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# The Use of Respondent Records in Collecting Cost and Utilization Data on the Medicare Current Beneficiary Survey (MCBS)

July 2018

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## What is the Medicare Current Beneficiary Survey (MCBS)?

- The Medicare Current Beneficiary Survey (MCBS) is a continuous, in-person, multi-purpose longitudinal survey covering a representative national sample of the Medicare population, including the population of beneficiaries aged 65 and over and beneficiaries aged 64 and below with disabilities, residing in the United States and Puerto Rico.
- The MCBS is sponsored by the Office of Enterprise Data and Analytics (OEDA) of the Centers for Medicare & Medicaid Services (CMS) and is conducted through a contract with NORC at the University of Chicago (NORC).
- The MCBS has been in the field continuously since 1991, collecting over 1 million interviews with over 200,000 beneficiaries.
- The MCBS provides important information on beneficiaries that is not available in CMS administrative data and plays an essential role in monitoring and evaluating beneficiary health status and their experiences with the Medicare program.



## What is the Medicare Current Beneficiary Survey (MCBS)?

- The MCBS uses a rotating panel sample design. The total annual sample is approximately 14,000. One panel is retired during each summer round, and a new panel of about 6000 is selected each fall round to replace it and to account for any attrition due to death, and loss of benefits.
- Each sampled beneficiary is interviewed up to three times per year for four consecutive years to form a continuous profile of their health care experiences during their participation in the survey.
- The three data collection rounds per year are referred to seasonally (Fall, Winter, Summer).
- Sampled beneficiaries may be living in the community (e.g., their homes) or a facility (e.g., nursing homes).
- We collect information not only on the beneficiaries' health and experiences with the health care system, but also on their health care expenditures and reimbursements.

## Available Data

- CMS provides users with multiple ways to access MCBS data and a wide array of documentation that is publically available on the CMS MCBS website.
- Data users have several options to access MCBS data <https://www.cms.gov/mcbs>:
  - MCBS data are made available via two annual Limited Data Set (LDS) releases and an annual Public Use File (PUF). These releases are accompanied by detailed Data User's Guides as well as other technical documentation.
  - The initial LDS file release includes the Survey File which contains questionnaire collected and administrative data on the beneficiary. It includes information on chronic conditions, health status, mobility, health insurance coverage, residence type, and other health related data. The subsequent LDS release, the Cost Supplement, provides information on the beneficiary's utilization of medical services, supplies, and prescription drugs, and their associated costs and out-of-pocket and insurance payments.
- MCBS documentation is publically available on the CMS website, such as an annual Chartbook, Data User's Guides, Methodology Reports, codebooks, and questionnaire specifications.



## Collecting and Using Respondent Records

- Respondent records on their health care utilization, costs, and reimbursements are used to provide a total picture of the out-of-pocket costs for their health care expenditures.
- During a beneficiaries baseline (first) interview, they are provided with instructions on the types of records to save for their next interview.
- We begin at this interview to “train” our respondents to keep all documents relating to their health care utilization including: receipts, bills, insurance explanation of benefits (EOBs), Medicare Summary Notices (MSNs), prescription drug bottles, health insurance premium notices, canceled checks for medical payments, and any other information about their medical appointments and the cost and payment of their medical expenses.
- We provide them with a planner and a folder to use in tracking and collecting this information.

# MCBS Planner



**JUNE 2018**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:						1	2
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	3	4	5	6	7	8	9
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	10	11	12	13	14	15	16
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	17	18	19	20	Flag Day	21	22
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	Fathers' Day	24	25	26	27	First day of Summer	28
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	29	30					

**JULY 2018**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	1	2	3	4	5	6	7
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	8	9	10	Independence Day	12	13	14
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	15	16	17	18	19	20	21
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	22	23	24	25	26	27	28
Appointment time: Doctor(s) seen: Reason for visit: Medicine(s) prescribed: Other items purchased: Amount charged & paid:	29	30	31				

# MCBS Folder

**NORC**

*at the* UNIVERSITY of CHICAGO

USE THIS FOLDER TO SAVE:

**All insurance statements, bills, receipts, & any other documentation for all medical visits & purchases, including:**

- ✓ Doctor/hospital visits (checkups, dental visits, ER & inpatient stays, outpatient visits, therapy, etc.)
- ✓ Prescription drugs (include pharmacy labels)
- ✓ Medical items/equipment (glasses, diabetic equipment, crutches, hearing aid batteries, incontinence supplies, etc.)



## Interviewer Training

- Our 220 field interviewers go through detailed training to learn how to identify, sort, and bundle respondent records.
- The information on utilization such as appointments and purchases are matched with the bills, and insurance statements to provide a picture of the utilization, costs, and payments for each event.
- Interviewers have initial in-person intensive training, and then attend annual on-line refresher trainings.
- The Field Managers periodically observe each interviewer for correct handling of the records. Field Managers observe approximately 17 interviewers.



# Using the Respondent Records in the Survey

- Determining what is relevant is important for our interviewers
- We train interviewers using “real world” examples of relevant and not relevant documents.
- Organizing the various documents saved by the respondent into related bundles of information is important for entering the information efficiently about utilization and costs.

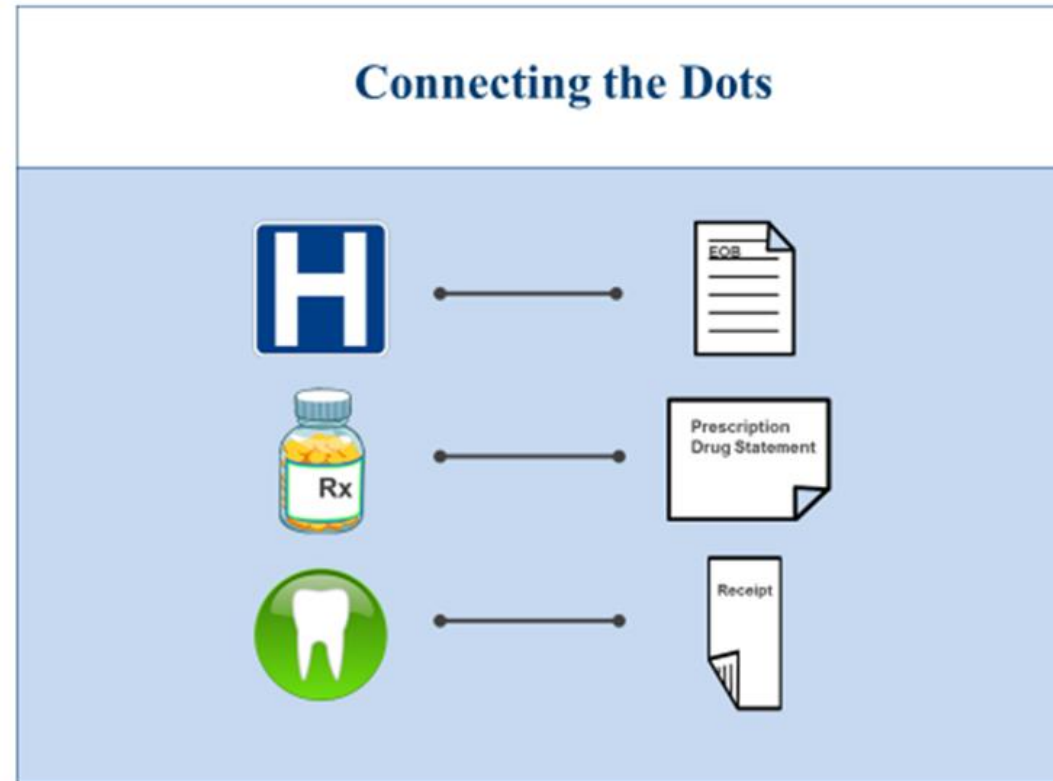
## Relevant or Not Relevant?

### Determining if a piece of paperwork is relevant.

- Stack of paperwork may include papers without any information about cost or use.



# Understanding the Relationship between Events, Bills, and Reimbursement



# Understanding Key Elements from Records

- Statements vs non-Statements

<b>Statement or Not a Statement?</b>	
<b>Determining if a piece of paperwork is a statement or not.</b>	
<b>Statements:</b> <ul style="list-style-type: none"><li>• Medicare Summary Notices (MSNs)</li><li>• Insurance statements</li><li>• TRICARE statements</li><li>• Prescription drug statements</li></ul>	<b>Not Statements:</b> <ul style="list-style-type: none"><li>• Bills</li><li>• Receipts for services</li><li>• Receipts for prescribed medicines</li><li>• Prescribed medicine bottles</li></ul>

# Understanding the Key Elements of a Bill

Verde Dentistry 34 N Valle Verde Dr., Henderson, NV 89074		STATEMENT DATE	AMOUNT DUE
		06-01-2017	\$0.00
		DUE DATE	REMITTANCE
		07-01-2017	
James Harden 6532 Oak St Elko, NV 89801		MAKE CHECKS PAYABLE TO: Verde Dentistry Phone Number: 702-219-0146	

CURRENT	30 DAYS	60 DAYS	90+ DAYS	TOTAL BAL	INS ESTIMATE	DEFERRED	DUE NOW
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DATE	PATIENT	DESCRIPTION	CHARGES	PAYMENTS
05-23-17		PREVIOUS BALANCE		
05-23-17	Harden	Cleaning, <1yr	98.50	
05-23-17	Harden	Topical Fluoride Treatment	25.00	
05-23-17	Harden	General exam/observation of mouth ulcers	112.90	
		<b>TOTAL CHARGE</b>	<b>233.40</b>	
05-23-17	Account	FAC** MasterCard payment		233.40

# Understanding the Elements of a Prescription Medication Label

**CVS/pharmacy** #1334  
416 MAIN STREET, CHICAGO, IL 60602

**ALMA JONES**  
55 E MONROE, CHICAGO, IL 60602

**NEXIUM 40 MG CAPSULE**  
Generic Name: Esomeprazole  
Magnesium

TAKE 1 CAPSULE BY MOUTH EVERY DAY

Qty: 30      3 refills before 10/30/2016

Store Phone: (111) 222-3333

Rx # 789012

**PHARMACY** AQUAVIVA'S  
1555 Port Malabar Blvd  
Palm Bay, FL 32909  
Ph: 321-725-7188

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Rx: 1533280      EP/Techn: CAA/AMT      NO - CP

**JONES, ALMA**  
**OMEPRAZOLE 20 MG CAPSULE**  
Rx: MARK

TAKE 1 CAPSULE BY MOUTH EVERY DAY

Rx: 1533280

# Understanding Key Elements for Other Medical Costs

## Finding the Strength for Insulin

PHARMACIST'S NOTES

BO  
08-26-2014

CUSTOMER RECEIPT

The Apothecary Shoppe  
PHARMACIES

#0333 Ph:206-466-7752  
7800 CHERRY MILL ROAD BREMERTON, WA 98310-0011

07 0402285 00 000050

MARTIN, JANE  
300 WARREN ROAD, BREMERTON, WA 98310-9999  
Ph: 206-478-2488 DOB: 04-11-1924

Date: 08-26-2014 DAW: 0  
RX: 640302

**Lantus 100U/ML VIAL**

USE AS DIRECTED

NDC: 00002-8615-01 Days Supply: 30 Refills:  
Williams, Dr. R.  
TP: 166 GR:  
AUTH#0056006200019

Strength in units (a.k.a. concentration). Could also be written as "U-100," "100 U," or "100 units per mL."

## Insulin Example

Strength in units (a.k.a. concentration) = "U-100," or "100 units per ML"

Note: could also be written as "100 U"

100 units/mL  
100 U/mL

10 mL Vial

Amount = "10 mL" (number of milliliters included per vial)

# Understanding Insurance Statements

## Identifying Key Elements

### 1. If a document is a statement, what kind is it?

- Medicare Summary Notices (MSNs)
  - Medicare Part A and Part B
- Insurance statements
  - Medicare Advantage
  - Medigap and other private insurance
- TRICARE statements
- Prescription drug statements
  - MPDP Statement
  - MA Prescription Drug Bundle
  - TRICARE prescription Drug Bundle

## Identifying Key Elements

### 2. Is it a charge bundle?

- Any charges grouped together under a single claim total on an MSN or insurance statement.
- When entering cost information in the Cost Series, you enter **one charge bundle at a time.**

June 18 – June 21, 2017						
Otero Hospital, (555) 555-1234 PO Box 1142, Marat, PR 00674 Referred by Jesus Sarmiento Foresti						
	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Owed	See Notes Below
Benefit Period starting May 27, 2011	4 days	Yes	\$0.00	\$4,880.99	\$0.00	
<b>Total for Claim #20905400024182</b>			\$0.00	\$4,880.99	\$0.00	A

June 29, 2017						
Otero Hospital, (555) 555-1234 PO Box 1142, Marat, PR 00674 Referred by Carlos Santiago Diaz						
	Benefit Days Used	Claim Approved?	Non-Covered Charges	Amount Medicare Paid	Maximum You May Be Owed	See Notes Below
Benefit Period starting May 27, 2011	1 day	Yes	\$0.00	\$5,583.00	\$0.00	
<b>Total for Claim #20908900033982</b>			\$0.00	\$5,583.00	\$0.00	A

# Reading Insurance Statements

## Insurance Statement: Important Elements

Claim Number

Date/type of service

Total charge

Amount Medicare approved/amount Medicare paid

Amount paid by insurer and respondent

**HEMANA**  
Subscriber you used

**SmartSummary**  
Your personal medical benefits statement

Your medical claims for July 1 to July 31, 2015

This section lists your medical claims that were processed this month or previously processed claims that have been adjusted this month. As a Medicare member, you pay a reduced portion for services approved by Medicare with participating doctors and hospitals. The "Insurance Amount" column represents the amount approved by Medicare. The "Total Charge" column represents the total amount billed by the provider. The "Amount Paid by Insurer" column represents the amount paid by Medicare. The "Amount Paid by Member" column represents the amount paid by you. If you have a question about information listed in this section, you can call the customer service number listed on the front of this statement. If you believe a claim was processed incorrectly, refer to your Explanation of Benefits for instructions.

The amounts listed may be different from what you actually paid. Some claims may have been adjusted and payment information for adjusted claims is not included in this statement.

**What you paid with this plan**

Date of Service, Provider Name	Medicare Approved	Insurance Amount	Member Deductible	Co-pay	Coinsurance	Out-of-Pocket	Total
Class: 100017000 Stevens, Joseph D 016-00007000	\$14.00	\$0.00	\$20.00				\$34.00

## Insurance Statements

Primerica Blue Cross  
PO Box 90000, WA 98101  
Seattle, WA 98101-0000

Primerica Insurance Group  
PO Box 90000, WA 98101  
Seattle, WA 98101-0000

Primerica Insurance Group  
PO Box 90000, WA 98101  
Seattle, WA 98101-0000

**Benefits at a Glance**

Membership Number: 950000000-01  
Statement Date: December 31, 2016

Plan	Plan	Yearly
Health	Health	Health
\$100.00	\$0.00	\$100.00

**Document 1**

**Medicare Summary Notice for Part B (Medical Insurance)** Page 1 of 5  
The Official Issuance of Your Medicare Claims Should Be Covered for Medicare & Medicaid Services

Kenneth Davis  
67 E BLUFF RD  
KENT, WA 98030

**THIS IS NOT A BILL**

**Notice for Kenneth Davis**

Medicare Part B	Medicare Part D
Medicare Part B	Medicare Part D
Effective Date: September 30, 2016	Effective Date: September 30, 2016
End Date: September 30, 2016	End Date: September 30, 2016

**Your Claims & Costs This Period**

Did Medicare Approve All Services?	YES
Total You May Be Billable	\$072.68

**Providers with Claims This Period**

**Cigna Medicare Rx (FDP)**  
Medicare Part D Prescription Drug Plans

Cigna Medicare Rx  
PO Box 289008  
Weston, FL 33326-9027

Address Service Requested

Medicare ID: 0000001532086791

**Your Monthly Prescription Drug Summary**  
For March 2016

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it in your records. (This is not a bill.)



# Medicare Summary Notices (MSNs)

## Types of MSNs

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

**Your Hospice Claims for Part A (Hospital Insurance)**

Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

**Definitions of Columns**

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

**Your Home Health Claims for Part A (Hospital Insurance)**

Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, and home health care. Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Jennifer Washington THIS IS NOT A BILL | Page 3 of 5

**Your Claims for Part B (Medical Insurance)**

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services. Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Definitions of Columns**

Service Approved: This column tells you if Medicare covered the service.

Jennifer Washington THIS IS NOT A BILL | Page 3 of 5

**Your Unassigned Claims for Part B (Medical Insurance)**

Medicare claims may be assigned or unassigned. Your claims below are unassigned—meaning the provider hasn't agreed to accept the Medicare-approved amount as payment in full.

**Do Unassigned Claims Cost More? Maybe. A**

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. Since your provider hasn't agreed to accept assignment, you

## Types of MSNs

Exhibit 1.1 - Part A, Inpatient

Page 1 of 5

**Medicare Summary Notice**  
for Part A (Hospital Insurance)

Medicare & Medicaid Services

JENNIFER WASHINGTON  
TEMPORARY ADDRESS NAME  
STREET ADDRESS  
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington	
Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2011
Claims Processed Between	June 15 - September 15, 2011

**Your Claims & Costs This Period**

Did Medicare Approve All Services?

Total You May Be Billed **\$0.00**

**Facilities with Claims This Period**

June 18 - June 28, 2011  
Otero Hospital  
July 1 - July 18, 2011  
Lexington Health Center

**Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part A Deductible:** You have now met your \$1,044.00 deductible for inpatient hospital services for the benefit period that began May 22, 2011.

Exhibit 1.1 - Part B, Inpatient

Page 1 of 6

**Medicare Summary Notice**  
for Part B (Medical Insurance)

Medicare & Medicaid Services

JENNIFER WASHINGTON  
TEMPORARY ADDRESS NAME  
STREET ADDRESS  
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington	
Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2011
Claims Processed Between	June 15 - September 15, 2011

**Your Claims & Costs This Period**

Did Medicare Approve All Services?

Total You May Be Billed **\$0.00**

**Facilities with Claims This Period**

July 19 - August 22, 2011  
The New York and Prodyntesian Hospital

**Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met \$65.00 of your \$162.00 deductible for 2011.

# Other Types of Insurance Statements

## Medicare Advantage

**HUMANA**  
Guidance when you need it

### SmartSummary

Your personal medical benefits statement

What you

1 Date of Service, Provider Name	2 Total charge	Humana discounts	Deductible	Copay
----------------------------------	----------------	------------------	------------	-------

(Processed on August 18/15)

Jul 5/15

Claim: 399887080

Storer, Joan MD

Ofc/Outpt Visit \$141.00 \$83.82 \$20.00

## Private Insurance

**AARP** Medicare Supplement Plans  
Issued by UnitedHealthcare  
Insurance Company

EXPLANATION OF AARP BENEFITS  
(These Benefits Are In Addition To Your Medicare Part B Benefits)

#### PATIENT INFORMATION

Page: 1 of 1  
Date of this Explanation: August 18, 2015

Name of Patient: CARRILLO, EMMETT  
Medicare Number: 314605525A  
Agreement Number: 005889700  
Claim Number: 0102030137100

SERVICES WERE PROVIDED BY: J DEBLER

TYPE OF SERVICE (SERVICE CODE)	DATE(S) OF SERVICE	CHARGE	OTHER	AARP APPROVED	NOTE
INITIAL HOSP CARE (96223)	7/19/15	149.00		149.22	See Note 1
SUBSEQ HOSP CARE (96232)	7/20/15	52.75		50.97	

AARP Paid Your Provider \$38.23

Note 1 This provider did not accept assignment. Under your benefit plan, you are responsible for the amount over Medicare's approved charge for covered services - \$ 1.14. Do not remit to AARP.

## TRICARE

### TRICARE STATEMENT EXAMPLES

Example 1. Palmetto Government Benefits Administrators

TRICARE EXPLANATION OF BENEFITS  
The following information is provided for your information only. It is not intended to constitute a contract.

TRICARE Member Information:  
 Name: [Redacted]  
 Social Security Number: [Redacted]  
 Date of Birth: [Redacted]  
 TRICARE Plan: [Redacted]

Service Information:  
 Service Number: 201500010000  
 Date of Service: [Redacted]  
 Place of Service: [Redacted]

Benefit Information:  
 TRICARE Standard: [Redacted]  
 TRICARE Supplement: [Redacted]

Code	Description	Quantity	Rate	Amount	TRICARE Approved	Member Responsibility
96223	INITIAL HOSP CARE	1	149.00	149.22	149.22	0.00
96232	SUBSEQ HOSP CARE	1	52.75	50.97	50.97	1.78
<b>Total Charge</b> 149.22 + 50.97 = 200.19						

TRICARE Approved Amount: 198.25

Member Responsibility: 1.94

CALL TOLL FREE 1-800-THE-PURSA (1-800-838-7832)  
THIS IS NOT A BILL.

# Prescription Medication Statements

## Section 1. Your prescription drugs during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, Section 5 tells you what you should do.

Chart 1.  
Your prescriptions for covered Part D drugs  
August 2017

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
VITAMIN D-3, 50000 IU 08/05/2017, CVS PHARMACY 10-2698 #110 Rx#8053844, 20 TABLETS	\$16.25	\$5.32	\$0.00
ULTRAM (TRAMADOL HCL), 100 MG 08/10/2017, CVS PHARMACY 10-2698 #110 Rx#8045854, 40 TABLETS	\$45.84	\$15.78	\$0.00
VITAMIN D-3, 50000 IU 08/22/2017, CVS PHARMACY 10-2698 #110 Rx#8053844, 20 TABLETS	\$16.25	\$5.32	\$0.00
<b>TOTALS for the month of August 2017:</b> Your "out-of-pocket costs" amount is \$26.42. (This is the amount you paid this month (\$26.42) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$0.00). See definitions in Section 3.)	\$78.34 (total for the month)	\$26.42 (total for the month)	\$0.00 (total for the month)
Your "total drug costs" amount is \$104.76. (This is the total for this month of all payments made for your drugs by the plan (\$78.34) and you (\$26.42) plus "other payments" (\$0.00).)			
<b>Year-to-date totals</b> 01/01/17 through 08/31/2017	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for "out-of-pocket costs" is \$83.74.	\$373.17 (year-to-date total)	\$83.74 (year-to-date total)	\$0.00 (year-to-date total)
Your year-to-date amount for "total drug costs" is \$456.91. For more about "out-of-pocket costs" and "total drug costs", see Section 3.			

1 →

2

3

4

# Understanding the Bundling of Charges on MSNs

## Charge Bundle Example

**June 16, 2016**  
 Christiana Care Health Services Inc., (302) 623-7000  
 501 W 14<sup>th</sup> Street, Wilmington, DE 19801-0068

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
<b>Dr. Broady, Norman, M.D.</b>						
Established patient office or other outpatient visit, typically 15 minutes (99213-25)	Yes	\$112.00	\$77.75	\$6.66	\$70.95	A,B,C
Automated urinalysis test (81003-QW)	Yes	22.00	3.06	3.00	0.00	C,D
<b>Total for Claim #10-56071-423-780</b>		\$134.00	\$80.81	\$9.66	\$70.95	E

## Linking Multiple Events to Charge Bundle

Home health visits

Medical equipment

**December 10, 2015 – January 7, 2016**  
 Heartland Home Health Care, (555) 555-1234  
 4855 W Hillsboro Blvd, Suite B-4, Coconut Creek, FL 33073-43

Quantity & Services Provided	Service Approved?	Amount Provider Charged
4 Occupational Therapy	Yes	\$740.00
8 Skilled Nursing	Yes	1480.00
4 Sterile Bandages	Yes	31.57
1 Walker, folding, wheeled, fixed height (E0143-NU) New equipment	Yes	58.21
<b>Total for Claim #12-18418-366-342</b>		\$2,307.78

# Organizing Medical Service Records

- Statements and relevant non-statement information is organized into “bundles” to identify dates of service, types of service, payments by Medicare and other insurances, and ultimately the out-of-pocket expenses paid by the respondent and/or their family.
- Prescription Medications are bundled with the Prescription Drug Statements (if covered by a Prescription Drug benefit).
- Items covered by Medicare and items NOT covered by Medicare like vision, hearing, and dental services are all recorded.

## How to Organize Documents

3. Match any pages/charge bundles that correspond to the same event.
  - Match based on DATE, then PROVIDER, COST, and TYPE OF SERVICE.
  - Order prescription medicine statements by month.
  - Original Medicare or Medicare Advantage?



# Recording of Medical Events and Other Medical Expenses

- Once all of the relevant information has been organized for each medical event, information is entered into the questionnaire.
- Medical Events, Services, and Supplies:
  - Provider, date of service, event type, total cost of the service, reimbursements by Medicare and other insurance policies, and any out of pocket costs
- All filled medications are recorded
  - Medication name: Brand name and/or generic
  - Dates and number of times filled, strength, dose, form
  - Interviewers use the information from the RX label/receipt when possible
  - OTC, free samples, vitamins are not recorded
  - Total costs for drugs and reimbursements by Medicare and other insurance policies, and any out of pocket costs



## Using the Collected Information

- The information collected from these respondent records are used to estimate the total cost burden and utilization of health care for the calendar year for the beneficiary.
- The collected cost and utilization data is matched back to any administrative data when available, such as the Medicare Fee-for-Service (FFS) claims for those beneficiaries who have traditional FFS Medicare.
- Using the respondent records allows us to have more information than is provided by the administrative data alone, and provides a look at the total cost burden for the services and the resulting out-of-pocket expenses, as well as the premiums being paid for other supplemental insurance policies.

Thank you!



Visit our website at: <https://www.cms.gov/mcbs>

