

## 2017 Community Questionnaire Section Specifications – Note to Users

### Overview

The Note to Users supports the 2017 Medicare Current Beneficiary Survey (MCBS) Community Questionnaire Section Specifications by summarizing design changes made to the Community questionnaire in 2017. The accompanying files contain separate PDFs for each Community questionnaire section administered in 2017 over the course of three rounds of data collection:

- Winter 2017 Round 77 (January – April 2017),
- Summer 2017 Round 78 (May – August 2017), and
- Fall 2017 Round 79 (September – December 2017).

Questionnaire changes implemented in Rounds 77-79 included updates to questionnaire flow, the Prescribed Medicine Look-up, question text, response options, skip logic, and text fills. The Note to Users summarizes changes made to the Community questionnaire.

### Summary of Questionnaire Flow Updates

Several Community questionnaire flow updates were introduced in 2017 to enhance data quality, improve interviewer and respondent experience, and reduce respondent burden. These changes included streamlining the experiences with care sections, migrating contact information data collection items to a case management system module, and removing summary utilization sections from the questionnaire. All questionnaire section flow updates may be referenced in the MCBS Community Survey 2017 General Specifications document.

#### ***Streamlining Experiences with Care Sections***

Starting in Fall 2017 Round 79, the Access to Care Questionnaire (ACQ) and the Usual Sources of Care Questionnaire (USQ) were migrated from the Fall round interview to the Winter round interview. The purpose of this adjustment was to reduce the length of the Fall round interview and to give the 2017 Incoming Panel respondents more context for USQ and ACQ items. The effect of this adjustment is that the ACQ and USQ sections were not fielded during 2017; both sections will be fielded in the Winter round starting in Winter 2018 Round 80. Though fielded in 2018, the ACQ and USQ sections have reference periods in 2017. These data will be processed in combination with the 2017 Survey File Deliveries and as a result will be included as part of the MCBS 2017 Survey File.

A shortened version of the Satisfaction with Care Questionnaire (SCQ) remained in the Fall 2017 Round 79 interview. Four items were cut from SCQ in Round 79; multiple prescription medicine items were moved from SCQ to other questionnaire sections, including the Prescribed Medicine Utilization Questionnaire (PMQ), Medical Provider Utilization Questionnaire (MPQ), and Drug Coverage Questionnaire (RXQ). Finally, while the Patient Activation Questionnaire (PAQ) was administered in R78, it will be discontinued in the future. Eight items from PAQ were folded into the revised SCQ section in Round 79.

#### ***Migration of Contact Information Data Collection Items to Case Management System***

In Fall 2017 Round 79, the collection of respondent contact information was migrated from several sections within the Community questionnaire to a new module in the case management system. Nearly all items from the Address Verification Questionnaire (AVQ) and Closing Questionnaire (CLQ) were permanently deleted in Round 79. One AVQ item, SPMOVED, was migrated to the Housing Characteristics section (HAQ). And a few CLQ items (THANK\_SP, THANK\_SUPP, THANK\_PROXYPLANNER, and THANK\_PROXY) were migrated to the End section to consolidate all closing and thank you remarks for all sample and respondent types.

### ***Removal of Summary Data Collection Sections and Revisions to Utilization Section Flow***

In Fall 2017 Round 79, the Health Insurance Summary (HIS) and Prescribed Medicine Summary (PMS) sections were removed from the questionnaire as part of an effort to remove questionnaire sections in which field interviewers can edit data entered in prior rounds. The Prescribed Medicine Utilization Questionnaire (PMQ) was moved to just after the Medical Provider Utilization section (MPQ) to group together the sections of the survey that collect data about prescribed medicines.

### **Updates to the Prescribed Medicine Look-up (PMLU) and Prescribed Medicine Data Collection Flow**

In Fall 2017 Round 79, a revised Prescribed Medicine Look-up (PMLU) was modified to allow medicines entered in the questionnaire to be easily matched back to the First DataBank (FDB) list used by CMS for claims matching and processing. The PMLU was revised for Round 79 to include four unique medicine fields found on the FDB list: brand name, generic name, medicine strength, and medicine form.

Several additional changes were made to prescription medicine questions in various sections of the questionnaire:

- Beginning in Fall 2017, all questions about medicines were consolidated into a single point of entry for each medicine.
- Two additional items were added to measure medicine adherence. Item TABSADAY measures the number of times the medicine is prescribed to be taken per day and item TABTAKE measures the number of times the respondent usually takes the medicine per day.
- Two new items have been added to aid in collection of drug class when a respondent may have received a prescription for which he or she no longer possesses the documentation and does not know the medicine name: PMKNWNM and PMCOND. PMCOND is reached only if the respondent does not know the medicine name. Otherwise, the interviewer is routed to the PMLU to attempt to find the medicine name.

### **Summary of Item- and Section-Level Questionnaire Updates**

In Fall 2017 Round 79, items were added and revised to measure medical debt and experiences foregoing health care due to cost. A change was also made to income response categories in the Income and Assets questionnaire (IAQ).

### **Dental Utilization Questionnaire (DUQ)**

In Fall 2017 Round 79, two adjustments were made to existing item DU15-DVNEED. Previously, this item was asked only if dental utilization was not reported earlier in DUQ; beginning in R79, the item was

asked whether or not dental utilization was reported, because dental utilization is one type of care that can be split up over time or “partially” completed due to cost or convenience. In addition, DU15-DVNEED and its follow-up, DU16-DVNDRS, were revised to be asked only when the respondent is living; this is consistent with other items of this type in the MCBS and also consistent with the National Health and Nutrition Examination Survey (NHANES), where DU16-DVNDRS also appears.

#### **Medical Provider Utilization Questionnaire (MPQ)**

Prior to 2017, there was no item in the MCBS questionnaire to measure foregone mental health care; to fill this gap, MP33B-AFRDMT was added to the MPQ section beginning in Round 79 as a follow up to items about mental health utilization.

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

Two affordability items were added to the HFQ in Round 79 to ask about experiences with medical debt: HFAC32A-PAYPROB and HFAC32-COLLAGENCY.

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

In Summer 2017 Round 78, income response categories from item D15A-SPINCLET in the DIQ were implemented at items IA51A-TOTAL\_COMBINED2 and IAQ51B-TOTAL\_SP1 in the IAQ in an effort to standardize income response options across the MCBS Community questionnaires.