

Application to Use Burden/Hours from Generic PRA Clearance:
Generic Clearance for Questionnaire Testing and Methodological Research for the Medicare Current
Beneficiary Survey (MCBS) (CMS-10549)

Generic Information Collection (GenIC #8):
Test of the MCBS Pulse Supplement: Beneficiary Trust

Office of Enterprise Data and Analytics (OEDA)
Centers for Medicare & Medicaid Services (CMS)

Under the CMS Generic Clearance (OMB No. 0938-1275, expiration 06/30/2027) for the Medicare Current Beneficiary Survey (MCBS), CMS OEDA requests approval to conduct questionnaire testing for a new series of “MCBS Pulse Supplements” that seek to measure emerging priorities for the Administration. This first request focuses on beneficiary trust in Medicare and their experiences with the program. For ease of reference, this first request will be called the “MCBS Pulse Supplement: Beneficiary Trust”. The first request will be tested in Fall 2025 on approximately 5,800 Medicare beneficiaries who are either active participants in the MCBS or recently completed their last interview and consented to an additional interview.

The current generic clearance specifies that it seeks to accomplish the following goals, two and four of which are supported with this request:

1. Improve data quality and accuracy by evaluating and revising existing questionnaire items;
2. **Address emerging policy and program issues by testing new questionnaire items;**
3. Reduce respondent burden by improving questionnaire items, response categories, and questionnaire flow;
4. **Reduce survey costs and implement efficiencies by improving questionnaire items and interview flow, as well as considering new methods and modes of data collection;**
5. Increase response rates by improving respondent materials and improving questionnaire content and flow to reduce survey length.

Justification

The MCBS is an ongoing survey of a representative sample of Medicare beneficiaries, both aged and disabled. The MCBS currently conducts interviews of over 15,000 Medicare beneficiaries across the US, conducting three interviews per year over a four-year period; the MCBS is conducted under clearance 0938-0568, expiration 08/31/2027.

As the nation's largest health insurer, CMS serves as a critical steward of taxpayer funds while advancing CMS leadership's agenda to reduce costs, increase transparency, and eliminate bureaucratic barriers that limit patient choice. CMS is committed to evidence-based reforms that put patients first and restore trust in our healthcare system. Testing these policy-relevant questions will provide CMS leadership with data on how the items tested may be adapted for use on the main MCBS survey to better understand Medicare beneficiary trust in the healthcare system and use of technology. This test will also provide data to inform future research pertaining to prior authorization, supporting CMS' comprehensive anti-fraud strategy for other CMS components.

The MCBS Pulse Supplement: Beneficiary Trust will include testing of four main topics:

1. Trust in doctors, medical professionals, private insurers and Medicare

CMS Administrator Dr. Mehmet Oz is interested in rebuilding trust between patients and their healthcare providers and insurers, including Medicare¹. Patient trust in healthcare providers and Medicare directly impacts patient engagement, treatment adherence, and health outcomes - all critical metrics for the administration's patient-centered reform agenda.

Test questions about beneficiary trust will draw from three abbreviated 5-item scales developed during a study supported by the Robert Wood Johnson Foundation and the University of Massachusetts Medical School Division of Geriatric Medicine². This series was previously tested among English-speaking adults in the United States and English-speaking adults residing in North

¹ <https://www.cms.gov/newsroom/press-releases/dr-mehmet-oz-shares-vision-cms>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC1262715/>

Carolina who were members of a health maintenance organization. This effort will assess performance among the Medicare population and is being coordinated with the CMS Centers for Medicare Provider Communications Group which will administer a related set of items to healthcare providers³, creating a comprehensive view of trust from both patient and provider perspectives that will inform targeted interventions to restore confidence in our healthcare system. Data from this test will be used to inform whether the abbreviated scales should be added to the main MCBS survey to track beneficiary trust in their providers and insurers over time. Preliminary data will also enable CMS to identify specific areas where bureaucratic barriers may be undermining patient confidence and to track progress as reforms are implemented.

2. Beneficiary experience with fraud and prior authorization

The MCBS is supporting CMS's comprehensive strategy to reduce wasteful spending and combat fraud, waste, and abuse by testing novel items about beneficiary experience with prior authorization for specific health care services, such as prescription drugs, a visit to a health care provider, or a specific treatment or procedure. Data from these questions will help CMS assess which items perform well with Medicare beneficiaries. Those that do may be used to evaluate the Wasteful and Inappropriate Service Reduction (WiSER) model⁴, an initiative from the Center for Medicare & Medicaid Innovation that seeks to improve the pre-authorization process and reduce unnecessary healthcare spending.

Additionally, MCBS is partnering with the Medicare Part C and Part D teams to test beneficiary experience questions related to the prior authorization process. These questions support current initiatives to improve beneficiary experience by reducing prior authorization burden. The data will help establish a baseline for evaluating the prior authorization process from the beneficiary perspective and enable CMS to track improvements over time.

New items asking how beneficiaries review their Explanation of Benefits (EOB) and Medicare Summary Notices (MSN), informed by questions from the KFF Survey of Consumer Experiences with Health Insurance⁵, will be tested to inform future potential inclusion on the MCBS. Items regarding beneficiary detection of unauthorized services will also be tested among the Medicare population. Results from the test will help establish critical baseline data on beneficiary awareness of fraudulent activities and detection of unauthorized services, providing the CMS Center for Program Integrity with essential intelligence to identify cross-cutting vulnerabilities and develop targeted beneficiary education campaigns to prevent fraud, waste, and abuse.

3. Beneficiary use of technology

Assessing current technology adoption levels among Medicare beneficiaries is critical to developing patient-centered digital health infrastructure that CMS and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) are working to advance⁶. This test will include items related to beneficiary access to medical records via patient portals, electronic medical records, use of technology to manage health, and opinions on the use of artificial intelligence (AI). These items have been adapted from the Health Information National Trends Survey⁷, the KFF Health Tracking Poll from January 2019⁸, and the 2022 Pew

³ Generic Clearance for CMS and Medicare Administrative Contractor (MAC) Generic Customer Experience (CMS-10731); OMB Control Number 0938-1459.

⁴ <https://www.cms.gov/priorities/innovation/innovation-models/wiser>

⁵ <https://files.kff.org/attachment/Topline-Survey-of-Consumer-Experiences-with-Health-Insurance.pdf>

⁶ <https://www.cms.gov/newsroom/press-releases/cms-seeks-public-input-improving-technology-empower-medicare-beneficiaries>

⁷ <https://hints.cancer.gov/docs/Instruments/HINTS6-AnnotatedEnglishInstrument.pdf>

⁸ <https://files.kff.org/attachment/Topline-KFF-Health-Tracking-Poll-January-2019>

Research Center's American Trends Panel⁹, respectively. Two items written by CMS regarding beneficiary interest in novel healthcare management tools will be tested to assess performance among the Medicare population.

Data from the test will support the CMS Digital Health Ecosystem Team and the CMS Office of Communications in implementing targeted communication strategies and in prioritizing innovative health technologies for different beneficiary populations. These items will also inform chronic disease management programs by providing information on how best to leverage digital tools to help beneficiaries manage chronic conditions and access care more efficiently, supporting Secretary Kennedy's "Make America Healthy Again" initiative¹⁰. Finally, the test will inform the development of secure data exchange systems that build beneficiary trust while advancing initiatives like Blue Button 2.0 and the Interoperability and Patient Access Final Rule, and will help CMS components design user-friendly digital health management applications that meet beneficiaries where they are in their digital journey. Questions fielded in the test that perform well have the potential for future inclusion in the main MCBS survey.

4. Beneficiary knowledge of the Make America Healthy Again (MAHA) initiative

CMS Administrator Dr. Mehmet Oz is interested in measuring beneficiary awareness and opinion of the "Make America Healthy Again," or MAHA, initiative. A short, three item set adapted from a December 2024 YouGov poll¹¹ will be added to measure the knowledge and opinion of MAHA by Medicare beneficiaries.

Data from the test will be used to support the work of the recently announced MAHA Federal Advisory Committee (FACA). Understanding beneficiary awareness, knowledge levels, and opinions regarding MAHA is essential for developing targeted outreach strategies across the Medicare population. The awareness and opinion data will provide baseline measurements necessary for informing future health promotion initiatives within CMS programs.

Testing Plan

Experiment Design

CMS' contractor, NORC at the University of Chicago, will conduct the test with MCBS respondents who completed a MCBS interview from August 2021 through December 2024 and are currently living in the community setting. This includes respondents from the 2022, 2023, and 2024 panels, as well as MCBS respondents from the 2021 panel who recently exited the survey and consented to be recontacted for voluntary assistance in testing new items or methods. Respondents who are living in long-term care facilities will not be included in the sample. The test will be conducted with English-speaking respondents only. Interviews may be conducted with a proxy as long as they are currently caring for or making health care decisions on behalf of the beneficiary.

Testing will begin in October 2025 with a 6-week data collection period. All interviews will be conducted by phone. Respondents will be sent an advance letter (Attachment A) notifying them of the test. Because these are existing MCBS respondents, we have phone numbers for all respondents that were obtained through prior contacts. We also have alternative contact information which will facilitate contacting respondents who may have changed their phone numbers since their last interview. For respondents who were part of the 2021 panel and therefore are no longer current MCBS respondents,

⁹ https://www.pewresearch.org/wp-content/uploads/sites/20/2023/02/PS_2023.02.22_AI-health_TOPLINE.pdf

¹⁰ <https://www.cms.gov/newsroom/press-releases/cms-building-foundational-infrastructure-digital-healthcare-ecosystem>

¹¹

https://ygo-assets-websites-editorial-emea.yougov.net/documents/Health_and_Nutrition_Policy_poll_results_1.pdf

only those who consented to be contacted in the future about participating in short surveys will be contacted.

The test will be conducted separately from the current MCBS Community questionnaire (again, the MCBS Community questionnaire is fielded under 0938-0568), using NORC's in-house Telephone Survey and Support Operations Center (TSSO). TSSO supports efficient Computer-Assisted Telephone Interviews (CATI) across several time zones, with centers in Chicago, Wichita, and Albuquerque. These interviewers are well-trained and experienced at conducting CATI interviews. The purpose of the study will be explained using the advance letter (Attachment A), contacting guide (Attachment B), a reminder postcard (Attachment C) and a frequently asked questions document (Attachments D for the 2021 panel and E for the 2022-2024 panels)¹² that the interviewer may mention on the phone. Before administering the test questions, respondents will be asked for consent to continue with the interview. Those that consent will be administered the test series (Attachment F). The test content will be specific to the beneficiary trust in medical providers and insurers, beneficiary use of technology, preauthorization of medical care, combatting fraud, waste, and abuse, and "Make America Healthy Again," (MAHA); it has also been approved by NORC's Institutional Review Board.

Burden

In order to conduct an efficient and cost-effective test, programming the questions will be done independently from the MCBS production questionnaire; the test series will be administered as a separate supplement. Based on available sample, and past participation in similar testing efforts, we anticipate a 40 percent response rate, or approximately 5,800 respondents. At an average length of 0.28 hours per interview, this translates to 1,624 burden hours associated with this testing request.

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response Burden
MCBS Pulse Supplement: Beneficiary Trust	5,800	1	0.28	1,624

Analytic Plan

All test data will be analyzed both at the item level as well as by merging the data with other key variables of interest from the respondent's prior MCBS data (such as demographics and health status information). CMS will use these data to conduct preliminary analysis of beneficiary trust in their medical providers and insurers, beneficiary interest in digital tools and current use of technology, beneficiary experience with prior authorization and awareness of fraudulent activities, and beneficiary knowledge and opinion of MAHA. These initial findings will help inform whether the items performed well enough among the Medicare population and which items should be considered for inclusion in the Main MCBS survey. The results will also help identify items of interest that may need additional testing before being fielded to additional MCBS respondents.

Next Steps

CMS leadership has great interest in "taking the pulse" of MCBS respondents more regularly to inform potential program initiatives. Following testing of the current MCBS Pulse Supplement: Beneficiary Trust, CMS will develop plans to field additional MCBS Pulse supplements in the future to obtain quick feedback on timely policy and program questions. Future MCBS Pulse supplements are likely to be brief

¹² Since the 2021 panel is no longer active in the main MCBS survey, the FAQ for these respondents varies slightly.

and more rapid than the current test, containing one to four items fielded for one to two weeks alongside regular MCBS data collection. In order to obtain feedback quickly, CMS anticipates approximately a two-week lead time from design to implementation.

Pending analysis of results, CMS may seek to add a subset of questions tested in the MCBS Pulse Supplements to the main MCBS questionnaire. If so, the added burden will be offset by other content deletions. CMS will work closely with OMB on plans for future testing efforts.

If you have any questions or would like to discuss this request, please do not hesitate to contact the CMS MCBS Project Director, Marina Vornovitsky.

Attachments:

- A- Advance Letter
- B- Contacting Guide
- C- Reminder Postcard
- D- Frequently Asked Questions (FAQs) 2021 Panel
- E- Frequently Asked Questions (FAQs) 2022-2024 Panels
- F- Test Questionnaire