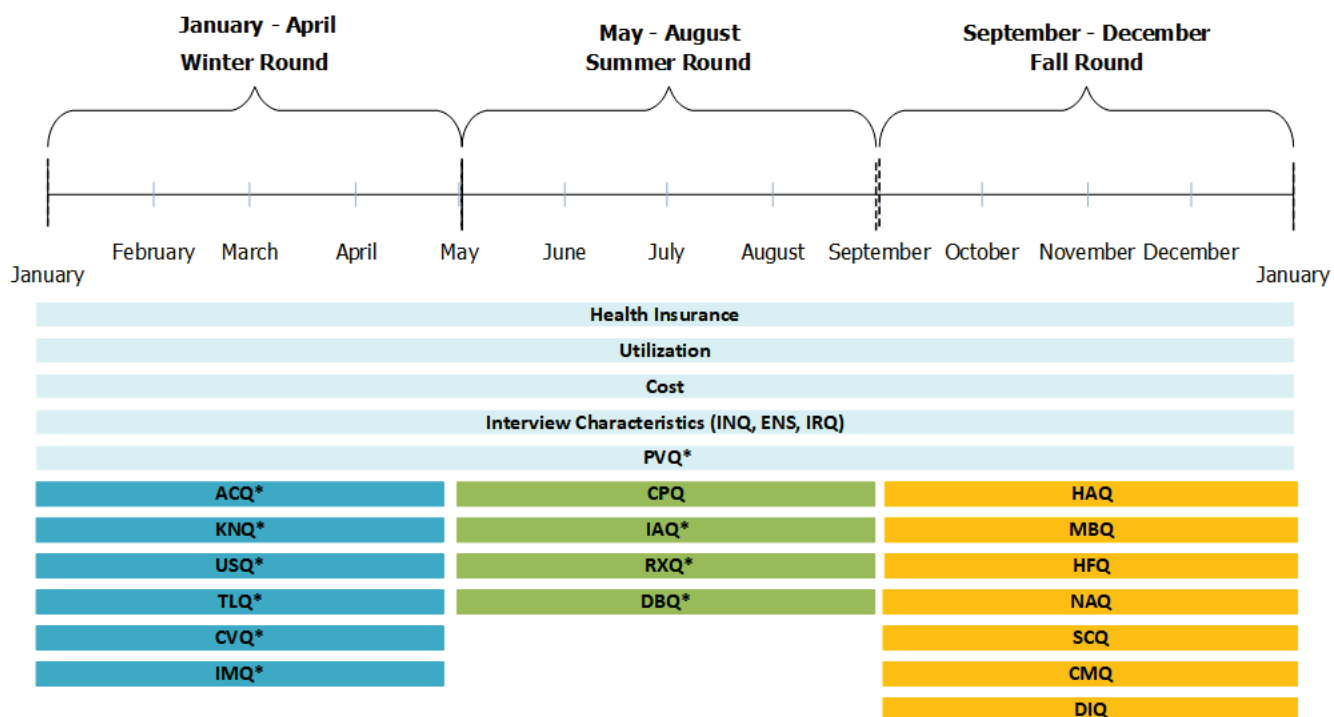
Section Group	Abbr.	Section Name	LDS [§]	Data Collection Schedule
Housing Characteristics	HAQ	Housing Characteristics	ER, SF	Fall 2024
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	SF	Summer 2025
	MBQ	Mobility of Beneficiaries	ER, SF	Fall 2024
	NAQ	Nicotine and Alcohol Use	ER, SF	Fall 2024
	PVQ	Preventive Care	ER, SF	Fall 2024, Winter 2025, and Summer 2025
	IMQ	Immunization	SF	Winter 2025
	DBQ	Debt	SF	Summer 2025
	IAQ	Food Insecurity items	SF	Summer 2025
COVID-19	CVQ	COVID-19	SF	Winter 2025
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	SF	Winter 2025
	RXQ	Drug Coverage	SF	Summer 2025

SOURCE: MCBS Community Questionnaire

[§]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 2024. The 2024 MCBS data releases reflect data collected from January 2024 through December 2024 and include data collected in Winter and Summer 2025 rounds from questionnaire sections with a 2024 reference period. Note, while the Physical Measures Questionnaire (PXQ) was fielded in Summer 2024, these data were included in the 2023 LDS; PXQ was not fielded in 2025 and these data will not appear on the 2024 LDS, so this questionnaire section is excluded from this exhibit. While PVQ is administered in all rounds, the data are released on different LDS segments. For the 2024 MCBS LDS, Fall 2024 PVQ data appear on the PREVCARE segment (released on both the Survey File - Early Release and Survey File), while Winter and Summer 2025 PVQ data appear on the IMQ segment (released on just the Survey File).

Exhibit 2.1.3: 2024 Data Collection Year MCBS Community Questionnaire Section Rotation**Typical MCBS Data Collection Year**

*Fielded in 2025, but given the reference period is 2024, data are included in the 2024 LDS.

2.1.4 Facility Core Questionnaire Sections

Exhibit 2.1.4 lists each Core section of the Facility Instrument that contributes to the 2024 LDS.

Exhibit 2.1.4: 2024 Data Year MCBS Facility Core Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS [§]	Data Collection Schedule
Facility Characteristics	FQ	Facility Questionnaire	SF	All Seasons
Socio-Demographics	RH	Residence History	SF	All Seasons
	BQ	Background	SF	Fall 2024, Baseline Interview*
Health Insurance	IN	Health Insurance	SF	Fall 2024 [‡]
Utilization	US	Use of Health Services	CS	All Seasons
Cost	EX	Expenditures	CS	All Seasons
Health Status	HS	Health Status	SF	Fall 2024 [‡]

SOURCE: MCBS Facility Instrument

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

[‡]The IN and HS sections are also administered to Community-to-Facility and Facility-to-Facility cases each season.

[§]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 2024 Survey File - Early Release LDS.

2.1.5 Facility Topical Questionnaire Sections

Exhibit 2.1.5 lists the Topical section of the Facility Instrument that contribute to the 2024 LDS.

Exhibit 2.1.5: 2024 Data Year MCBS Facility Topical Sections by Data File and Data Collection Schedule

Section Group	Abbr.	Section Name	LDS [§]	Data Collection Schedule
COVID-19	CV	COVID-19 Beneficiary	SF	Winter 2024, Baseline Interview*

SOURCE: MCBS Facility Instrument

*The CV section is also administered to Community-to-Facility and Facility-to-Facility Crossover cases each season.

[§]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 2024 Survey File - Early Release LDS.

2.2 Sampling

Drawn from a subset of Medicare enrollment data, the beneficiaries included in the 2024 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 2024. A subset of these beneficiaries represents a random cross-section of all beneficiaries who were continuously enrolled from January 1, 2024 up to and including interviews conducted during Fall 2024. The MCBS uses a rotating panel sample design, so the 2024 MCBS LDS's represent four separate MCBS panels identified by the year in which the panel was selected and first interviewed (i.e., the 2021, 2022, 2023, and 2024 Panels). The beneficiaries selected in Fall 2020 exited the study at the conclusion of the Winter 2024 round. See the *Data User's Guide* and *Methodology Report* for additional information on sampling.

There were no changes to sampling for the 2024 data year.

2.2.1 Targeted Population and Sampling Strata

The targeted population for the MCBS consists of persons enrolled in Medicare Part A or Part B as of December 31 of the applicable sampling year (e.g., 2024 for the 2024 Panel) whose address in the Medicare files is in one of the 48 contiguous states (excludes Alaska and Hawaii) or the District of Columbia. Additionally, in the 2021, 2022, 2023, and 2024 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 2024 Panel, by age and ethnicity.

Exhibit 2.2.1: 2024 Panel of Selected Beneficiaries by Hispanic and Non-Hispanic Ethnicity Classification and Age Category*

Age Category as of 12/31/2024	TOTAL Sample Size	TOTAL Weighted	Hispanic Sample Size	Hispanic Weighted	Non-Hispanic Sample Size	Non-Hispanic Weighted
Under 45 years	1,187	1,610,948	131	191,000	1,056	1,419,948
45-64 years	1,357	5,767,370	170	502,864	1,187	5,264,506
65-69 years	2,943	17,747,512	347	1,470,763	2,596	16,276,749
70-74 years	2,246	15,976,034	266	1,396,910	1,980	14,579,124
75-79 years	2,354	12,647,764	279	920,172	2,075	11,727,593

Age Category as of 12/31/2024	TOTAL Sample Size	TOTAL Weighted	Hispanic Sample Size	Hispanic Weighted	Non-Hispanic Sample Size	Non-Hispanic Weighted
80-84 years	2,537	7,940,064	300	588,970	2,237	7,351,094
85+ years	2,784	7,091,532	329	482,435	2,455	6,609,097
Total	15,408	68,781,224	1,822	5,553,115	13,586	63,228,110

SOURCE: Beneficiary age, race/ethnicity, and base weights were sourced from administrative data in the 2024 MCBS Internal Sample Control File.

2.2.2 Sample Selection

Exhibit 2.2.2 provides a summary of the number of selected beneficiaries and the inclusion criteria for the 2021 through 2024 Panels included in the 2024 MCBS LDS's.

Exhibit 2.2.2: 2024 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
2021	15,950	Enrolled before 1/1/2021	Enrolled 1/1/2021 – 12/31/2021
2022	17,139	Enrolled before 1/1/2022	Enrolled 1/1/2022 – 12/31/2022
2023	15,077	Enrolled before 1/1/2023	Enrolled 1/1/2023 – 12/31/2023
2024	15,408	Enrolled before 1/1/2024	Enrolled 1/1/2024 – 12/31/2024

SOURCE: 2024 MCBS Internal Sample Control File

2.2.3 Completed Interviews

Exhibit 2.2.3 lists the number of completed interviews for the Fall 2024 Continuing (2021, 2022, and 2023) and Incoming (2024) Panels by age strata.

Exhibit 2.2.3: 2024 MCBS Fall Round Completed Interviews: Continuing and Incoming Panels

Age Category as of 12/31/2024	2021 Panel	2022 Panel	2023 Panel	2024 Panel	Total
Under 45 years	98	150	282	516	1,046
45-64 years	186	242	334	639	1,401
65-69 years	197	324	600	1,225	2,346
70-74 years	386	468	622	947	2,423
75-79 years	330	441	544	1,017	2,332
80-84 years	296	421	559	1,078	2,354
85+ years	387	523	708	1,100	2,718
Total	1,880	2,569	3,649	6,522	14,620

SOURCE: 2024 MCBS Internal Sample Control File

2.3 Interviewer Recruitment, Staffing, and Training

In 2024, most MCBS field interviewers were experienced, having conducted interviews for at least a year or more. New interviewers were recruited to the project in Fall 2024 based on staffing needs and attrition.

The 2024 MCBS Training Program consisted of the following:

- Experienced interviewers received remote trainings focused on new content and round-specific reminders ahead of the winter, summer, and fall rounds of data collection. Experienced interviewers who were previously trained on the PXQ section of the interview received a remote refresher training on this section in Summer 2024.⁶
- New staff were onboarded and trained remotely on the Baseline interview in Fall 2024. 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 4.5-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 selected 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. In the winter, they received a more robust refresher training focused on general Facility interviewing skills. 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, group 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 2024 calendar year.

Exhibit 2.4.1: 2024 MCBS Data Collection Schedule

Round	Start Date	End Date
Winter 2024 (Round 98)	January 8, 2024	April 21, 2024
Summer 2024 (Round 99)	May 1, 2024	August 4, 2024
Fall 2024 (Round 100)	July 15, 2024	December 31, 2024

There were no changes to data collection for the 2024 data year.

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 2024. For more information on proxy and assistant usage and interviewing languages, see the *MCBS Methodology Report*.

An interview is complete once the 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 2024. Exhibit 2.4.3 provides the ratio of completed interviews by interview mode.

⁶ While this training occurred during the 2024 calendar year, the Summer 2024 PXQ data were pulled back and included in the 2023 Cost Supplement File LDS.

Exhibit 2.4.2: 2024 Completed Interviews by Component

Round	Component	Completed Interviews	Median Interview Duration (minutes)
Winter 2024	Community	11,438	60.8
	Facility	877	23.4
Summer 2024	Community	8,468	55.6
	Facility	723	25.3
Fall 2024	Community	13,642	69.4
	Facility	985	39.1

Exhibit 2.4.3: 2024 Completed Interviews by Interview Mode

Round	Component	Phone Interviews	In-Person Interviews
Winter 2024	Community	80%	20%
	Facility	96%	4%
Summer 2024	Community	73%	27%
	Facility	96%	4%
Fall 2024	Community	70%	30%
	Facility	94%	6%

2.5 Clearance

CMS maintains a current OMB clearance for the MCBS. For the 2024 MCBS, CMS received OMB approval on September 12, 2023 (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.

2.6 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 2024 LDS variables that have been processed this way are listed in Exhibit 2.6.1.

Exhibit 2.6.1: Initial Interview Variables in the 2024 LDS

Segment ¹	Topic	LDS Variable Name
ER_DEMO/DEMO	Date of Birth	D_DOB
ER_DEMO/DEMO	Sexual Orientation	SEXORINT
ER_DEMO/DEMO	Hispanic Origin	HISPORIG; HISPORMA; HISPORPR; HISPORCU; HISPOROT

Segment ¹	Topic	LDS Variable Name
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	Religious Preference	RELGPREF
ER_DEMO/DEMO	Education	SPDEGRCV
ER_CHRNCOND/ CHRNCOND	Reason for Medicare Eligibility	EMHBP; EMMYOCAR; EMCHD; EMCFAIL; EMHRTCND; EMSTROKE; EMCSKIN; EMCANCER; EMARTERY; EMARTHRR; EMARTOST; EMARTHOT; EMMENTAL; EMALZMER; EMDEMENT; EMDEPRSS; EMPSYCHO; EMOSTEOP; EMBRKHIP; EMPARKIN; EMEMPHYS; EMPPARAL; EMAMPUTE; EMDIABTS; EMOTHOS
ER_CHRNCOND/ 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

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

2.7 MCBS Rounds by Data Year and Season

Exhibit 2.7.1 lists the MCBS data collection rounds by year and by season that pertain to data included in the 2024 MCBS LDS files.

Exhibit 2.7.1: MCBS Rounds by Data Year and Season through Fall 2025

Year	Winter	Summer	Fall
2021	89	90	91
2022	92	93	94
2023	95	96	97
2024	98	99	100
2025	101	102	103

2024 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 2024 data year, the Survey File - Early Release LDS contains data collected directly from Community respondents during the fall data collection round 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 2024 Survey File - Early Release LDS includes beneficiaries who were alive, enrolled in Medicare, and completed a Community interview in Fall 2024. The release comprises a total of 19 segments containing the following information: beneficiary demographics; disability; health behaviors; health status, conditions, and functioning; household characteristics; mobility; patient activation; and access to and satisfaction with care. The LDS also contains select information on health insurance coverage and preventive care as of the fall round. Section ER2 contains more information about these data and describes changes since 2023.

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 2024 Survey File - Early Release LDS provides abbreviated versions of two segments compared to the Survey File LDS: Demographics (DEMO) and Health Insurance Summary (HISUMRY). The complete, annualized versions of the DEMO and HISUMRY segments will be reprocessed and released on the 2024 Survey File LDS. Data users can merge segments within the 2024 Survey File - Early Release. The LDS provides cross-sectional weights for the ever enrolled population and Topical weights with a non-proxy adjustment based on preliminary enrollment data. Longitudinal weights are not available for these data, nor are cross-sectional weights for the continuously enrolled population.

ER2. WHAT'S NEW FOR DATA YEAR 2024?

This section describes questionnaire updates and variable changes that pertain to the 2024 Survey File - Early Release LDS.

ER2.1 Questionnaires

Questionnaire content changes: There were a number of questionnaire sections revised in Fall 2024. Note that variable names referenced below are the questionnaire variable names. Data users can view the questionnaires, including the questionnaire variable names referenced below and question text at: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires>.

Community Questionnaire

The MCBS introduced several Community Questionnaire updates in Fall 2024 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.

Demographics and Income (DIQ)

The Demographics and Income (DIQ) section is typically fielded to Baseline cases only. However, in Fall 2023, select items were administered to all cases, including Continuing cases. This required updating routing throughout DIQ to accommodate fielding to Continuing cases. In Fall 2024, the routing logic was reverted to the original routing so that only Baseline cases receive DIQ.

Health Insurance (HIQ)

In 2024, two updates were made to improve the Health Insurance Questionnaire (HIQ):

- A routing error was identified at MHMOSAME, which collects whether the beneficiary is still covered by their Medicare Advantage (MA) plan. For beneficiaries with a preloaded MA plan, the routing logic for the "Don't Know" and "Refused" responses at MHMOSAME was erroneously swapped for a small number of cases. The routing logic was corrected in Winter 2024.
- Two new items on Veterans Affairs (VA) enrollment and utilization were added to HIQ in Fall 2024. These items were sourced from the National Health Interview Survey (NHIS)⁷ and are fielded to beneficiaries who previously reported serving in the Armed Forces. The first item (VACARCOV) replaced an existing item (VACOVER) and is fielded annually during the fall round. VACARCOV collects whether the beneficiary received care at a VA facility or care paid for by the VA. The second item, VAENROLL, is fielded to beneficiaries who report "No" at VACARCOV and captures enrollment in VA health care. This item is fielded annually until the beneficiary reports "Yes." Together, these two items capture beneficiaries who may have had VA coverage but did not use VA health care services during the reference period.

Health Status and Functioning (HFQ)

Several new items were added to the Health Status and Functioning Questionnaire (HFQ) in Fall 2024:

⁷ National Center for Health Statistics. "2024 NHIS Survey Questionnaire – English." Centers for Disease Control and Prevention. 2023. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Survey_Questionnaires/NHIS/2024/EnglishQuest.pdf

- The 5-Item Oral Health Impact Profile (OHIP-5) scale⁸ was added to HFQ. This scale assesses oral function, orofacial pain, orofacial appearance, and the psychosocial impact of having any problems with teeth, mouth, dentures, or jaw.
- Five items on beneficiary quality of life in relation to bowel incontinence were added to HFQ. These items were modeled after the existing HFQ items on urinary incontinence and similar items from a 2004 Mayo Clinic Study.⁹
- Two new items were added to collect data on the mode of insulin administration (INSUMODE) and whether the respondent had difficulty paying for insulin in the prior year (INSUTRBL). INSUMODE was adapted from the Natividad Diabetes Self-Management Questionnaire¹⁰ while INSUTRBL was modeled after existing MCBS items HCTROUBL and PAYPROB. These items are fielded annually to beneficiaries with diabetes who report using insulin.
- A new preload was added so that respondents who previously reported having gestational diabetes, but no other type of diabetes, do not receive the follow-up items associated with non-gestational diabetes.
- The universe of respondents at COLRECNT was modified. COLRECNT collects when the beneficiary returned their most recent blood stool test. The universe now excludes beneficiaries who reported receiving an at-home blood stool test from their provider but never returned the completed samples. COLRECNT was renamed RECNTCOL to reflect the universe change.

Housing Characteristics (HAQ)

In Fall 2024, two updates were made to the Housing Characteristics Questionnaire (HAQ) to assist with administration:

- HOUSTYPE asks the beneficiary if their place of residence is part of a type of community, such as a retirement community or assisted living facility. If they report yes, HCOMUNTY collects what category of community best describes their living situation. To aid with telephone interviews, the list of community types that appear at HCOMUNTY was added as on-screen help text to HOUSTYPE.
- Similarly, to assist with telephone interviewing, examples of personal care services were added as on-screen help text to HPERCARE, which asks whether the beneficiary's place of residence grants access to personal care services.

Satisfaction with Care (SCQ)

- In Fall 2023, items about perceived discrimination within the prior year by health care providers based on aspects of the beneficiary's identity were added to SCQ. To account for beneficiaries who have not received medical care in the last 12 months, a "not applicable" response option was added for these items in Fall 2024.

Facility Instrument

The MCBS introduced several Facility Instrument updates in Fall 2024 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 *2024 Data Year Release Notes* for the Survey File LDS.

⁸ Naik A, John MT, Kohli N, Self K, Flynn P. "Validation of the English-language version of 5-item Oral Health Impact Profile." *J Prosthodont Res*, 60, no. 2. (2016):85-91. doi: 10.1016/j.jpor.2015.12.003.

⁹ Bharucha AE, Locke GR 3rd, Seide BM, Zinsmeister AR. "A new questionnaire for constipation and faecal incontinence." *Aliment Pharmacol Ther* 20, no. 3 (2004):355-64. doi: 10.1111/j.1365-2036.2004.02028.x.

¹⁰ Natividad. "Diabetes self-management questionnaire." October 2013. <https://www.natividad.com/wp-content/uploads/2018/04/Natividad-Diabetes-Questionnaire-English.pdf>

ER2.2 Data Processing and LDS Content

The 2024 Survey File - Early Release is built from analytic data files from Fall 2024 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 2024 Survey File - Early Release LDS, there is one new segment: ORALHLTH, which contains the new OHIP-5 items as well as oral health variables formerly included on other LDS segments. Additionally, the segment ER_COVIDEXP was retired effective 2024 due to a change in the administration of the CVQ section to winter round only.

The following exhibits document the Survey File - Early Release LDS variable changes that resulted from the 2024 questionnaire changes. Exhibit ER2.2.1 lists variables that were added to the 2024 LDS.

Exhibit ER2.2.1: 2024 MCBS Survey File - Early Release LDS Content Additions

Segment	Quex. Section	Variable	Variable Label
ER_ORALHLTH	HFQ	ORALPAIN	HOW OFTEN PAIN IN MOUTH
ER_ORALHLTH	HFQ	CHEWPROB	HOW OFTEN DIFFICULTY CHEWING
ER_ORALHLTH	HFQ	ORALLOOK	HOW OFTEN UNCOMFORTABLE ABOUT APPEARANCE OF TEETH/MOUTH
ER_ORALHLTH	HFQ	JOBTEETH	HOW OFTEN DIFFICULTY WITH USUAL ACTIVITES DUE TO TEETH/MOUTH
ER_ORALHLTH	HFQ	LESSFLAV	HOW OFTEN LESS FLAVOR IN FOOD DUE TO PROBLEMS WITH TEETH/MOUTH
ER_CHRNCOND	HFQ	PROBFECE	BOWEL PROBLEMS - LEAKING GAS
ER_CHRNCOND	HFQ	SMLSTOOL	BOWEL PROBLEMS - LEAKING SMALL AMOUNT OF STOOL
ER_CHRNCOND	HFQ	MODSTOOL	BOWEL PROBLEMS - LEAKING MODERATE AMOUNT OF STOOL
ER_CHRNCOND	HFQ	LRGSTOOL	BOWEL PROBLEMS - LEAKING LARGE AMOUNT OF STOOL
ER_CHRNCOND	HFQ	TALKFECE	DID SP TALK TO DR ABOUT BOWEL INCONTINENCE
ER_DIABETES	HFQ	INSUTRBL	HAS TROUBLE PAYING OR WAS UNABLE TO PAY FOR INSULIN
ER_DIABETES	HFQ	INSUPEN	ADMINISTRATION MODE OF INSULIN - INSULIN PEN
ER_DIABETES	HFQ	INSUPUM	ADMINISTRATION MODE OF INSULIN - INSULIN PUMP
ER_DIABETES	HFQ	INSUSYR	ADMINISTRATION MODE OF INSULIN - SYRINGE
ER_DIABETES	HFQ	INSUINH	ADMINISTRATION MODE OF INSULIN - INHALER
ER_PREVCARE	HFQ	RECNTBST	WHEN MOST RECENT BLOOD STOOL TEST DONE

Exhibit ER2.2.2 lists variables that changed between the 2023 LDS and 2024 LDS, including variables that moved between segments. See the codebooks for more information on these variables.

Exhibit ER2.2.2: 2024 MCBS Survey File - Early Release LDS Content Changes

Segment	Quex. Section	Variable	Variable Label	Description of Change
ER_ORALHLTH	HFQ	TEETHGUM	GENERAL ORAL HEALTH, TEETH, AND GUMS	Moved from ER_CHRNCOND
ER_ORALHLTH	HFQ	DRYMOUTH	DRY MOUTH (HOW OFTEN)	Moved from ER_CHRNCOND
ER_ORALHLTH	HFQ	TOOTHSEN	TOOTH SENSITIVITY (HOW OFTEN)	Moved from ER_CHRNCOND
ER_ORALHLTH	HFQ	DISTEETH	LOST ALL UPPER AND LOWER TEETH	Moved from ER_NAGIDIS
ER_ORALHLTH	HFQ	FOODTRBL	DIFFICULTY EATING SOLID FOODS B/C TEETH	Moved from ER_NAGIDIS
ER_SATWCARE	SCQ	AGEEQTY	TREATED UNFAIRLY DUE TO AGE	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	CULTEQTY	TREATED UNFAIRLY DUE TO CULTURE OR RELIGION	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	DISEQTY	TREATED UNFAIRLY DUE TO DISABILITY	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	HISTEQTY	TREATED UNFAIRLY DUE TO MEDICAL HISTORY	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	LANGEQTY	TREATED UNFAIRLY DUE TO LANGUAGE OR ACCENT	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	RCEQTY	TREATED UNFAIRLY DUE TO RACE	Added new response option of "No visit in the last 12 months"
ER_SATWCARE	SCQ	SEXEQTY	TREATED UNFAIRLY DUE TO SEXUAL ORIENTATION	Added new response option of "No visit in the last 12 months"

Exhibit ER2.2.3 lists variables that were removed from the 2024 LDS.

Exhibit ER2.2.3: 2024 MCBS Survey File - Early Release LDS Content Removals

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
ER_PREVCARE	HFQ	COLRCNT	WHEN MOST RECENT BLOOD STOOL TEST DONE	Replaced by RECNTBST
ER_DIABETES	HFQ	D_INSPMP	USES INSULIN PUMP	Replaced by INSUPUM

ER3. DATA FILE CONTENTS

ER3.1 2024 MCBS Survey File - Early Release Segments

The 2024 Survey File - Early Release LDS contains over 1,100 variables across 20 segments. Exhibit ER3.1.1 displays each segment 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.

Historic RIC Segment indicates the equivalent historic segment(s) from the 1991-2013 data release structure, as applicable.

Exhibit ER3.1.1: 2024 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	Historic RIC Segment
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	3

Survey File - Early Release Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source	Quex Section	Season	Panel	Unit of Observation	Historic RIC Segment
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	2H
Chronic Conditions (ER_CHRNCOND)	Information on chronic and other diagnosed medical conditions.		CQ	HFQ, PVQ	Fall (HFQ, PVQ) ¹	All	Beneficiary	2, 2P
Cognitive Measures (ER_COGNFUNC)	Measures of cognitive functioning.	Use the special non-response adjustment weights on ER_NPWGTS.	CQ	CMQ	Fall	All	Beneficiary	N/A
Demographics (ER_DEMO)	Select demographic information.		CQ, AR	ENS, DIQ, INQ	All (ENS, INQ) Fall (DIQ)	All (ENS, INQ) Base (DIQ)	Beneficiary	1, 9, A, K
Diabetes (ER_DIABETES)	Information on diabetes management such as insulin usage.		CQ	HFQ	Fall	All	Beneficiary	N/A
Falls (ER_FALLS)	Information on injuries and attitudes about falls.		CQ	HFQ	Fall	All	Beneficiary	2, 2P
General Health (ER_GENHLTH)	Information on general health status and functioning such as height and weight.		CQ	HFQ	Fall	All	Beneficiary	2
Health Insurance Summary (ER_HISUMRY)	Select administrative information on the characteristics of insurance coverage.		AR	n/a	All	All	Beneficiary	4, A
Household Characteristics (ER_HHCHAR)	Information on household composition and home.		CQ	ENS, HAQ	Fall (ENS) Fall (HAQ)	All	Beneficiary	5

Survey File - Early Release Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source	Quex Section	Season	Panel	Unit of Observation	Historic RIC Segment
Mental Health (ER_MENTHLTH)	Information on mental health such as feelings of anxiety or depression.		CQ	HFQ	Fall	All	Beneficiary	N/A
Mobility (ER_MOBILITY)	Information on the use of available transportation options and whether health status affects their daily travel.		CQ	MBQ	Fall	All	Beneficiary	N/A
Nagi Disability (ER_NAGIDIS)	Information on difficulties with the performance of activities of daily living.		CQ	HFQ	Fall	All	Beneficiary	2, 2H, 2P
Nicotine and Alcohol (ER_NICOALCO)	Information on the prevalence and frequency of alcohol and nicotine use.		CQ	NAQ	Fall	All	Beneficiary	2, 2P
Oral Health (ER_ORALHLTH)	Information on oral health.		CQ	HFQ	Fall	All	Beneficiary	N/A
Patient Activation (ER_PNTACT)	Information on the degree to which beneficiaries actively participate in their health care and decisions concerning care.	Use the special non-response adjustment weights on ER_NPWGTS.	CQ	SCQ	Fall	All	Beneficiary	PA
Preventive Care (ER_PREVCARE)	Information on preventive services such routine screening procedures.		CQ	HFQ, PVQ	Fall (HFQ, PVQ) ¹	All	Beneficiary	2, 2P
Satisfaction with Care (ER_SATWCARE)	Information on satisfaction with different aspects of health care.		CQ	SCQ	Fall	Cont. (MPQ, PMQ) All (SCQ)	Beneficiary	3
Vision and Hearing (ER_VISHEAR)	Information on eye health and hearing status.		CQ	HFQ	Fall	All	Beneficiary	2

Survey File - Early Release Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source	Quex Section	Season	Panel	Unit of Observation	Historic RIC Segment
Survey File - Early Release Weight (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	N/A
Survey File - Early Release Non-Proxy Adjustment Topical Weight (ER_NPWGTS)	The weights segment includes non-proxy adjusted cross-sectional weights to represent the ever enrolled population who did not respond via proxy and a series of replicate weights.		CQ	n/a	n/a	All	Beneficiary	N/A

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

The Survey File - Early Release cross-sectional weights represent the ever enrolled population of inference. This 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 2024.

ER3.3.1 Special Topical Segment Weights

The 2024 Survey File - Early Release LDS includes two segments that should be used with special non-response adjusted weights: ER_PNTACT and ER_COGNFUNC. ER_PNTACT and ER_COGNFUNC include items that were fielded in Fall 2024 to only non-proxy respondents (i.e., beneficiary respondents). On the Survey File - Early Release LDS, ER_PNTACT and ER_COGNFUNC require use of the set of full-sample and replicate

weights that have been adjusted to account for those completing the interview with a proxy respondent (ER_NPWGTS; ER_NPSEWT/ER_NPSE1-ER_NPSE100). These weights correspond to the Survey File - Early Release ever enrolled population who were alive and living in the community in fall 2024, but exclude those with proxy interviews, 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 all weights released on the 2024 Survey File - Early Release.

Exhibit ER3.3.1: 2024 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 2024
Survey File - Early Release Topical Segment	Survey File - Early Release Non-Proxy Adjustment Ever Enrolled Weights	ER_NPWGTS	ER_NPSEWT	ER_NPSE1-ER_NPSE100	Ever enrolled for at least one day at any time during 2024; includes Fall non-proxy adjustment

ER3.4 Special Notes

Beginning with the 2024 Survey File - Early Release LDS, the non-proxy adjustment Topical weights are included on a standalone weights segment (ER_NPWGTS) for use with the ER_COGNFUNC and ER_PNTACT segments, instead of being included directly on those Topical segments.

Several variables underwent changes to their editing processes for the 2024 LDS. As such, users should use caution if comparing these variables over time:

- On ER_PREVCARE, COLDRREC (doctor ever recommended colonoscopy) was updated to pull forward beneficiary responses to the question from prior rounds.
- On ER_DIABETES, the following four variables on foot problems due to diabetes are now set to missing if the response to DIAFTEVR (ever had a problem with feet due to diabetes) is "No" (per the questionnaire skip logic for these items):
 - ▶ DIACIRCF: Ever had poor circulation in feet due to diabetes
 - ▶ DIANEURO: Ever had neuropathy due to diabetes
 - ▶ DIASKINC: Ever had foot skin problems due to diabetes
 - ▶ DIAULCER: Ever had foot ulcers due to diabetes

Please also note, CONTGLUC (uses continuous glucose monitor) was added to HFQ in 2023 and is not asked of beneficiaries who had previously completed the diabetes section of HFQ.

2024 Survey File LDS

SF1. SURVEY FILE 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 2024 data year, the Survey File LDS contains survey-reported data for Community and Facility beneficiaries, administrative records, facility information, assessment data, and Fee-for-Service (FFS) claims data. The Survey File is released approximately 11 months after the end of data collection.

The 2024 Survey File represents a random cross-section of all beneficiaries who were ever enrolled in either Part A or Part B of the Medicare program for any portion of 2024. The release comprises a total of 41 segments containing the following information: beneficiary demographics; chronic pain; COVID-19; disability; facility information and assessments; food insecurity; health behaviors; health status, conditions, and functioning; health insurance coverage and plan information; household characteristics; income, assets, and debt; Medicare knowledge; mobility; nicotine and alcohol use; patient activation; preventive care and immunizations; RX medications; access to and satisfaction with care; telemedicine; and usual source of care.

The 2024 Survey File LDS includes 19 segments that were first released on the annual Survey File - Early Release LDS, including complete, annualized versions of the Demographics (DEMO) and Health Insurance Summary (HISUMRY) segments. To distinguish the Survey File - Early Release segments from the Survey File segments, the versions on the Survey File - Early Release begin with the abbreviation "ER_." For example, the Satisfaction with Care segment is released as "ER_SATWCARE" on the Survey File - Early Release and "SATWCARE" on the Survey File.

Data users can merge segments within the 2024 Survey File LDS. Data users may also choose to conduct analyses with Survey File data alone or in combination with Cost Supplement File data. Survey File data should not be combined with Survey File - Early Release data. The 2024 Survey File LDS also provides both cross-sectional weights and longitudinal weights across 17 general purpose or nonresponse-adjusted (i.e., Topical) weights segments. See section SF3.4 for additional information on weighting.

SF2. WHAT'S NEW FOR DATA YEAR 2024?

This section describes questionnaire updates and variable changes that pertain to the 2024 Survey File LDS.

SF2.1 Questionnaires

Questionnaire content changes: A number of questionnaire sections were revised in 2024. Note that variable names referenced below are the questionnaire variable names. Data users can view the questionnaires, including the questionnaire variable names referenced below and question text at: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/questionnaires>.

Community Questionnaire

The MCBS introduced several Community Questionnaire updates 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.

Descriptions of the Fall 2024 changes to the **Demographics and Income (DIQ)**, **Health Insurance (HIQ)**,⁹ **Health Status and Functioning (HFQ)**, **Housing Characteristics (HAQ)**, and **Satisfaction with Care (SCQ)** questionnaire sections can be found above in Section ER2.1, as these changes affect both the 2024 Survey File and the 2024 Survey File - Early Release. Section SF2.1 documents additional changes that *only* pertain to the 2024 Survey File.

COVID-19 (CVQ)

In Winter 2025, two updates were made in the COVID-19 Questionnaire (CVQ):

- The variable FACEMASK, which collects how often the beneficiary has worn a face mask when out in public in the prior year, was removed.
- In Winter 2024, round-specific logic was added to support the transition from fielding CVQ every round to fielding it once annually in the winter round. To facilitate this transition, cases receiving their second interview in Winter 2024 were routed around the item asking if they have ever been told by a health care provider that they have COVID-19 (EVRHDCVD), since they had been asked that item in the prior round (i.e., Fall 2023). In Winter 2025, second round cases received CVQ for the first time, so this obsolete logic was removed.

Debt (DBQ)

Debt is an important component of beneficiaries' financial well-being, yet prior to Summer 2025, the MCBS collected only limited information on this topic. To address this gap, the Debt Questionnaire (DBQ), was introduced in Summer 2025 to provide a more comprehensive understanding of beneficiaries' financial circumstances.

DBQ includes 19 new items on medical debt adapted from the KFF Health Care Debt Survey.¹⁰ Respondents are first asked to report prevalence of medical debt by creditor type, including medical or dental bills that are a) being paid off over time directly to a provider, b) being paid off over time via a credit card, c) owed to a

⁹ Please note, while select administratively sourced information on health insurance coverage is released on the ER_HISUMRY segment of the 2024 Survey File - Early Release, the HIQ updates documented in Section ER2.1 only appear on the HISUMRY and HITLINE segments of the 2024 Survey File.

¹⁰ <https://files.kff.org/attachment/TOPLINE-KFF-Health-Care-Debt-Survey-March-2022.pdf>

bank, collection agency, or other lender, d) owed to a family member or friend, and/or e) any other medical or dental bills that the beneficiary is unable to pay. Respondents are then asked to estimate the amount of debt owed by each type of debt they reported. If the respondent is not able to report a numeric amount, they are asked to indicate the range. Respondents who report any type of medical debt also receive four follow-up items collecting additional details. These follow-up items ask if the medical bills leading to debt were for the beneficiary's care or someone else's; enumerate the types of medical events that contributed to the debt; clarify if the medical bills were for a short- or long-term medical expenses; and approximate the time range of the beneficiary's medical debt. DBQ concludes with three items sourced from the Survey of Income and Program Participation (SIPP) that collect prevalence of credit card debt and, if applicable, the amount of debt owed.¹¹

Immunization (IMQ)

Prior to Winter 2025, the MCBS asked respondents whether the beneficiary received flu, shingles, pneumonia, and COVID-19 vaccines in the Preventive Care Questionnaire (PVQ) and COVID-19 Questionnaire (CVQ), respectively. The items were administered during different seasons with inconsistent follow-up questions. In Winter 2025, a new section, the Immunization Questionnaire (IMQ), was created. IMQ consists of existing questions on shingles and pneumonia vaccinations that were previously in PVQ, adds questions about respiratory syncytial virus (RSV) vaccinations, and provides standardized follow-up questions for each vaccine type.

For each of the three vaccine types in IMQ (i.e., RSV, pneumonia, and shingles), there is now a standard flow of questionnaire items administered in the winter round. First, respondents are asked if the beneficiary has ever received the vaccine. If they have, they are asked about the timing of vaccination (before January 1, 2023, for first-time IMQ respondents), the site where the beneficiary received the vaccine, and whether the beneficiary had to pay "some or all of the cost" for the vaccine. If the respondent indicates they have never received a vaccine, one follow-up question is asked on their reason for not getting vaccinated.

Beneficiary Knowledge and Information Needs (KNQ)

In Winter 2025, three updates were made to the Beneficiary Knowledge and Information Needs Questionnaire (KNQ):

- Five new items were added to KNQ to assess beneficiary awareness of specific Medicare prescription drug cost and coverage provisions.
- One item, USEMSP, which collects whether the beneficiary receives any assistance from a Medicare Savings Program (MSP), was moved from KNQ to the IAQ.
- APPLYMSP, which asks if the beneficiary has applied to their state's Medicare office for help with expenses, was removed due to low response variation.
- KBOKUNDR, which asks how easy or difficult it was to understand the "Medicare and You" booklet, was removed to reduce respondent burden.
- In Winter 2025, help text was added at RGHTAPL to include scenarios in which the proxy helps the beneficiary make decisions about their Medicare coverage. This approach aligns with other items in KNQ that consider proxy awareness, such as RVWCOST, RVWSRVC, CMPRPLN, and CPLNTYPE.

¹¹ <https://www.census.gov/programs-surveys/sipp.html>

Income and Assets (IAQ)

In Summer 2025, IAQ was redesigned to increase analytic utility and more accurately reflect the needs of policymakers and CMS stakeholders. The order and content of the redesigned IAQ closely align with the previous version of IAQ, with some notable changes.

The previous version of IAQ included both spouses and unmarried partners in the “household” definition. The redesigned IAQ defines “household” as the beneficiary and their spouse, if the beneficiary and spouse live together. This means that income and asset data are no longer collected for unmarried partners. This new household definition aligns the MCBS data collected from the redesigned IAQ with eligibility rules for Medicare and Social Security, which do not count the income, assets, or debts of unmarried partners.

As with the previous version of IAQ, the redesigned IAQ collects the numeric value of all reported sources of income or assets (with the exception of inheritance, trust, settlements, gifts, lawsuits, or vehicles). If the respondent is not able to report a numeric amount, the redesigned IAQ includes new follow-up ranges to collect approximate income or asset amounts when exact dollar amounts are unknown. This change improves the quality of data by enhancing reporting of income and asset amounts and mitigating non-response. Where possible, the amount ranges were constructed using historical MCBS data for each asset.

Additionally, new content introduced via the redesigned IAQ includes:

- Three new items sourced from SIPP¹² to collect data on the ownership and amount of any other financial investments not already discussed, such as businesses, real estate, and boats.
- One new item on financial liquidity was sourced from the Federal Reserve Board Survey of Consumer Finances (SCF),¹³ which asks if the beneficiary’s family spending exceeded, met, or was less than their income over the past year.
- Four new items were added on federal assistance program participation and awareness:
 - ▶ The redesigned IAQ consolidated existing MCBS items on federal assistance program participation into a single series at the end of IAQ. This series measures participation in Section 8 housing, the Supplemental Nutrition Assistance Program (SNAP),¹⁴ the Low Income Subsidy (LIS),¹⁵ and MSP¹⁶ via two existing items (PDRECLIS and USEMSP) that were migrated to IAQ from the Drug Coverage Questionnaire (RXQ) and Beneficiary Knowledge and Information Needs Questionnaire (KNQ).
 - ▶ One new item was added to this series to assess beneficiary participation in the Low-Income Home Energy Assistance Program (LIHEAP), sourced from the Current Population Survey’s (CPS) 2023 Annual Social and Economic (ASEC) Supplement.¹⁷
 - ▶ The existing items on LIS and MSP were also revised so that beneficiaries are first asked two new items about their awareness of LIS and MSP; those who respond affirmatively are then asked if they participate in the respective programs. These revisions are intended to improve measurement of program awareness among beneficiaries who are not currently enrolled.

Finally, the redesigned IAQ includes the deletion of 22 items with limited analytic utility, including extensive follow-up items about employment, several items related to car ownership, and when the beneficiary started collecting Social Security.

¹² https://www2.census.gov/programs-surveys/sipp/questionnaires/2023/2023_SIPP_PU_Instrument_Specifications.pdf

¹³ <https://www.federalreserve.gov/econres/files/scfoutline.2022.pdf>

¹⁴ Items on Section 8 housing and SNAP participation were sourced from the previous version of IAQ.

¹⁵ This item moved from RXQ.

¹⁶ This item moved from KNQ.

¹⁷ <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>

Preventive Care (PVQ)

In Winter 2025, two updates were made to the Preventive Care Questionnaire (PVQ):

- To streamline and align with corresponding items in IMQ, the wording and code lists were updated at FLUSITE and VACPAID.

Drug Coverage Questionnaire (RXQ)

In Summer 2025, two updates were made to the Drug Coverage Questionnaire (RXQ):

- The response options at PDOPMOST were updated to remove "THE GAP IN COVERAGE OR DONUT HOLE," as the coverage gap ended in 2025 with the implementation of the Inflation Reduction Act.
- As noted above, PDRECLIS, which asks if beneficiaries receive help from LIS, was moved from RXQ to IAQ.
- PDEXPLY and PEXACCP were also removed from RXQ due to low analytic utility. PDEXPLY asks whether beneficiaries have applied to the Social Security Administration for extra help with drug coverage, and PDEXACCP asks about the status of that application.

Usual Source of Care (USQ)

In Winter 2025, several updates were made to the Usual Source of Care Questionnaire (USQ):

- The code list at PLACEKND was updated to align with the current primary care landscape. This included replacing the "Company Clinic" response option with "Retail Clinics" and updating the "Neighborhood/Family Health Center" response option to "Community Health Centers."
- The twelve-item series on electronic health records (EHRs) was removed due to both historical difficulties fielding the series and the items becoming outdated.
- Seven additional items were removed from the USQ:
 - ▶ One item on whether the beneficiary's doctor is associated with their managed care plan (PLACEMCP) was removed due to high cross-round consistency and low response variation.
 - ▶ Two items on how well the beneficiary can communicate with their provider, either in their preferred language (if it is not English) or in English without the aid of a translator (LANGCOMM, LANGSYMP), were removed due to the limited number of affirmative responses.
 - ▶ Two items on how the beneficiary usually gets to their usual source of care (GETUSHOW, GETUSOS) were removed due to high cross-round consistency.
 - ▶ Two items on why the beneficiary's usual source of care is no longer available (USWHYNAV, USWHYNO1) were removed due to low sample size and limited analytic utility.

Facility Instrument

The MCBS introduced several Facility Instrument updates in 2024 that included streamlining the instrument and updates to question text and programming logic.

COVID-19 Beneficiary (CV)

In Winter 2024, there were several updates to the COVID-19 Beneficiary Questionnaire (CV). The CV section was streamlined to focus only on COVID-19 vaccination, aligning with the updates previously implemented to the CVQ in the Community Questionnaire. To accommodate those changes, the following updates were made:

- Items VACCDOSE, DOSENUMB, and PREVYRDS were added to ask how many COVID-19 vaccine doses have been received by the beneficiary and whether they have received a dose in the last year. Additionally, existing items related to COVID-19 vaccinations were removed: VACROST, VACDATMM, VACDATYY, VACNME, VACNMEOS, VACSITE, VACSITOS, and VACMOR. These changes allow for the overall

measurement of vaccine uptake, rather than collecting full details for each COVID-19 vaccination dose (e.g., vaccine date, manufacturer, and vaccine site).

- Items related to COVID-19 medical services and testing were removed to reflect evolving COVID-19 policies and reduce respondent burden. The following items were removed: CVDTEST, COVRSLT, MCARECV, PROVTP, and PROVOTH. In response to this change, the question text at CVDINTRO was updated to change “services” to “vaccines.”

COVID-19 Facility-Level (FC)

Due to limited response variation between Fall 2022 and Summer 2023, the COVID-19 Facility-Level Questionnaire (FC) was retired beginning Winter 2024.

Health Status (HS)

In Winter 2024, the Facility Instrument had several changes to the Health Status Questionnaire (HS) to accommodate updates to the Long-Term Care Minimum Data Set (MDS). The MDS is updated annually, with the final version released in October of each year. In October 2023, there were several significant changes to the MDS that had a direct impact on the Facility Instrument starting in Winter 2024.

- Item PHQSEVSC replaced PHQSCORE, which collects the Resident Mood Interview score from the Patient Health Questionnaire (PHQ-9). The item now references the new MDS section item, D0160, and collects values between 02 and 27 rather than 00 and 27.
- HS previously collected a selection of items from Section G of the MDS on the beneficiary’s functional status, which were administered to Facility respondents for beneficiaries without a reported CMS Certification Number (CCN) or matched to MDS data for beneficiaries with a reported CCN. Since Section G was removed from the MDS, starting in Winter 2024, these items are administered to Facility respondents for all beneficiaries regardless of CCN status as equivalent items are no longer available in the MDS. Items impacted were HA22PRBC, PFTRNSFR, PFLOCOMO, PFDRSSNG, PFEATING, PFTOILET, PFBATHNG, HA24PRBC, and HA24BCOD.

In Summer 2024, there was one update to HS to align with the October 2023 MDS update to item C0900:

- The “the fact that (she/he) was in a nursing home?” response option at HA14BCOD, which collects information on the beneficiary’s memory/cognitive skills, was updated to include “hospital swing bed.”

In Fall 2024, there were two updates to HS to align with:

- Both MENTAL-HA9B and HA28BCD2-HA28B2 are “select all” questions. These items were updated so that if “NONE OF THE ABOVE” is selected, all other response options are automatically unselected. Similarly, if “NONE OF THE ABOVE” is selected first and then another response option is selected, “NONE OF THE ABOVE” is automatically unselected. This change aligned the functionality of these items with other “select all” questions.
- PHQSEVSC was updated to accommodate a minimum score of 00, rather than 02, to align with the October 2023 MDS update to item D0160.

Interviewer Remarks (IR)

In Winter 2024, there were two updates made to the Interviewer Remarks Questionnaire (IR):

- In response to the evolving COVID-19 pandemic, items WORKREM and ELECREC were removed. These items were related to facility staff working remotely due to the pandemic.
- Prior to the COVID-19 pandemic, interviewers often used electronic or paper medical charts to pull information for the Facility interview, including the MDS. Given nearly all Facility interviews are now

completed by phone, items MDSELEC, ELECHOW, and ELECOTH were removed, which collected information about the facility's use of and the interviewer's access to an electronic MDS, due to limited use of the data collected from these items.

Fall 2025 Round 103 MCBS Rapid Cycle Supplement (MCBS Pulse)

The Fall 2025 Round 103 (R103) MCBS Pulse was a standalone, rapid-cycle survey designed to capture timely information on emerging topics affecting Medicare beneficiaries. Its primary purpose was to provide a low-burden and efficient mechanism for collecting targeted data outside of the standard MCBS cycle, enabling stakeholders to quickly respond to evolving policy needs and priorities. By delivering timely data, the Pulse supported CMS and other stakeholders in understanding beneficiary experiences and attitudes without waiting for the completion of the full annual survey process.

The questionnaire content for the Fall 2025 R103 MCBS Pulse focused on domains related to beneficiaries' interactions with the health care system and emerging health-related issues. It included measures of trust in health care providers, the medical profession, and Medicare insurance plans, as well as experiences with prior authorization for services such as prescription drugs and medical treatments. The survey also examined how beneficiaries access and interpret Explanation of Benefits (EOB) information, including use of electronic portals and detection of potential billing issues. Additional topics included the use and perceptions of wearable technology and artificial intelligence (AI) in health care, interest in health management tools, and awareness and opinions of broader health initiatives.

The Fall 2025 R103 MCBS Pulse was fielded via telephone between October 22, 2025 and December 30, 2025, with interviews conducted in English among Medicare beneficiaries living in the community or their proxies. The fielded sample included 9,775 beneficiaries drawn primarily from the 2022-2024 MCBS Panels, along with a subset of 2021 Panel members who had exited the survey but consented to recontact. Eligible participants were those alive, entitled to Medicare, living in the community, and able to complete interviews in English. Given the MCBS population that was fielded the supplement, these data are included on the 2024 Survey File in the Fall 2025 Pulse Supplement segment (FALLSUP).

SF2.2 Data Processing and LDS Content

The 2024 Survey File release is built from analytic data files encompassing Community and Facility data collection from five rounds of data (Winter 2024, Summer 2024, Fall 2024, Winter 2025, and Summer 2025), as well as administrative data.

Comparison between the 2024 Survey File - Early Release and 2024 Survey File:

Early versions of a subset of the Survey File LDS segments were released on the 2024 Survey File - Early Release LDS. Relative to the 2024 Survey File - Early Release LDS, the 2024 Survey File LDS provides complete, annualized versions of the Demographics (DEMO) and Health Insurance Summary (HISUMRY) segments. The remaining segments provided on both LDS's are the same across releases except for minor changes to data counts due to case eligibility during the Survey File LDS processing. The Survey File LDS also includes segments not available from the 2024 Survey File - Early Release LDS.

Comparison between the 2023 Survey File and 2024 Survey File:

The following segments had changes between the 2023 Survey File and the 2024 Survey File:

- The new Oral Health (ORALHLTH) segment contains the new OHIP-5 items as well as oral health variables formerly included on other LDS segments.

- The new items on medical debt and program participation from DBQ, first fielded in Summer 2025, were added to the INCASSET segment, which was correspondingly renamed to the “Income, Assets, and Debt” segment.
- The new Fall 2025 Pulse Supplement (FALLSUP) segment contains items on trust, prior authorization, and health technology from the Fall 2025 R103 MCBS Pulse.
- The COVID-19 Experience (COVIDEXP) segment was retired in 2024 due to a change in the administration of the CVQ section to winter round only. The winter round CVQ data continue to be released on the COVID-19 Topical (COVIDTOP) segment.
- The MA Plan Questions (MAPLANQX) segment was retired in 2024. Coverage details for Medicare Advantage (MA) plans are now included on the corresponding record(s) in the Health Insurance Timeline (HITLINE) segment. See section SF3.6 Special Notes for more information.
- As of 2024, the Minimum Data Set (MDS3) segment is released with the original variable names. Please note that some variables from the 2023 MDS segment have been retired, while others have been replaced by new variables in the 2024 version. Users should refer to the accompanying record layout (data dictionary) for detailed variable information. Additionally, a variable crosswalk is available that compares the 2023 and 2024 variable names.

Please note, there were also significant changes to the Income, Assets, and Debt (INCASSET) and Health Insurance Timeline (HITLINE) segments in 2024 as a result of redesigned questionnaires and imputation improvements; affected variables are documented across the next three exhibits. Refer to the codebooks for additional information on these variables.

The following exhibits document the Survey File LDS variable changes that resulted from the 2024 questionnaire changes. Exhibit SF2.2.1 lists variables that were added to the 2024 LDS.

Exhibit SF2.2.1: 2024 MCBS Survey File LDS Content Additions

Segment	Quex. Section	Variable	Variable Label
CHRNCOND	HFQ	LRGSTOOL	BOWEL PROBLEMS - LEAKING LARGE AMOUNT OF STOOL
CHRNCOND	HFQ	MODSTOOL	BOWEL PROBLEMS - LEAKING MODERATE AMOUNT OF STOOL
CHRNCOND	HFQ	PROBFECE	BOWEL PROBLEMS - LEAKING GAS
CHRNCOND	HFQ	SMLSTOOL	BOWEL PROBLEMS - LEAKING SMALL AMOUNT OF STOOL
CHRNCOND	HFQ	TALKFECE	DID SP TALK TO DR ABOUT BOWEL INCONTINENCE
COVIDTOP	CVQ	D_EVRCVD	EVER TESTED POSITIVE FOR COVID-19
DIABETES	HFQ	INSUPEN	ADMINISTRATION MODE OF INSULIN - INSULIN PEN
DIABETES	HFQ	INSUPUM	ADMINISTRATION MODE OF INSULIN - INSULIN PUMP
DIABETES	HFQ	INSUSYR	ADMINISTRATION MODE OF INSULIN - SYRINGE
DIABETES	HFQ	INSUINH	ADMINISTRATION MODE OF INSULIN - INHALER
DIABETES	HFQ	INSUTRBL	HAS TROUBLE PAYING OR WAS UNABLE TO PAY FOR INSULIN
FACASMNT	HS	PHQSEVSC	SYMPTOM FREQUENCY SCORE TOTAL
FACCHAR	BQ	BHWLIVES	WHERE SP'S SPOUSE LIVES NOW
FACCHAR	BQ	BLIVENUM	HOW MANY PEOPLE LIVED WITH SP
FACCHAR	BQ	BLIVEWAL	WHO LIVED WITH SP PRIOR TO FACILITY ADMISSION

Segment	Quex. Section	Variable	Variable Label
HITLINE	N/A	ADMSURV	COVERAGE DATA SOURCE
HITLINE	HIQ	COVTYPE	PLAN COVERAGE SCOPE
HITLINE	N/A	COVTYPE_I	COVTYPE IMPUTATION FLAG
HITLINE	HIQ	MCAIDHMO	ENROLLED IN A MEDICAID MANAGED CARE PLAN
HITLINE	HIQ	PAYOTHMA	ANYONE ELSE PAYS A PORTION OF MA PLAN PREMIUM
HITLINE	HIQ	PAYWHOMA	WHO PAYS A PORTION OF MA PLAN PREMIUM
HITLINE	HIQ	PRIVTYPE	PRIVATE PLAN COVERAGE TYPE
HITLINE	N/A	PRIVTYP_I	PRIVTYPE IMPUTATION FLAG
HITLINE	N/A	SURVFLG	COVERAGE TYPE RECLASSIFICATION FLAG
HITLINE	N/A	S_COVNM_I	S_COVNM IMPUTATION FLAG
HITLINE	HIQ	S_HMOPOS	ENROLLED IN A POINT-OF-SERVICE OPTION
HITLINE	N/A	S_PHREL_I	S_PHREL IMPUTATION FLAG
HITLINE	HIQ	S_RXPLAN	PRESCRIPTION DRUG PLAN
IMQ	IMQ	SHNGTIME	SP GOT SHINGLES VACCINE SINCE JAN 1, 2023
IMQ	IMQ	SHNGSITE	WHERE SP GOT SHINGLES VACCINE
IMQ	IMQ	SHNGCOST	SP PAID ALL OR SOME OF COST OF SHINGLES VACCINE
IMQ	IMQ	NSHNSIDE	REASON DIDN'T GET SHINGLES VACCINE - SIDE EFFECTS
IMQ	IMQ	NSHNNEED	REASON DIDN'T GET SHINGLES VACCINE - NOT NEEDED
IMQ	IMQ	NSHNBUSY	REASON DIDN'T GET SHINGLES VACCINE - FORGOT/TOO BUSY
IMQ	IMQ	NSHNPAIN	REASON DIDN'T GET SHINGLES VACCINE - SHOT COULD BE PAINFUL
IMQ	IMQ	NSHNCOST	REASON DIDN'T GET SHINGLES VACCINE - COST-RELATED CONCERNS
IMQ	IMQ	NSHNYET	REASON DIDN'T GET SHINGLES VACCINE - INTEND TO GET VACCINE
IMQ	IMQ	NSHNPREC	REASON DIDN'T GET SHINGLES VACCINE - DR DID NOT RECOMMEND
IMQ	IMQ	NSHNFIND	REASON DIDN'T GET SHINGLES VACCINE - NOT AVAILABLE
IMQ	IMQ	NSHNAPPT	REASON DIDN'T GET SHINGLES VACCINE - DIFFICULTY MAKING APPOINTMENT
IMQ	IMQ	NSHNNSRS	REASON DIDN'T GET SHINGLES VACCINE - DISEASE NOT SERIOUS
IMQ	IMQ	NSHNGOVT	REASON DIDN'T GET SHINGLES VACCINE - DON'T TRUST GOVERNMENT
IMQ	IMQ	NPNESIDE	REASON DIDN'T GET PNEUMONIA VACCINE - SIDE EFFECTS
IMQ	IMQ	NPNENEED	REASON DIDN'T GET PNEUMONIA VACCINE - NOT NEEDED
IMQ	IMQ	NPNEBUSY	REASON DIDN'T GET PNEUMONIA VACCINE - FORGOT/TOO BUSY
IMQ	IMQ	NPNEPAIN	REASON DIDN'T GET PNEUMONIA VACCINE - SHOT COULD BE PAINFUL

Segment	Quex. Section	Variable	Variable Label
IMQ	IMQ	NPNECOST	REASON DIDN'T GET PNEUMONIA VACCINE - COST-RELATED CONCERNS
IMQ	IMQ	NPNEYET	REASON DIDN'T GET PNEUMONIA VACCINE - INTEND TO GET VACCINE
IMQ	IMQ	NPNEPREC	REASON DIDN'T GET PNEUMONIA VACCINE - DR DID NOT RECOMMEND
IMQ	IMQ	NPNEFIND	REASON DIDN'T GET PNEUMONIA VACCINE - NOT AVAILABLE
IMQ	IMQ	NPNEAPPT	REASON DIDN'T GET PNEUMONIA VACCINE - DIFFICULTY MAKING APPOINTMENT
IMQ	IMQ	NPNENSRS	REASON DIDN'T GET PNEUMONIA VACCINE - DISEASE NOT SERIOUS
IMQ	IMQ	NPNEGOVT	REASON DIDN'T GET PNEUMONIA VACCINE - DON'T TRUST GOVERNMENT
IMQ	IMQ	NRSVSIDE	REASON DIDN'T GET RSV VACCINE - SIDE EFFECTS
IMQ	IMQ	NRSVNEED	REASON DIDN'T GET RSV VACCINE - NOT NEEDED
IMQ	IMQ	NRSVBUSY	REASON DIDN'T GET RSV VACCINE - FORGOT/TOO BUSY
IMQ	IMQ	NRSVPAIN	REASON DIDN'T GET RSV VACCINE - SHOT COULD BE PAINFUL
IMQ	IMQ	NRSVCOST	REASON DIDN'T GET RSV VACCINE - COST-RELATED CONCERNS
IMQ	IMQ	NRSVYET	REASON DIDN'T GET RSV VACCINE - INTEND TO GET VACCINE
IMQ	IMQ	NRSVPREC	REASON DIDN'T GET RSV VACCINE - DR DID NOT RECOMMEND
IMQ	IMQ	NRSVFINF	REASON DIDN'T GET RSV VACCINE - NOT AVAILABLE
IMQ	IMQ	NRSVAPPT	REASON DIDN'T GET RSV VACCINE - DIFFICULTY MAKING APPOINTMENT
IMQ	IMQ	NRSVNSRS	REASON DIDN'T GET RSV VACCINE - DISEASE NOT SERIOUS
IMQ	IMQ	NRSVGOVT	REASON DIDN'T GET RSV VACCINE - DON'T TRUST GOVERNMENT
IMQ	IMQ	PNEUTIME	SP GOT PNEUMONIA VACCINE SINCE JAN 1, 2023
IMQ	IMQ	PNEUSITE	WHERE SP GOT PNEUMONIA VACCINE
IMQ	IMQ	PNEUCOST	SP PAID ALL OR SOME OF COST OF PNEUMONIA VACCINE
IMQ	IMQ	RSVVAC	SP EVER HAD RSV VACCINE
IMQ	IMQ	RSVTIME	SP GOT RSV VACCINE SINCE JAN 1, 2023
IMQ	IMQ	RSVSITE	WHERE SP GOT RSV VACCINE
IMQ	IMQ	RSVCOST	SP PAID ALL OR SOME OF COST OF RSV VACCINE
INCASSET	IAQ	AMTINT	INTEREST/DIVIDEND INCOME RECEIVED LAST YEAR
INCASSET	N/A	AMTINT_I	AMTINT IMPUTATION STATUS
INCASSET	IAQ	AMTOINV	OTHER FINANCIAL INVESTMENT INCOME RECEIVED LAST YEAR
INCASSET	N/A	AMTOINV_I	AMTOINV IMPUTATION STATUS

Segment	Quex. Section	Variable	Variable Label
INCASSET	IAQ	AMTPENS	PENSION PAYMENT AMOUNT LAST MONTH
INCASSET	N/A	AMTPENS_I	AMTPENS IMPUTATION STATUS
INCASSET	IAQ	AMTRET	AMOUNT WITHDREW FROM RETIREMENT ACCOUNTS LAST YEAR
INCASSET	N/A	AMTRET_I	AMTRET IMPUTATION STATUS
INCASSET	IAQ	AMTSSI	SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENT AMOUNT LAST MONTH
INCASSET	N/A	AMTSSI_I	AMTSSI IMPUTATION STATUS
INCASSET	IAQ	AMTSSRR	SOCIAL SECURITY/RAILROAD RETIREMENT PAYMENT AMOUNT LAST MONTH
INCASSET	N/A	AMTSSRR_I	AMTSSRR IMPUTATION STATUS
INCASSET	IAQ	AMTVA	VA PAYMENTS AMOUNT LAST MONTH
INCASSET	N/A	AMTVA_I	AMTVA IMPUTATION STATUS
INCASSET	IAQ	ASTBOND	BONDS
INCASSET	N/A	ASTBOND_I	ASTBOND IMPUTATION STATUS
INCASSET	IAQ	ASTCAR	CAR OWNERSHIP
INCASSET	IAQ	ASTCARNUM	NUMBER OF CARS OWNED
INCASSET	N/A	ASTCARNUM_I	ASTCARNUM IMPUTATION STATUS
INCASSET	N/A	ASTCAR_I	ASTCAR IMPUTATION STATUS
INCASSET	IAQ	ASTCD	CERTIFICATE OF DEPOSIT
INCASSET	N/A	ASTCD_I	ASTCD IMPUTATION STATUS
INCASSET	IAQ	ASTCHK	CHECKING ACCOUNT
INCASSET	N/A	ASTCHK_I	ASTCHK IMPUTATION STATUS
INCASSET	IAQ	ASTOINV	OTHER FINANCIAL INVESTMENTS
INCASSET	N/A	ASTOINV_I	ASTOINV IMPUTATION STATUS
INCASSET	IAQ	ASTRET	RETIREMENT ACCOUNT
INCASSET	N/A	ASTRET_I	ASTRET IMPUTATION STATUS
INCASSET	IAQ	ASTSAV	SAVINGS ACCOUNT
INCASSET	N/A	ASTSAV_I	ASTSAV IMPUTATION STATUS
INCASSET	IAQ	ASTSTMF	STOCKS OR MUTUAL FUNDS
INCASSET	N/A	ASTSTMF_I	ASTSTMF IMPUTATION STATUS
INCASSET	DBQ	CCDEBT	CREDIT CARD DEBT (NON-MEDICAL)
INCASSET	DBQ	CCDEBTVAL	AMOUNT OF CREDIT CARD DEBT (NON-MEDICAL)
INCASSET	N/A	CCDEBTVAL_I	CCDEBTVAL IMPUTATION STATUS
INCASSET	N/A	CCDEBT_I	CCDEBT IMPUTATION STATUS
INCASSET	IAQ	ENRGYHLP	ENERGY ASSISTANCE IN THE LAST YEAR
INCASSET	IAQ	HOMEEQ	HOME EQUITY
INCASSET	IAQ	HOMEMTG	STATUS OF SP MORTGAGE
INCASSET	IAQ	HOMEMTGBL	AMOUNT REMAINING ON SP MORTGAGE
INCASSET	N/A	HOMEMTGBL_I	HOMEMTGBL IMPUTATION STATUS
INCASSET	IAQ	HOMEMTGPY	AMOUNT OF SP MONTHLY MORTGAGE PAYMENT
INCASSET	N/A	HOMEMTGPY_I	HOMEMTGPY IMPUTATION STATUS

Segment	Quex. Section	Variable	Variable Label
INCASSET	N/A	HOMEMTG_I	HOMEMTG IMPUTATION STATUS
INCASSET	IAQ	HOMEOWN	SP STATUS OF HOME OWNERSHIP
INCASSET	N/A	HOMEOWN_I	HOMEOWN IMPUTATION STATUS
INCASSET	IAQ	HOMERVAMT	REVERSE MORTGAGE AMOUNT RECEIVED TO DATE
INCASSET	N/A	HOMERVAMT_I	HOMERVAMT IMPUTATION STATUS
INCASSET	IAQ	HOMEVAL	PRESENT VALUE OF SP HOME
INCASSET	N/A	HOMEVAL_I	HOMEVAL IMPUTATION STATUS
INCASSET	IAQ	INCLUMP	RECEIVED LUMP SUM PAYMENT LAST YEAR
INCASSET	N/A	INCLUMP_I	INCLUMP IMPUTATION STATUS
INCASSET	IAQ	INCPENS	RECEIVED PENSION LAST MONTH
INCASSET	N/A	INCPENS_I	INCPENS IMPUTATION STATUS
INCASSET	IAQ	INCSSI	RECEIVED SUPPLEMENTAL SECURITY INCOME (SSI) LAST MONTH
INCASSET	N/A	INCSSI_I	INCSSI IMPUTATION STATUS
INCASSET	IAQ	INCSSRR	RECEIVED SOCIAL SECURITY/RAILROAD RETIREMENT PAYMENT LAST MONTH
INCASSET	N/A	INCSSRR_I	INCSSRR IMPUTATION STATUS
INCASSET	IAQ	INCVA	RECEIVED PAYMENTS FROM VA LAST MONTH
INCASSET	N/A	INCVA_I	INCVA IMPUTATION STATUS
INCASSET	IAQ	LISKNOW	AWARE OF LOW INCOME SUBSIDY (LIS)
INCASSET	IAQ	LISUSE	RECEIVE LOW INCOME SUBSIDY (LIS)
INCASSET	DBQ	MDCARD	MEDICAL/DENTAL DEBT OWED TO CREDIT CARD
INCASSET	DBQ	MDCARDVAL	AMOUNT OF MEDICAL/DENTAL DEBT OWED TO CREDIT CARD
INCASSET	N/A	MDCARDVAL_I	MDCARDVAL IMPUTATION STATUS
INCASSET	N/A	MDCARD_I	MDCARD IMPUTATION STATUS
INCASSET	DBQ	MDFAM	MEDICAL/DENTAL DEBT OWED TO FAMILY
INCASSET	DBQ	MDFAMVAL	AMOUNT OF MEDICAL/DENTAL DEBT OWED TO FAMILY/FRIEND
INCASSET	N/A	MDFAMVAL_I	MDFAMVAL IMPUTATION STATUS
INCASSET	N/A	MDFAM_I	MDFAM IMPUTATION STATUS
INCASSET	DBQ	MDHOW	MEDICAL DEBT SOURCE: EXPENSE TYPE
INCASSET	DBQ	MDLEND	MEDICAL/DENTAL DEBT OWED TO BANK/COLLECTION AGENCY
INCASSET	DBQ	MDLENDVAL	AMOUNT OF MEDICAL/DENTAL DEBT OWED TO BANK/COLLECTION AGENCY
INCASSET	N/A	MDLENDVAL_I	MDLENDVAL IMPUTATION STATUS
INCASSET	N/A	MDLEND_I	MDLEND IMPUTATION STATUS
INCASSET	DBQ	MDOTH	OTHER MEDICAL/DENTAL DEBT
INCASSET	DBQ	MDOTHVAL	AMOUNT OF OTHER MEDICAL/DENTAL DEBT
INCASSET	N/A	MDOTHVAL_I	MDOTHVAL IMPUTATION STATUS
INCASSET	N/A	MDOTH_I	MDOTH IMPUTATION STATUS
INCASSET	DBQ	MDPROV	MEDICAL/DENTAL DEBT OWED TO MEDICAL PROVIDER

Segment	Quex. Section	Variable	Variable Label
INCASSET	DBQ	MDPROVVAL	AMOUNT OF MEDICAL/DENTAL DEBT OWED TO MEDICAL PROVIDER
INCASSET	N/A	MDPROVVAL_I	MDPROVVAL IMPUTATION STATUS
INCASSET	N/A	MDPROV_I	MDPROV IMPUTATION STATUS
INCASSET	DBQ	MDSRCDEBT	SOURCE OF MEDICAL DEBT: DENTAL
INCASSET	DBQ	MDSRCDOC	SOURCE OF MEDICAL DEBT: DR/LABS/DIAGNOSTIC
INCASSET	DBQ	MDSRCEQP	SOURCE OF MEDICAL DEBT: EQUIPMENT
INCASSET	DBQ	MDSRCER	SOURCE OF MEDICAL DEBT: ER
INCASSET	DBQ	MDSRCHOSP	SOURCE OF MEDICAL DEBT: HOSPITAL/SURGERY
INCASSET	DBQ	MDSRCLTC	SOURCE OF MEDICAL DEBT: LONG-TERM CARE
INCASSET	DBQ	MDSRCOTH	SOURCE OF MEDICAL DEBT: OTHER
INCASSET	DBQ	MDSRCRX	SOURCE OF MEDICAL DEBT: PRESCRIPTION MEDICATIONS
INCASSET	DBQ	MDTIME	HOW LONG AGO MEDICAL DEBT WAS ACQUIRED
INCASSET	IAQ	MDWHO	WHO MEDICAL/DENTAL BILLS WERE FOR
INCASSET	IAQ	MSPKNOW	AWARE OF MEDICARE SAVINGS PROGRAM (MSP)
INCASSET	IAQ	MSPUSE	ENROLLED IN MEDICARE SAVINGS PROGRAM (MSP)
INCASSET	IAQ	RENT	SP/SPOUSE PAY RENT
INCASSET	IAQ	RENTAMT	AMOUNT OF RENT PER MONTH
INCASSET	N/A	RENTAMT_I	RENTAMT IMPUTATION STATUS
INCASSET	N/A	RENT_I	RENT IMPUTATION STATUS
INCASSET	IAQ	SPENDINC	SPENDING RELATIVE TO INCOME
INCASSET	IAQ	TOTAST	CURRENT VALUE OF ASSETS
INCASSET	DBQ	TOTDBT	CURRENT VALUE OF DEBT
INCASSET	IAQ	TOTINCLM	TOTAL INCOME LAST MONTH
INCASSET	IAQ	TOTINCYR	TOTAL INCOME LAST YEAR
INCASSET	N/A	TOTINCYR_I	TOTINCYR IMPUTATION STATUS
INCASSET	DBQ	TOTMD	CURRENT VALUE OF MEDICAL DEBT
INCASSET	IAQ	VALBOND	BONDS VALUE
INCASSET	N/A	VALBOND_I	VALBOND IMPUTATION STATUS
INCASSET	IAQ	VALCD	CERTIFICATE OF DEPOSIT VALUE
INCASSET	N/A	VALCD_I	VALCD IMPUTATION STATUS
INCASSET	IAQ	VALCHK	CHECKING ACCOUNT VALUE
INCASSET	N/A	VALCHK_I	VALCHK IMPUTATION STATUS
INCASSET	IAQ	VALOINV	OTHER FINANCIAL INVESTMENTS VALUE
INCASSET	N/A	VALOINV_I	VALOINV IMPUTATION STATUS
INCASSET	IAQ	VALRET	RETIREMENT ACCOUNT VALUE
INCASSET	N/A	VALRET_I	VALRET IMPUTATION STATUS
INCASSET	IAQ	VALSAV	SAVINGS ACCOUNT VALUE
INCASSET	N/A	VALSAV_I	VALSAV IMPUTATION STATUS
INCASSET	IAQ	VALSTMF	STOCKS OR MUTUAL FUNDS VALUE
INCASSET	N/A	VALSTMF_I	VALSTMF IMPUTATION STATUS

Segment	Quex. Section	Variable	Variable Label
INCASSET	IAQ	WRKEARN	SP MONTHLY EARNINGS
INCASSET	IAQ	WRKEARNSE	SPOUSE MONTHLY EARNINGS
INCASSET	N/A	WRKEARNSE_I	WRKEARNSE IMPUTATION STATUS
INCASSET	N/A	WRKEARN_I	WRKEARN IMPUTATION STATUS
INCASSET	IAQ	WRKHRS	HOURS PER WEEK WORKED
INCASSET	IAQ	WRKSE	SPOUSE'S WORK STATUS LAST MONTH
INCASSET	N/A	WRKSE_I	WRKSE IMPUTATION STATUS
INCASSET	IAQ	WRKSP	SP WORK STATUS LAST MONTH
INCASSET	N/A	WRKSP_I	WRKSP IMPUTATION STATUS
MCREPLNQ	KNQ	IRANEGOT	SP KNOWS FEDERAL LAW REQUIRES GOVT TO NEGOTIATE PRESCRIPTION DRUG PRICES
MCREPLNQ	KNQ	IRALIMIT	SP KNOWS FEDERAL LAW PLACES ANNUAL LIMIT ON OUT-OF-POCKET DRUG COSTS
MCREPLNQ	KNQ	IRACAPRX	SP KNOWS FEDERAL LAW CAPS THE COST OF INSULIN AT \$35 PER MONTH
MCREPLNQ	KNQ	IRACAPVC	SP KNOWS FEDERAL LAW REMOVES OUT-OF-POCKET COSTS FOR RECOMMENDED VACCINES
MCREPLNQ	KNQ	IRAPDRX	SP KNOWS FEDERAL LAW ALLOWS BENEFICIARIES TO SPREAD OUT-OF-POCKET PRESCRIPTION DRUG COSTS
ORALHLTH	HFQ	ORALPAIN	HOW OFTEN PAIN IN MOUTH
ORALHLTH	HFQ	CHEWPROB	HOW OFTEN DIFFICULTY CHEWING
ORALHLTH	HFQ	ORALLOOK	HOW OFTEN UNCOMFORTABLE ABOUT APPEARANCE OF TEETH/MOUTH
ORALHLTH	HFQ	JOBTEETH	HOW OFTEN DIFFICULTY WITH USUAL ACTIVITIES DUE TO TEETH/MOUTH
ORALHLTH	HFQ	LESSFLAV	HOW OFTEN LESS FLAVOR IN FOOD DUE TO PROBLEMS WITH TEETH/MOUTH
PREVCARE	HFQ	RECNTBST	WHEN MOST RECENT BLOOD STOOL TEST DONE

Exhibit SF2.2.2 lists variables that changed between the 2023 LDS and 2024 LDS, including variables that moved between segments. See the codebooks for more information on these variables.

Exhibit SF2.2.2: 2024 MCBS Survey File LDS Content Changes

Segment	Quex. Section	Variable	Variable Label	Description of Change
FACASMNT	HS	CSINNH	WAS ABLE TO RECALL NURSING HOME/SWING BED	Variable label renamed to include SWING BED: from "WAS ABLE TO RECALL - IN NURSING HOME?" to "WAS ABLE TO RECALL NURSING HOME/SWING BED"
HITLINE	HIQ	PLANTYPE	PLAN TYPE	Changes to code frame and other significant processing changes (see Appendix A for more information)

Segment	Quex. Section	Variable	Variable Label	Description of Change
HITLINE	N/A	D_PAYSP_I	IMPUTATION FLAG FOR D_PAYSP	Removed option "Imputed by carry forward" and added option "Imputed by data edits"
HITLINE	N/A	D_PREMN_I	D_PREMMON IMPUTATION FLAG	Removed option "Imputed by carry forward" and added option "Imputed by data edits"
HITLINE	HIQ	S_PHREL	POLICYHOLDER RELATIONSHIP	Added new options "Child" and "Other"
HITLINE	HIQ	COVDOC	PLAN COVERS DOCTOR VISITS	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVLAB	PLAN COVERS LAB WORK	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVPMED	PLAN COVERS PRESCRIBED MEDICINES	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVINP	PLAN COVERS INPATIENT HOSPITAL CARE	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVNURS	PLAN COVERS NURSING HOME OR LONG-TERM CARE	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVIS	PLAN COVERS OPTICAL OR VISION CARE	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVHEAR	PLAN COVERS HEARING CARE	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVBEH	PLAN COVERS BEHAVIORAL HEALTH	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVDENT	PLAN COVERS DENTAL CARE	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	COVOTH	PLAN COVERS OTHER SERVICES	Coding change: "No" = 2 instead of 0
HITLINE	HIQ	S_DVH	DENTAL, VISION, OR HEARING PLAN	Added new option "Not a dental, vision, or hearing plan"
IMQ	PVQ	FLUSITE	WHERE DID SP GET MOST RECENT FLU SHOT	Major changes to code frame causing a break in series (see SF3.6 Special Notes for more information)
ORALHLTH	HFQ	TEETHGUM	GENERAL ORAL HEALTH, TEETH, AND GUMS	Moved from CHRNCOND
ORALHLTH	HFQ	DRYMOUTH	DRY MOUTH (HOW OFTEN)	Moved from CHRNCOND
ORALHLTH	HFQ	TOOTHSEN	TOOTH SENSITIVITY (HOW OFTEN)	Moved from CHRNCOND
ORALHLTH	HFQ	DISTEETH	LOST ALL UPPER AND LOWER TEETH	Moved from NAGIDIS

Segment	Quex. Section	Variable	Variable Label	Description of Change
ORALHLTH	HFQ	FOODTRBL	DIFFICULTY EATING SOLID FOODS B/C TEETH	Moved from NAGIDIS
RXMED	RXQ	PDOPMOST	MOST IMPORTANT CONSIDERATION FOR PDP	Removed response option of "(06) THE GAP IN COVERAGE OR DONUT HOLE"
SATWCARE	SCQ	AGEEQTY	TREATED UNFAIRLY DUE TO AGE	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	CULTEQTY	TREATED UNFAIRLY DUE TO CULTURE OR RELIGION	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	DISEQTY	TREATED UNFAIRLY DUE TO DISABILITY	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	HISTEQTY	TREATED UNFAIRLY DUE TO MEDICAL HISTORY	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	LANGEQTY	TREATED UNFAIRLY DUE TO LANGUAGE OR ACCENT	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	RCEQTY	TREATED UNFAIRLY DUE TO RACE	Added new response option of "No visit in the last 12 months"
SATWCARE	SCQ	SEXEQTY	TREATED UNFAIRLY DUE TO SEXUAL ORIENTATION	Added new response option of "No visit in the last 12 months"
USCARE	USQ	PLACEKND	PLACE USUALLY GO FOR MEDICAL CARE	Renamed response option: "(07) COMPANY CLINIC" to "(07) RETAIL CLINICS"

Exhibit SF2.2.3 lists variables that were removed from the 2024 LDS. Note, this table does not capture the removal of variables from fully retired segments (i.e., COVIDEXP and MAPLANQX). For more information on variable availability over time, see the *MCBS Variable Crosswalks*: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey>.

Exhibit SF2.2.3: 2024 MCBS Survey File LDS Content Removals

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
ASSIST	USQ	HLPRUSGO	DOES A HELPER USUALLY GO TO THE DOCTOR	Removed from questionnaire
COVIDTOP	CVQ	D_FCEMSK	WORE FACE MASK IN PUBLIC (PAST YEAR)	Removed from questionnaire
DIABETES	HFQ	D_INSPMP	USES INSULIN PUMP	Replaced by INSUPUM
FACASMNT	HS	PHQSCORE	SYMPTOM FREQUENCY SCORE TOTAL	Replaced by PHQSEVSC
FACCHAR	BQ	D_LIVWTH	WHO LIVED WITH SP PRIOR TO FACILITY ADMISSION	Replaced by BLIVEWAL

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
FBENCVFL	CV	CVDTEST	TESTED FOR ACTIVE CV19 SINCE WINTER 2023	Removed from questionnaire
FBENCVFL	CV	MCARECV	HAS RECEIVED MEDICAL CARE FOR CV19	Removed from questionnaire
FBENCVFL	CV	PROVEMGN	RECEIVED CV19 CARE: EMERGENCY SERVICES	Removed from questionnaire
FBENCVFL	CV	PROVNURS	RECEIVED CV19 CARE: NURSES	Removed from questionnaire
FBENCVFL	CV	PROVNUSA	RECEIVED CV19 CARE: NURSING ASSISTANTS	Removed from questionnaire
FBENCVFL	CV	PROVPHAR	RECEIVED CV19 CARE: PHARMACISTS	Removed from questionnaire
FBENCVFL	CV	PROVPHLE	RECEIVED CV19 CARE: PHLEBOTOMISTS	Removed from questionnaire
FBENCVFL	CV	PROVPHYS	RECEIVED CV19 CARE: PHYSICIANS	Removed from questionnaire
FBENCVFL	CV	PROVTECH	RECEIVED CV19 CARE: TECHNICIANS	Removed from questionnaire
FBENCVFL	CV	PROVTHER	RECEIVED CV19 CARE: THERAPISTS	Removed from questionnaire
FBENCVFL	CV	PROVOTHR	RECEIVED CV19 CARE: OTHER	Removed from questionnaire
FBENCVFL	CV	TESTRES	RESULT OF CV19 TEST	Removed from questionnaire
HITLINE	N/A	D_FCLTYF	PLAN INFORMATION OBTAINED FROM FACILITY	Replaced by ADMSURV
HITLINE	N/A	SRCCOV01	COVERAGE SOURCE JAN	Replaced by ADMSURV
HITLINE	N/A	SRCCOV02	COVERAGE SOURCE FEB	Replaced by ADMSURV
HITLINE	N/A	SRCCOV03	COVERAGE SOURCE MAR	Replaced by ADMSURV
HITLINE	N/A	SRCCOV04	COVERAGE SOURCE APR	Replaced by ADMSURV
HITLINE	N/A	SRCCOV05	COVERAGE SOURCE MAY	Replaced by ADMSURV
HITLINE	N/A	SRCCOV06	COVERAGE SOURCE JUNE	Replaced by ADMSURV
HITLINE	N/A	SRCCOV07	COVERAGE SOURCE JULY	Replaced by ADMSURV
HITLINE	N/A	SRCCOV08	COVERAGE SOURCE AUG	Replaced by ADMSURV
HITLINE	N/A	SRCCOV09	COVERAGE SOURCE SEP	Replaced by ADMSURV
HITLINE	N/A	SRCCOV10	COVERAGE SOURCE OCT	Replaced by ADMSURV
HITLINE	N/A	SRCCOV11	COVERAGE SOURCE NOV	Replaced by ADMSURV
HITLINE	N/A	SRCCOV12	COVERAGE SOURCE DEC	Replaced by ADMSURV
HITLINE	HIQ	S_MSCOV	PLAN COVERS DR VISITS / LAB	Replaced by COVDOC, COVLAB
HITLINE	N/A	S_OTHPLN	OTHER PLAN TYPE	Limited analytic utility
INCASSET	IAQ	BANK	SP/SPOUSE OTHER COMBINED ACCOUNT AMOUNTS	Redesigned segment
INCASSET	N/A	BANK_I	BANK IMPUTATION STATUS	Associated variable removed during redesign

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	CARS	VALUE OF SP/SPOUSE CARS	Redesigned segment
INCASSET	N/A	CARS_I	CARS IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	COM401K1	ENTER SP/SPOUSE RETIREMENT ACCOUNT AMOUNT	Redesigned segment
INCASSET	IAQ	COM401K2	COMBINED RETIREMENT ACCOUNT AMOUNT	Redesigned segment
INCASSET	IAQ	COM401K3	COMBINED RETIREMENT ACCOUNT RANGE	Redesigned segment
INCASSET	IAQ	COMACCT1	SP/SPOUSE OTHER COMBINED ACCOUNT AMOUNTS	Redesigned segment
INCASSET	IAQ	COMACCT2	COMBINED OTHER ACCOUNT AMOUNTS	Redesigned segment
INCASSET	IAQ	FUND	COMBINED STOCKS, MUTUAL FUNDS, BONDS AMOUNT	Redesigned segment
INCASSET	N/A	FUND_I	FUND IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	HOMEEVAL	PRESENT VALUE OF SP HOME	Redesigned segment
INCASSET	N/A	HOMEEV_I	HOME VALUE IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	HOMEOWE	AMOUNT REMAINING ON SP MORTGAGE	Redesigned segment
INCASSET	N/A	HOMEOW_I	HOMEOWE IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	HOMERENT	AMOUNT OF SP RENT PER MONTH	Redesigned segment
INCASSET	N/A	HOMERE_I	HOME RENT IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	HRSLTWK1	HRS SP WORKED LAST WEEK AT JOB	Redesigned segment
INCASSET	IAQ	HRSLTWK2	HRS SP WORKED LAST WEEK PRESENT AT JOB	Redesigned segment
INCASSET	IAQ	HRSPERWK	HRS SP WORKS PER WEEK AT JOB	Redesigned segment
INCASSET	IAQ	IAABSENT	SP ABSENT LAST WEEK FROM WORK	Redesigned segment
INCASSET	IAQ	IAWNHOME	SP STATUS OF HOME OWNERSHIP	Redesigned segment
INCASSET	N/A	IAWNHO_I	SP HOME IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	INC23YR	SP/SPOUSE TOTAL COMBINED INCOME	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	N/A	INC23Y_I	INCOME IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	INCOMB1	SP/SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCOMB2	VALUE SP/SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCOMB3	RANGE SP/SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCOMSP1	SP INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCOMSP2	RANGE SP INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCSPSE1	SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INCSPSE2	RANGE SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	IAQ	INTCOMB1	SP/SPOUSE INTEREST/DIVIDEND ACCOUNT AMOUNT	Redesigned segment
INCASSET	IAQ	INTCOMB2	COMBINED SP/SPOUSE INTEREST/DIVIDEND AMOUNT	Redesigned segment
INCASSET	IAQ	INTCOMB3	RANGE COMBINED SP/SPOUSE INTEREST/DIVIDEND AMOUNT	Redesigned segment
INCASSET	IAQ	INTEREST	SP/SPOUSE INTEREST/DIVIDEND ACCOUNT AMOUNTS	Redesigned segment
INCASSET	N/A	INTERE_I	INTEREST IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	INTSP1	SP INTEREST/DIVIDEND ACCOUNTS AMOUNT	Redesigned segment
INCASSET	IAQ	INTSP2	RANGE SP INTEREST/DIVIDEND ACCOUNTS AMOUNT	Redesigned segment
INCASSET	IAQ	INTSPSE1	SPOUSE INTEREST/DIVIDEND ACCOUNTS AMOUNT	Redesigned segment
INCASSET	IAQ	INTSPSE2	RANGE SPOUSE INTEREST/DIVIDEND ACCOUNTS AMOUNT	Redesigned segment
INCASSET	IAQ	JNTBOND	JOINT BONDS	Redesigned segment
INCASSET	IAQ	JNTCHECK	JOINT CHECKING ACCOUNT	Redesigned segment
INCASSET	IAQ	JNTDEPT	JOINT CERTIFICATES OF DEPOSIT	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	JNTFUND	JOINT MUTUAL FUNDS, STOCKS	Redesigned segment
INCASSET	IAQ	JNTLAND	JOINTLY OWNED OTHER ASSETS	Redesigned segment
INCASSET	IAQ	JNTSAVE	JOINT SAVINGS ACCOUNT	Redesigned segment
INCASSET	IAQ	LADSPSE1	VALUE OF SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LADSPSE2	RANGE SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LAND	VALUE OF SP/SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LANDCOM1	VALUE OF SP/SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LANDCOM2	COMBINED SP/SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LANDCOM3	RANGE COMBINED SP/SPOUSE OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LANDINC	VALUE SP/SPOUSE INCOME FROM OTHER ASSETS	Redesigned segment
INCASSET	N/A	LANDIN_I	LANDINC IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	LANDSP1	VALUE OF SP OTHER ASSETS	Redesigned segment
INCASSET	IAQ	LANDSP2	RANGE SP OTHER ASSETS	Redesigned segment
INCASSET	N/A	LAND_I	LAND IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	LM401K	AMOUNT SP/SPOUSE RECEIVED RETIREMENT ACCOUNT	Redesigned segment
INCASSET	N/A	LM401K_I	LM401K IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	LSTCHECK	SP AMOUNT OF LAST PAYCHECK	Redesigned segment
INCASSET	IAQ	LUMP	VALUE OF THE LARGEST LUMP SUM	Redesigned segment
INCASSET	IAQ	LUMPAMT	AMOUNT OF LUMP SUM	Redesigned segment
INCASSET	IAQ	LUMPEST	RANGE OF LUMP SUM	Redesigned segment
INCASSET	IAQ	LUMPSUM	SP/SPOUSE RECEIVED LUMP PAYMENT	Redesigned segment
INCASSET	N/A	LUMPSU_I	LUMPSUM IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	N/A	LUMP_I	LUMP IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	LY401K	COMBINED SP/SPOUSE RECEIVED RETIREMENT YR	Redesigned segment
INCASSET	N/A	LY401K_I	LY401K IMPUTATION STATUS	Associated variable removed during redesign

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	MMORT	AMOUNT OF SP MONTHLY MORTGAGE PAYMENT	Redesigned segment
INCASSET	N/A	MMORT_I	MONTHLY MORTGAGE IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	MORTGAGE	STATUS OF SP MORTGAGE	Redesigned segment
INCASSET	N/A	MORTGA_I	MORTGAGE IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	MORTLGTH	LENGTH OF TIME TO PAY OFF SP MORTGAGE	Redesigned segment
INCASSET	IAQ	MSTRTSOC	MONTH SP STARTED SOCIAL SECURITY	Redesigned segment
INCASSET	IAQ	MULTIJOB	SP HAS MULTIPLE JOBS	Redesigned segment
INCASSET	IAQ	NUMCAR	NUMBER CARS SP/SPOUSE OWNS	Redesigned segment
INCASSET	N/A	NUMCAR_I	NUMBER CAR IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	OTHCOMB1	OTHER COMB STOCKS, FUNDS, BOND	Redesigned segment
INCASSET	IAQ	OTHCOMB2	OTHER COMB STOCKS, FUNDS, BOND AMOUNT	Redesigned segment
INCASSET	IAQ	OTHCOMB3	RANGE OTHER COMB STOCKS, FUNDS, BOND AMOUNT	Redesigned segment
INCASSET	IAQ	OTHCOMB4	RANGE OF COMB STOCKS, FUNDS, BOND AMOUNT	Redesigned segment
INCASSET	IAQ	OTHSP1	SP OTHER STOCKS, FUNDS, BOND AMOUNT	Redesigned segment
INCASSET	IAQ	OTHSP2	RANGE SP OTHER STOCKS, FUNDS, BOND AMOUNT2	Redesigned segment
INCASSET	IAQ	OTHSP3	RANGE SP OTHER STOCKS, FUNDS, BOND AMOUNT3	Redesigned segment
INCASSET	IAQ	OTHSPSE1	SPOUSE OTHER STOCKS, FUNDS, BOND AMOUNT	Redesigned segment
INCASSET	IAQ	OTHSPSE2	RANGE SPOUSE OTH STOCKS, FUNDS, BOND AMOUNT2	Redesigned segment
INCASSET	IAQ	OTHSPSE3	RANGE SPOUSE OTH STOCKS, FUNDS, BOND AMOUNT3	Redesigned segment
INCASSET	IAQ	OWNCAR	SP/SPOUSE AUTO OWNERSHIP	Redesigned segment
INCASSET	N/A	OWNCAR_I	OWN CAR IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	PAYRENT	SP/SPOUSE PAY RENT	Redesigned segment
INCASSET	N/A	PAYREN_I	PAY RENT IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	PAYSCHED	HOW OFTEN SP GETS PAID	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	PENSION	COMBINED AMOUNT RECEIVED SP/SPOUSE PENSION	Redesigned segment
INCASSET	N/A	PENSIO_I	PENSION IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	PNCOMB1	COMBINED AMOUNT RECEIVED SP/SPOUSE PENSION	Redesigned segment
INCASSET	IAQ	PNCOMB2	AMOUNT RECEIVED SP/SPOUSE PENSION	Redesigned segment
INCASSET	IAQ	PNCOMB3	RANGE AMOUNT RECEIVED SP/SPOUSE PENSION	Redesigned segment
INCASSET	IAQ	PNSPAMT1	AMOUNT RECEIVED SP PENSION PLAN	Redesigned segment
INCASSET	IAQ	PNSPAMT2	RANGE AMOUNT RECEIVED SP PENSION PLAN	Redesigned segment
INCASSET	IAQ	PPSEAMT1	AMOUNT RECEIVED SPOUSE PENSION PLAN	Redesigned segment
INCASSET	IAQ	PPSEAMT2	RANGE AMOUNT RECEIVED SPOUSE PENSION PLAN	Redesigned segment
INCASSET	IAQ	PVCAR1	VALUE OF SP AND SPOUSE CARS	Redesigned segment
INCASSET	IAQ	PVCAR2	RANGE SP AND SPOUSE CARS	Redesigned segment
INCASSET	IAQ	PYCHKAMT	SP TOTAL PAYCHECK AMOUNT	Redesigned segment
INCASSET	IAQ	PYCHKDAY	SP PAY PER DAY	Redesigned segment
INCASSET	IAQ	PYCHKHR	SP PAY PER HOUR	Redesigned segment
INCASSET	IAQ	RECCOMB1	COMBINED AMOUNT RECEIVED THIS MONTH	Redesigned segment
INCASSET	IAQ	RECCOMB2	AMOUNT SP/SPOUSE RECEIVED FROM RETIREMENT ACCOUNT THIS MONTH	Redesigned segment
INCASSET	IAQ	RECCOMB3	RANGE SP/SPOUSE RETIREMENT ACCOUNT THIS MONTH	Redesigned segment
INCASSET	IAQ	RECSP1	AMOUNT SP RECEIVED FROM RETIREMENT ACCOUNT THIS MONTH	Redesigned segment
INCASSET	IAQ	RECSP2	RANGE SP FROM RETIREMENT ACCOUNT THIS MONTH	Redesigned segment
INCASSET	IAQ	RECSPSE1	AMOUNT SPOUSE RECEIVED RETIREMENT ACCOUNT THIS MONTH	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	RECSPSE2	RANGE SPOUSE RECEIVED RETIREMENT ACCOUNT THIS MON	Redesigned segment
INCASSET	IAQ	RETNEVWK	IS SP RETIRED OR NEVER WORKED?	Redesigned segment
INCASSET	IAQ	SDEPOSIT	FORM OF SSRR PAYMENTS	Redesigned segment
INCASSET	IAQ	SEPACCT1	SEPARATE ACCOUNTS RANGE 1	Redesigned segment
INCASSET	IAQ	SEPACCT2	SEPARATE ACCOUNTS RANGE 2	Redesigned segment
INCASSET	IAQ	SISPAMT1	SP SSI MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	SISPAMT2	RANGE SP SSI MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	SISPAMT3	AMOUNT OF SPOUSE SSI MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	SISPAMT4	RANGE SPOUSE SSI MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	SP401K	SP RETIREMENT PLANS	Redesigned segment
INCASSET	IAQ	SP401K1	SP RETIREMENT ACCOUNT AMOUNT	Redesigned segment
INCASSET	IAQ	SP401K2	SP RETIREMENT ACCOUNT AMOUNT RANGE	Redesigned segment
INCASSET	N/A	SP401K_I	IMPUTATION FLAG FOR SP401K AND SPSE401K	Associated variable removed during redesign
INCASSET	IAQ	SPACCT1	COMBINED AMOUNT OF SP CHECKING, SAVINGS, CD ACCOUNTS	Redesigned segment
INCASSET	IAQ	SPACCT2	COMBINED RANGE SP CHECKING, SAVINGS, CD ACCOUNTS2	Redesigned segment
INCASSET	IAQ	SPACCT3	COMBINED RANGE SP CHECKING, SAVINGS, CD ACCOUNTS3	Redesigned segment
INCASSET	IAQ	SPBOND	SP BONDS	Redesigned segment
INCASSET	N/A	SPBOND_I	IMPUTATION FLAG FOR SPBOND, SPSEBOND, JNTBOND	Associated variable removed during redesign
INCASSET	IAQ	SPCHECK	SP CHECKING ACCOUNT	Redesigned segment
INCASSET	N/A	SPCHEC_I	IMPUTATION FLAG FOR SPCHECK, SPSECHK, JNTCHECK	Associated variable removed during redesign
INCASSET	IAQ	SPDEPT	SP CERTIFICATES OF DEPOSIT	Redesigned segment
INCASSET	N/A	SPDEPT_I	IMPUTATION FLAG FOR SPDEPT, SPSEDEPT, JNTDEPT	Associated variable removed during redesign

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	SPE401K1	SPOUSE RETIREMENT ACCOUNT AMOUNT	Redesigned segment
INCASSET	IAQ	SPE401K2	SPOUSE RETIREMENT ACCOUNT AMOUNT RANGE	Redesigned segment
INCASSET	IAQ	SPEACCT1	COMBINED AMOUNT OF SPOUSE CHECKING, SAVINGS, CD ACCOUNTS	Redesigned segment
INCASSET	IAQ	SPEACCT2	COMBINED RANGE SPOUSE CHECKING, SAVINGS, CD ACCOUNTS2	Redesigned segment
INCASSET	IAQ	SPEACCT3	COMBINED RANGE SPOUSE CHECKING, SAVINGS, CD ACCOUNTS3	Redesigned segment
INCASSET	IAQ	SPFUND	SP MUTUAL FUNDS, STOCKS	Redesigned segment
INCASSET	N/A	SPFUND_I	IMPUTATION FLAG FOR SPFUND, SPSEFUND, JNTFUND	Associated variable removed during redesign
INCASSET	IAQ	SPLAND	OTHER ASSETS SP OWNS	Redesigned segment
INCASSET	N/A	SPLAND_I	IMPUTATION FLAG FOR SPLAND, SPSELAND, JNTLAND	Associated variable removed during redesign
INCASSET	IAQ	SPPENS	SP PENSION PLANS	Redesigned segment
INCASSET	N/A	SPPENS_I	IMPUTATION FLAG FOR SPPENS AND SPSEPENS	Associated variable removed during redesign
INCASSET	IAQ	SPSAVE	SP SAVINGS ACCOUNT	Redesigned segment
INCASSET	N/A	SPSAVE_I	IMPUTATION FLAG FOR SPSAVE, SPSESAVE, JNTSAVE	Associated variable removed during redesign
INCASSET	IAQ	SPSE401K	SPOUSE RETIREMENT PLANS	Redesigned segment
INCASSET	IAQ	SPSEBOND	SPOUSE BONDS	Redesigned segment
INCASSET	IAQ	SPSECHK	SPOUSE CHECKING ACCOUNT	Redesigned segment
INCASSET	IAQ	SPSEDEPT	SPOUSE CERTIFICATES OF DEPOSIT	Redesigned segment
INCASSET	IAQ	SPSEFUND	SPOUSE MUTUAL FUNDS, STOCKS	Redesigned segment
INCASSET	IAQ	SPSELAND	OTHER ASSETS SPOUSE OWNS	Redesigned segment
INCASSET	IAQ	SPSEPENS	SPOUSE PENSION PLANS	Redesigned segment
INCASSET	IAQ	SPSESAVE	SPOUSE SAVINGS ACCOUNT	Redesigned segment
INCASSET	IAQ	SPSESIRC	SPOUSE RECEIVED SSI LAST MONTH	Redesigned segment
INCASSET	IAQ	SPSEVAPY	SPOUSE RECEIVED VA PAYMENTS LAST MONTH	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	SPSEWORK	SPOUSE WORK STATUS	Redesigned segment
INCASSET	N/A	SPSEWO_I	SPOUSE WORK IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	SPSSIREC	SP RECEIVED SSI LAST MONTH	Redesigned segment
INCASSET	N/A	SPSSIR_I	IMPUTATION FLAG FOR SPSSIREC AND SPSESIRC	Associated variable removed during redesign
INCASSET	IAQ	SPVAPAY	SP RECEIVED VA PAYMENTS LAST MONTH	Redesigned segment
INCASSET	N/A	SPVAPA_I	IMPUTATION FLAG FOR SPVAPAY AND SPSEVAPY	Associated variable removed during redesign
INCASSET	IAQ	SRRSPSE1	SPOUSE SSRR MONTHLY PAY	Redesigned segment
INCASSET	IAQ	SRRSPSE2	RANGE SPOUSE SSRR MONTHLY PAY	Redesigned segment
INCASSET	IAQ	SSI	SP/SPOUSE SSI PAYMENT	Redesigned segment
INCASSET	IAQ	SSICOM1	SP/SPOUSE SSI PAYMENT	Redesigned segment
INCASSET	IAQ	SSICOM2	COMBINED AMOUNT OF SP AND SPOUSE SSI	Redesigned segment
INCASSET	IAQ	SSICOM3	RANGE OF SP/SPOUSE SSI AMOUNT	Redesigned segment
INCASSET	N/A	SSI_I	SSI IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	SSRCOM1	SP/SPOUSE SSRR RETIREMENT PAYMENT	Redesigned segment
INCASSET	IAQ	SSRCOM2	COMBINED AMOUNT SP AND SPOUSE SSRR	Redesigned segment
INCASSET	IAQ	SSRCOM3	RANGE SP AND SPOUSE SSRR AMOUNT	Redesigned segment
INCASSET	IAQ	SSRR	SP/SPOUSE SSRR PAYMENT	Redesigned segment
INCASSET	IAQ	SSRRSP	SP RECEIVED SSRR	Redesigned segment
INCASSET	IAQ	SSRRSP1	SP SSRR RETIREMENT MONTHLY PAY	Redesigned segment
INCASSET	IAQ	SSRRSP2	RANGE SP SSRR MONTHLY PAY	Redesigned segment
INCASSET	IAQ	SSRRSPSE	SPOUSE RECEIVED SSRR	Redesigned segment
INCASSET	N/A	SSRRSP_I	IMPUTATION FLAG FOR SSRRSP AND SSRRSPSE	Associated variable removed during redesign
INCASSET	N/A	SSRR_I	SSRR IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	TOT401K	SP/SPOUSE RETIREMENT ACCOUNT AMOUNT	Redesigned segment
INCASSET	N/A	TOT401_I	TOT401K IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	TOTALSP1	SP TOTAL INCOME	Redesigned segment
INCASSET	IAQ	TOTCOMB1	SP/SPOUSE TOTAL INCOME LAST YEAR	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	TOTCOMB2	RANGE SP/SPOUSE TOTAL INCOME LAST YEAR	Redesigned segment
INCASSET	IAQ	VA	SP/SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	VACOMB1	SP/SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	VACOMB2	AMOUNT SP/SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	VACOMB3	RANGE SP/SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	VASPAMT1	AMOUNT SP MONTHLY VA PAYMENT	Redesigned segment
INCASSET	IAQ	VASPAMT2	RANGE SP MONTHLY VA PAYMENT	Redesigned segment
INCASSET	IAQ	VASPSE1	SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	IAQ	VASPSE2	RANGE SPOUSE VA MONTHLY PAYMENT	Redesigned segment
INCASSET	N/A	VA_I	VA IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	WORK	SP/SPOUSE MONTHLY EARNINGS FROM WORK	Redesigned segment
INCASSET	IAQ	WORKMM	SP GOT PAID TO WORK LAST MONTH	Redesigned segment
INCASSET	N/A	WORKMM_I	PAID WORK MONTH IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	WORKPTNR	SPOUSE MONTHLY EARNINGS FROM WORK	Redesigned segment
INCASSET	N/A	WORKPT_I	SPOUSE EARNINGS IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	WORKSP	SP MONTHLY EARNINGS FROM WORK	Redesigned segment
INCASSET	N/A	WORKSP_I	SP EARNINGS IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	WORKWEEK	SP WORKED LAST WEEK	Redesigned segment
INCASSET	N/A	WORK_I	SP/SPOUSE EARNINGS IMPUTATION STATUS	Associated variable removed during redesign
INCASSET	IAQ	YRCSPSE1	AMOUNT SPOUSE RECEIVED RETIREMENT ACCOUNT THIS YEAR	Redesigned segment
INCASSET	IAQ	YRCSPSE2	RANGE SPOUSE RECEIVED RETIREMENT ACCOUNT THIS YR	Redesigned segment
INCASSET	IAQ	YRECCOM1	COMBINED SP/SPOUSE RECEIVED FROM RETIREMENT ACCOUNT THIS YEAR	Redesigned segment

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
INCASSET	IAQ	YRECCOM2	COMBINED SP/SPOUSE RECEIVED FROM RETIREMENT ACCOUNT THIS YEAR	Redesigned segment
INCASSET	IAQ	YRECCOM3	RANGE COMBINED SP/SPOUSE RETIREMENT ACCOUNT THIS YEAR	Redesigned segment
INCASSET	IAQ	YSTRTSOC	YEAR SP STARTED SOCIAL SECURITY	Redesigned segment
INCASSET	IAQ	YYRECSP1	AMOUNT SP RECEIVED FROM RETIREMENT ACCOUNT THIS YEAR	Redesigned segment
INCASSET	IAQ	YYRECSP2	RANGE SP RECEIVED FROM RETIREMENT ACCOUNT THIS YEAR	Redesigned segment
MAPLANQX	HIQ	RECMADV	WOULD SP RECOMMEND MA TO FAMILY/FRIENDS	Segment retired
MAPLANQX	HIQ	MADVYRS	NUMBER OF YEARS ENROLLED IN MA	Segment retired
MCREPLNQ	KNQ	APPLYMSP	SP APPLIED TO MEDICARE OFFICE FOR HELP PAYING COSTS	Removed from questionnaire
MCREPLNQ	KNQ	KBOKUNDR	HOW EASY TO UNDERSTAND BOOK/BROCHURE	Removed from questionnaire
MCREPLNQ	IAQ	USEMSP	SP RECEIVES ASSISTANCE FROM MEDICARE SAVINGS PROGRAM TO HELP PAY FOR COSTS	Replaced by MSPUSE on INCASSET (moved from KNQ to IAQ)
PREVCARE	HFQ	COLRCNT	WHEN MOST RECENT BLOOD STOOL TEST DONE	Replaced by RECNTBST
RXMED	RXQ	PDEXAPLY	APPLY FOR EXTRA RX COVERAGE HELP?	Removed from questionnaire
RXMED	RXQ	PDEXACCP	APPLICATION FOR EXTRA HELP ACCEPTED?	Removed from questionnaire
RXMED	IAQ	PDRECLIS	SP RECEIVES ASSISTANCE TO PAY FOR MEDICARE PRESCRIPTION DRUG COVERAGE	Replaced by LISUSE on INCASSET (moved from RXQ to IAQ)
USCARE	USQ	PLACEMCP	IS DOCTOR/CLINIC ASSOC W/ MNGD CARE PLAN	Removed from questionnaire
USCARE	USQ	LANGCOMM	HOW WELL PROVIDER COMMUNICATE IN LANGUAGE SPOKEN AT HOME	Removed from questionnaire
USCARE	USQ	LANGSYMP	HOW WELL SP AND PROVIDER COMMUNICATE IN ENGLISH	Removed from questionnaire

Segment	Quex. Section	Variable	Variable Label	Reason for Removal
USCARE	USQ	GETUSHOW	HOW DOES SP USUALLY GET TO DR	Removed from questionnaire
USCARE	USQ	COMPUSE	DOES PROVIDER USE A COMPUTER DURING OFFICE VISIT?	Removed from questionnaire
USCARE	USQ	EMEDREC	DOES PCP ENTER HEALTH INFO IN COMPUTER	Removed from questionnaire
USCARE	USQ	COMP SHW	CAN SP EASILY SEE INFORMATION ON COMPUTER SCREEN IN OFFICE?	Removed from questionnaire
USCARE	USQ	COMPINFO	DOES DOCTOR USE COMPUTER TO SHOW SP HEALTH INFORMATION?	Removed from questionnaire
USCARE	USQ	COMPREC	DOES DOCTOR USE COMPUTER TO SHOW SP RECOMMENDATIONS FOR PREVENTATIVE SERVICES?	Removed from questionnaire
USCARE	USQ	COMPRD	DOES DOCTOR READ INFORMATION PUT IN SP'S MEDICAL RECORD BACK TO THEM?	Removed from questionnaire
USCARE	USQ	COMPINF	DOES DOCTOR SEND SP HEALTH INFORMATION ELECTRONICALLY?	Removed from questionnaire
USCARE	USQ	COMPACC	DOES SP HAVE ACCESS TO MEDICAL RECORD THROUGH OWN COMPUTER/PHONE?	Removed from questionnaire
USCARE	USQ	COMPHLP	IS DOCTOR'S COMPUTER USE HELPFUL?	Removed from questionnaire
USCARE	USQ	COMPDIST	DOES DOCTOR'S COMPUTER USE DISTRACT THEM FROM PAYING ATTENTION TO SP?	Removed from questionnaire
USCARE	USQ	COMPATT	DOES DOCTOR'S COMPUTER USE DISTRACT SP FROM PAYING ATTENTION TO DOCTOR?	Removed from questionnaire
USCARE	USQ	COMPTM	HOW LONG DOES DOCTOR SPEND ON COMPUTER?	Removed from questionnaire
USCARE	USQ	USWHYNAV	WHY IS USUAL DR NO LONGER AVAILABLE	Removed from questionnaire

SF3. DATA FILE CONTENTS

SF3.1 2024 Sampling and Medicare Population Covered by the 2024 MCBS Data

The 2024 LDSs represent four separate MCBS panels identified by the year in which the panel was selected and first interviewed (i.e., the 2021, 2022, 2023, and 2024 Panels). Exhibit SF3.1.1 shows the composition of each of the four panels included in the 2024 data files.

Exhibit SF3.1.1: 2024 MCBS Composition of Panels Contributing to the LDS Data Files

Data Year (Fall)	Number of Beneficiaries Selected
2021	15,968
2022	17,151
2023	15,096
2024	15,408

Exhibit SF3.1.2 presents the aggregated estimates of the size of the two Medicare populations overall and by sex and race.¹⁸ Exhibits SF3.1.3 and SF3.1.4 present estimates of the size of the continuously enrolled and ever enrolled Medicare populations by race and age (as of December 31, 2024) for male and female beneficiaries.

Exhibit SF3.1.2: 2024 Total Estimated Number of Medicare Beneficiaries by Sex and Race*

Group	Subgroup	Continuously Enrolled	Ever Enrolled
Overall Total		63,454,460	68,787,340
Sex	Male Total	28,676,751	31,213,207
	Female Total	34,777,709	37,574,133
Race	White non-Hispanic Total	45,866,749	47,988,038
	Black non-Hispanic Total	6,830,353	7,040,978
	Hispanic Total	5,414,870	5,734,757
	Other Total [†]	5,342,488	8,023,567

SOURCE: Beneficiary race/ethnicity were sourced from administrative data in the Sample Control File and the weights were sourced from the 2024 Survey File.

* Weighted counts may not sum to the total of beneficiaries living in the community in the U.S. due to missingness.

[†]The "Other" race category includes other single races not of Hispanic origin, Two or More Races, or Unknown Races.

¹⁸ Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as White and not of Hispanic origin were coded as White non-Hispanic; beneficiaries reported as Black/African American and not of Hispanic origin were coded as Black non-Hispanic; beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The "Other" race category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), Two or More Races, or Unknown Races.

Exhibit SF3.1.3: 2024 Estimated Number of Male Medicare Beneficiaries by Race and Age*

Race	Age as of 12/31/2024	Continuously Enrolled	Ever Enrolled
White non-Hispanic	<45	377,140	400,240
	45-64	1,649,731	1,614,679
	65-69	4,599,763	4,926,794
	70-74	5,455,827	5,554,514
	75-79	4,212,528	4,452,220
	80-84	2,699,322	2,830,007
	85+	1,909,813	2,251,402
Black non-Hispanic	<45	156,973	167,863
	45-64	486,199	461,704
	65-69	742,183	811,578
	70-74	668,043	661,410
	75-79	429,646	422,363
	80-84	214,517	235,669
	85+	178,396	204,605
Hispanic	<45	113,140	116,178
	45-64	291,379	300,737
	65-69	636,717	692,256
	70-74	522,914	541,188
	75-79	390,687	416,799
	80-84	179,032	177,402
	85+	184,957	214,486
Other[†]	<45	153,761	206,530
	45-64	182,277	317,842
	65-69	903,760	1,877,315
	70-74	554,622	574,699
	75-79	517,485	514,320
	80-84	152,659	154,497
	85+	113,280	113,909

SOURCE: Beneficiary age and race/ethnicity were sourced from administrative data in the Sample Control File and the weights were sourced from the 2024 Survey File.

* Weighted counts may not sum to the total of beneficiaries living in the community in the U.S. due to missingness.

[†]The "Other" race category includes other single races not of Hispanic origin, Two or More Races, or Unknown Races.

Exhibit SF3.1.4: 2024 Estimated Number of Female Medicare Beneficiaries by Race and Age*

Race	Age as of 12/31/2024	Continuously Enrolled	Ever Enrolled
White non-Hispanic	<45	312,192	319,954
	45-64	1,794,491	1,737,754
	65-69	5,204,292	5,561,561
	70-74	6,316,766	6,367,705
	75-79	5,028,154	5,083,601
	80-84	3,328,089	3,433,764
	85+	2,978,641	3,453,843
Black non-Hispanic	<45	116,940	118,325
	45-64	532,332	518,944
	65-69	1,027,447	1,083,632
	70-74	891,532	893,477
	75-79	608,539	634,008
	80-84	389,279	409,046
	85+	388,325	418,355
Hispanic	<45	76,397	85,329
	45-64	330,192	324,349
	65-69	749,179	851,944
	70-74	809,629	817,881
	75-79	507,240	526,527
	80-84	355,687	363,627
	85+	267,721	306,053
Other[†]	<45	87,216	132,762
	45-64	201,496	387,632
	65-69	1,132,419	2,366,260
	70-74	588,370	580,026
	75-79	404,964	404,022
	80-84	149,034	162,567
	85+	201,146	231,187

SOURCE: Beneficiary age and race/ethnicity were sourced from administrative data in the Sample Control File and the weights were sourced from the 2024 Survey File.

* Weighted counts may not sum to the total of beneficiaries living in the community in the U.S. due to missingness.

[†]The "Other" race category includes other single races not of Hispanic origin, Two or More Races, or Unknown Races.

SF3.2 2024 MCBS Survey File Segments

The 2024 Survey File LDS contains 58 segments. Exhibit SF3.2.1 displays each segment included in the Survey File 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 three possible sources for the Survey File LDS are the Community Questionnaire (CQ), Facility Instrument (FI), 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 ACCESSCR segment came from their Community interview only. Additionally, one segment is sourced from the Fall 2025 MCBS Pulse.

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 ASSIST segment provides multiple rows per BASEID for each person reported as helping the beneficiary in the data year.

Historic RIC Segment indicates the equivalent historic segment(s) from the 1991-2013 data release structure, as applicable.

Exhibit SF3.2.1: 2024 MCBS Survey File Segments and Contents

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Access to Care (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	3
Access to Care Medicare Appointments (ACCSSMED)	Information on medical and dental visit experiences and forgone medical, dental, vision, hearing, and mental health care and prescription medicines.	The data collected in Winter 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	ACQ, DVH, MPQ, PMQ	Winter (ACQ) ³ All (DVH, MPQ, PMQ)	Cont.	Beneficiary	3

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Administrative Utilization Summary (ADMNUTLS)	Summarized administrative information on Medicare, program expenditures, and utilization.		AR	n/a (Admin data)	n/a	All	Beneficiary	A
Assistance (ASSIST)	Information on the person helping and type of assistance that the beneficiary with ADLs and IADLs receives.		CQ	ENS, HFQ	All (ENS) Fall (HFQ)	All	Helper by beneficiary	2H
Chronic Conditions (CHRNCOND)	Information on chronic and other diagnosed medical conditions.		CQ	HFQ, PVQ	Fall (HFQ, PVQ) ³	All	Beneficiary	2, 2P
Chronic Conditions Flags (CHRNCDL)	FFS Chronic Condition Flag Records and FFS Chronic and other Disabling Flag records from administrative data sources.		AR	n/a (Admin data)	n/a	n/a	Beneficiary	N/A
Chronic Pain (CHRNPAIN)	Information on experiences with chronic pain and non-medication related chronic pain management techniques.	The data collected in Summer 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	CPQ	Summer	Cont.	Beneficiary	N/A
Cognitive Measures (COGNFUNC)	Measures of cognitive functioning.	Use the special non-response adjustment weights.	CQ	CMQ	Fall	All	Beneficiary	N/A

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
COVID-19 Topical (COVIDTOP)	Information on COVID-19 vaccination, testing, diagnosis, symptoms, and prevention.	The data collected in Winter are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	CVQ	Winter	All	Beneficiary	N/A
Demographics (DEMO)	Demographic information.		CQ, FI, AR	ENS, DIQ, INQ, BQ, RH	All (ENS, INQ, RH) Fall ¹ (DIQ, BQ)	All (ENS, INQ, BQ, RH) Base (DIQ)	Beneficiary	1, 9, A, K
Diabetes (DIABETES)	Information on diabetes management such as insulin usage.		CQ	HFQ	Fall	All	Beneficiary	N/A
Facility Assessments (FACASMNT)	Assessment information conducted while the beneficiary was living in a Medicare approved or non-Medicare approved facility.		FI, AR	HS	Fall ²	All	Beneficiary	2F

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Facility Characteristics (FACCHAR)	Primarily information from the Facility Questionnaire with Skilled Nursing Facility (SNF) stay information for beneficiaries living in the community and in facilities incorporated.		FI, AR	BQ, FQ, RH	Fall ¹ (BQ) All (FQ, RH)	All	Facility by beneficiary	7, 7S
Falls (FALLS)	Information on injuries and attitudes about falls.		CQ	HFQ	Fall	All	Beneficiary	2, 2P
Food Insecurity (FOODINS)	Information on access to sufficient food.	The data collected in Summer 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	IAQ	Summer	Cont.	Beneficiary	N/A
General Health (GENHLTH)	Information on general health status and functioning such as height and weight.		CQ	HFQ	Fall	All	Beneficiary	2
Health Insurance Summary (HISUMRY)	Administrative information on the characteristics of insurance coverage.		CQ, AR	HIQ	All	All	Beneficiary	4, A

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Health Insurance Timeline (HITLINE)	Information on insurance plans and the coverage eligibility timeline as well as information regarding premiums and covered services.		CQ, FI, AR	CPS, ENS, HIQ, NSQ, STQ, IN	All (CPS, HIQ, NSQ, STQ) Fall ² (IN)	Cont. (CPS, NSQ, STQ) Both (HIQ)	Plan type by beneficiary	4, A
Household Characteristics (HHCHAR)	Information on household composition and home.		CQ	ENS, HAQ	All (ENS) Fall (HAQ)	All	Beneficiary	5
Immunization (IMQ)	Information on beneficiary immunizations.		CQ	PVQ, IMQ	Summer, Winter ³	All	Beneficiary	N/A
Income, Assets, and Debt (INCASSET)	Information on income, assets and debt.	The data collected in Summer 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	IAQ	Summer ³	Cont.	Beneficiary	1, Income Asset
Interview Characteristics (INTERV)	Information on interview characteristics.		CQ, FI	END, ENS, INQ, IRQ	All	All	Interview by beneficiary	4, 8, 9, K
Medicare Plan Beneficiary Knowledge (MCREPLNQ)	Information on experiences with the Medicare open enrollment period and knowledge about Medicare-covered expenses.	The data collected in Winter 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	KNQ	Winter ³	Cont.	Beneficiary	KN

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Minimum Data Set (MDS3)	Information on assessments conducted by the facility while the beneficiary was living in an approved Medicare facility.		AR	n/a (Admin data)	n/a	n/a	Assessment by beneficiary	MDS, 10
Mental Health (MENTHLTH)	Information on mental health such as feelings of anxiety or depression.		CQ	HFQ	Fall	All	Beneficiary	N/A
Mobility (MOBILITY)	Information on the use of available transportation options and whether health status affects their daily travel.		CQ	MBQ	Fall	All	Beneficiary	N/A
Multiple Year Enrollment (MYENROLL)	Up to five years of beneficiary enrollment information with monthly flags related to Part D and LIS enrollment, dual eligibility status, and type of Medicare coverage.		AR	n/a (Admin data)	n/a	All	Beneficiary	N/A
Nagi Disability (NAGIDIS)	Information on difficulties with performance of activities of daily living.		CQ	HFQ	Fall	All	Beneficiary	2, 2H, 2P
Nicotine and Alcohol (NICOALCO)	Information on the prevalence and frequency of alcohol and nicotine use.		CQ	NAQ	Fall	All	Beneficiary	2, 2P
Oral Health (ORALHLTH)	Information on oral health.		CQ	HFQ	Fall	All	Beneficiary	N/A

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Outcome and Assessment Information (OASIS)	Information on assessments conducted by home health agencies while the beneficiary was receiving HH services.		AR	n/a (Admin data)	n/a	n/a	Assessment by beneficiary	OAS, 10
Patient Activation (PNTACT)	Information on the degree to which beneficiaries actively participate in their health care and decisions concerning care.	Use the special non-response adjustment weights.	CQ	SCQ	Fall	All	Beneficiary	PA
Preventive Care (PREVCARE)	Information on preventive services such as routine screening procedures.		CQ	HFQ, PVQ	Fall (HFQ) Fall (PVQ) ³	All	Beneficiary	2, 2P
Residence Timeline (RESTMLN)	Information on where the beneficiary lived over the course of the year.		CQ, FI	HHQ, IPQ, IUQ	All	Cont.	Beneficiary	6, 9, A, K
RX Medications (RXMED)	Information on prescription medication access and satisfaction with and knowledge about Medicare Part D.	The data collected in Summer 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	RXQ	Summer ₃	Cont.	Beneficiary	RX
Satisfaction with Care (SATWCARE)	Information on satisfaction with different aspects of health care.		CQ	SCQ	Fall	Cont. (MPQ, PMQ) Both (SCQ)	Beneficiary	3

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Telemedicine (TELEMED)	Information on telemedicine visit availability and usage.	The data collected in Winter 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	TLQ	Winter ³	Cont.	Beneficiary	N/A
Usual Source of Care (USCARE)	Information on where and how the beneficiary typically seeks medical care.	The data collected in Winter 2025 are released with the 2024 Survey File given that the reference period is 2024. Use the special non-response adjustment weights.	CQ	USQ	Winter ³	Cont.	Beneficiary	2, 3
Vision and Hearing (VISHEAR)	Information on eye health and hearing status.		CQ	HFQ	Fall	All	Beneficiary	2
Survey File Weights (CENWGTS) (EVRWGTS) (LNG2WGTS) (LNG3WGTS) (LNG4WGTS)	The weights segments include longitudinal weights for the continuously enrolled population, and general-purpose cross-sectional weights for the ever enrolled and continuously enrolled populations, with replicate weights.		CQ, FI	n/a	n/a	All	Beneficiary	X, XE, X3, X4

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Survey File Non-Response Adjustment Topical Weights (See Exhibit SF3.4.3)	The weights segments include adjusted cross-sectional weights to represent the ever enrolled and continuously enrolled populations who were still entitled and living in the community when completing a Winter 2025 or Summer 2025 interview, with replicate weights.		CQ	n/a	n/a	All	Beneficiary	N/A
COVID-19 Facility Beneficiary-Level (FBENCVFL)	Information on COVID-19 diagnosis, testing, and care received by beneficiaries living in a facility during the fall of 2024 and winter of 2025.		FI	CV	Fall, Winter	All	Beneficiary	N/A
Fall 2025 Pulse Supplement (FALLSUP)	Information on trust, prior authorization, and health technology from the Fall 2025 MCBS Pulse.	The data collected in Fall 2025 are released with the 2024 Survey File given the eligible population. Use the special non-response adjustment weights.	MCBS Pulse	N/A	Fall	Cont.	Beneficiary	N/A

Survey File Segment (Abbrev)	Description	Data Collection and Special Weights Notes	Data Source *	Quex Section	Season	Panel **	Unit of Observation	Historic RIC Segment
Fee-for-Service Claims (FFS)	Abbreviated FFS claims data. Additional claims-like data will be included as they become available in subsequent years (e.g., Encounter Data, Medicaid claims data).		AR	n/a (Admin data)	n/a	All	Beneficiary	Research Claims

* = Data source describes the source of the data on the segment. The three possible sources are the Community Questionnaire (CQ), Facility Instrument (FI), 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 ACCESSCR segment came from their Community interview only.

** = Panel describes whether the questionnaire sections that provide the data for each segment are fielded for baseline respondents, continuing respondents, or both.

1. The BQ section is also administered to Community-to-Facility Crossover cases each season.
2. The FC, IN, and HS sections are also administered each season to Community-to-Facility cases, Facility-to-Facility cases, and for beneficiaries living in a Facility whose last interview was a Community interview and who completed a Facility interview in a prior round.
3. These sections are 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.

SF3.3 Imputation

For the 2024 Survey File, imputation occurs for 1) missing data on beneficiaries' **income, assets, and medical debt** that contribute to the INCASSET segment and 2) incomplete information on **insurance premiums** that contributes to the HITLINE segment.¹⁹ If needed, "probe" variables, which indicate whether the beneficiary paid a premium or additional cost, are imputed. Reported premium values are converted into monthly amounts and monthly values are imputed for beneficiaries who did not report a premium amount. If a range was reported, values are imputed such that they fall within the reported range.

Starting with 2024, insurance plan coverage details are also imputed for plans where those details were not provided by the respondent (e.g., whether the plan covers prescriptions, doctor visits, lab work, dental, vision, hearing, etc.). This is not expected to significantly affect the 2024 Survey File HITLINE segment. Starting in 2024, imputation for probes on the prevalence of medical debt and their associated amounts found in DBQ were added to imputation processing. In addition, the IAQ questionnaire changes described in section SF2.1 were integrated into the existing income and assets imputation processing.

For more information on the imputation that occurs for each LDS, see the *MCBS Data User's Guide*. For a detailed description of the MCBS imputation procedures, see the *MCBS Methodology Report*.

¹⁹ Please note that insurance information on MA plans was previously included on the MAPLANQX segment; beginning with the 2024 Survey File, insurance information on MA plans (as well as other types of insurance plans) is available on the HITLINE segment.

SF3.4 Weights

Two sets of **cross-sectional weights** representing the ever enrolled population (EVRWGTS) and the continuously enrolled population (CENWGTS), and three sets of **longitudinal weights** representing the two-year (LNG2WGTS), three-year (LNG3WGTS), and four-year (LNG4WGTS) continuously enrolled populations are provided for the 2024 Survey File. The Survey File weights are for analysis of Survey File data only; data users cannot use the Survey File weights with Cost Supplement File data. Data users who want to analyze Survey File data along with cost and utilization data in the Cost Supplement File should use the Cost Supplement File weights. For more information on the weights available for each LDS and the population they represent, see the *MCBS Data User's Guide*. For a detailed description of the MCBS weighting procedures, see the *MCBS Methodology Report*.

Exhibit SF3.4.1 summarizes the general purpose weights released on the 2024 Survey File.

Exhibit SF3.4.1: 2024 MCBS Survey File General Purpose Weights

Limited Data Set	Description	Segment	Full-Sample Weight	Replicate Weights	Population
Survey File	Continuously Enrolled Cross-Sectional Weights	CENWGTS	CEYRSWGT	CEYRS001-CEYRS100	Continuously enrolled from 1/1/2024 through the fall of 2024
Survey File	Ever Enrolled Cross-Sectional Weights	EVRWGTS	EEYRSWGT	EEYRS001-EEYRS100	Ever enrolled for at least one day at any time during 2024
Survey File	Continuously Enrolled Two-Year Longitudinal Weights	LNG2WGTS	L2YRSWGT	L2YRS001-L2YRS100	Continuously enrolled from 1/1/2023 through the fall of 2024
Survey File	Continuously Enrolled Three-Year Longitudinal Weights	LNG3WGTS	L3YRSWGT	L3YRS001-L3YRS100	Continuously enrolled from 1/1/2022 through the fall of 2024
Survey File	Continuously Enrolled Four-Year Longitudinal Weights	LNG4WGTS	L4YRSWGT	L4YRS001-L4YRS100	Continuously enrolled from 1/1/2021 through the fall of 2024

SF3.4.1 Special Topical Weights Segments

In addition to the general purpose cross-sectional and longitudinal weights, the 2024 Survey File LDS provides Topical weights that have been adjusted for non-response and represent the ever enrolled Survey File population, the continuously enrolled Survey File population, and the ever enrolled Cost Supplement File population, respectively. The 2024 Survey File LDS includes 12 special nonresponse-adjusted weights segments that should be used with the 12 Topical segments: ACCSSMED, CHRNPAIN, COGNFUNC, COVIDTOP, FOODINS, IMQ, INCASSET, MCREPLNQ, PNTACT, RXMED, TELMED, and USCARE. The questionnaire sections (or specific items within questionnaire sections) that should be weighted separately are fielded in the winter and summer rounds following the data year, and/or are not administered to proxy respondents. Additionally, data from the FALLSUP segment should be used with the special nonresponse-adjusted weights that are included directly on the segment. Exhibit SF3.4.2 crosswalks these questionnaire sections, their corresponding Topical LDS segments, and their three corresponding Topical weights segments (one for each population).

The Survey File Topical weights segments should be used for analysis of Survey File Topical segment data, alone or in combination with other Survey File or Cost Supplement File data (instead of the general purpose Survey File or Cost Supplement File weights segments). For more information on how to use the Topical weights, see the *MCBS Data User's Guide*.

Exhibit SF3.4.2: Crosswalk of 2024 Questionnaire Sections and LDS Segments with Topical Weights

Questionnaire Section	Questionnaire Type	Data Collection Round	Topical LDS Segment	Topical Weights Segment
Access to Care (ACQ)	Core	Winter 2025	ACCSSMED	WSEWGTS WSCWGTS WCEWGTS
Cognitive Measures (CMQ)*	Core	Fall 2024	COGNFUNC	FNSEWGTS FNSCWGTS FNCEWGTS
Chronic Pain (CPQ)*	Topical	Summer 2025	CHRNPAIN	SNSEWGTS SNSCWGTS SNCEWGTS
COVID-19 (CVQ)	Topical	Winter 2025	COVIDTOP	WSEWGTS WSCWGTS WCEWGTS
Debt (DBQ)	Topical	Summer 2025	INCASSET	SSEWGTS SSCWGTS SCEWGTS
Fall 2025 R103 MCBS Pulse	Supplement	Fall 2025	FALLSUP	PULSEWT on FALLSUP
Income and Assets (IAQ)	Core	Summer 2025	INCASSET	SSEWGTS SSCWGTS SCEWGTS
Income and Assets (IAQ) – Food Insecurity items	Topical	Summer 2025	FOODINS	SSEWGTS SSCWGTS SCEWGTS
Immunization (IMQ)**	Topical	Winter 2025, Summer 2025	IMQ	WSEWGTS WSCWGTS WCEWGTS
Knowledge and Decision Making (KNQ)	Topical	Winter 2025	MCREPLNQ	WSEWGTS WSCWGTS WCEWGTS
Satisfaction with Care (SCQ) – Patient Activation items*	Core	Fall 2024	PNTACT	FNSEWGTS FNSCWGTS FNCEWGTS
Drug Coverage (RXQ)	Topical	Summer 2025	RXMED	SSEWGTS SSCWGTS SCEWGTS
Telemedicine (TLQ)	Core	Winter 2025	TELEMED	WSEWGTS WSCWGTS WCEWGTS
Usual Source of Care (USQ)	Core	Winter 2025	USCARE	WSEWGTS WSCWGTS WCEWGTS

*CMQ, CPQ, and the Patient Activation items in SCQ are only administered to non-proxy respondents.

**Only the pneumonia, shingles, and RSV vaccination items on IMQ should use the Topical weights. Flu vaccination items on IMQ should use the general purpose weights (see Exhibit SF3.4.1).

Exhibit SF3.4.3 summarizes all Topical weights released on the 2024 Survey File. See the codebooks for the names of the full-sample and replicate weights for each Topical weights segment.

Exhibit SF3.4.3: 2024 MCBS Survey File Topical Weights

Topical Weights	Description	Topical Weights Segment	Population
Non-Proxy Adjustment	Survey File Ever Enrolled	FNSEWGTS	Ever enrolled for at least one day at any time during 2024
	Survey File Continuously Enrolled	FNSCWGTS	Continuously enrolled from 1/1/2024 through the fall of 2024
	Cost Supplement File Ever Enrolled	FNCEWGTS	Ever enrolled for at least one day at any time during 2024
Winter Nonresponse Adjustment	Survey File Ever Enrolled	WSEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Winter 2025
	Survey File Continuously Enrolled	WSCWGTS	Continuously enrolled in 2024 and still alive, entitled, and not living in a facility in Winter 2025
	Cost Supplement File Ever Enrolled	WCEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Winter 2025
Summer Nonresponse Adjustment	Survey File Ever Enrolled	SSEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
	Survey File Continuously Enrolled	SSCWGTS	Continuously enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
	Cost Supplement File Ever Enrolled	SCEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
Non-Proxy and Summer Nonresponse Adjustment	Survey File Ever Enrolled	SNSEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
	Survey File Continuously Enrolled	SNSCWGTS	Continuously enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
	Cost Supplement File Ever Enrolled	SNCEWGTS	Ever enrolled in 2024 and still alive, entitled, and not living in a facility in Summer 2025
MCBS Pulse Nonresponse Adjustment		PULSEWT on FALLSUP	Ever enrolled during 2024 and still alive, entitled, and living in the community in Fall 2025

SF3.5 Response Rates

Exhibit SF3.5.1 displays the 2024 Survey File unconditional and conditional response rates by panel for the ever enrolled and continuously enrolled populations. Additional information, including details on how these

rates are calculated, can be found in Section 8 of the *MCBS Methodology Report*: <https://www.cms.gov/data-research/research/medicare-current-beneficiary-survey/data-documentation-codebooks>.

Exhibit SF3.5.1: 2024 MCBS Survey File Annual Response Rates

	Unconditional Response Rate (%)		Conditional Response Rate (%)	
	Ever Enrolled	Continuously Enrolled	Ever Enrolled	Continuously Enrolled
2021	12.7	12.4	87.0	83.6
2022	15.9	15.9	78.3	75.7
2023	25.6	25.1	59.1	56.7
2024	44.3	42.9	44.3	42.9
Overall	24.2	23.9	55.8	53.6

SF3.6 Special Notes

Beginning with the 2024 LDS, nonresponse adjusted Topical weights are included on standalone weights segments instead of being included directly on the Topical segments (except FALLSUP). See Exhibit SF3.4.2 for a crosswalk of the Topical segments and their corresponding, standalone Topical weights segments, and Exhibit SF3.4.3 for a description of the standalone Topical weights segments.

As described above for the 2024 Survey File - Early Release (see section ER3.4), several variables on PREVCARE and DIABETES underwent changes to their editing processes for the 2024 LDS. These changes also pertain to the 2024 Survey File. Users should use caution if comparing these variables over time.

Additional changes that only pertain to the 2024 Survey File are listed below. Additionally, a detailed description of the changes to HITLINE is provided in Appendix A.

Immunization (IMQ)

As described above in Exhibit SF2.2.2, the code frame for variable FLUSITE was streamlined and brought into alignment with new items collecting the site of vaccination for shingles, RSV, and pneumonia (SHNGSITE, RSVSITE, and PNEUSITE, respectively). Particular care should be taken when conducting longitudinal analyses using FLUSITE.

Exhibit SF3.6.1: Immunization Code Frame Changes

Old Code Frame	New Code Frame
(01) DOCTORS OFFICE OR GROUP PRACTICE	(01) PHARMACY/DRUG STORE
(02) MEDICAL CLINIC	(02) DOCTORS OFFICE OR GROUP PRACTICE
(03) MANAGED CARE PLAN CENTER/HMO	(03) CLINIC (MEDICAL
(04) NEIGHBORHOOD/FAMILY HEALTH CENTER	CLINIC/NEIGHBORHOOD/FAMILY HEALTH
(05) RURAL HEALTH CLINIC	CENTER/RURAL HEALTH CLINIC/COMPANY
(06) COMPANY CLINIC/WORKPLACE	CLINIC/WORKPLACE)
(07) OTHER CLINIC	(04) HOSPITAL/WALK-IN URGENT CENTER

Old Code Frame	New Code Frame
(08) WALK-IN URGENT CENTER	(05) VA FACILITY
(09) HOSPITAL EMERGENCY ROOM	(06) COMMUNITY SITE (HEALTH FAIR/SHOPPING MALL/CHURCH/SCHOOL/LIBRARY)
(10) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC	(07) AT HOME
(11) VA FACILITY	(08) SENIOR CENTER
(12) HEALTH FAIR	(91) OTHER, SPECIFY
(13) SHOPPING MALL/OTHER STORE	(.D) DON'T KNOW
(14) SENIOR CENTER	(.R) REFUSED
(15) AT HOME	
(16) CHURCH/SCHOOL	
(17) LIBRARY	
(18) HOSPITAL INPATIENT	
(19) PHARMACY/DRUG STORE	
(91) OTHER	
(.D) DON'T KNOW	
(.R) REFUSED	

SFA. APPENDIX A: HITLINE REDESIGN

This appendix describes the changes to the redesigned HITLINE segment on the 2024 Survey File. Updates include the following: Plan information for MA and Medicare Part D plans is now available at the plan level and there is improved information available on Veteran's Affairs (VA) coverage.

SFA1. Data Structure

The 2024 HITLINE segment contains multiple rows per beneficiary, and the unique key for this file is BASEID + PLANUM + BEGDATE. The PLANUM is the insurance plan number and BEGDATE is the beginning date of the time period for a given data record.

For each beneficiary in the Survey File ever enrolled population, the segment typically contains one record for each insurance plan in the calendar year. However, for MA or Medicare Part D plans, an insurance plan may be present on multiple records for the same beneficiary if there was a break in coverage.

SFA2. Overview of Process Changes

The 2024 HITLINE segment includes several major process changes, as described in Exhibit SFA2.1.

Exhibit SFA2.1: Overview of HITLINE Process Changes

Process Change	Description
Administrative enrollment for <i>MA and Part D</i> plans	All administrative plans are retained in the data, as before. However, starting with 2024, plans reported in the survey as MA or Part D that do not have administrative plan matches are reclassified to a different plan classification.
Administrative enrollment for <i>Medicaid</i>	The 2024 HITLINE treats Medicaid enrollment similar to MA and Part D plans. Plans reported as Medicaid that do not have administrative plan matches are reclassified to a different plan classification, with most reclassified as "Other Public Plan."
Improved MA plan matching	The 2024 process improved matching between administrative and survey-reported MA plan information by leveraging the MA contract ID, to increase match rates and improve match accuracy. This reduces plan misclassification by ensuring that plans are more accurately identified and categorized.
Addition of Part D plan matching	The 2024 HITLINE also incorporates Part D plan matching for the first time. This enhancement improves the accuracy of prescription drug coverage classification and reduces duplicate or inconsistent reporting of plan enrollment.
Expansion of covered services detail	Information on covered services has been standardized across plan types and expanded to include additional services (e.g., behavioral health coverage, etc.). Information on covered services is now also available for additional coverage types: Private, MA, Other public (new), and Tricare (new).
Expansion of imputation scope	The 2024 process includes imputed values for the set of ten coverage variables: COVPMED, COVDOC, COVLAB, COVINP, COVNURS, COVDEN, COVVIS, COVHEAR, COVBEH, COVOTH.
MA plan detail	Prior to 2024, all information about MA enrollment was collapsed into a single beneficiary-level record. The 2024 HITLINE contains a record for each plan. This includes the list of covered services and premium information.
Part D plan detail	Prior to 2024, all information about Part D enrollment was collapsed into a single beneficiary-level record. The 2024 HITLINE contains a record for each plan.

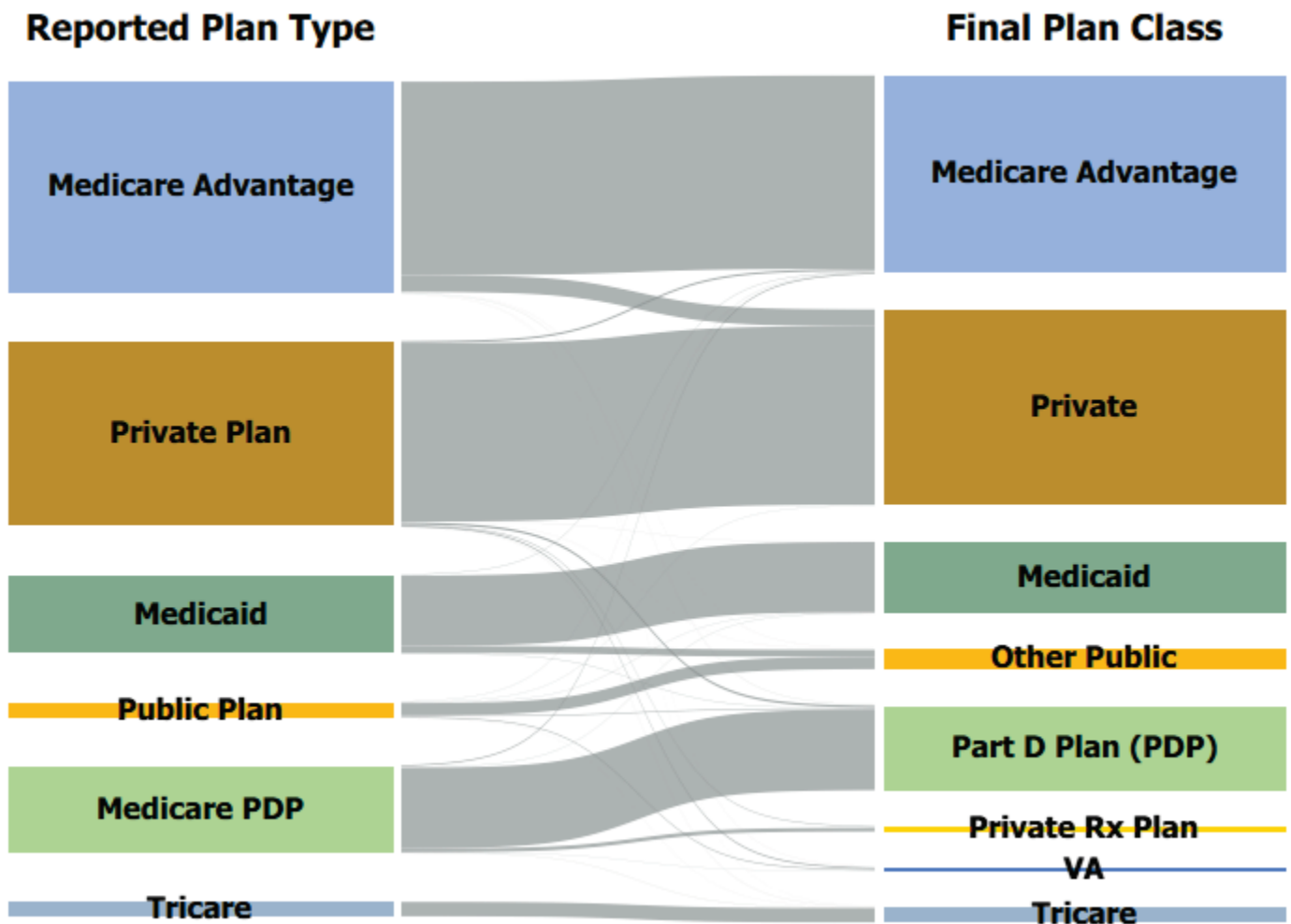
Process Change	Description
Premium information	Premium information is imputed where missing for all private and MA plans (change first made in 2023).
VA coverage	Starting with 2024, information on VA coverage is more comprehensive than in prior years. The MCBS now explicitly asks whether a beneficiary is eligible to receive health care services through the VA and whether they used any VA services in the past year. As a result, VA coverage appears as a single record in the file, with VA service use indicated via a flag on that record.

The new variable **ADMSURV** describes the data source, or sources, for each plan, as outlined in Exhibit SFA2.2.

Exhibit SFA2.2: 2024 HITLINE Sources of Plan Information (ADMSURV)

		Part A	Part B	MA	Part D	Medicaid	Other Public	Private	VA	Tricare
ADMSURV	Source(s)	1	2	3	4	5	6	7	8	9
1	CMS administrative data only	✓	✓	✓	✓	✓				
2	Administrative and survey data – Community			✓	✓	✓				
3	Administrative and survey data – Facility			✓	✓	✓				
4	Survey data only – Community						✓	✓	✓	✓
5	Survey data only – Facility						✓	✓	✓	✓

The new variable **SURVFLG** indicates the original survey-reported plan classification as reported by the respondent for any plan that was modified during processing based on administrative data matching, plan name, plan characteristics, or other factors. This variable can be used to distinguish between reported and derived classifications and to identify cases where plan-specific follow-up information may be unavailable because the plan type was assigned through logical imputation after data collection. The 2024 survey-reported plan types vs. final plan classifications are described in Exhibit SFA2.3.

Exhibit SFA2.3: 2024 Survey-Reported Plan Type vs. Final Plan Classification

The new variable **PRIVTYPE** indicates whether a private plan was obtained through an employer or purchased individually. Because the MCBS survey collects this information only for plans reported as private, values for reclassified private plans were logically assigned. **PRIVTYPE_I** identifies cases where the PRIVTYPE value was logically derived and the criteria used for value assignment, allowing users to apply alternative assumptions when analyzing these plans.

The new variable **COVTYPE** indicates whether a plan provides comprehensive or specialty coverage based on the respondent's reporting of covered services. All plans reported as covering physician visits were classified as comprehensive coverage. Detailed coverage indicators are also provided on the segment, allowing users to apply alternative definitions of comprehensive coverage if desired.

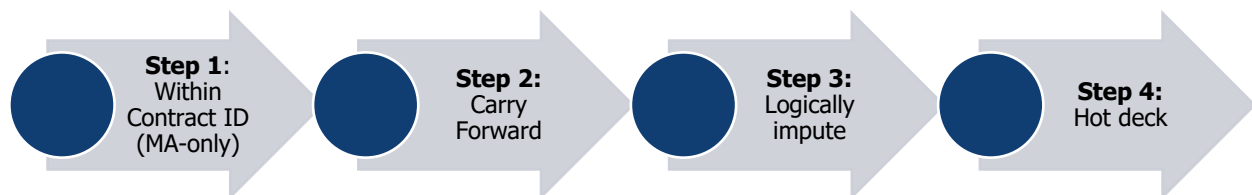
S_DVH is a derived variable that identifies plans providing dental, vision, or hearing coverage only, based on reported information about the services covered by each plan.

S_RXPLAN is a new derived variable that identifies prescription drug-only plans based on reported information about the services covered by each plan.

SFA3. Imputation of Coverage Details

Starting with 2024, the imputation scope for HITLINE has been expanded to include the coverage detail (COVxxxx) variables for non-Medicaid plans, including plans matched to beneficiaries living in a facility. The imputation process is summarized in Exhibit SFA3.1.

Exhibit SFA3.1: Imputation Routine for Coverage Details



- **Step 1 – Within Contract ID Imputation:** For unmatched administrative MA plans or administrative plans matched to survey-reported plans without provided coverage values, coverage variables were first imputed using matched MA plans with survey-reported coverage values as donors. When available, the pool of donor records had the same contract ID as the recipient record.

Coverage details for the remaining MA records not imputed using the contract ID and non-MA plans were imputed using the following steps:

- **Step 2 – Carry Forward Imputation:** If the same beneficiary had the same plan for the prior year, and the prior year data for the plan included coverage values, then those values were applied to the current year version of the plan.
- **Step 3 – Logically Impute Coverage:** If the plan name suggested a given plan covered dental-only, vision-only, hearing-only, or some combination of these three coverages, then the coverage variables were assigned the appropriate coverage. All other coverage variables were set to “no coverage” for these plans. A separate step that takes a similar approach was used for plans where the plan name indicated prescription-only coverage.
- **Step 4 – Hot Deck Imputation:** Remaining plans that needed coverage imputation were imputed via hot deck.

SFA4. Imputation of Insurance Plan Premiums and Associated Probe Variables

Monthly insurance plan premiums are expected to be populated on HITLINE under two conditions:

1. The medical insurance plan is private, and the main insured person paid any or all of the premium for the plan coverage.
2. The survey-reported plan is an MA plan, and there was an additional cost for coverage beyond Medicare Part B premiums.

If no response was provided to the survey, the premium imputation process first imputed the “probe” variables indicating whether the main insured person paid a premium or additional cost. This was followed by imputation of the premium amount, where a “yes” response was either reported or imputed in the corresponding probe.

SFA4.1 Probe Imputation

The variable D_PAYSP was first imputed using the value of the probe variable from the prior calendar year if the value was provided for the same plan for the same beneficiary. The variable D_PAYSP_I identifies these records as “Imputed by data edits.” When a prior value was unavailable, imputation was conducted using hot deck methodology with donor records from similar beneficiaries based on beneficiary-specific and insurance coverage characteristics.

SFA4.2 Premium Amount Imputation

For imputing the insurance plan premium amount, all amounts were first converted to monthly premium amounts, if needed. If the plan duration associated with the provided premium was not provided, it was generally considered to be monthly. Next, bounds were placed on the premium imputed values for cases where only the premium range values were provided. Premiums were then imputed using a combination of the carry forward technique and the hot deck methodology that used donor records from similar beneficiaries based on beneficiary-specific and insurance coverage characteristics.

Private plan premium imputation was conducted separately for two groups based on the magnitude of the observed premiums by type of insurance: (1) general medical plans, including Tricare, and (2) dental, vision, hearing, and prescription-only plans. Premium amounts for MA plans were imputed separately from premium amounts for private plans.

- **Private Plans:** D_PAYSP was imputed for 3 percent of private plans in 2024, fewer than in 2023 (5 percent). Among private plans with a premium, 27 percent had a premium amount imputed in 2024, similar to in 2023 (26 percent). Plans were divided into two groups prior to premium imputation, those with more expensive premiums (medical, long-term care) and those with less expensive premiums (dental, vision, hearing, etc.).
- **MA Plans:** D_PAYSP was imputed for 17 percent of MA plans in 2024, more than in 2023 (7 percent) because administrative-only MA plans were imputed in 2024 but were not imputed in 2023. Among MA plans with a premium beyond the required Medicare Part B premium, 29 percent of plans had a premium amount imputed in 2024, higher than in 2023 (24 percent).

SFA5. Plan Matching Metrics

Match rates for administrative Medicaid, MA, and standalone Part D plans are presented in Exhibit SFA5.1. In 2024, 93 percent of MA plans were matched to either a survey-reported plan or to a beneficiary living in a facility. Of the 626 unmatched administrative-only MA plans in the final segment, 576 were for beneficiaries who either had no reported MA plans in the survey or no remaining unmatched survey plans available.

Exhibit SFA5.1: 2024 Match Rates for Administrative Medicaid, MA, and Standalone Part D Plans