

## **Medicare Current Beneficiary Survey**

*The MCBS is a longitudinal study, continually collected since 1991, that takes a comprehensive look at the Medicare population. Linked to Medicare claims data, this database is used to manage the Medicare program and help formulate future changes.*

### **Lead Agency:**

Centers for Medicare & Medicaid Services (CMS)

### **Agency Mission:**

The mission of CMS is to administer the Medicare, Medicaid, and State Children's Health Insurance Programs and to promote quality care for beneficiaries.

### **Principal Investigator:**

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### **General Description:**

The MCBS is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid the Centers for Medicare & Medicaid Service's (CMS) administration, monitoring and evaluation of the Medicare program. The survey is focused on health care use, cost and sources of payment. Data from the MCBS enables CMS to determine sources of payment for all medical services used by Medicare beneficiaries, including co-payments, deductibles, and non-covered services; develop reliable and current information on the use and cost of services not covered by Medicare (such as prescription drugs and long-term care); ascertain all types of health insurance coverage and relate coverage to sources of payment; and monitor the financial effects of changes in the Medicare program. Additionally, the MCBS is the only source of multi-dimensional person based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services and information about the Medicare program.

### **Sample Characteristics:**

Universe:	Medicare enrollees, both aged and disabled, whether in the community or in an institution
Periodicity:	Three rounds per year, each 4 months in length

Unit of Analysis: Persons / Medicare beneficiaries  
 Sample Design: Multi-stage stratified random list sample  
 Survey Design: Rotating Panel / Each panel followed for 12 interviews  
 Survey Methodology: In-person interviews using computer assisted personal interviewing (CAPI)

**Sample Strata:** The MCBS sample is stratified by age group within the Medicare aged and disabled sub-populations. Both the disabled and the very old are over sampled to achieve a desired number of sample persons in each age strata. The over sample insures sufficient cases for analysis by age strata and increases the number of institutionalized persons in the sample. Approximately 16,000 sample persons are interviewed in each round. However, because of the rotating panel design, only 12,000 sample persons receive all three interviews in a given calendar year.

Age group per	Sample Size	
	Round	Annual
0-44	1,334	1,000
45-64	1,334	1,000
65-69	2,667	2,000
70-74	2,667	2,000
75-79	2,667	2,000
80-84	2,667	2,000
85+	2,667	2,000

**Questionnaire Content:** The MCBS collects information on: health care use, cost and sources of payment; health insurance coverage; household composition; socio-demographic characteristics; health status and physical functioning; income and assets; access to care; satisfaction with care; usual source of care, and how beneficiaries get information about Medicare.

**Availability of Data:** Information collected in the survey is combined with information from CMS's administrative data files and made available through data files. The Access to Care data file combines survey responses from the fall round of the MCBS with complete calendar year Medicare claims data. "Access to Care" data files are available within a year of the close of the subject calendar year. The complete medical use, cost and source of payment data file takes twice as long to produce because it requires complex editing and imputation activities which are built upon an event level match of survey collected information with Medicare claims and administrative data.

For More Information Visit The MCBS Web Site: [www.cms.hhs.gov/mcbs](http://www.cms.hhs.gov/mcbs)

**Excellence:** What makes this project exceptional?

The MCBS is in a unique position to monitor effects of the Medicare program on its beneficiaries and provide the basic information needed to estimate the benefits and costs of program changes and expansions. The MCBS is used as a program management tool to assess legislative proposals (e.g., proposed expansion of home health care). Once decisions on health care reforms are made, the MCBS is in position to monitor their effects upon the Medicare population (e.g., enacted prescription drug benefit).

**Significance:** How is this research relevant to older persons, populations and/or an aging society?

The MCBS is identified to assist policy makers and researchers in monitoring and evaluating the Medicare program and produce statistics and linked data files. This function is generalized, but not limited to the following tasks:

1. responses to MCBS questions on access to care are used to measure our beneficiaries' ability to get the health care services in a timely manner in both fee-for-service and managed care settings;
2. responses to questions on satisfaction from the MCBS are used to measure the degree to which a beneficiary's perception of care received meets or exceeds his or her expectation for care, in both fee-for-service and managed care settings;
3. responses to questions on utilization from the MCBS and the associated Medicare claims are used to track the percent of Medicare beneficiaries who receive preventative health services to include but not be limited to:
  - an annual vaccination for influenza and a lifetime vaccination for pneumococcal;
  - a screening or diagnostic mammogram within a 2-year period; and
  - diabetic eye exam for beneficiaries diagnosed with diabetes.
4. responses to questions on beneficiary needs measure the effectiveness of CMS' dissemination of Medicare information to its beneficiary population; and
5. responses to questions on beneficiary knowledge measures the effectiveness of CMS' initiative to increase beneficiary understanding of basic features of the Medicare program.

**Effectiveness:** What is the impact and/or application of this research to older persons?

Research based on MCBS data has provided important information to program managers and policymakers concerned with the Medicare program. Most recently data from the MCBS helped shape and inform the crafting of the 2003 Medicare Prescription Drug, Improvement and Modernization Act – MCBS was the only source of self-reported prescription drug utilization by the Medicare population. The MCBS continues to serve as a collection tool for non-covered prescription drugs as well as to measure the impact of the legislation on the Medicare program.

**Innovativeness:** Why is this research exciting or newsworthy?

In 2006, nearly 37 million people age 65 and over lived in the United States, accounting for just over 12% of the total population. To give historical perspective, over the 20<sup>th</sup> century the 65 and over population grew from 3 million to 35 million. The Baby Boom Generation will start turning 65 in 2011 causing a dramatic increase in this population over the following two decades. In 2030, this 65 and over population is projected to be twice as large as their counterparts in

2000, growing from 35 million to 72 million and representing 20% of the total U.S. population. From 2030 onward the proportion of aged 65 and over will remain relatively stable, at around 20%. While this demographic shift is interesting what truly makes this change exciting and newsworthy is that the 2008 Annual Trustees Report states that costs will exceed income, excluding interest, for the Medicare Hospital Insurance Trust Fund beginning in 2008. Beginning in 2010, costs are projected to exceed income including interest. It is projected that by 2019 the trust fund will be exhausted.

Over the next few years the Medicare program will most likely undergo increasing scrutiny. The MCBS will continue to play an active role in shaping and informing public debate. If and when changes to the program are enacted, the MCBS will again serve to measure the affects of those changes on the program and on the Medicare population.