

## 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) is a continuous, multi-purpose longitudinal survey covering a representative national sample of the Medicare population. Sponsored by the Centers for Medicare & Medicaid Services (CMS), the MCBS primarily focuses on economic and beneficiary topics including health care use and health care access barriers, health care expenditures, and factors that affect health care utilization. As a part of this focus, the MCBS collects a variety of information about the beneficiary, including demographic characteristics, health status and functioning, access to care, insurance coverage and out of pocket expenses, financial resources, and potential family support. Over the years, data from the MCBS have been used to inform many advancements, including the creation of benefits such as Medicare's Part D prescription drug benefit.

The MCBS collects this information in three data collection periods, or rounds, per year. MCBS data collection is conducted primarily by phone supplemented by in-person interviewing using computer-assisted personal interviewing (CAPI).

Each year, the MCBS Questionnaire specifications are made publicly available on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Questionnaires>. For each survey year, questionnaire users can view separate PDF files for each Community and Facility instrument section administered, including the question variable names and question text in each section. Exhibit 1 shows the PDF section specifications now available for 2025. These are the questionnaires administered during the 2025 calendar year.

The 2025 MCBS Questionnaire User's Guide is intended to accompany the 2025 MCBS Questionnaire specifications. For users less familiar with the MCBS Questionnaire, this document offers a publicly available resource, which highlights questionnaire changes made in 2025 and explains the Community and Facility instruments more generally. For resources about MCBS data products, users can view documentation for each data year on the MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

### Exhibit 1: 2025 MCBS Questionnaire Specification Sections

Section Group	Abbr.	Section Name	PDF Section File Name
<b>Community Questionnaire</b>			
Socio-Demographics	IAQ	Income and Assets	2025_Income_and_Assets_IAQ
	DBQ	Debt	2025_Debt_DBQ
	DIQ	Demographics/Income	2025_Demographics_Income_DIQ

<b>Section Group</b>	<b>Abbr.</b>	<b>Section Name</b>	<b>PDF Section File Name</b>
Health Insurance	HIQ	Health Insurance	2025_Health_Insurance_HIQ
Utilization	DVH	Dental, Vision, & Hearing Care Utilization	2025_Den_Vis_Hear_Care_Utl_DVH
	ERQ	Emergency Room Utilization	2025_Emergency_Utilization_ERQ
	IPQ	Inpatient Hospital Utilization	2025_Inpatient_Utilization_IPQ
	OPQ	Outpatient Hospital Utilization	2025_Outpatient_Util_OPQ
	IUQ	Institutional Utilization	2025_Institutional_Util_IUQ
	HHQ	Home Health Utilization	2025_Home_Health_Util_HHQ
	MPQ	Medical Provider Utilization	2025_Medical_Provider_Util_MPQ
	PMQ	Prescribed Medicine Utilization	2025_Prescribed_Med_Util_PMQ
	OMQ	Other Medical Expenses Utilization	2025_Other_Medical_Expense_OMQ
Cost	STQ	Statement Cost Series	2025_Statement_Cost_Series_STQ
	PSQ	Post-Statement Charge	2025_Post_Statement_Cost_PSQ
	NSQ	No Statement Charge	2025_No_Statement_Cost_NSQ
	CPS	Charge Payment Summary	2025_Cost_Payment_Summary_CPS
Experiences with Care	ACQ	Access to Care	2025_Access_to_Care_ACQ
	TLQ	Telemedicine	2025_Telemedicine_TLQ
	SCQ	Satisfaction with Care	2025_Satisfaction_Care_SCQ
	USQ	Usual Source of Care	2025_Usual_Source_Of_Care_USQ
Health Status	HFQ	Health Status and Functioning	2025_Health_Status_HFQ
	CMQ	Cognitive Measures	2025_Cognitive_Measures_CMQ
Housing Characteristics	HAQ	Housing Characteristics	2025_Housing_Charcs_HAQ
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	2025_Chronic_Pain_CPQ
	IMQ	Immunization	2025_Immunization_IMQ
	MBQ	Mobility of Beneficiaries	2025_Mobility_MBQ
	NAQ	Nicotine and Alcohol Use	2025_Nicotine_Alcohol_Use_NAQ
	PVQ	Preventive Care	2025_Preventive_Care_PVQ
COVID-19	CVQ	COVID-19	2025_COVID_19_CVQ
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	2025_Beneficiary_Knowledge_KNQ
	RXQ	Drug Coverage	2025_Drug_Coverage_RXQ
Operational	INQ	Introduction	2025_Introduction_INQ
	ENS	Enumeration Summary	2025_Enumeration_Summary_ENS
	END	Closing	2025_End_END
	IRQ	Interviewer Remarks	2025_Interviewer_Remarks_IRQ

Section Group	Abbr.	Section Name	PDF Section File Name
<b>Facility Instrument</b>			
Facility Characteristics	FQ	Facility Questionnaire	Fac2025_Facility_Quex_FQ
Socio-Demographics	RH	Residence History	Fac2025_Residence_History_RH
	BQ	Background	Fac2025_Background_BQ
Health Insurance	IN	Health Insurance	Fac2025_Health_Insurance_IN
Utilization	US	Use of Health Services	Fac2025_Use_Health_Services_US
Cost	EX	Expenditures	Fac2025_Expenditures_EX
Health Status	HS	Health Status	Fac2025_Health_Status_HS
COVID-19	CV	COVID-19 Beneficiary	Fac2025_COVID_19_Bene _CV
Operational	IR	Interviewer Remarks	Fac2025_Interviewer_Remarks_IR
Missing Data	FQM	Facility Questionnaire Missing Data	Fac2025_Facility_Missing_FQM
	RHM	Residence History Missing Data	Fac2025_Residence_Missing_RHM
	BQM	Background Questionnaire Missing Data	Fac2025_Background_Missing_BQM

## 2. WHAT'S NEW FOR THE QUESTIONNAIRE IN 2025?

Several questionnaire sections were revised in 2025. Below are highlights and updates for the 2025 survey administration year.

### 2.1 Community Questionnaire

Changes implemented for the 2025 Community questionnaire included the addition of new questionnaire items and sections, the removal of items, and updates to question text, response options, and respondent universes.

#### 2.1.1 Global Changes

In Fall 2025, text was updated throughout the questionnaire to replace "S/HE" or "HIM/HER" with "Respondent" or "them" to maintain consistency in respondent references. These updates were made in the Cognitive Measures Questionnaire (CMQ), the Cost Payment Summary (CPS), the Enumeration Summary (ENS), the Housing Characteristics Questionnaire (HAQ), and the Satisfaction with Care Questionnaire (SCQ).

#### 2.1.2 Section-Specific Changes

##### **Cognitive Measures (CMQ)**

Due to the change in presidential administration, in Fall 2025, the last names for President and Vice President were updated on the questionnaire screens for variables POTUS and VPOTUS.

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

In Winter 2025, FACEMASK, which collects how often the beneficiary has worn a face mask when out in public in the prior year, was removed from the CVQ.

##### **Debt (DBQ)**

In Summer 2025, a new question series on debt was implemented via a new questionnaire section, DBQ:

- DBQ includes 19 new items on medical debt adapted from the Kaiser Family Foundation (KFF) Health Care Debt Survey<sup>1</sup>. Respondents are first asked to report prevalence of medical debt by creditor type, including medical or dental bills a) being paid off over time directly to a provider, b) being paid off over time via a credit card, c) owed to a 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

<sup>1</sup> <https://files.kff.org/attachment/TOPLINE-KFF-Health-Care-Debt-Survey-March-2022.pdf>

asked to estimate the amount of debt owed by each debt type they reported. If the respondent is not able to report a numeric amount, they are asked to provide the closest range category.

- Respondents who report any type of medical debt will also receive four follow-up items collecting additional details. These follow up items ask if the medical bills leading to debt were bills for the beneficiary's care or someone else's care; ask what types of medical events contributed to medical debt; clarify if the medical bills were for a short- or long-term medical expense; and approximate how long ago the beneficiary's medical expenses that resulted in medical debt were incurred.
- DBQ concludes with three items sourced from the Survey of Income and Program Participation (SIPP)<sup>2</sup> that collect prevalence of credit card debt and, if applicable, the amount of debt owed.

The DBQ is fielded once a year in the Summer round.

### **Demographics and Income (DIQ)**

In Fall 2025, two changes were made in the Demographics and Income Questionnaire (DIQ):

- In Fall 2023, new items about sexual orientation were added to the Demographics and Income Questionnaire (DIQ). In Fall 2025, the code list at SEXORINT was updated to remove the "something else" response option, and the verbatim follow-up item, SEXORIOS, was removed.
- Due to the changes made to the Income & Assets Questionnaire (IAQ) in Summer 2025, the range values at SPINCLET were updated to align with those at TOTLCMRG in IAQ.

### **Health Insurance (HIQ)**

In 2025, three updates were made to improve the Health Insurance Questionnaire (HIQ):

- In Winter 2025, the routing at HI12-PLAN\_PUBLIC and HI20-PLAN-PRIVATE was updated so that plans entered in error route to PUBMORE and PRVOCOV, respectively, to ensure the erroneous plans are not flagged as "current" and the questionnaire can proceed normally to collect any legitimate, current plans.
- In Fall 2025, the routing at GAPCOVER was updated to fix an error and ensure consistency between baseline and continuing cases. Previously, if baseline cases indicated they did not have any private plans at PRIVCOV and did not have coverage through Medigap or Medicare supplemental insurance at GAPCOVER, they were mistakenly routed to PRVOCOV, which asks about additional private plans. Since these respondents had already indicated they had no private coverage, the routing was corrected to skip PRVOCOV in this scenario.

<sup>2</sup> [https://www2.census.gov/programs-surveys/sipp/questionnaires/2023/2023\\_SIPP\\_PU\\_Instrument\\_Specifications.pdf](https://www2.census.gov/programs-surveys/sipp/questionnaires/2023/2023_SIPP_PU_Instrument_Specifications.pdf)

- In Fall 2025, the routing at LOADCORR and PLAN\_MHMMOMCA was updated so that preloaded Medicare Advantage plans (and those replaced or new for baseline cases) route to COVTIME and subsequent follow-up questions that collect coverage dates.

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

Several changes were made to the Health Status and Functioning Questionnaire (HFQ) in Fall 2025:

- One new item, CHRTYCAR, was added to measure use of financial assistance programs for medical bills (also referred to as charity care). This item was sourced from the 2022 Health Reform Monitoring Survey<sup>3</sup>.
- PAYOVRTM, which asks about outstanding medical bills, was removed due to its redundancy with the new Debt Questionnaire (DBQ).
- Due to a new item collecting beneficiary sex in the Introduction Questionnaire (INQ), the response option "Question Does Not Apply to SP" is no longer necessary and was removed for three items in HFQ (HAVEPROS, YRPROST, and DIAPRGNT).
- The question text at HYPECTRL was updated to correct a typo.
- In Fall 2024, five items to collect data on beneficiary quality of life in relation to bowel incontinence were added to HFQ. In Fall 2025, a new "Not Applicable" response option was added to these items to account for situations in which the beneficiary has had a total colectomy (full removal of bowels) and therefore, the questions are not relevant to them.
- Three questions about colorectal cancer were removed: 1) COLHEAR, which asks if the beneficiary has ever heard of colorectal or colon cancer, 2) COLHKIT, which asks if the beneficiary has ever heard of the fecal occult blood test, and 3) HEARSIG, which asks if the beneficiary has ever heard of a sigmoidoscopy or colonoscopy. Due to these changes, two items (COLHTEST and CCOLHTES) were revised to include new introductory text. In addition, the removal of HEARSIG changed the universe of respondents at COLDRREC, and therefore, COLDRREC was renamed to COLSGREC.
- The collection of information about activities of daily living (ADLs) and instrumental activities of daily living (IADLs) was streamlined:
  - Prior to these changes, if a respondent indicated that the beneficiary requires help completing IADLs (such as using the telephone or doing housework) or ADLs (such as bathing, dressing, or using the toilet), the questionnaire collected the first and last name of this helper and their specific relationship to the beneficiary (e.g., child, spouse, etc.). In Fall 2025, the questionnaire was updated so that only the category of relationship to the beneficiary is collected. The questionnaire now asks for respondents to select whether the helper(s) fits into one of four categories: 1) Family member, 2) Friend, 3) Home health aide or home care worker, or 4) Homemaker or house cleaner. In addition,

<sup>3</sup> <https://www.urban.org/sites/default/files/2022-10/HRMS-June-2022-survey.pdf>

49 items that previously captured detailed information about the helper have been removed.

- Twelve additional follow up questions were also removed from the ADLs series. For each of the six ADLs, the questionnaire no longer asks 1) if someone stands close by while the beneficiary is performing the activity or 2) for how long they have needed help with the activity.
- Questions pertaining to the beneficiary's use of special equipment to assist with ADLs are now asked earlier in the series, creating a less restrictive universe for these items. Due to the change in universe, the items were renamed.
- The question PERSON\_HLPRMOST, which asks which person gives the beneficiary the most help with ADLs, was removed.
- The word "other" was removed from the question text at IADLINTRO.

### **Housing Characteristics (HAQ)**

In Fall 2025, the question text at HOUSTYPE was revised to better accommodate phone interviews.

### **Income and Assets (IAQ)**

In Summer 2025, the existing IAQ was replaced with a redesigned version of the section to enhance data quality and align with federal policies. The order and content of the section closely aligns with the original IAQ, with some notable changes:

- While the previous version of the 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 definition aligns the data collected from the IAQ with eligibility rules for Medicare and Social Security programs.
- As with the previous version of the IAQ, the redesigned IAQ collects the numeric value of all reported sources of income or assets (with the exception of inheritance, trust, settlements, gifts, or 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. Where possible, the ranges were constructed using historical MCBS data for each asset.

New content introduced via the redesigned IAQ includes:

- Three new items sourced from SIPP<sup>4</sup> to collect ownership and worth of any other financial investments not already discussed, such as a business, real estate, and boats.

<sup>4</sup> [https://www2.census.gov/programs-surveys/sipp/questionnaires/2023/2023\\_SIPP\\_PU\\_Instrument\\_Specifications.pdf](https://www2.census.gov/programs-surveys/sipp/questionnaires/2023/2023_SIPP_PU_Instrument_Specifications.pdf)

- One new item on financial liquidity sourced from the Federal Reserve Board Survey of Consumer Finances (SCF)<sup>5</sup>, which captures the relationship between income and spending by asking if the beneficiary's family spending exceeded, met, or was less than their income over the past year.
- Four new items on Federal assistance program participation and awareness. The redesigned IAQ consolidated existing MCBS items regarding Federal assistance program participation into a single series at the end of the IAQ. This series measures participation in Section 8 housing, the Supplemental Nutrition Assistance Program (SNAP)<sup>6</sup>, the Low-Income Subsidy (LIS)<sup>7</sup>, and the Medicare Savings Programs (MSP)<sup>8</sup> via two existing items that have been migrated to the IAQ from various questionnaire sections including 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) from the Current Population Survey's (CPS) 2023 Annual Social and Economic (ASEC) Supplement.<sup>9</sup> The existing items on LIS and MSP were revised such that beneficiaries are first asked two new items about awareness of LIS and MSP programs; those who respond affirmatively are asked if they participate in the respective program(s).

Finally, the redesigned IAQ includes the deletion of 22 items, which are no longer policy relevant, including extensive follow-up items about employment, several items related to car ownership, and when the beneficiary started collecting Social Security.

## **Immunization (IMQ)**

In Winter 2025, a new section, the Immunization Questionnaire (IMQ), was created to streamline and standardize immunization collection. Existing questions on shingles and pneumonia vaccinations were migrated to the IMQ from the Preventive Care Questionnaire (PVQ), and questions about Respiratory Syncytial Virus (RSV) vaccinations were added.

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

<sup>5</sup> <https://www.federalreserve.gov/econres/files/scfoutline.2022.pdf>

<sup>6</sup> Items on Section 8 housing and SNAP participation were sourced from the previous version of the MCBS IAQ

<sup>7</sup> Item moved from the MCBS Drug Coverage Questionnaire (RXQ)

<sup>8</sup> Item moved from the MCBS Beneficiary Knowledge and Information Awareness Needs Questionnaire (KNQ)

<sup>9</sup> <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>



Respondents who report that the beneficiary has never received the vaccine will be asked if they have received the vaccine since their last Winter round interview. If they have, follow-up questions on vaccination site and cost-sharing are asked.

### **Introduction (INQ)**

In Fall 2025, the item RESPDSEX was added to capture the beneficiary's sex. This item is only fielded once during the baseline interview.

### **Institutional Utilization (IUQ)**

In Fall 2025, the question text at IUPROBE was revised to better accommodate phone interviews.

### **Beneficiary Knowledge & Information Needs (KNQ)**

In Winter 2025, content was added and removed from the Beneficiary Knowledge & Information Needs Questionnaire (KNQ):

- Five new items were added to assess beneficiary knowledge of Medicare-related provisions of the Inflation Reduction Act of 2022. Three of the items were sourced from the Kaiser Family Foundation (KFF) Health Tracking Poll<sup>10</sup>. Respondents are asked if they are aware of a federal law that requires the federal government to 1) negotiate certain prescription drug prices for people with Medicare (IRANEGOT), 2) places an annual limit on out-of-pocket prescription drug costs (IRALIMIT), or 3) caps the cost of insulin to \$35 per month for people with Medicare (IRACAPRX). Two additional items were added to measure awareness of 1) the removal of out-of-pocket costs for Part D recommended vaccines (IRACAPVC) and 2) the Medicare Prescription Payment Plan, which allows Medicare Part D enrollees to spread their out-of-pocket prescription drug costs out over the year (IRAPRTDRX). The items are displayed in a grid format on a single questionnaire screen.
- Three items were removed: 1) USEMSP, which asks whether the beneficiary receives any assistance from a Medicare Savings Program (MSP), 2) APPLYMSP, which asks if the beneficiary has applied to their state's Medicare office for help with expenses, and 3) KBOKUNDR, which asks how easy or difficult it was to understand the "Medicare and You" booklet.
- 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.

<sup>10</sup> <https://files.kff.org/attachment/Topline-KFF-Health-Tracking-Poll-November-2023.pdf>

## **Nicotine and Alcohol (NAQ)**

In Fall 2025, the series on electronic cigarettes (e-cigarettes) was updated:

- The description of e-cigarettes was updated at ECIGINT.
- Question text and on-screen help text was added to include other electronic vaping products for nicotine use at ECIGONE and ECIGNOW.

## **Other Medical Expenses (OMQ)**

In Fall 2025, the question text was revised at four screens in OMQ (OMPRORTH, OMPREDIAB, OMPRPROS, and OMPRALTR) to better accommodate phone interviews.

## **Preventive Care (PVQ)**

Three updates were made to the Preventive Care Questionnaire (PVQ) in Winter 2025:

- To streamline and align with corresponding items in the new Immunization Questionnaire (IMQ), the wording and code lists were updated at FLUSITE and VACPAID.
- BOX PVEND was updated to reflect that IMQ follows PVQ in the Winter.
- Due to the new item collecting beneficiary sex in INQ, the response option "Question Does Not Apply to SP" is no longer necessary and was removed at six items in PVQ (MAMMOGRM, HYSTER, PAPTEST, PROSSURG, DIGTEXAM, and BLOODTST).

## **Physical Measures (PXQ)**

In Winter 2022, physical measures were incorporated into the MCBS via a new questionnaire section. The PXQ contains six physical measures: gait speed, chair stand, balance test, measured height, measured weight, and measured grip strength. PXQ was initially fielded in Winter 2022 as a pilot to a subset of cases at the end of the interview and only during interviews conducted in person with the beneficiary. For interviews conducted with the proxy, the PXQ is skipped. An expanded pilot of PXQ was conducted in Summer 2022, 2023, and 2024 with a subset of respondents from all Continuing panels. The PXQ was removed from questionnaire administration in Summer 2025 Round 102.

## **Drug Coverage Questionnaire (RXQ)**

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

- The code list at PDOPMOST, which asks about the beneficiary's most important consideration for considering drug coverage options, was updated so that the response option 6/THE GAP IN COVERAGE OR DONUT HOLE was removed.
- As part of the IAQ redesign, PRECLIS, which asks if beneficiaries receive help from Medicare's Low Income Subsidy program, was moved from RXQ to IAQ. Two additional questions were removed from RXQ: 1) PDEXPLY, which asks whether beneficiaries have

applied to the Social Security Administration for extra help with drug coverage, and 2) PDEXACCP, which asks about the status of that application.

### **Satisfaction with Care (SCQ)**

In Winter 2025, several changes were made to the Satisfaction with Care Questionnaire (SCQ):

- One item regarding satisfaction with information about health issues (MCINFO) and two items regarding health care avoidance (MCAVOID and MCSICK) were removed.
- 14 items that were previously asked once a year will now be asked only once, in the Fall round Baseline interview. Due to this change in administration schedule, the items were renamed to SCWORRY, SCDRSOON, SCINTRO, SCINSTRC, SCMEDREC, SCCHGDRS, SCDISAGR, SCRXINFO, SCDRQUEX, SCANSWR, SCLISTRX, SCTRSALT, SCOPTION, and SCADVICE.
- MCTELANS was renamed to MCANSWER and the question text was updated to remove the words “over the telephone”.
- In Fall 2023, seven items about perceived discrimination within the prior year by health care providers based on aspects of the beneficiary’s identity were added to the survey in the Satisfaction with Care Questionnaire (SCQ). This series on perceived discrimination was removed in Fall 2025.
- The question text at SCCHGDRS was revised to better accommodate phone interviews.

### **Usual Source of Care (USQ)**

Several updates were made to the Usual Source of Care Questionnaire (USQ) in Winter 2025:

- The code list at PLACEKND was updated, replacing the “Company Clinic” response option with “Retail Clinics” and editing the wording in the “Neighborhood/Family Health Center” response option to reference “Community Health Centers.”
- To correct a grammatical issue, the question text for proxy cases at LANGPROB was updated.
- Nineteen items were removed from the USQ across five topic areas:
  - One item (PLACEMCP) which asks whether the beneficiary’s doctor is associated with their managed care plan,
  - Two items (LANGCOMM and LANGSYMP) which ask how well the beneficiary can communicate with their provider either in their preferred language if it’s other than English, or in English without the aid of a translator,
  - Two items (GETUSHOW and GETUSOS) which ask how the beneficiary usually gets to their usual source of care,
  - Two items (USWHYNAV and USWHYNO1), which ask why the beneficiary’s usual source of health care is no longer available, and

- Twelve items (COMPUSE, EMEDREC, COMPSHW, COMPINFO, COMPREC, COMPRD, COMPINF, COMPACC, COMPHLP, COMPDIST, COMPATT, COMPTM) which ask about electronic health records (EHRs).

## 2.2 Facility Instrument

Changes implemented for the 2025 Facility instrument included updates to question text, response options, programming logic, and the removal of one questionnaire item.

### 2.2.1 Section-Specific Changes

Several items and section level changes were made to the Facility instrument in 2025.

#### **Facility Questionnaire (FQ)**

In Winter 2025, text was updated at RETURNNAV in the Facility Questionnaire (FQ) section. The sentence "FACILITY-LEVEL QUESTIONS ABOUT THE FACILITY'S COVID-19 PANDEMIC EXPERIENCES MAY BE ASKED IN A LATER SECTION." was removed because it references the COVID-19 Facility-Level (FC) section, which is no longer in the Facility instrument. The FC section was removed from the Facility instrument in Winter 2024.

#### **Health Status (HS)**

Section G was removed from the Long-Term Care Minimum Data Set (MDS) beginning in October 2023 and is no longer matched to administrative data for cases with a CMS Certification Number (CCN) as of Winter 2024. In Winter 2025, references to the MDS section G were removed from the HS section from variables HA22BT2-PFTRNSFR, HA22BT2-PFLOCOMO, HA22BT2-PFDRSSNG, HA22BT2-PFEATING, HA22BT2-PFTOILET, HA23BT2-PFBATHING, HA24PREBT2-HA24BCOD to align with the MDS updates.

#### **Residence History (RH)**

In Fall 2025, the Facility instrument was updated to use existing item RH6-RHSEX, which captures the beneficiary's sex, to drive routing for sex-specific health items and text fills. Previously RH6-SEX was administered only to cases in their Baseline interview, but routing at BOX RH2 was updated so that RH6-RHSEX is administered to cases new to the Facility component or cases that were already in the Facility component but moved to a new facility. Continuing cases, remaining in the same facility, do not receive this item and routing for these cases are based on responses to RH6-RHSEX from prior rounds.

**Use of Health Services (US)**

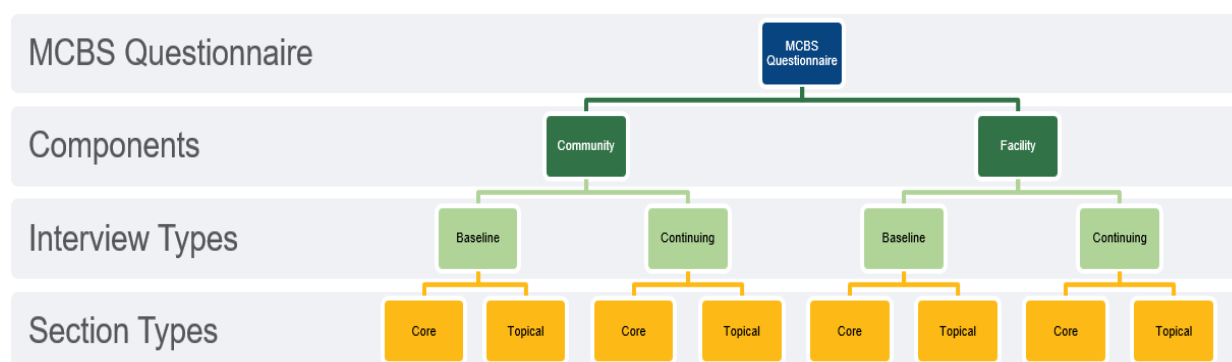
Item US29-OTHCPROV collects if the beneficiary received care from a list of providers, which are displayed on showcard US3. In Summer 2025, the US3 showcard text was also added on-screen to US29-OTHCPROV as “IF NEEDED” text for the interviewer’s quick reference while administering the interview by phone.

### 3. QUESTIONNAIRES

The MCBS Questionnaire structure features two components (Community and Facility), administered based on the beneficiary's residence status. Within each component, the flow and content of the questionnaire varies by interview type and data collection season (fall, winter, or summer). There are two types of interviews (Baseline and Continuing) containing two types of questionnaire sections (Core and Topical). The beneficiary's residence status determines which questionnaire component is used and how it is administered. See Exhibit 2 for a depiction of the MCBS Questionnaire structure.

- **Community Component:** Survey of beneficiaries residing in the community at the time of the interview (i.e., their residence or a household). Interviews may be conducted with the beneficiary or a proxy.
- **Facility Component:** Survey of beneficiaries residing in facilities such as long-term care nursing homes or other institutions at the time of the interview. Interviewers conduct the Facility component with staff members located at the facility (i.e., facility respondents); beneficiaries are not interviewed if they reside at a facility. This is a key difference between the Community and Facility components.

**Exhibit 2:** MCBS Questionnaire Overview



Interviews are conducted in one or both components in a given data collection round, depending on the beneficiary's living situation.

Within each component, there are two types of interviews – an initial (Baseline) interview administered to new beneficiaries, and an interview administered to repeat (Continuing) beneficiaries as they progress through the study.

- **Baseline:** The initial questionnaire administered to beneficiaries new to the study; administered in the fall of the year they are selected into the sample (interview #1).
- **Continuing:** The questionnaire administered to beneficiaries as they progress through the study (interviews #2-11).

Depending on the interview type and data collection season (fall, winter, or summer), the MCBS Questionnaire includes Core and Topical sections. See Exhibits 6, 8, 10, and 11 for tables of the 2025 Core and Topical sections.

- **Core:** These sections are of critical purpose and policy relevance to the MCBS, regardless of season of administration. Core sections collect information on beneficiaries' health insurance coverage, health care utilization and costs, and operational management data such as locating information.
- **Topical:** These sections collect information on special interest topics. They may be fielded every round or on a seasonal basis. Specific topics may include housing characteristics, drug coverage, and knowledge about Medicare.

### 3.1 Community Questionnaire Content

The section that follows provides an overview of the Community component of the MCBS questionnaire. The actual content administered varies based upon several factors, including the questionnaire administration season or round, the type of interview which reflects the length of time the respondent has been in the MCBS, and the component of the most recent interview.

#### 3.1.1 Interview Type

As the MCBS is a panel survey, the type of interview a given beneficiary is eligible for depends on his or her status in the most recent round of data collection. Interview type (also referred to in this report by its Community Questionnaire variable name, INTTYPE) is a key determinant of the path followed through the Community Questionnaire. For example, the Baseline interview is an abbreviated interview that includes many Core and Topical sections but does not include questionnaire sections that collect health care utilization and cost information. For the purposes of administering the Community Questionnaire, there are eight interview types, summarized in Exhibit 3 below. Several of these interview types are applicable only in a certain season. For example, the Baseline interview (INTTYPE C003) is always conducted in the fall.

**Exhibit 3:** Community Questionnaire Interview Types

INTTYPE*	Description	Seasons
C001	Standard Continuing interview, meaning the most recent interview was in the Community during the last round.	All
C002	Facility "crossover," meaning the most recent interview was in a facility. No prior Community interview.	All
C003	Baseline interview. First round in the sample.	Fall
C004	Standard Community "holdover," meaning the last round interview was skipped. Most recent interview was in the Community.	All
C005	Facility "crossover," meaning the most recent interview was in a facility. Last Community interview was two rounds ago.	All

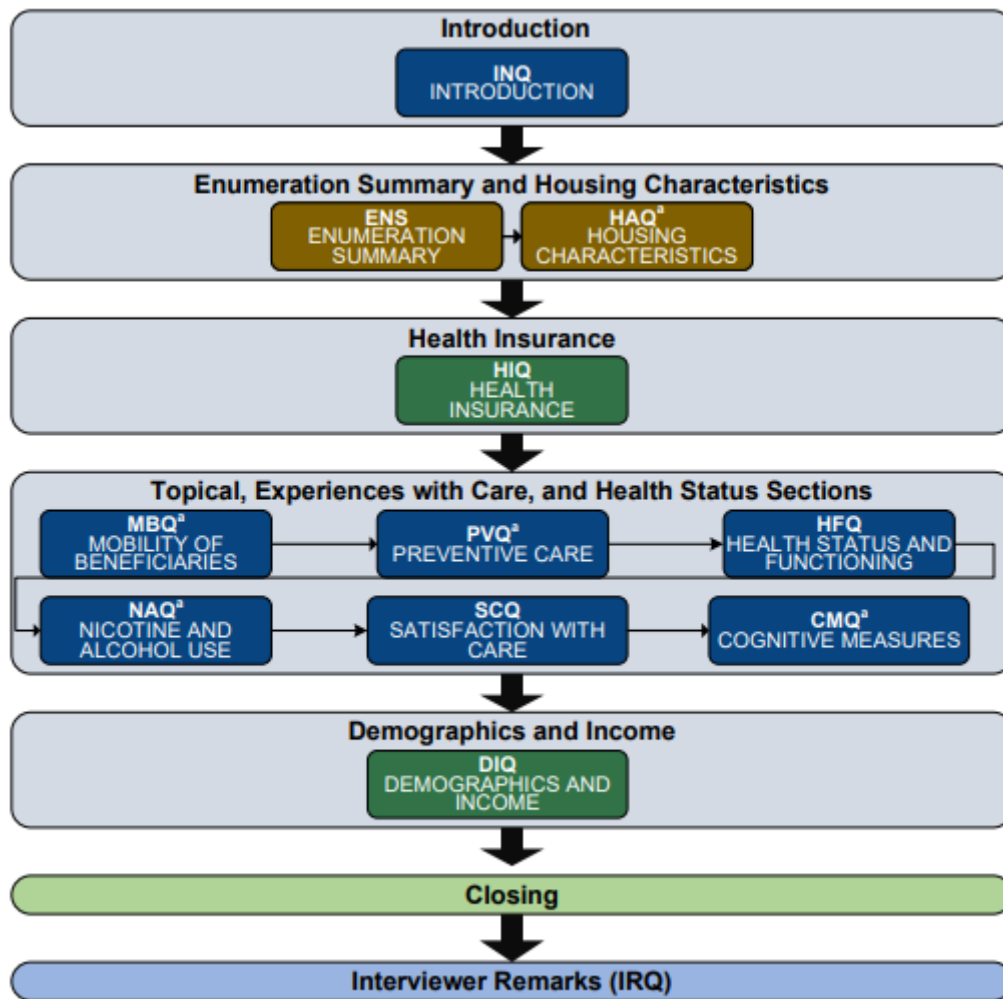
INTTYPE*	Description	Seasons
C006	Facility “crossover,” meaning the most recent interview was in a facility. Last Community interview was three or more rounds ago.	All
C007	Second round interview. Most recent interview was the fall Baseline interview. The second-round interview is the first time utilization and cost data are collected.	Winter
C010	Second round “holdover,” meaning the winter interview was skipped. Most recent interview was the fall Baseline interview. The third round interview is the first time in which utilization and cost data are collected.	Summer

\*Interview types for exit panel Community cases in the Summer round (INTTYPEs C008 and C009) were removed from the questionnaire specifications in 2018.

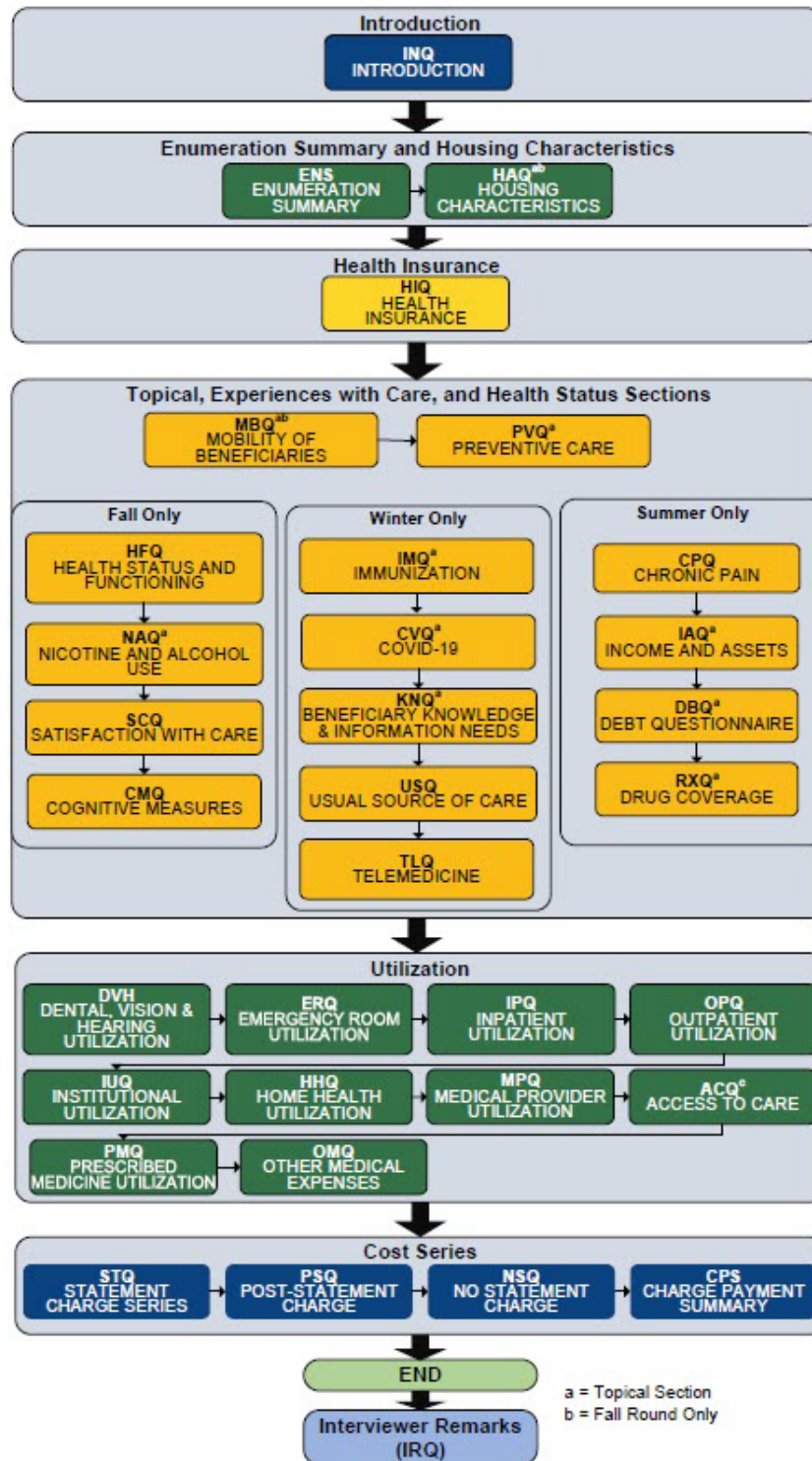
### *3.1.2 Community Questionnaire Flow*

Interview type and data collection season (fall, winter, or summer) are the two main factors that determine the specific sections included in a given interview. Further factors include whether the interview is conducted with the beneficiary or with a proxy and, for proxy interviews, whether the beneficiary is living or deceased. The Baseline interview contains an abbreviated flow which does not include the utilization or cost sections of the questionnaire. Exhibit 4 shows the flow for the Baseline interview.



**Exhibit 4:** 2025 MCBS Community Questionnaire Flow for Baseline Interview

a = Topical Section

**Exhibit 5:** 2025 MCBS Community Questionnaire Flow for Continuing Interview<sup>11</sup><sup>11</sup> Exhibit 5 shows the most common Community Questionnaire flow for standard Continuing community sample.

### 3.1.3 Core Section Content

Core survey content is grouped into questionnaire sections that collect data central to the policy goals of the MCBS. These sections collect information related to socio-demographics, health insurance coverage, health care utilization and costs, beneficiary health status and experiences with care, as well as operational and procedural data. Many of the core sections are administered each round. The following pages describe core sections of the Community Questionnaire, organized by topic of information collected. Exhibit 6 lists the core sections of the Community Questionnaire and the seasons in which they are administered.

**Exhibit 6:** 2025 MCBS Community Core Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
<b>Socio-Demographics</b>	DIQ	Demographics/Income	Fall, Baseline Interview
	DBQ	Debt	Summer**
	IAQ	Income and Assets	Summer**
<b>Health Insurance</b>	HIQ	Health Insurance	All Seasons
<b>Utilization</b>	DVH	Dental, Vision, & Hearing Care Utilization	All Seasons
	ERQ	Emergency Room Utilization	All Seasons
	IPQ	Inpatient Hospital Utilization	All Seasons
	OPQ	Outpatient Hospital Utilization	All Seasons
	IUQ	Institutional Utilization	All Seasons
	HHQ	Home Health Utilization	All Seasons
	MPQ	Medical Provider Utilization	All Seasons
	PMQ	Prescribed Medicine Utilization	All Seasons
	OMQ	Other Medical Expenses Utilization	All Seasons
<b>Cost Series</b>	STQ	Statement Cost Series	All Seasons
	PSQ	Post-Statement Cost	All Seasons
	NSQ	No Statement Cost	All Seasons
	CPS	Charge Payment Summary	All Seasons
<b>Experiences with Care</b>	ACQ	Access to Care	Winter
	SCQ	Satisfaction with Care	Fall
	TLQ	Telemedicine	Winter
	USQ	Usual Source of Care	Winter
<b>Health Status</b>	HFQ	Health Status and Functioning	Fall
	CMQ	Cognitive Measures	Fall

SOURCE: 2025 MCBS Community Questionnaire

\*Certain procedural or operational management sections are collected specifically to manage the data collection process (e.g., Introduction (INQ), Enumeration (ENS), and Interview Remarks (IRQ)).

\*\*The IAQ and DBQ are administered in the Summer round following the current data year.

## **Socio-Demographics**

Three sections in the Community Questionnaire capture key socio-demographic characteristics of the beneficiary. The Demographics and Income section is administered for each Community beneficiary once during the Baseline interview. Debt and Income and Assets are administered to all Continuing beneficiaries once per year.

The **Demographics and Income (DIQ)** section includes traditional demographic items such as Hispanic origin, race, English proficiency, sexual orientation, education, total household income, and religious preference. This section is administered during the Baseline interview.

The **Debt (DBQ)** section collects the prevalence of medical debt by creditor type, information on the amount and source of the medical debt, the prevalence of credit card debt, and the amount of credit card debt owed. The Debt section is asked in the summer round to collect information about the previous calendar year.

**Income and Assets (IAQ)** was redesigned in 2025 and collects detailed information about income and assets of the beneficiary and spouse (if applicable). IAQ covers beneficiary (and spouse) income from employment, Social Security, Veteran's Administration, and pensions. The respondent is also asked to indicate the value of the beneficiary's (and spouse's) assets including retirement accounts, stocks, bonds, mutual funds, savings accounts, businesses, land or rental properties, and automobiles. The redesigned IAQ redefines the household as the beneficiary and their spouse (as applicable), rather than the beneficiary and their spouse or unmarried partner. Also included is homeownership or rental status, and food security items. The redesigned IAQ also asks about financial liquidity, as well as beneficiary and/or household awareness of and participation in Federal assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP). The Income and Assets section is asked in the summer round to collect income and asset information about the previous calendar year.

## **Health Insurance**

The Community Questionnaire captures health insurance information each round.

**Health Insurance (HIQ)** records all health insurance plans that the beneficiary has had since the beginning of the reference period. The survey prompts for coverage and detailed questions about coverage under each of the following types of plans: Medicare Advantage, Medicaid, Tricare, non-Medicare public plans, Medicare Prescription Drug Plans, and private (Medigap or supplemental) insurance plans.

## **Utilization**

The utilization sections of the questionnaire capture health care use by category. Generally, four types of health care utilization are recorded: provider service visits, home health care, other medical expenses, and prescribed medicines. Provider service visits includes visits to dental, vision, and hearing providers, emergency rooms, inpatient and outpatient hospital departments, institutional stays, and medical providers. In these sections, visits are reported as unique events

by date, although in cases where there are more than five visits to a single provider during the reference period, the events are entered by month with the number of visits specified. A slightly different reporting structure is used for other medical expenses, and prescribed medicines.

All utilization sections are administered in all Continuing interviews; these sections are not part of the Baseline interview. Additional detail is provided on each of the four types of health care utilization collected by the community survey below.

## Provider Service Visits

The utilization sections collecting provider service dates are as follows.

**Dental, Vision, & Hearing Care Utilization (DVH)** collects information about dental, vision, and hearing care visits during the reference period. DVH collects the name and type of dental, vision, and/or hearing care providers, dates of visits, services performed and/or medical equipment purchased (e.g., glasses, hearing aids), and medicines prescribed during the visits.

**Emergency Room Utilization (ERQ)** records visits to hospital emergency rooms during the reference period. ERQ collects the names of the hospitals, dates of visits, whether the visit was associated with a particular condition, and medicines prescribed during the visits. If a reported emergency department visit resulted in hospital admission, an inpatient visit event is created, with follow up questions asked in the Inpatient Utilization section.

**Inpatient Hospital Utilization (IPQ)** collects information about inpatient stays during the reference period. IPQ collects the names of the hospitals, beginning and end dates of the stays, whether surgery was performed, whether the visit was associated with a particular condition, and medicines prescribed to be filled upon discharge from the hospital (medicines administered during the stay are not listed separately). Inpatient stays resulting from emergency room admissions are also covered.

**Outpatient Hospital Utilization (OPQ)** prompts for visits that the beneficiary may have made to hospital outpatient departments or clinics during the reference period. OPQ collects the name of the outpatient facility, dates of visits, whether surgery was performed, whether the visit was associated with a particular condition, and medicines prescribed during the visits.

**Institutional Utilization (IUQ)** collects information about stays in nursing homes or any similar facility during the reference period. IUQ collects the name of the institution(s) and the dates the beneficiary was admitted and discharged from the institution(s).

**Home Health Utilization (HHQ)** collects information about home health provider visits from both professional and non-professional providers, during the reference period. HHQ collects names and types of home health providers, dates of visits, and services performed during visits.

**Medical Provider Utilization (MPQ)** collects information about medical provider visits during the reference period. In addition to physicians and primary care providers, this includes visits with health practitioners that are not medical doctors (acupuncturists, chiropractors, podiatrists, homeopaths, naturopaths), mental health professionals, therapists (including speech,

respiratory, occupational, and physical therapists), and other medical persons (nurses, nurse practitioners, paramedics, and physician's assistants). MPQ collects names and types of providers, dates, whether the visit is associated with a particular condition, whether an event was a telehealth visit, and medicines prescribed during the visit.

## Prescribed Medicines

The **Prescribed Medicine Utilization (PMQ)** section collects details about prescribed medicines obtained during the reference period. For medicines recorded in the provider service visit sections (in the context of those visits), PMQ collects the medicine strength, form, quantity, and number of purchases. Medicines that are not previously reported during the course of the provider service visit utilization sections, including those that are refilled or called in by phone, are also collected in this section. Unlike for provider service visits, event dates are not collected for prescribed medicines. Instead, the interviewer records the number of purchases or refills. Information about non-prescription medicines and prescriptions that are not filled are not recorded.

## Other Medical Expenses

The Community questionnaire also records other medical expenses. These expenses are reported using a slightly different reporting structure within the questionnaire.

**Other Medical Expenses Utilization (OMQ)** collects information about medical equipment and other items (excluding prescriptions) that the beneficiary purchased, rented, or repaired during the reference period. Other medical expenses include hearing and speaking devices, orthopedic items (wheelchairs, canes, etc.), diabetic equipment and supplies, dialysis equipment, prosthetics, oxygen-related equipment and supplies, ambulance services, other medical equipment (beds, chairs, disposable items, etc.) and alterations to the home or car. For each item the date(s) of rental, purchase or repair are recorded. For disposable medical items (e.g., bandages), the number of purchases is collected, rather than a date.

## Cost Series

Once all utilization sections are completed, the questionnaire flows to the cost series, wherein the costs of all reported visits and purchases are recorded, along with the amount paid by various sources. Importantly, additional visits and purchases not reported in the utilization sections of the questionnaire could be recorded within the cost series, and all corresponding data for those events are collected within the cost series.

The cost series consists of four sections: Statement, Post-Statement, No Statement, and Charge Payment Summary. Each is described below.

The **Statement Cost Series (STQ)** collects medical cost information directly from Medicare Summary Notices (MSNs), insurance explanations of benefits (EOB), Prescription Drug Plan statements, and TRICARE or other insurance statements. In cases where the beneficiary had more than one payer (e.g., Medicare and private insurance), interviewers organize statements

into charge bundles, which are driven by the claim total on a MSN or EOB and may include one or more utilization events (visits, medicines, or purchases). Each charge bundle is entered separately, and all previously reported events associated with the charge bundle are linked to the cost record. Payment details are entered from the statements and any remaining amount not accounted for is confirmed with the respondent. This process is repeated for all available, not previously recorded insurance statements containing events that occurred within the survey reference period (roughly the past year).

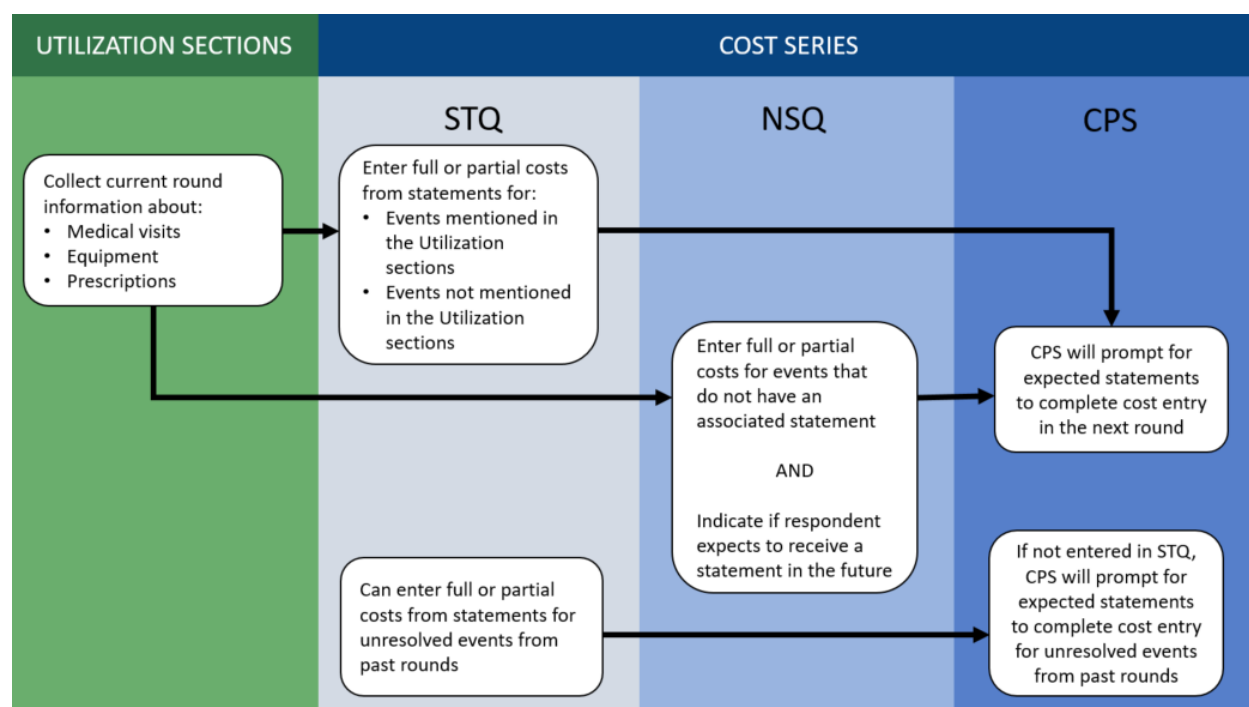
The **Post-Statement Cost section (PSQ)** facilitates cost data collection for rental items that span multiple rounds of interviews (such as a long-term wheelchair rental) and for which cost data has not yet been reported.

The **No Statement Cost section (NSQ)** prompts for cost data for all events that do not have a Medicare, insurance, or TRICARE statement reported in the current round. This section attempts to capture cost data even in absence of insurance statements. The respondent may refer to non-statement paperwork such as bills or receipts to help collect accurate cost information. NSQ loops through a series of cost verification items for each event or purchase reported during the current round utilization but not already linked to a cost record via the Statement section. If respondents indicate a statement for the event is expected, then the NSQ items are bypassed.

The final cost series section, the **Charge Payment Summary (CPS)** reviews outstanding cost information reported from previous rounds. For example, if the respondent reported in the previous interview that he/she expected to receive an insurance statement for a particular event, then this event is carried forward to the next round CPS. Any charge bundle for which costs are not fully resolved is asked about in the next round CPS section. There are a variety of reasons a cost record might qualify to be asked about in CPS (referred to as "CPS Reasons"). For example, a respondent may have been expecting to receive a statement related to the event or may have reported payments that account for only part of the total charge. The amount of information collected in CPS and the path through the section is determined by the CPS reason for the cost record. One case can have multiple cost records flagged for CPS with a variety of CPS reasons. The questionnaire loops through each eligible cost record in an attempt to collect further cost data.

The flow of sections and questions within the Cost series varies depending on data collected in the current round (e.g., whether the beneficiary had a health insurance statement for a visit reported in the current round) and data collected in prior rounds (i.e., whether there was outstanding cost information reported from a prior round). Exhibit 7 illustrates how paths through these sections may vary depending on health care utilization and cost information collected in the current and previous rounds.



**Exhibit 7:** Utilization and Cost Section Flow

\*The Post-Statement Series Questionnaire (PSQ) occurs very rarely to collect cost information for respondents with certain "rent-to-buy" items. If the PSQ section is prompted, it would appear after the **Statement section (STQ)**.

## Experiences with Care

Four sections cover the beneficiary's experience with care in various medical settings.

**Access to Care (ACQ)** is administered in the winter round interview for Continuing respondents and focuses on the beneficiary's experience with particular types of medical encounters (hospital emergency room, hospital clinic or outpatient department, long-term care facility, or medical doctor visits) during the reference period. If the beneficiary had one or more of a particular type of medical encounter, additional items collect information about services received and waiting times associated with the most recent encounter.

**Satisfaction with Care (SCQ)** is administered in the fall round interview for Baseline and Continuing respondents. This section collects the respondent's opinions about the health care that the beneficiary had received. The questions refer to medical care received from all medical providers, including both doctors and hospitals.

The **Telemedicine (TLQ)** section is administered in the winter round interview for Continuing respondents. TLQ asks questions on the availability and utilization of telemedicine services.

The **Usual Source of Care (USQ)** section is administered in the winter round interview for Continuing respondents and collects specific information about the usual source of health care for the beneficiary as well as any specialists seen during the reference period.



## **Health Status**

**Health Status and Functioning (HFQ)** collects information on the beneficiary's general health status and needs. This includes specific health areas such as disabilities, vision, hearing, oral health, diabetes, autoimmune disease prevalence, and preventive health measures. HFQ includes measures of the beneficiary's ability to perform physical activities, moderate and vigorous exercise, health care maintenance and needs, and standard measures of Instrumental Activities of Daily Living (using the telephone, preparing meals, etc.), and Activities of Daily Living (bathing, walking, etc.). In addition, HFQ asks about medical diagnoses for common conditions (cancer, arthritis, hypertension, etc.). Finally, the section covers mental health conditions, social isolation, falls, urine loss, and a more extensive series of questions for beneficiaries with high blood pressure and diabetes.

**Cognitive Measures (CMQ)** contains four well-established cognitive measures to assess signs of mild cognitive impairment among beneficiaries:

- Backwards Counting: Respondents are asked to count backwards starting at 20 for 10 continuous numbers.
- Date Naming: Respondents are asked to name today's date.
- Object Naming: Respondents are asked to answer two questions: "What do you usually use to cut paper?" and "What do you call the kind of prickly plant that grows in the desert?"
- President/Vice President Naming: Respondents are asked to name the current President/Vice President.

## **Operational and Procedural**

These sections help guide the interviewer through the interview, providing scripts for introducing and ending the interview. They also facilitate collection of household information to augment sample information for the purposes of locating respondents for follow-up interviews.

**Introduction (INQ)** introduces the survey and records whether the interview was completed by the beneficiary or a proxy. For interviews completed by a proxy, the introduction collects the proxy's name and relationship to the beneficiary and determines if the proxy is a member of the beneficiary's household. The introduction is part of every community interview.

The **Closing (END)** section is administered to close the interview for all respondents. During the exit interview, this section contains additional scripts to thank the respondent for participation over the four years of the MCBS.

**Enumeration (ENS)** collects household information and a roster of persons living in the household. For each household member added to the roster, his/her relationship to the beneficiary, sex, date of birth, age and employment status are collected for spouses or partners living in the household. For all other relationship types, sex, birth year, and age are collected. ENS is administered in all rounds.

The **Interviewer Remarks Questionnaire (IRQ)** captures additional metadata about the interview, as recorded by the interviewer. This includes the length of the interview, assistance

the respondent may have received, perceived reliability of the information provided during the interview, and comments the interviewer had about the interviewing situation. IRQ is completed by the interviewer after every interview, usually after leaving the respondent's home, as none of the questions are directed to the respondent.

### 3.1.4 Topical Section Content

In addition to the core content, there are several topical questionnaire sections that capture data on a variety of key topics that relate to the beneficiary's housing characteristics, health behaviors, knowledge about Medicare, and health-related decision making. Each topical section is described below, organized by information collected. Exhibit 8 lists the topical sections and administration schedule.

**Exhibit 8:** 2025 MCBS Community Topical Sections by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
Housing Characteristics	HAQ	Housing Characteristics	Fall
Social Determinants of Health or Health Behaviors	CPQ	Chronic Pain	Summer
	IMQ*	Immunization	Winter
	MBQ	Mobility of Beneficiaries	Fall
	NAQ	Nicotine and Alcohol Use	Fall
	PVQ	Preventive Care	All seasons
COVID-19	CVQ	COVID-19*	Winter
Knowledge and Decision Making	KNQ	Beneficiary Knowledge and Information Needs	Winter
	RXQ	Drug Coverage	Summer

\*In Winter 2025, Immunization was added to the Community questionnaire.

### **Housing Characteristics**

**Housing Characteristics (HAQ)** collects information on the beneficiary's housing situation. This includes the type of dwelling, facilities available in the household (e.g., kitchen and bathrooms), accessibility, modifications to the home (e.g., ramps, railings, and bathroom modifications), as well as problems with their residence (e.g., pests, mold, lack of heat, etc.). This section also records if the beneficiary lives in an independent or assisted living community (distinct from a nursing or long-term care facility) where services like meals, transportation, and laundry may be provided. HAQ is administered in the fall for all beneficiaries in the Community component.

## **Social Determinants of Health or Health Behaviors**

Five questionnaire sections record additional information about health behaviors, specifically prevalence and management of pain, immunizations, mobility, nicotine and alcohol use, and preventive care.

**Chronic Pain (CPQ)** measures whether the beneficiary has experienced pain within the last three months. If so, the section asks more detailed questions about the beneficiary's experience with pain and what types of services and activities they have used to manage their pain. Questionnaire items were developed by the National Pain Strategy (NPS) Population Research Working Group for inclusion in federal surveys.

The **Immunization (IMQ)** section is fielded in the winter round. IMQ asks about shingles, pneumonia, and respiratory syncytial virus (RSV) vaccines.

**Mobility of Beneficiaries (MBQ)** determines the beneficiary's use of available transportation options, with a focus on reduced mobility and increased reliance on others for transportation.

**Nicotine and Alcohol Use (NAQ)** collects information on beneficiaries' smoking and drinking behavior, including past and current use of cigarettes, cigars, "smokeless" tobacco, and e-cigarettes. It also asks about past and current drinking behavior.

The **Preventive Care (PVQ)** section collects information about beneficiaries' preventive health behaviors. Questions administered in this section vary by data collection season. In the winter round and summer rounds, the PVQ focuses on the influenza vaccine. In the fall round, the PVQ asks whether the beneficiary has received various types of applicable preventive screenings or tests, such as a HIV, mammogram, Pap smear, or digital rectum exam.

## **COVID-19**

The **COVID-19 (CVQ)** section is administered each Winter to collect vital information on how the Medicare population is impacted by the COVID-19 pandemic. CVQ spans a number of COVID-related topics, including COVID-19 vaccination, testing, diagnosis, symptom severity, and prevention.

## **Knowledge and Decision-Making**

Respondent knowledge of Medicare and health-related decision making is captured in two topical sections.

The **Beneficiary Knowledge and Information Needs (KNQ)** section is administered in the winter round. These items measure the respondent's use of the Internet for accessing health care related information, self-reported understanding of Medicare and certain Medicare programs, self-reported use of certain Medicare programs, and common sources of information about health care and Medicare.

The **Drug Coverage (RXQ)** section is a summer round section that focuses on the Medicare Prescription Drug benefit, including respondent knowledge of the benefit, and opinions of the beneficiary's drug coverage, whether through a Medicare Prescription Drug Plan, a Medicare Advantage plan with prescription drug coverage, or a private insurance plan that covers prescription drugs.

## 3.2 Facility Instrument Content

The following section provides an overview of the content of the Facility component of the MCBS questionnaire. The content of the Facility Instrument varies based upon several factors, including the season of data collection, the type of interview (which reflects the length of time the beneficiary has been in the facility), and the component of the most recent interview.

### 3.2.1 Interview Type

Similar to the Community Questionnaire, the Facility Instrument uses interview type as a key determinant of which questionnaire sections to administer during a facility interview.

The MCBS uses five interview types, also known as sample types, to describe MCBS beneficiaries who reside in a facility, summarized in Exhibit 9.

**Exhibit 9:** Facility Instrument Interview Types

INTTYPE	Description	Season
CFR	Continuing Facility Resident. Beneficiary for whom the previous round interview was a facility interview and who currently resides at the same facility.	Any
CFC	Community-Facility-Crossover. Beneficiary who was interviewed in the community previously and has now moved to a long-term care facility.	Any
FFC	Facility-Facility-Crossover. Beneficiary for whom an interview was previously interviewed in a long-term care facility and has now moved to a different facility.	Any
FCF	Facility-Community-Facility Crossover. Beneficiary whose last interview was in the community and for whom a facility interview has been conducted in a previous round, and who has been admitted to a new facility or readmitted to a facility where the beneficiary had a previous stay. This sample type is rarely encountered.	Any
IPR	Beneficiary who was just added to the MCBS sample (fall round only) and currently resides in a facility.	Fall

NOTE: Interview type (INTTYPE) is typically referred to as Sample Type in the Facility Instrument section specifications.

### 3.2.2 Facility Screener

The Facility screener is administered to a facility staff member when a beneficiary moves to a new facility setting. The Facility screener confirms whether the beneficiary is currently living at the facility (or lived at the facility at some point during the reference period) and determines whether the facility is a public or private residence.

### 3.2.3 Facility Instrument Flow

The Facility Instrument collects similar data to the Community Questionnaire. However, the Facility Instrument is administered to facility staff and not to the beneficiary; that is, the beneficiary does not answer questions during a Facility interview – instead, facility administrators and staff answer questions on behalf of the beneficiary.

Just like the Community Questionnaire, the sections administered in a given facility interview vary by interview type and data collection season (fall, winter, or summer). The Baseline interview administered contains an abbreviated flow which does not include the utilization or cost sections of the questionnaire. Exhibit 10 shows the flow for the Baseline interview.

**Exhibit 10:** 2025 MCBS Facility Instrument Flow for Baseline Interview

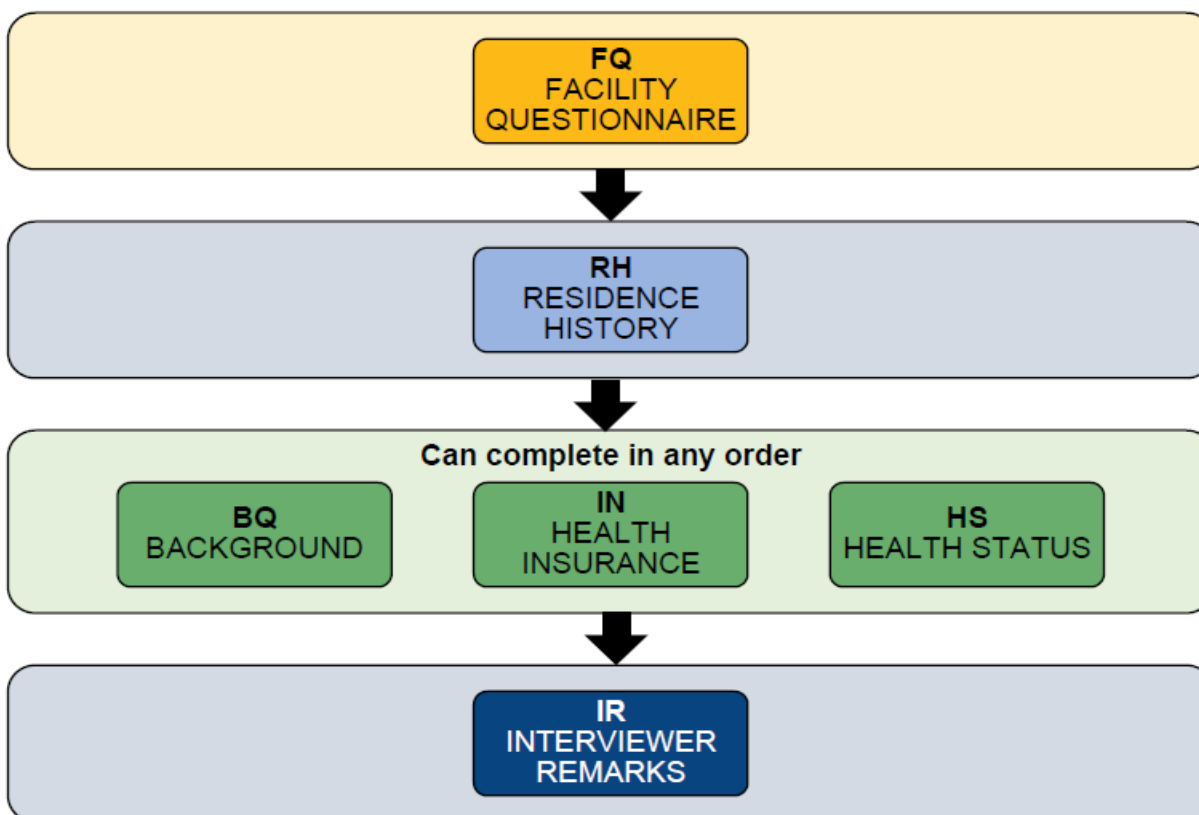
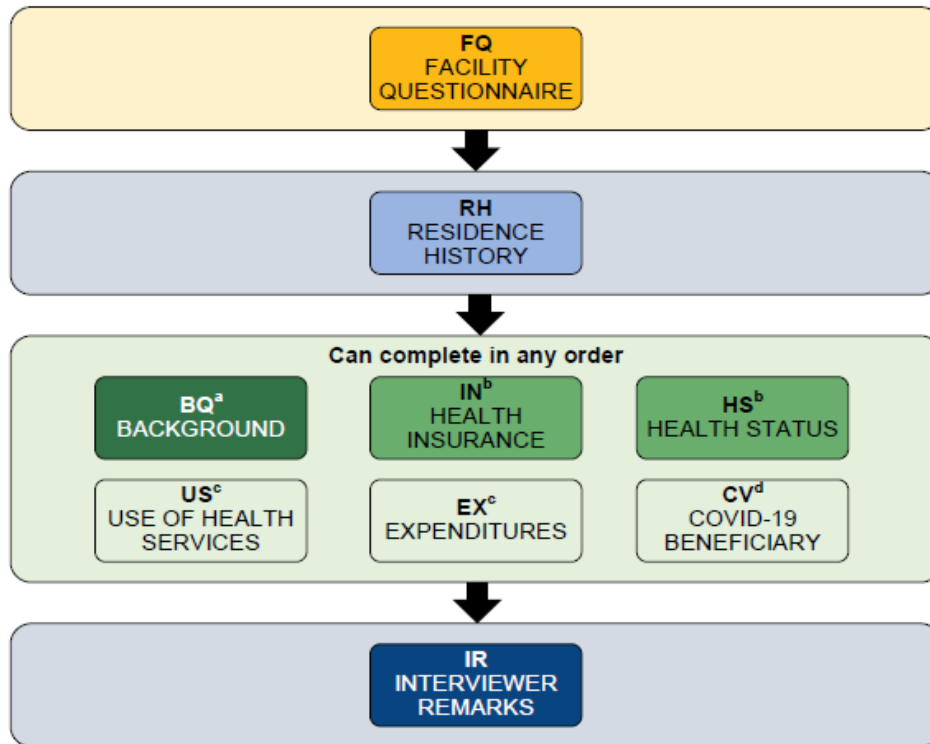


Exhibit 11 shows the flow for the Continuing and crossover interview types.

Because the Facility Instrument is administered to facility staff and not directly to the beneficiary, the Facility Instrument is designed to have a modular, flexible flow. The interviewer first completes the Facility Questionnaire (FQ) section. Next, the interviewer administers the Residence History (RH) section. The remaining sections may be completed in any order. Interviewers are instructed to conduct the sections in the order most suitable to the facility structure and the availability of facility staff. For example, the interviewer may conduct three sections with the head nurse and then visit the billing office to complete the remaining sections. Interviewers complete the Interviewer Remarks (IR) section at the end of the interview.

As of Fall 2019, the Facility instrument flow was updated such that a shorter interview is administered for interviews conducted at Medicare- or Medicaid-certified facilities. Prior to Fall 2019, for facilities certified by Medicare or Medicaid, select questions in the MCBS Facility instrument were redundant with administrative data that are reported regularly to CMS. These administrative data sources include the Long-Term Care Minimum Data Set (MDS), which is a federally-mandated health assessment of residents living in Medicare- and Medicaid-certified nursing homes, and Certification and Survey Provider Enhanced Reports (CASPER), which contains certification data and provider characteristics for every facility in the United States that is qualified to provide services under Medicare or Medicaid.

Importantly, CASPER also includes the CMS Certification Number (CCN), a unique identification number assigned to each facility certified to participate in Medicare and/or Medicaid. If a facility's certification and reporting status is confirmed via the presence of a valid CCN, the Facility interview will skip more than 100 variables in the Facility Questionnaire (FQ) and Health Status (HS) sections which are redundant with CASPER and MDS administrative data. For interviews conducted at facilities not certified by Medicare or Medicaid, the full Facility instrument is administered. During data processing, survey-collected data elements are combined with CASPER and MDS administrative data to provide complete information for all MCBS facility-dwelling beneficiaries in MCBS data products.

**Exhibit 11:** 2025 MCBS Facility Instrument Flow for Continuing and Crossover Interviews

a = Administered only for Community to Facility interviews

b = Administered to all sample types in Fall round. Otherwise, administered only for Community to Facility, Facility to Facility, and for beneficiaries residing in a Facility whose last interview was a Community interview and who completed a Facility interview in a prior round.

c = Administered for all Facility interviews

d = Administered to all sample types in Winter round. Otherwise, administered only for Community to Facility and Facility to Facility interviews in all other rounds.

### 3.2.4 Core Section Content

The Facility Instrument consists primarily of core sections. The following pages describe core sections of the Facility Instrument, organized by topic of information collected. Exhibit 12 shows the core sections of the Facility Instrument and the seasons in which they are administered.

**Exhibit 12:** Facility Core Sections by Administration Schedule

Section Group	Abbrev	Section Name	Administrative Season
<b>Facility Characteristics</b>	FQ	Facility Questionnaire	All seasons
<b>Socio-Demographics</b>	RH	Residence History	All seasons
	BQ	Background	Fall*
<b>Health Insurance</b>	IN	Health Insurance	Fall**
<b>Utilization</b>	US	Use of Health Services	All seasons
<b>Cost</b>	EX	Expenditures	All seasons
<b>Health Status</b>	HS	Health Status	Fall**

SOURCE: 2025 MCBS Facility Instrument

NOTE: Certain procedural or operational management sections are collected specifically to manage the data collection process (e.g., Interview Remarks (IR)).

\*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 crossover cases each season.

### **Facility Characteristics**

The Facility Characteristics core section contains the **Facility Questionnaire (FQ)** section of the Facility Instrument. The FQ section collects information on the number, classification, and certification status of beds within the facility; sources of payment for facility residents; and facility rates. Interviewers typically conduct the FQ with the facility administrator. Interviewers are not allowed to abstract this section of the interview; it must be conducted with a facility staff member.

For interviews conducted in Medicare- or Medicaid-certified facilities, the FQ section collects the CMS Certification Number (CCN), which indicates that a facility is required to report MDS and CASPER administrative data to CMS. The CCN facilitates the linking of MCBS data to these administrative data sources during data processing. For interviews that report a valid CCN, the FQ skips items that are redundant with CASPER.

### **Socio-Demographics**

The Socio-Demographics core sections capture key characteristics of the interview and the beneficiary. These include residence history and demographics.

The **Residence History (RH)** section collects information about all the places that the beneficiary stayed during the reference period. Information is collected about where the beneficiary was just before entering the facility and where he/she went if they had been discharged. For each stay, the interviewer collects the name of the place of residence, the type of place it is, and the start and end date for the period the beneficiary was living there.



The RH section creates a timeline of the beneficiary's whereabouts from the date the beneficiary entered the facility or the date of the last interview, through the date of interview, date of discharge, or date of death. The goal is to obtain a complete picture of the beneficiary's stays during the reference period, including any stays of one night or more in hospitals, other facilities, or any other place.

The **Background Questionnaire (BQ)** collects background information about the beneficiary such as use of long-term care before admission to the facility, level of education, race, ethnicity, service in the Armed Forces, marital status, spouse's health status, living children, and income. The BQ is completed only once for each beneficiary during their first interview in the Facility.

## **Health Insurance**

The Health Insurance core section contains the **Health Insurance (IN)** section of the Facility Instrument. The IN section collects information about the beneficiary's type(s) of health insurance coverage. This includes questions about all types of health insurance coverage the beneficiary had in addition to Medicare: private insurance, long-term care insurance, Department of Veterans Affairs eligibility, and TRICARE or CHAMPVA.

## **Utilization**

The Utilization sections collect data on the beneficiary's use of health care. This section is administered to all sample types except for the Baseline interview.

The **Use of Health Care Services (US)** section collects information on the beneficiary's use of health care services while a resident of the facility. This includes in-person and telehealth visits with a range of providers including medical doctors, dentists, and specialists; visits to the hospital emergency room; and other medical supplies, equipment, and other types of medical services provided to the beneficiary.

The best facility respondent for this questionnaire section is usually someone directly involved with the beneficiary's care or someone who is familiar with the medical records.

## **Cost**

The Facility Cost component consists of the **Expenditures (EX)** section. The EX section collects information about bills for the beneficiary's care at a facility and payments by source for those charges. Data are only collected for the time period when the beneficiary was a resident of the facility at which the interview takes place. The EX section collects information by billing period (e.g., monthly semi-monthly, quarterly, etc.).

Unlike the Community Questionnaire which collects information for each service, the EX section collects information on the fees the facility bills for the beneficiary's care. The EX section collects information on the amount billed for the beneficiary's basic care and for any health-related ancillary services. Typically, the EX section is administered to facility staff located in the billing office.

## **Health Status**

The **Health Status (HS)** section collects information on the beneficiary's general health status, ability to perform various physical activities, general health conditions, Instrumental Activities of Daily Living, and Activities of Daily Living. For the small number of beneficiaries residing in Medicare- or Medicaid-certified facilities that did not report a CCN in the FQ, the HS section also presents the opportunity to collect the CCN. Since the HS section is often completed with a different facility staff member from the FQ section, and since facility staff often reference documentation containing the CCN to complete the HS section, these items will allow for another opportunity to collect the CCN in rare situations when the CCN is likely available but not reported during the FQ section.

Most of the information needed to conduct the HS section may be found in a medical chart. The Federal Government requires that all nursing facilities certified by Medicaid or Medicare conduct comprehensive and standardized assessments of each resident's health status when the resident is admitted to the nursing home and at regular intervals thereafter. These assessments are captured by the MDS and reported to CMS. Nursing homes use this information to assess each resident's health status, identify problem areas and, where problems exist, formulate care plans to address them.

The HS section is designed to mirror the flow and wording of the MDS items; it contains a subset of the MDS items. In addition, the HS section contains some questions that are not found on the MDS. Interviewers ask these questions of someone knowledgeable about the beneficiary's care or find the information in the medical chart.

For MCBS beneficiaries residing in facilities for which a CCN was collected, the HS section skips items that are redundant with the MDS. During data processing, MDS administrative data are incorporated for items skipped during the Facility interview.

## **Operational and Procedural**

The **Interviewer Remarks (IR)** section captures additional metadata about the interview, as recorded by the interviewer. This includes comments the interviewer may have about the interviewing situation and notes to themselves for use in gaining cooperation in the future.

## **Missing Data Sections**

There are three additional sections, called missing data sections, which are activated when essential survey information is coded as "don't know" or "refused" in the FQ, RH, or BQ sections. The missing data sections prompt the interviewer for the specific piece of information that is missing. There are no new questions in the missing data sections, just repeats of questions initially asked in the FQ, RH, or BQ. Examples of the type of missing information that activate the missing data sections are the name of the facility or date of death.

The purpose of the missing data sections is to reduce item non-response for key variables in a highly modular, flexible format. If the interviewer is able to obtain the missing information from

another facility staff member or from a different medical document, then the interviewer uses the missing data section to later capture a non-missing response for the key questionnaire item without modifying responses for the other already-completed items in the FQ, RH, and BQ sections. If the interviewer is unable to obtain the missing information, either “don’t know” or “refused” is entered in the missing data sections.

The missing data sections are:

- Facility Questionnaire Missing Data (FQM): collects data missing from the FQ section of the interview;
- Residence History Questionnaire Missing Data (RHM): collects data missing from the RH section; and
- Background Questionnaire Missing Data (BQM): collects data missing from the BQ section.

### 3.2.5 Topical Section Content

In addition to the core content, there is one topical questionnaire section that captures data on beneficiary-level COVID-19 topics. Exhibit 13 lists the topical section and administration schedule.

**Exhibit 13:** 2025 MCBS Facility Topical Section by Administration Schedule

Section Group	Abbr.	Section Name	Administrative Season
COVID-19	CV	COVID-19 Beneficiary	Winter*

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

### **COVID-19**

The COVID-19 topical section captures key characteristics on the impact of the COVID-19 pandemic on long-term care facilities and Medicare beneficiaries.

The **COVID-19 Beneficiary (CV)** section collects information on topics related to the beneficiary’s COVID-19 vaccine utilization. The CV section is completed if the beneficiary is alive at the time of interview.