

Trust: The Respondent View from Initial Contact through Completed Interviews

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Areas of Discussion

- About the Centers for Medicare and Medicaid Services (CMS)
- About the Medicare Current Beneficiary Survey (MCBS)
- Process for Establishing Trust in the MCBS

CMS Highlights

- An operating division (“agency”) within the Department of Health and Human Services.
- Will serve 116 million Medicare, Medicaid and CHIP beneficiaries; roughly one-in-three Americans in 2015
- Largest purchaser of health care in the United States
 - Medicare and Medicaid combined pay a third (1/3) of the Nation’s health care expenditures
 - Benefit outlays for traditional programs are expected to total \$901.1 billion in FY 2015.
 - Represents 22% of the Federal Budget

Medicare



Part A
Hospital
Insurance



Part B
Medical
Insurance



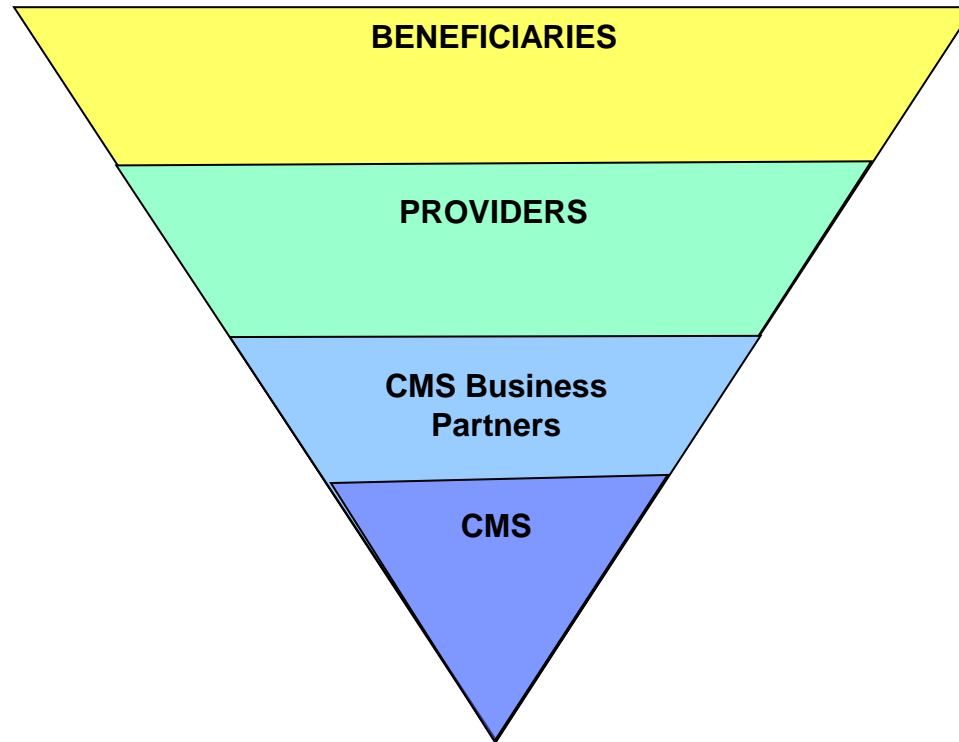
Part C
Medicare
Advantage
Plans (like
HMOs and
PPOs).
Includes
Part A & B
and
sometimes
Part D
coverage



Part D
Medicare
Prescription
Drug
Coverage

- 65 and older, eligible for SSA payments and have contributed for > 10 yrs.; or
- Under 65 with a permanent disability, ESRD or ALS.
- Does not cover long-term care, dental or vision services.

Serving Beneficiaries



CMS works with many others to serve beneficiaries

Need for Timely and Relevant Data/Information

- Measure and evaluate programs
- Identify and spread innovation
- Highlight disparities and/or inefficiency
- Provide a complete picture of how health care is or isn't delivered, regardless of beneficiary characteristics, insurance coverage, who paid for care, etc.
- Define and/or reward value

Medicare Current Beneficiary Survey

- Nationally representative of the Medicare population with oversamples of the disabled (under 65) and oldest old (85+).
- Mode of interview is in-person using CAPI.
- Rotating panel design with 7,000 survey participants selected annually.
- Interviewed three times a year for a maximum of 12 interviews over 4 years.

Goals of the MCBS

- Provide important information on Medicare beneficiaries that is **not available in CMS administrative data**
- Determine expenditures and sources of payment for all services used by Medicare beneficiaries, including copayments, deductibles, and non-covered services
- Ascertain all types of health insurance coverage and relate coverage to sources of payment
- Track changes over time, such as changes in health status, spending down to Medicaid eligibility, etc.

Legitimacy Verification

Partners/measures used to provide verification of the legitimacy of our study.

- 1(800) MEDICARE
- Websites
 - <http://mcbs.norc.org/>
 - <http://www.medicare.gov/>
 - <http://www.cms.gov/>
- Social Security Administration
- AARP endorsement

First Contact

- Advance Respondent Notification Letter
 - Provides sample person with 800 number to verify selection and authenticity of study.
 - Respondent can schedule first appointment, or
 - Interviewer will stop by

At the Door

- Unless appointment is scheduled by survey participant, first contact is a “cold knock”.
- In-person interviewer will have the following:
 - Picture identification
 - Copy of Notification Letter
 - Copy of the non-disclosure, confidentiality statement
 - Knowledge of purpose of the study and supporting material

Building Trust

- In-person interviewers are trained to establish a professional partnership.
 - Collect what can be sensitive information
 - Remain objective
 - Survey participant can be “shut-in”, where interviewer becomes part of their routine.

Building Trust (continued)

The relationship between the survey participant and the project is treated as a partnership.

- Survey participants are sent:
 - A thank you letter for participation
 - A project newsletter
 - The newsletter provides examples of how the collected data is used to support the Medicare program
 - A birthday card

For More Information

MCBS Homepage

<http://www.cms.gov/mcbs>

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