

# GLOSSARY



## Version Control Log

Date	Version	Revisions
6/21/2024	1.0	Initial version published.

## MCBS Common Definitions

**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 beneficiary had any difficulty performing an activity by themselves and without special equipment or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey.

**Baseline interview:** The initial questionnaire administered in the fall round of the year the beneficiary is selected into the sample (interview #1).

**Beneficiary:** Beneficiary refers to a person receiving Medicare services who may or may not be participating in the Medicare Current Beneficiary Survey (MCBS).<sup>1</sup> Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.

**Claim-only event:** A claim-only event is a medical service or event known only through the presence of a Medicare Fee-for-Service (FFS) claim from administrative data. This means that the event represented in the data could not be reconciled with a corresponding survey-reported event.

**Community component/interview:** Survey administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview. An interview may be conducted with the beneficiary or a proxy.

**Company clinic:** A doctor's office or clinic, which is operated principally for the employees (and sometimes their dependents) of a particular company or business.

**Continuing interview:** The questionnaire administered as beneficiaries progress through the study (interviews #2-11).

**Continuously enrolled:** A Medicare beneficiary who was enrolled in Medicare from the first day of the calendar year until the fall interview and did not die prior to the fall round. This population excludes beneficiaries who dis-enrolled or died prior to their fall interview, residents of foreign countries, and residents of U.S. possessions and territories.

**Core sections:** These sections of the MCBS Questionnaire are of critical purpose and policy relevancy to the MCBS. They may be fielded every round or on a seasonal basis.

**Crossover:** A respondent who enters a long-term care facility setting (e.g., nursing homes) or who alternates between a community and a facility setting.

**Current-year enrollee:** Beneficiaries who were eligible and enrolled in Medicare (Parts A or B) anytime from January 1 to December 31 of the year the sample was selected.

**Doctor:** This includes both medical doctors (M.D.) and doctors of osteopathy (D.O.). It does not include chiropractors, nurses, technicians, optometrists, podiatrists, physician's assistants, physical therapists, psychologists, mental health counselors, or social workers. Generic specialties shown in parentheses following one of the specialties were coded as the specialty. For example, if the respondent mentioned a "heart" doctor, cardiology was coded. Generic answers not listed were not converted to specialties.

<sup>1</sup> <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>

**Doctor's office or group practice:** This refers to an office maintained by a doctor or a group of doctors practicing together; generally, the patient makes an appointment to see a particular physician.

**Ever enrolled:** A Medicare beneficiary who was enrolled at any time during the calendar year including people who dis-enrolled or died prior to their fall interview. Excluded from this population are residents of foreign countries and of U.S. possessions and territories.

**Exit interview:** Conducted in the winter round, this final interview completes the respondent's participation in the MCBS (interview #11) and captures any unreported utilization and cost information from the prior year.

**Facility component/interview:** Survey administered for beneficiaries living in facilities, such as long-term care nursing homes or other institutions, during the reference period covered by the MCBS interview. Interviewers conduct the Facility component with staff members located at the facility (i.e., Facility respondents); beneficiaries are not interviewed if they reside at a facility.

**Fee-for-Service (FFS):** FFS Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits who were not enrolled in a Medicare Advantage plan. However, beneficiaries may have had Medicaid coverage or other public insurance coverage, such as a state-sponsored prescription drug plan, or may have been eligible for Department of Veterans Affairs health care benefits. Beneficiaries enrolled in FFS coverage may also have supplemental private insurance coverage.

**Fee-for-Service (FFS) payment:** FFS is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

**Free-standing surgical center:** A facility performing minor surgical procedures on an outpatient basis, and not physically connected to a hospital. Note that a unit performing outpatient procedures connected with a hospital (either physically or by name) is referred to as a hospital outpatient department/clinic.

**Gap days:** Gap days are periods during the calendar year in which a sample person was enrolled in Medicare but was not covered by a survey interview.

**Home:** This includes situations where the doctor comes to the beneficiary, rather than the beneficiary going to the doctor. Here, "home" refers to anywhere the beneficiary was usually staying at the time of the medical provider's visit. It may be the beneficiary's home, the home of a friend, a hotel room, etc.

**Hospital emergency room:** This means the emergency room of a hospital. "Urgent care" centers are not included. (NOTE: All hospital emergency room visits were included, even if the beneficiary went there for a "non-emergency" condition such as a cold, flu, or intestinal disorder.) A physician, nurse, paramedic, physician extender, or other medical provider may administer the health care.

**Hospital outpatient department:** A unit of a hospital, or a facility connected with a hospital, providing health and medical services, health education, health maintenance, preventive services, diagnosis, treatment, surgery, and rehabilitation to individuals who receive services from the hospital but do not require hospitalization or institutionalization. Outpatient clinics can include obesity clinics; eye, ear, nose, and throat clinics; alcohol and drug abuse clinics; physical therapy clinics; kidney dialysis clinics; and radiation therapy clinics. The outpatient department may or may not be physically attached to a hospital, but it must be associated with a hospital.

**Incoming Panel sample (formerly known as Supplemental Panel):** A statistically sampled group of beneficiaries that enter the MCBS in the fall of a data collection year. One panel is retired at the conclusion of

each winter round, and a new panel is selected to replace it each fall round. Panels are identified by the data collection year (e.g., 2015 Panel) in which they were selected.

**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 beneficiary had any difficulty performing an activity by himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Facility interviewers did not ask about the beneficiary's ability to prepare meals or perform light or heavy housework, since they are not applicable to the beneficiary's situation; however, interviewers did question proxies about the beneficiary's ability to manage money, shop for groceries or personal items, or use a telephone.

**Internal Sample Control File:** A data file that contains every beneficiary sampled back through the beginning of MCBS. The file contains sampling information, year of selection, primary sampling unit, secondary sampling unit, contact information, and other sampling demographic information as well as final disposition codes to indicate completion status per round, component fielded per round, dates of death, and lost entitlement information.

**Long-term care facility:** A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living.

**Medical clinic:** This refers to any group of doctors or other health professionals who have organized their practice in a clinic setting and work cooperatively; generally, patients either come in without an appointment or make an appointment and see whatever health professional is available.

**Medicare:** Medicare is the federal health insurance program for people who are aged 65 and over, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). The different parts of Medicare help cover specific services:

- Hospital Insurance (Part A): covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- Medical Insurance (Part B): covers certain doctors' services, outpatient care, medical supplies, and preventive services.
- Medicare Advantage (Part C): an alternative to coverage under traditional Medicare (Parts A and B), a health plan option similar to a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) administered by private companies.
- Prescription Drug Coverage (Part D): additional, optional coverage for prescription drugs administered by private companies.

For more information, please visit the Medicare.gov website at <https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>.

**Medicare Advantage (MA):** Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies under contracts with Medicare. In addition, other managed care plans are offered by private companies under contracts with Medicare under different parts of the Medicare statute. These Medicare managed care plans generally cover Medicare Part A and/or Part B benefits and are paid on either a risk-based capitated basis (MA plans) or on a reasonable cost basis (cost plans and health care prepayment plans).

**Medicare Managed Care Organization (MCO)/Health Maintenance Organization (HMO):** This is an organization that provides a full range of health care coverage in exchange for a fixed fee/co-pay. Some managed care plans require that plan members receive all medical services from one central building or location. Formerly referenced only as HMOs, these organizations are now referred to with terms such as Medicare MCOs/HMOs/MA/Part C.

**Minimum Data Set (MDS):** The MDS is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. For more information, please visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/index>.

**Neighborhood/family health center:** A non-hospital facility which provides diagnostic and treatment services, frequently maintained by government agencies or private organizations.

**Other clinic:** A non-hospital facility clinic that is not already listed in the other clinic categories. Some examples include a “free” clinic, a family planning clinic, or military base clinic.

**Outcome and Assessment Information Set (OASIS):** The instrument/data collection tool used by CMS to collect and report performance data by Medicare-certified home health agencies. For more information, please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits>.

**Personal health care expenditures:** Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

**Prescription drugs:** The basic unit measuring use of prescription drugs is a single purchase of a single drug in a single container. Prescription drug data are included for beneficiaries living in the community and in a facility; Prescription drugs administered during an inpatient hospital stay are not included.

**Primary Sampling Unit (PSU):** PSU refers to sampling units that are selected in the first (primary) stage of a multi-stage sample ultimately aimed at selecting individual elements (Medicare beneficiaries in the case of MCBS). PSUs are made up of major geographic areas consisting of metropolitan areas or groups of rural counties.

**Proxy:** Beneficiaries who were too ill, or who could not complete the Community interview for other reasons, were asked to designate a proxy, someone very knowledgeable about the beneficiary's health and living habits. In most cases, the proxy was a close relative such as the spouse/partner or a son or daughter. In a few cases, the proxy was a non-relative like a close friend or caregiver. In addition, a proxy was utilized if a beneficiary had been reported as deceased during the current round's reference period or if a beneficiary who was living in the community in the previous round had since entered into a long-term care facility. Proxy interviews are only used for the Community interview, as the Facility interview is conducted with a staff member located at the facility (see definition of “Facility component”).

**Race/ethnicity:** Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as White and not of Hispanic origin were coded as White non-Hispanic; beneficiaries

reported as Black/African American and not of Hispanic origin were coded as Black non-Hispanic; beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The "Other" race category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), Two or More Races, or Unknown Races.

**Reference period:** The timeframe to which a questionnaire item refers.

**Residence status:** Medicare beneficiaries who only completed Community interviews during the calendar year are categorized as living only in the community. Medicare beneficiaries for whom only Facility interviews were completed during the calendar year are categorized as living only in facilities. Beneficiaries who completed at least one Community interview and for whom at least one Facility interview was conducted during the year are classified as living in both community and facility.

**Respondent:** Respondent refers to a person who answers questions for the MCBS; this person can be the beneficiary, a proxy, or a staff member located at a facility where the beneficiary resides (i.e., the Facility respondent). If the respondent is a proxy, they answer questions about the beneficiary rather than themselves.

**Round:** The MCBS data collection period. There are three distinct rounds each year; winter (January through April); summer (May through August); and fall (September through December).

**Rural health clinic:** A clinic that provides outpatient services, routine diagnostic services for individuals residing in an area that is not urbanized and is designated as a health staff shortage area or an area with a shortage of personal health services. The clinic can also provide outpatient services that include physician services, services and supplies provided under the direction and guidance of a physician by nurse practitioner, physician assistants, and treatment of emergency cases. These services are usually provided at no charge except for the amount of any deductible or coinsurance amount.

**Sample person:** An individual beneficiary selected from MCBS' Incoming Panel sample to participate in the MCBS survey.

**Secondary Sampling Unit (SSU):** SSUs are made up of census tracts or groups of tracts within the selected PSUs.

**Skilled nursing facility (SNF):** A facility (which meets specific regulatory certification requirements) which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. (Source: <https://www.cms.gov/apps/glossary/default.asp?Letter=S&Language=English>)

**Survey-reported event:** A survey-reported event is a medical service or event reported by a respondent during an interview. The event may have been matched to a Medicare FFS claim from administrative data, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

**Telehealth:** The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Telehealth is different from telemedicine because it refers to a broader scope of remote health care services than telemedicine. While telemedicine refers specifically to

remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.<sup>2</sup>

**Telemedicine:** The use of remote clinical services, such as videoconferencing for consultations with health professionals.<sup>3</sup>

**Topical sections:** Sections of the MCBS Questionnaire that collect information on special interest topics. They may be fielded every round or on a seasonal basis. Specific topics may include housing characteristics, drug coverage, and knowledge about Medicare.

**Ultimate Sampling Unit (USU):** USUs are Medicare beneficiaries selected from within the selected SSUs.

**Walk-in urgent center:** A facility not affiliated with a nearby hospital, offering services for acute conditions (e.g., flu, virus, sprain). Typically, people are seen without appointments (i.e., walk-ins).

---

<sup>2</sup> "What is telehealth? How is telehealth different from telemedicine?" HealthIT.gov, last reviewed October 17, 2019, <https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>

<sup>3</sup> "Telehealth Interventions to Improve Chronic Disease," Centers for Disease Control and Prevention, last modified May 11, 2020, <https://www.cdc.gov/dhdsp/pubs/telehealth.htm>.