Activities of Daily Living (ADLs): Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. If a sample person has difficulty performing an activity by himself/herself and without special equipment, or does not perform the activity at all because of health problems, the person is deemed to have a limitation in that activity. The limitation may be temporary or chronic at the time of the survey. Sample persons who are administered a community interview answer health status and functioning questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's health status and functioning for long-term care facility interviews.

Arthritis: The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

Benefit Payment: A benefit payment is the total amount Medicare has paid out on behalf of a beneficiary. Each sample person's benefit payment is calculated by adding together any Part A reimbursement, any Part B reimbursement, and any managed care capitation payments made by the Medicare program.

Capitation Payments: Capitation, in contrast to Fee-For-Service, is a method of payment whereby, in exchange for a fixed payment, an entity, (such as an HMO or HCPP), agrees to provide a comprehensive package of health care services to an individual on an "as-needed" basis. A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to managed care plans such as Risk Health Maintenance Organizations (HMOs) (see Health Maintenance Organization). For Risk HMOs the capitation payment is used, along with any supplemental premium collected by the HMO for the actuarial equivalent of the deductible and coinsurance. The capitation payment also is used for supplemental services not covered by the Medicare program to finance all necessary Medicare-covered services and supplemental services provided to beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee (both in the form of a capitation payment from the Medicare program and any supplemental premium paid by or on behalf of the HMO enrollee) does not depend on the actual cost of services to the individual. The supplemental premiums are not included in the tables showing expenditures by source of payment.

For non-risk managed care plans (see Health Maintenance Organization--Cost HMOs and HCPPs), the capitation payments represent the estimated cost of services and do not include retroactive adjustments resulting from end-of-fiscal year cost reports.

Chronic Conditions: Chronic conditions consist of Heart Disease, Hypertension (high blood pressure), Diabetes, Arthritis, Osteoporosis, broken hip, Pulmonary disease, Stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often. The question about a condition (except for urinary incontinence) is coded as a positive response if the sample person ever reported being diagnosed with the condition, even if the condition had been corrected by time or treatment. Missing values for this variable are treated differently from other variables. A missing value for any of the conditions is treated as a negative response for that condition.

End-Stage Renal Disease (ESRD): End-Stage Renal Disease is a state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

Fee-For-Service Payments: Fee-For-Service, as opposed to prepayment or capitation, is a method of payment where payment is made for services as they are rendered. Each individual medical event or bundle of events (consisting of a service, a procedure, a product or combination) delivered by a provider bears a charge. Payment toward the charge is determined by the type of medical event and by the relationship of the provider to the payer. Where no contractual relationship exists between the payer and provider, the payer may be responsible for the entire charge. Typically, this occurs when a patient has no coverage by a third party or receives a service not covered by his or her plan.

Where a contractual relationship exists, say between the Medicare program and a participating provider, the reimbursement may be on the basis of reasonable cost, reasonable charges, prospective payment, fixed fee schedules, or some other methodology.

Functional Limitations: Sample persons who report no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems are included in the category "none." Sample persons with at least one IADL, but no ADL, are included in the category "IADL only." Sample persons with ADL limitations are categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who are administered a community interview answer questions about their functional limitations themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's functional limitations for long-term care facility interviews.

Health Maintenance Organization (HMO): An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons, for a fixed capitation payment (see capitation payment). The term "Medicare HMO" includes all types of managed care plans and is used generically in this report for all types of HMOs and Health Care Payment Plans (HCPPs).

Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Some risk HMOs may charge a supplemental premium for the actuarial equivalent of the deductible and coinsurance and for supplemental services not covered by the Medicare program. Cost HMOs (for Part A and Part B services) and HCPPs (for Part B services) are initially paid a capitation amount estimated to cover the cost of applicable services to their enrollees. Final payment is determined on the basis of reasonable cost after an end-of-year cost settlement.

Health status: A sample person is asked to rate his or her general health compared to other people of the same age. Sample persons who are administered a community interview answer health status questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers

questions about the sample person's health status for long-term care facility interviews.

Heart Disease: The category heart disease includes Myocardial Infarction (heart attack), Angina Pectoris or Coronary Heart Disease, Congestive Heart Failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

Income: Income is for Calendar year 2007. It is for the sample person, or the sample person and spouse if the sample person was married in 2007. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. Beneficiaries who do not report a specific income category are placed into income categories based on the proportion of respondents within each category.

Instrumental Activities of Daily Living (IADLs): Instrumental Activities of Daily Living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person has any difficulty performing an activity by himself/herself, or does not perform the activity at all, because of health problems, the person is deemed to have a limitation in that activity. The limitation may be temporary or chronic at the time of the survey. Sample persons who are administered a community interview answer health status and functioning questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers do not ask about the sample person's ability to prepare meals or perform light or heavy housework since they are not applicable to the sample person's situation; however, interviewers do question proxies about the sample person's ability to manage money, shop for groceries of personal items, or use a phone.

Insurance Coverage: Insurance categories are derived using insurance coverage variables and interview dates in the 2007 Access to Care files. The sample persons are checked to see what types of insurance they held at the time of their fall 2007 interview (round 49). Insurance categories in this book are constructed to be mutually exclusive by prioritizing insurance holdings. Enrollment in a Medicare Risk HMO has the highest priority; i.e., if a sample person is enrolled in a Medicare Risk HMO at the time of their interview, the person is included in the Medicare risk HMO category, regardless of other insurance holdings at that time. Medicaid coverage has the second-highest priority, after enrollment in a Medicare risk HMO. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who is also eligible for a State-sponsored drug plan is categorized under "Medicaid."

The categories defined below apply to community residents. Facility residents have only three insurance categories:

Medicare Fee-For-Service only, Medicaid, and private insurance. No distinction is made during the collection of the facility data as to the source of a private health insurance plan. The three insurance categories are analogous to those defined below for community residents.

- ***Medicare Risk HMO*** encompasses sample persons enrolled in a Medicare Risk HMO at the time of their Round 49 (Fall 2007) interview. The category does not include sample persons enrolled in Cost HMOs or health care payment plans.

- ***Medicaid*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who are eligible for State Medicaid benefits at the time of their Round 49 (Fall 2007) interview, but are not enrolled in a Medicare Risk HMO.

- ***Individually Purchased Private Insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and have self-purchased private insurance plans ("Medigap" insurance), but are not enrolled in a Medicare Risk HMO, Medicaid, or employer-sponsored private insurance plans at the time of their Round 49 (Fall 2007) interview.

- ***Employer-sponsored private insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and have employer-purchased private insurance plans, but are not enrolled in a Medicare Risk HMO, Medicaid, or self-purchased private insurance coverage at the time of their Round 49 (Fall 2007) interview.

- ***Both types of private insurance*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and have both employer-sponsored private insurance and self-purchased private insurance, but were not enrolled in a Medicare Risk HMO or have no Medicaid coverage.

- ***Medicare Fee-For-Service Only*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, who are not enrolled in a Medicare Risk HMO, and who do not have Medicaid, private, or public coverage at the time of their Round 49 (Fall 2007) interview.

- ***Other*** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, who are eligible for some type of public insurance (e.g., Medicare cost HMO, HCPP, Veterans Administration health care benefits, or State-sponsored prescription drug plans), but are not enrolled in a Medicare Risk HMO, are not eligible for Medicaid, and have no private insurance at the time of their Round 49 (Fall 2007) interview.

Living arrangement: For community residents, each sample person is placed into one of the following mutually exclusive categories: 1) the beneficiary lives alone, 2) the beneficiary

lives with spouse only, or lives with a spouse and other relatives or non-relatives, 3) the beneficiary lives with his or her children, or lives with his or her children and other relatives or non-relatives, but does not live with a spouse, or 4) the beneficiary lives other relatives or non-relatives, but not with his or her children or a spouse.

Long-Term Care Facility: To qualify for the survey, a long-term care facility must have three or more long-term care beds. It also must provide either personal care services to residents, continuous supervision of residents, or long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary of personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled.

Medicaid: There are two categories specified for beneficiaries enrolled in their State's Medicaid program. **Medicaid (buy-ins)** are beneficiaries whose State paid for their Medicare Part B premium. These beneficiaries are identified using CMS administrative data. **Medicaid (Survey Reported)** are beneficiaries who report that they are enrolled in Medicaid but their enrollment could not be confirmed by CMS administrative data. Tables where only one Medicaid category exist represent beneficiaries who are classified as either "buy-ins" or "survey reported."

Missing Values: When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this data book, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., "other" for the variable "race/ethnicity") are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

Mobility Limitation: If the sample person has no difficulty walking a quarter of a mile, the response is coded as "no." If the sample person has little, some, a lot of difficulty, or could not walk a quarter of a mile, the response is coded "yes." The response reflects whether the sample person usually has trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who are administered a community interview answer health status and functioning questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's health status and functioning for long-term care facility interviews.

Outpatient Hospital Services: The basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. Outpatient hospital events include emergency room visits that do not result in an inpatient hospital admission.

Physician Services: Physician services include visits to a medical doctor, osteopathic doctor, and health practitioner visits as well as diagnostic laboratory and radiology services. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician services is a separate visit, procedure, or service.

Pulmonary Disease: The category pulmonary disease includes Emphysema, Asthma, and Cardiopulmonary disease.

Race/ethnicity: Race and ethnic categories are recorded as interpreted by the respondents. Sample persons who report they are white and not of Hispanic ancestry are coded as white non-Hispanic; those who report they are black/African-American and not of Hispanic ancestry are coded as black non-Hispanic; persons who report they are of Hispanic ancestry, regardless of their race, are coded as Hispanic; persons who reported they are American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry are coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Ethnic groups such as Irish or Cuban were not recorded.

Residence Status: Community residents are Medicare beneficiaries who live in household units at the time of their Round 49 (Fall 2007) interview. Long-term care facility residents are Medicare beneficiaries who live in a long-term care facility at the time of their Round 49 (Fall 2007) interview (see long-term care facility).

Satisfaction with Care: In section 5 of the tables, "(Very) Unsatisfied" includes a response of either "unsatisfied" or "very unsatisfied." Sample persons with responses of "satisfied" and "no experience" are not shown in the tables, but are included in the total population. This constitutes the denominator for calculating percentages of persons with a given response. The questions about satisfaction with care represent the respondent's general opinion of all medical care received in the year preceding the interview.

- ***General care*** refers to the sample person's rating of the overall quality of medical care received. Of the 14,804 community residents represented in the tables, 8,947 responded they were "satisfied" and 400 responded they had "no experience."

- ***Follow-up care*** refers to the sample person's rating of follow-up care received after an initial treatment or operation. Of the 14,804 community residents represented in the tables, 9,674 responded they were "satisfied" and 1,624 responded they had "no experience."

- ***Availability*** refers to the sample person's rating of the availability of medical care at night and on weekends. Of the 14,804 community residents represented in the tables, 6,268 responded they were "satisfied" and 6,121 responded they had "no experience."

- ***Ease of access to doctor*** refers to the sample person's rating of the ease and convenience of getting to a doctor from his or her residence. Of the 14,804 community residents represented in the tables, 10,298 responded they were "satisfied" and 308 responded they had "no experience."

- ***Can obtain care in same location*** refers to the person's rating of his or her ability to get all medical care needs taken care of at the same location. Of the 14,804 community residents represented in the tables, 9,450 responded they were "satisfied" and 2,120 responded they had "no experience."

- ***Information from doctor*** refers to the sample person's rating of the information given about what was wrong with him or her. Of the 14,804 community residents represented in the tables, 10,607 responded they were "satisfied" and 451 responded they had "no experience."

- ***Doctor's concern for overall health*** refers to sample person's rating of the doctor's concern for his or her overall health rather than for an isolated symptom or disease. Of the 14,804 community residents represented in the tables, 10,048 responded they were "satisfied" and 515 responded they had "no experience."

- ***Cost*** refers to the sample person's rating of out-of-pocket costs he or she paid for medical care. Of the 14,804 sample persons represented in the tables, 9,305 responded they were "satisfied" and 425 responded they had "no experience."

Schooling: Schooling categories are based on the highest school grade completed. Education does not include education of training received in vocational, trade, or business schools outside of the regular school system.

Smokers: Smoker categories in this book are mutually exclusive. A sample person who never smoked is categorized as "never smoked." A sample person who smoked previously but is not a current smoker is categorized as "former smoker." A sample person who reports they currently smoke is categorized as "current smoker." Smoking includes a period of regularly smoking cigarettes or pipes, but does not include the use of other forms of tobacco such as chewing tobacco.

Social Activity Limitation: If the sample person responded that health had not limited his or her social life in the past month, the response is coded "no." If the sample person responded that health had limited his or her social life in the past month some, most, or all of the time, the response is coded "yes." Limitations on social life include limitations on visiting with friends or close relatives, and reflect the sample person's experience over the preceding month, even if that experience is atypical. Sample persons who are administered a community interview answer health status and functioning questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's

health status and functioning for long-term care facility interviews.

Upper Extremity Limitation: If the sample person has no difficulty reaching or extending his or her arms above shoulder level and has no difficulty writing or handling and grasping small objects, the response was coded "no." If the sample person has a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response is coded "yes." The response reflects whether the sample person usually had trouble reaching over head or writing, rather than temporary difficulty, such as from a short-term injury. Sample persons who are administered a community interview answer health status and functioning questions themselves, unless they are unable to do so. A proxy, such as a nurse, always answers questions about the sample person's health status and functioning for long-term care facility interviews.

Urinary Incontinence: If the sample person has lost urine beyond his or her control at least once during the last 12 months, the response is coded "yes." If the sample person is on dialysis or has a catheter, the response is coded "missing."

User Rate: A user rate is defined as the percentage of beneficiaries with the given characteristics who have used at least one of the relevant services at any time during 2007 before the sample person's Round 49 (Fall 2007) interview. For example, the outpatient hospital user rate for Medicare recipients 85 or older is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one outpatient hospital visit in 2007 prior to their fall 2007 (Round 49) interview, divided by the total number of persons age 85 or older with Medicaid coverage.

Usual Source of Care: If the sample person responds that he or she does not have a particular medical person or clinic where he or she usually goes for health care or advice, the response is coded "none". If the sample person responded that he or she does have a usual source of care, the sample person is questioned about the type of place. "Other clinic/health center" includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, a Veterans Administration facility, a mental health center, or other place not included in the listed categories.