

## *EOL Grant “read.me” file for Data (Present/Complete/Up to Standards)*

### **Common Terminology:**

1. **ACO:** [Accountable Care Organization](#)
2. **ACP:** [Advance Care Planning](#)
3. **AD:** [Advance Directive](#)
4. **ALF:** [Assisted Living Facility](#)
5. **CAPC:** [Center to Advance Palliative Care](#)
6. **CON Laws:** [Certificate of Need Laws](#)
7. **DOA:** [Durable Power of Attorney](#)
8. **EHR:** Electronic Health Record
9. **EMR:** Electronic Medical Record
10. **HA:** [Home Health Agency](#)
11. **HMO:** [Health Maintenance Organization](#)
12. **MA:** [Medicare Advantage](#)
13. **Magnet:** [Magnet Recognition Program](#)
14. **PAC:** [Post-Acute Care Providers](#)
15. **POLST:** [Physician Orders for Life-Sustaining Treatment](#)
16. **POS:** [Provider of Service File](#)
17. **PPO:** [Preferred Provider Organization](#)
18. **SNF:** [Skilled Nursing Facility](#)

### **Data Dictionary**

#### **1. Medicare Advantage penetration**

- a. *File Name:* Medicare\_advantage\_penetration.dta
- b. *Description of Data:* This data presents a state-by-state breakdown of various Medicare plans from 1997-2016, including total MA penetration and the number of various Medicare plans.
- c. *Data Source:* The Kaiser Family Foundation and Mathematica Policy Research’s analysis of CMS “Monthly MA Enrollment by State/County” and “Monthly MA Enrollment by State/County/Contract” files.
- d. *Variables:*
  - i. state = state
  - ii. year = year
  - iii. ma\_penetration\_rates = % of Medicare beneficiaries enrolled in Medicare Advantage
  - iv. hmo\_plans = number of local HMO plans
  - v. ppo\_plans = number of local PPO plans
  - vi. ppo\_regionalplans = number of regional PPO plans
  - vii. pffs\_plans = number of private fee-for-service plans
  - viii. msa\_plans = number of local Medicare Medical Savings Account plans

#### **2. Medicare Reimbursement – ACP (2016)**

\*\*\* indicates a **PRIORITY** designation

- a. *File Name:* ACP\_reimbursement\_policy.dta
- b. *Description of Data:* Dataset of state-by-state policies surrounding the ACP reimbursement or inclusion of ACP into the “Welcome to Medicare Visit” from 1999-2016.
- c. *Data Source:* Cannot be found
- d. *Variables:*
  - i. state = state
  - ii. year = year
  - iii. acp\_reimbursement = reimbursement for ACP in Medicare (2016) (1=Yes; 0=No)
  - iv. acp\_welcomevisit = inclusion of ACP in Welcome to Medicare visit (2008) (1=Yes; 0=No)

### 3. Medicare Reimbursement – Hospice

- a. *File Name:* Medicare\_hospice\_reimbursement.dta
- b. *Description of Data:* Dataset providing Medicare reimbursement rates for various healthcare services from 1995-2016. Reimbursement rates are paid to Medicare-participating hospices for each day of service based on level of care. This data also includes the aggregate cap amount, which limits the amount of Medicare payments a provider may receive in an accounting year.
- c. *Data Source:* Hospice rate records from CMS, the National Hospice and Palliative Care Organization, and CGS, a Celerian Group Company.
- d. *Variables:*
  - i. year = year
  - ii. chc\_rate = rate for home care provided during periods of patient crisis (continuous home care)
  - iii. gic\_rate = rate for inpatient care to treat symptoms that cannot be managed in another setting (general inpatient care)
  - iv. hospice\_cap = hospice aggregate cap amount per beneficiary
  - v. rhc\_rate = rate for home care provided on a typical day (routine home care)
  - vi. irc\_rate = rate for inpatient care for a short period to provide respite for primary caregiver (inpatient respite care)

### 4. Medicare Reimbursement – SNF

- a. *File Name:* Medicare\_reimbursement\_rates.csv
- b. *Description of Data:* The dataset presents a record of different types of healthcare services with associated Medicare Reimbursement daily rates, wage-indexed components, and quality data submission status from 2004-2018.
- c. *Data Source:* CMS consolidated billing for SNF reports.
- d. *Variables:*

- i. Year = year
- ii. Type of care = type of care provided by SNF (General Inpatient Care, Inpatient Respite Care, Routine Home Care, or Continuous Home Care)
- iii. Daily Rate = Wage Comp. Subj. to Index + Non-Weighted Amount
- iv. Wage Comp. Subj. to Index = labor component for each level of care/worker wages
- v. Non-Weighted Amount = non-labor component for each level of care
- vi. Quality Data = mandated through 2010 Affordable Care Act; Hospice Item Set (HIS) and experience of care survey (CAHPS)
- vii. Area Specific Payment rate = (Geographic Wage Index \* Wage Component Subj. to Index) + Non-Labor Component
- viii. 2016- SIA rate (Service Intensity Add-On) = made for a visit by a social worker/RN when provided during routine home care in last seven days of life.
- e. *Notes:* 1998-2003 missing; 2008 missing General Inpatient Care & Inpatient Respite Care.

## 5. SNF/hospital partnerships

- a. *File Name:* 2010-2016\_hospital\_partnership.sas7bdat
- b. *Description of Data:* Dataset of hospitals noting whether they have attached SNF, HHA, or PAC services from 2010-2016.
- c. *Data Source:* CMS Healthcare Provider Cost Reporting System files.
- d. *Variables:*
  - i. hosp\_prvdrnum = Hospital Provider Number
  - ii. rpt\_date = Receipt Date
  - iii. snf\_prvdrnum = Hospital-based SNF Provider Number
  - iv. hha\_prvdrnum = Hospital-based HHA Provider Number
  - v. hosp\_snf = Hospital-based SNF (Yes = 1 or No = 0)
  - vi. hosp\_hha = Hospital-based HHA (Yes = 1 or No = 0)
  - vii. hosp\_pac = Hospital-based PAC (Yes = 1 or No = 0)
  - viii. year = year
  - ix. rpt\_rec\_num = Record Number
  - x. prvdr\_bsd\_fac\_sw Provider Based Facility

## 6. Medicaid HMO penetration

- a. *File Name:* Medicaid\_HMO\_penetration.dta
- b. *Description of Data:* This dataset tracks the Medicaid Managed Care Penetration Rate across various states from 1997 to 2017.
- c. *Data Source:* Total Medicaid MCO enrollment from the Kaiser Family Foundation.
- d. *Variables*
  - i. state = state
  - ii. year = year
  - iii. mcaid\_mco = Medicaid Managed Care Penetration Rate

## 7. Medicaid Informal Care Supports \*\*\*

- a. *File Name:* State\_informal\_care\_policies.csv
- b. *Description of Data:* This data presents a state-by-state breakdown of informal care policies and expenditures across the United States from 2000 to recent years.
- c. *Data Source:* Cannot be found
- d. *Variables:*
  - i. state = state name
  - ii. year = year
  - iii. st = state number by alpha. order
  - iv. cfc = active Affordable Care Act's Community First Choice policy (0 = No; 1 = Yes)
  - v. bip = Balancing Incentives Program (0 = No; 1 = Yes)
  - vi. hcbs = Home- and Community-Based Services (0 = No; 1 = Yes)
  - vii. mcaid\_exp = Medicaid Expansion (0 = No; 1 = Yes)
  - viii. care = Cannot be found
  - ix. ltci = long-term care insurance (0 = No; 1 = Yes)
  - x. spouse\_pay\_mcaid = spouse paying for Medicaid (0 = No; 1 = Yes)
  - xi. first = first year with informal care policies
  - xii. start = starting year of informal care policies
  - xiii. rel\_yr = year relative to first year with informal care policies

## 8. Medicaid Reimbursement - Hospice \*\*\*

- a. *File Name:* Medicaid\_reimbursement\_hospice.csv
- b. *Description of Data:* The dataset contains variables on Medicaid reimbursement for hospice care, detailing annual rates by care type, geographical adjustments, and quality data compliance across different regions and facilities from 2007-2018.
- c. *Data Source:* CMS reports on wage indices in the Federal Register, and hospice reimbursement rate notices to Medicaid Associate Regional Administrators.
- d. *Variables:*
  - i. Year = year
  - ii. Type.of.Care = The category of hospice care provided. For 2016-18, Routine Home Care splits into Routine Home Care 1-60 & Routine Home Care 61+.
  - iii. Daily.Rate = The Medicaid reimbursement rate per day for the specified hospice care.
  - iv. Sub.to.Index = Indicates if the daily rate is subject to adjustments based on an index for wages or cost of living.
  - v. Non.Weighted.Amount = The portion of the daily rate that remains constant, not adjusted by the wage index or other factors.

- vi. Submitted.Required.Quality.Data = A status indicating whether the hospice has met the obligation to submit quality data, which may affect rates or compliance.
- vii. CBSA = Core Based Statistical Area; The designated geographic area for statistical purposes where the hospice service is located.
- viii. Area = The geographic location or region of the hospice service.
- ix. Wage.Index = A numerical value adjusting the reimbursement rate for regional wage variations.
- x. Area.Type = The classification of the geographic area, influencing the wage index and reimbursement rates, categorized by urban or rural standards.
- xi. CBSA.Rate = The adjusted reimbursement rate for hospice services within the Core Based Statistical Area.

## 9. Medicaid Reimbursement - Nursing Homes \*\*\*

- a. *File Name:* Medicaid\_reimbursement\_nh.xlsx
- b. *Description of Data:* The dataset details final annual Medicaid reimbursement rates for various nursing homes by state from 2012-2019 (time frames vary by state due to data availability).
- c. *Data Source:* State agency datasets on reimbursement rates by facility, requested directly from the states.
- d. *Variables*
  - i. Year = year
  - ii. State = state
  - iii. NH = Nursing home name
  - iv. Final Rate = Final Medicaid reimbursement rate

## 10. Physician Ordered Life Sustaining Treatment (POLST) \*\*\*

- a. *File Name:* Phys\_ordered\_life\_sus\_treatment.dta
- b. *Description of Data:* This dataset catalogs monthly state-level attributes and regulations pertaining to Physician Orders for Life-Sustaining Treatment (POLST) programs from 1999-2016. This includes requirements on the forms' structure, portability, and execution.
- c. *Data Source:* Information was collected from state statutes, as well as reports and websites on POLST policy characteristics.
- d. *Variables:*
  - i. state = state
  - ii. year = year
  - iii. month = month
  - iv. polst = Does the state have a POLST program?
  - v. ntnlpolst = Status of the POLST program according to the National POLST Paradigm
  - vi. statutorypolst = Does the state have a statutory program?
  - vii. formreq = Does the state require the original form?

- viii. sigreq = Does the state require the provider's signature?
- ix. notmd = May NP/APRN/PAs sign in lieu of MD?
- x. patient\_sig = Does the state require patient signature?
- xi. surrogate\_sig = Does the state require surrogate signature?
- xii. verbal\_orders = Does state include verbal orders in the POLST?
- xiii. formsend = Does the form state send with patient when transferred/discharged?
- xiv. portability = Does the form have portability provisions?
- xv. ad\_conflict = Does the state address conflict w/ ADs?
- xvi. oospolst = Does the state expressly recognize out-of-state POLSTs?
- xvii. med\_ineffective = Does the state allow objections for medically ineffective care?
- xviii. obj\_conscience = Does the state allow objections for conscience?
- xix. ems\_polst = Expressly applies to EMS personnel?
- xx. fulltreat = Does the state presume that incomplete sections imply full treatment?
- xxi. registry = Is there a POLST registry?
- xxii. adpolst\_registry = Is this the same as AD registry?
- xxiii. terminallyill = Does the state have a limit execution to terminally ill, etc?
- xxiv. duty\_comply = Express duty of providers to comply with POLST?
- xxv. registry\_operated = Is the registry state or privately operated?

## 11. POLST Forms

- a. *File Name:* Statutory and Legal Data 2.16.2020\POLST Forms
- b. *Description of Data:* Representative POLST forms from each state that has them, with dates ranging from 1995-2019. This does not include exhaustive records of all previous iterations of POLST forms.
- c. *Data Source:* State agencies and healthcare systems' POLST forms from websites.
- d. *Variables:* N/A

## 12. POLST laws and regulations

- a. *File Name:* Polst\_state\_policy.xlsx
- b. *Description of Data:* State by state descriptions of POLST history/specific policies/terminology etc. This includes regulations on validity and execution, among other factors. This information overlaps with the data contained in Section 11.
- c. *Data Source:* Information was collected from state statutes, as well as reports and websites on POLST policy characteristics.
- d. *Variables:* N/A

## 13. State Advance Directive Registries \*\*\*

- a. *File Name:* Advance\_directive\_registry\_state.dta

- b. *Description of Data:* This dataset catalogs on a state-by-state basis if the state provides for Advance Directive registry each month from 1999-2016.
- c. *Data Source:* Information was collected from state statutes.
- d. *Variables:*
  - i. state = state
  - ii. year = year
  - iii. month = month
  - iv. registry = does the state provide for an AD registry?

#### **14. Advance Directive and Durable Power of Attorney laws and forms \*\*\***

- a. *File Name:* AD\_durable\_power\_attorney.dta
- b. *Description of Data:* This dataset outlines select characteristics of state-specific regulations for advance directives and durable powers of attorney each month from 1999-2016.
- c. *Variables:*
  - i. state
  - ii. year
  - iii. month
  - iv. UHCDA = Adopted Uniform Health-Care Decisions Act?
  - v. effective\_condition = Effective on condition other than terminal illness or vegetative state ?
  - vi. oral\_directives = State permits oral directives?
  - vii. immediately\_effective = State permits oral directives?
  - viii. surrogate = Are there default surrogate laws?
  - ix. combined = Does the state authorize use of combined AD/DPOAs?
  - x. electric\_sig = Authorize electronic signatures?
  - xi. prohibited\_agents = Are there prohibited agents?
  - xii. ordered\_list = Is default surrogate determined through ordered list?-Predicated on AD var
  - xiii. sep\_surrogate = Is default surrogate determined through ordered list?-Predicated on AD var
  - xiv. state\_only = Does the state only authorize designation of surrogate/agent?
  - xv. favor\_life = Is the presumption in favor of life?
  - xvi. med\_ineffective = Refusal for medically ineffective care?
  - xvii. conscience\_refusal = Refusal for conscience/moral reasons?
  - xviii. ad\_accessible = Are ADs and living wills easily accessible?
  - xix. consciencemoral = Refusal for conscience/moral?
  - xx. oral\_designation = Does the state permit oral designation of an agent/surrogate?
  - xxi. lw\_form = Optional Living Will form provided?
  - xxii. dpoa\_form = Optional DPOA form provided?

### 15. Magnet hospital designation

- a. *File Name:* Magnet\_hospital.dta
- b. *Description of Data:* This dataset lists hospitals and the respective years they achieved Magnet designation, which recognizes excellence in nursing.
- c. *Data Source:* This information was collected from the American Nurses Credentialing Center's database of organizations that have achieved Magnet status. This is publicly available at <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/>.
- d. *Variables:*
  - i. FacilityName1 = Facility name
  - ii. Address1 = Address
  - iii. City = City
  - iv. State = State
  - v. Zip = ZIP code
  - vi. magnetyear = Year that the hospital first received Magnet designation

### 16. Aid in dying statutes

- a. *File Name:* Multiple files, including Aid\_in\_dying (State-Year).xlsx and Aid\_in\_dying (State-Year-Month).xlsx
- b. *Description of Data:* Code for state-by-state basis of policies surrounding Aid In Dying and Assisted Suicide
- c. *Data Source:* Cannot be found
- d. *Variables:* N/A

### 17. Hospice: Certificate of Need Laws \*\*\*

- a. *File Name:* Certificate\_of\_need\_laws.xlsx & Certificate\_of\_need\_laws\_revised.xlsx
- b. *Description of Data:* State by state descriptions of CON Laws, including definitions, policy design, requirements, impact, etc.
- c. *Variables:* N/A

### 18. Hospice profit status

- a. *File Name:* 2000-2016\_POS\_hospice\_profit\_status.dta
- b. *Description of Data:* This dataset provides information on the for-profit status of hospices from 2000 to 2016.
- c. *Data Source:* Cannot be found
- d. *Variables:*
  - i. prvdr\_ctgry\_sbtyp\_cd : provider subtype category code
  - ii. prvdr\_ctgry\_cd = provider category code
  - iii. city\_name = city name
  - iv. fac\_name = facility name
  - v. prvdr\_num – provider number



- vi. zip\_cd = ZIP code
- vii. fips\_state\_cd = Federal Information Processing Standards (FIPS) state code
- viii. fips\_cnty\_cd = Federal Information Processing Standards (FIPS) county code
- ix. res\_hospice = resident hospice?
- x. profit\_status = for profit/nonprofit status
- xi. year = year
- e. *Notes:* Please refer to “Profit status breakdown by facility type.docx” for more information on facility type and subtype.

## **19. Who can pronounce death**

- a. *File Name:* 50\_state\_declare\_death.pdf
- b. *Description of Data:* A state-by-state report explaining and describing different state policies on who (Ex: medical providers/clinical professionals/emergency response teams) can legally declare death from 1979-2017.
- c. *Data Source:* Information was collected from state statutes.
- d. *Variables:* N/A

## **20. State guardianship law**

- a. *File Name:* 2003-2015\_Medical\_guardianship .xlsx
- b. *Description of Data:* A state-by-state report on the regulations surrounding the rights of state-designated medical guardians to make decisions differing from those of healthcare agents between 2003-2015.
- c. *Data Source:* Information on state regulations was taken from the American Bar Association’s Commission on Law and Aging.
- d. *Variables:*
  - i. State = state
  - ii. HC Agent Trumps? = Can a healthcare agent override the decisions of the state-designated guardian?
  - iii. Year = year

## **21. Medical malpractice caps and limitations**

- a. *File Name:* Malpractice\_tort\_damages.dta
- b. *Description of Data:* This dataset notes the presence of a cap on compensatory damages or medical malpractice claims on a state-by-state basis from 1999-2016.
- c. *Data Source:* Information was collected from state statutes and legal reports.
- d. *Variables:*
  - i. State = state
  - ii. Year = year
  - iii. cap\_compensatory = Any cap on compensatory damages

- iv. cap\_malpractice = Presence of a cap specifically on medical malpractice claims