

Using Administrative Data to Reduce Respondent Burden in Facility Data Collection

Andrea Mayfield, Rachel Carnahan, and Felicia LeClere

NORC at the University of Chicago

This work is submitted under contract number HHSM-500-2014-000351, HHSM-500-T0002 with the Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics. The opinions and views expressed in this work are those of the authors. No official endorsement by the Department of Health and Human Services or the Centers for Medicare & Medicaid Services is intended or should be inferred.



at the UNIVERSITY *of* CHICAGO

What is the MCBS?

- The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of the Medicare population, conducted by the Centers for Medicare & Medicaid Services (CMS) through a contract with NORC at the University of Chicago.
- The MCBS collects data from Medicare beneficiaries at 3 points per year for 4 consecutive years
 - Beneficiaries living in both community and facility settings.
- The survey covers many topics including health care utilization and expenditures, all sources of health insurance coverage, and health status and functioning.

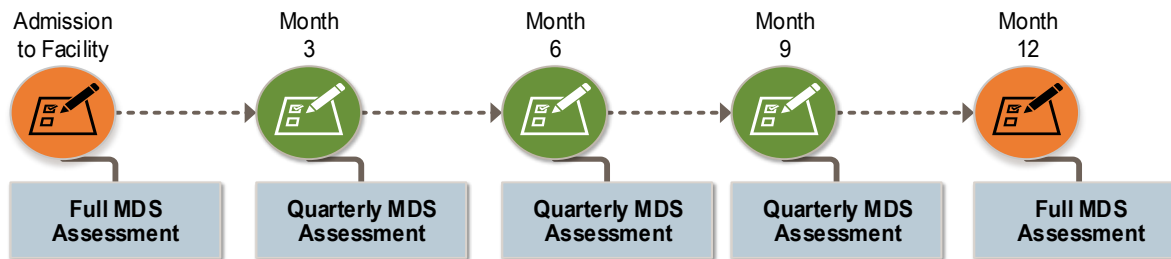
Background

- MCBS Facility interview collects data about beneficiaries who reside in long-term care settings from Facility staff and medical documentation.
- Certain questions in the survey are redundant with existing administrative data sources that Medicare- and Medicaid-certified facilities regularly report to CMS.

Administrative Data Sources

NORC investigated the potential for two administrative data sources collected by CMS to shorten the Facility instrument:

- Long-Term Care Minimum Data Set (MDS)
 - A federally-mandated health assessment of residents living in Medicare- or Medicaid- certified nursing homes.



- Certification and Survey Provider Enhanced Reports (CASPER)
 - Supports the certification and regulatory function of CMS.

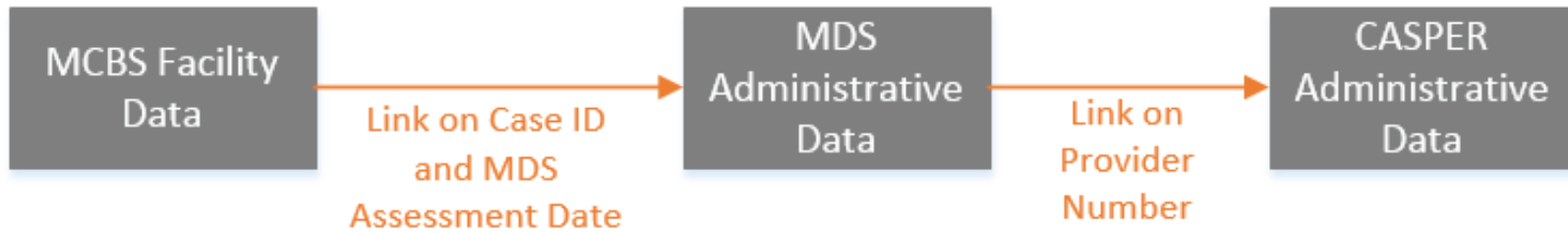
Research Questions

We investigated three questions to assess whether we could use CMS administrative data to shorten the Facility instrument:

1. How many MCBS cases have data available in MDS and CASPER administrative data sources?
2. What is the redundancy between Facility instrument variables and MDS and CASPER administrative data?
3. What is the agreement between MCBS analytic data and MDS and CASPER administrative data when both are available?

MCBS Facility Cases in Administrative Data

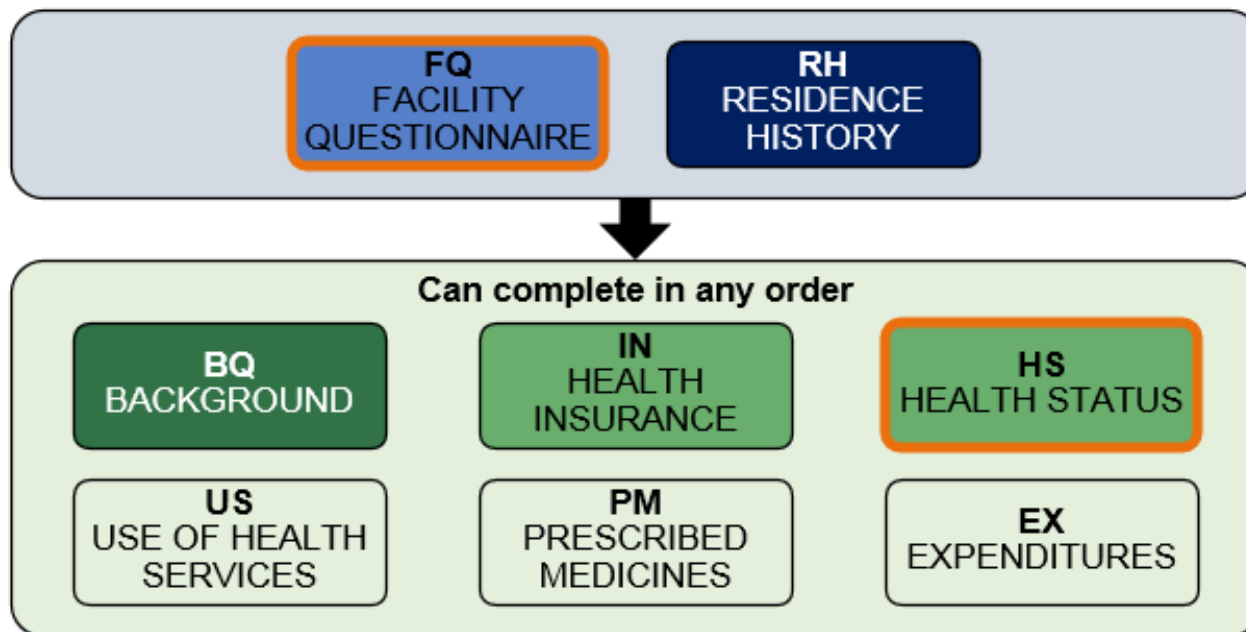
- **Methods:** Linked 2015 MCBS to 2015 CMS Administrative Data:



- **Results:** 40.7% of MCBS facility-dwelling beneficiaries resided in facilities with MDS/CASPER administrative data available.

Overlap between MCBS and Administrative Data

- **Methods:** Compared MCBS Facility Instrument Specifications and Data to MDS/CASPER Administrative Data:



- **Results:**
 - 25% of Facility Questionnaire (FQ) section variables overlap exactly with CASPER
 - 40% of Health Status (HS) section variables overlap exactly with the MDS

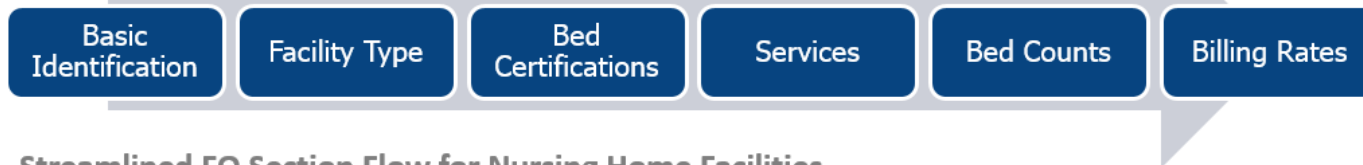
Agreement Between MCBS and Administrative Data

- **Methods:** Compared values for variables that overlap between 2015 MCBS and 2015 MDS/CASPER Administrative Data
- **Results:**
 - 2015 MCBS vs. 2015 MDS Administrative Data
 - 34% of cases had total agreement on all overlapping variables (i.e., zero variables with discrepant values)
 - 69% of cases had near-total agreement on all overlapping variables (i.e., zero to two variables with discrepant values)
 - 2015 MCBS vs. 2015 CASPER Administrative Data
 - Agreement ranged from 62-100% for overlapping variables

Recommendations

- We recommend skipping **129 out of 682** variables in the Facility instrument once we verify that CASPER/MDS administrative data exist for a beneficiary.
 - MDS-Specific Recommendations:
 - Skip 83 variables that are redundant with the MDS, primarily in the Health Status section.
 - CASPER-Specific Recommendations

FQ Section Flow for Non-Nursing Home Facilities



Streamlined FQ Section Flow for Nursing Home Facilities

- Skips questions about services and bed counts



Conclusions

- Benefits:
 - These recommended changes to the Facility instrument will **reduce burden for approximately 40% of annual facility cases.**
 - For cases with administrative data, changes to the Facility instrument flow are expected to **reduce Facility interview administration time by approximately 15 minutes.**
- Plans for Implementation:
 - Planning for changes to the Facility instrument and associated data processes for **implementation in Fall 2019.**

Rachel Carnahan, NORC at the University of Chicago
Carnahan-Rachel@norc.org

Thank You!

NORC
at the UNIVERSITY *of* CHICAGO

 insight for informed decisions™