

# **Rapid Response Data Briefing**

## **Medicare Current Beneficiary Survey (MCBS)**

September 3, 2025



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# Panelists

**Mark Mather** - Associate Vice President, Population Reference Bureau

**Norma Coe** - Director of Research at the Leonard Davis Institute and Professor at the University of Pennsylvania

**Denice Ross** - former U.S. Chief Data Scientist

**Meghan Maury** - former Senior Advisor for Data Policy at the White House Office of Science and Technology Policy



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# What's in MCBS?

**Who:** Nationally representative sample of Medicare beneficiaries (ages 65+ and under 65 with disabilities). Oversample beneficiaries who are Hispanic, have disabilities, are ages 85+.

**What:** Longitudinal survey on health care use, access to care, charges and payments, insurance coverage, and more. Three Limited Data Set files and two Public Use Files released annually.

**Where:** Administered nationwide with separate Community and Facility components.

**When:** Conducted continuously since 1991. Respondents interviewed three times per year for four years, totalling up to 11 interviews. New panel added each fall.

**How:** Sponsored by Centers for Medicare & Medicaid Services (CMS). Approx. 35,000 interviews conducted annually by NORC at University of Chicago. In-person and phone interviews using Computer-Assisted Personal Interviewing (CAPI).



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# Why is MCBS important?

- The leading source of data on Medicare beneficiaries.
- Provides insights not available in administrative data.
- Supports CMS in administering, monitoring, and evaluating the Medicare program.
- Key domains include **coverage, utilization, spending, out-of-pocket costs, access, satisfaction, and health status**. Public-use files reconcile survey responses with claims, enabling comprehensive estimates of service use and expenditures.



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# How Have Researchers Used the MCBS Data

## Health Care Access

- **Access barriers among beneficiaries with depression**

MCBS 2011–2013 showed that those with depression were much more likely to report difficulty obtaining care, skipping visits, or lacking a usual source of care (Ewald et al., 2017).

- **Nurse practitioner scope-of-practice**

2011 MCBS linked with state policy data found that access outcomes varied by state NP authority; restrictive states paradoxically reported shorter wait times (Cross and Kelly, 2014).

- **Forgone care during COVID-19**

MCBS COVID-19 supplements (2020–2021) revealed that 20% of beneficiaries skipped or delayed care in summer 2020, dropping below 7% by winter 2021 (Park and Stimpson, 2021).



# How Have Researchers Used the MCBS Data

## Health Care Costs and Spending

- **Out-of-pocket spending**

2016 MCBS showed average annual OOP of \$5,460, with much higher burdens for the oldest-old and those without supplemental insurance (Cubanski et al., 2019).

- **Medicare Advantage vs. Traditional Fee-For-Service**

2020 MCBS revealed MA enrollees spent ~\$2,400 less annually on health costs compared to FFS, with fewer facing catastrophic costs (ATI Advisory, 2023).

- **Burden relative to income**

2022 MCBS showed OOP health costs equaled ~39% of the average Social Security benefit; low-income and 85+ groups faced the heaviest burden (Ochieng et al., 2025).



# How Have Researchers Used the MCBS Data

## Policy Evaluation & Program Impact

- **Prescription drug coverage (Medicare Part D)**

MCBS trends showed initial declines in cost-related non-adherence post-2006, but improvements eroded for beneficiaries with 4+ chronic conditions (Naci et al., 2014).

- **Ongoing monitoring**

Agencies like the Medicare Payment Advisory Commission (MedPAC), the Assistant Secretary for Planning and Evaluation (ASPE), and the Congressional Budget Office (CBO) regularly use MCBS to evaluate utilization, access, and spending, shaping policy reforms (MedPAC, 2024).



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## Bodes Well

- Staffing and budget appear to be OK for now, down to \$18M from \$20M
- CMS staff are engaged and looking to the future
  - Want to make survey more flexible and responsive.
  - Interest in developing state-level estimates.

## Bodes Less-Well

- Losing questions on gender and experiences of discrimination.
- If data reveal that satisfaction rates, health outcomes, or other performance metrics are declining, the MCBS may become a target.
- Budget talks about reducing contractor spend through “strategic insourcing” and “use of AI to improve productivity”



## SUBMIT A PUBLIC COMMENT

<https://tinyurl.com/FRN-MCBS>

### SUMMARY:

The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

### DATES:

Comments must be received by September 12, 2025.

***Revise sexual orientation items in the Demographic and Income Questionnaire (DIQ)...***

***Remove question on gender identity from DIQ...***

***Revise question on respondent sex...***

***Remove item about perceived discrimination from the Satisfaction with Care Questionnaire (SCQ).*** The SCQ currently contains an item that measures perceived discrimination from health care providers due to certain personal attributes, including race or ethnicity, language or accent, gender or gender identity, sexual orientation, age, culture or religion, disability, or medical history. Starting in Fall 2025 Round 103, this item will be removed. This update will reduce burden in the MCBS Community Baseline and Continuing interviews by 0.7 minutes each Fall round.



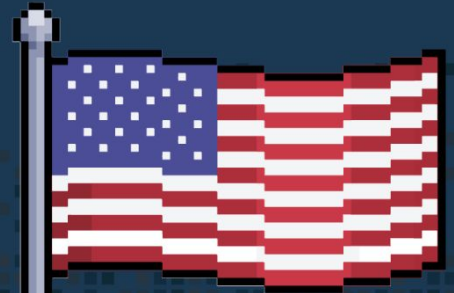
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For Early Warnings on Changes,  
Follow and Subscribe to [dataindex.us](https://dataindex.us)

## America's Data Index

Monitoring America's federal data infrastructure from dataset availability and new releases to planned and unplanned changes to collections.



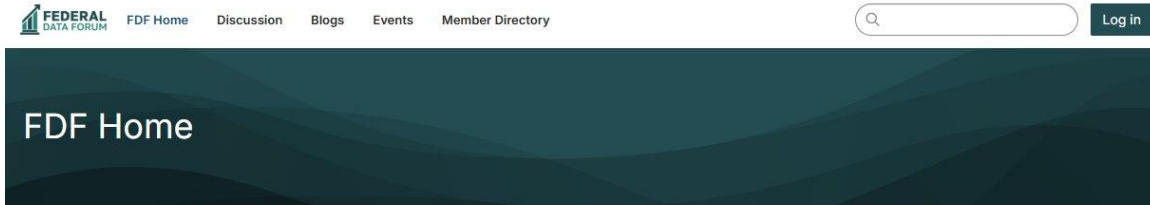
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# To Keep Up to Date, Join the Federal Data Forum

## [federaldataforum.prb.org](https://federaldataforum.prb.org)



### Latest Discussions List

Most Recent ▼

**MM** RE: September Release of CPS ASEC

By: [Mark Mather](#), 23 hours ago

Posted in: [Federal Data Users](#)

Hi Flo, I'm hoping the Census Bureau will announce their release schedule for the 2024 income, poverty, and health insurance data in the next couple of weeks. Last year, this information was posted on July 16: <https://www.census.gov/newsroom/press-releases/2024/schedule-income-poverty-acs.html> ...

**JJ** new book "Preserving government information: past, ...

By: [James Jacobs](#), 23 hours ago

#### Community Quick Links

[? Community FAQs](#)

[Data Resources](#)

#### Community Events List

**JUL 9** Rapid Response Data Briefing:  
American Time Use Survey

[Online](#)

**JUL 22** Association of Public Data Users'  
unConference 2025

[Online](#)

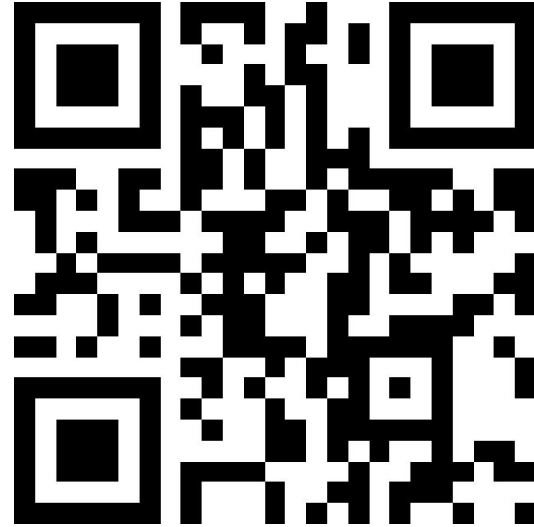


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# Take Action

- [dataindex.us](https://dataindex.us)
- [EssentialData.US](https://EssentialData.US)
- [federaldataforum.prb.org](https://federaldataforum.prb.org)
- <https://tinyurl.com/FRN-MCBS>



**Respond by 9/12/25**



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