



## Summary of Advanced Care Transformation Index<sup>SM</sup> (ACT) Index Measures by Domain

The Advanced Care Transformation Index<sup>SM</sup> (ACT Index) assesses serious illness and end-of-life care in the United States at the national and state levels. The ACT Index offers a single composite measure that allows policymakers, regulators, providers, communities, and consumers to assess the overall performance of the serious illness movement through measured change over time. This document summarizes the current list of ACT Index measures including the description, numerator, denominator and source of data for each measure. The document also indicates whether high or low values are better and the most recent year that data for each measure were made publicly available.<sup>1</sup>

Measure Name	Description	Numerator	Denominator	Source or Program
<b>CARE DOMAIN</b>				
<b>30-day hospital readmissions (per 1,000 Medicare beneficiaries 65+)</b>  <i>Lower values are better</i>  <i>Most recent year publicly available: 2017</i>	Number of 30-day hospital readmissions per 1,000 Medicare beneficiaries aged 65 and older.	Number of 30-day hospital readmissions for Medicare beneficiaries aged 65 and older.	Number of Medicare beneficiaries aged 65 and older.	Chronic Conditions Data Warehouse (CCW), via CMS Geographic Variation Public Use File, reported by the Commonwealth Fund
<b>Home healthcare workers (per 1000 adults 75+)</b>  <i>Higher values are better</i>  <i>Most recent year publicly available: 2019</i>	Number of personal care and home health aides per 1,000 adults aged 75 and older.	Number of personal care and home health aides for adults aged 75 and older.	Number of adults aged 75 and older.	U.S. Department of Labor, Bureau of Labor Statistics and U.S. Census Bureau, American Community Survey data reported by the UnitedHealth Foundation in America's Health Rankings

<sup>1</sup> Please note that the year refers to the year the data were reported, not the year represented by the data. For example, 2015 data listed on a 2017 report would be listed as 2017.

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Hospice days per decedent (last six months of life)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Hospice days per decedent during the last six months of life.</p>	<p>Total number of hospice utilization days.</p>	<p>Beneficiaries with one of nine chronic conditions<sup>2</sup> who were enrolled in Medicare FFS and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of claims in the CMS Medicare FFS hospice file</p>
<p><b>Hospice emotional and spiritual support</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of family caregivers of deceased Medicare FFS hospice patients who reported the hospice team gave the right amount of emotional and spiritual support.</p> <p><b>Measure Calculation:</b> The average percent of respondents who selected the most positive response category (top-box: right amount) for each of the three items in this composite measure (see denominator for items list). Exclusions apply (see CMS HQRP site).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the numerator is the number of respondents who selected the right amount of support (see denominator for items).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the denominator is the total number of respondents to that question. For this measure, all responses to question items for which a respondent was eligible are used in the score calculation.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• While your family member was in hospice care, how much emotional support did you get from the hospice team?</li> <li>• In the weeks after your family member died, how much emotional support did you get from the hospice team?</li> <li>• Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?</li> </ul>	<p>Hospice CAHPS, reported on CAHPS Hospice Survey website</p>

<sup>2</sup> The nine chronic illnesses for Dartmouth Atlas measures include malignant cancer/leukemia, congestive heart failure, chronic pulmonary disease, dementia, diabetes with end organ damage, peripheral vascular disease, chronic renal failure, severe chronic liver disease, and coronary artery disease. This applies to denominators for relevant Dartmouth Atlas-sourced measures.

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Hospice help for pain and symptoms</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of family caregivers who reported the hospice team always gave deceased Medicare FFS hospice patients as much help as needed for pain and other symptoms.</p> <p><b>Measure Calculation:</b> The average percent of respondents who selected the most positive response category (top-box: yes, definitely or always depending on the item) for each of the three items in this composite measure (see denominator for items list). Exclusions apply (see CMS HQRP site).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the numerator is the number of respondents who selected the most positive response category(ies) (yes, definitely for the first item, always for the other items- see denominator for items).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the denominator is the total number of respondents to that question. For this measure, all responses to question items for which a respondent was eligible are used in the score calculation.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• Did your family member get as much help with pain as he or she needed?</li> <li>• How often did your family member get the help he or she needed for trouble breathing?</li> <li>• How often did your family member get the help he or she needed for trouble with constipation?</li> <li>• How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?</li> </ul>	<p>Hospice CAHPS, reported on CAHPS Hospice Survey website</p>
<p><b>Hospital days per decedent (last two years of life)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Hospital inpatient days (overall) per decedent during the last two years of life.</p>	<p>Number of inpatient days within [two years] before the death date in the CMS MedPar file.</p>	<p>Beneficiaries with one of nine chronic conditions who were enrolled in traditional (fee-for-service) Medicare and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of CMS Medicare FFS claims.</p>

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Hospital patients discharged without instructions for home recovery</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2017</i></p>	<p>Percent of hospitalized patients who were not given information about what to do during their recovery at home, based on Commonwealth Fund analysis of Hospital Compare data.</p> <p><b>Note:</b> measure calculation methodology not described in Commonwealth report.</p> <p><b>Possible Measure Calculation:</b> of the average percent of respondents who selected the most positive response category (bottom-box: no) for each of the two items in this measure (see denominator for items list).</p>	<p>Patients who selected the bottom-box response (no) on the items in this composite measure.</p>	<p>To calculate the unadjusted bottom-box score for each question item within the composite, the denominator is the total number of respondents to that question.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• During this hospital stay, did hospital staff talk with you about whether you would have the help you needed when you left the hospital?</li> <li>• During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?</li> </ul>	<p>Hospital CAHPS, reported by the Commonwealth Fund</p>

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Hospital patients who did not receive patient-centered care</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2015 (pain items have now been removed from the HCAHPS survey per the CY 2019 OPPS rule)</i></p>	<p>Percent of patients who reported hospital staff did not always manage pain well, did not always respond when they needed help to get to the bathroom or pressed a call button, and did not always explain medicines and side effects.</p> <p>Based on data from Commonwealth Fund analysis.</p> <p><b>Note:</b> measure calculation methodology not described in Commonwealth report.</p> <p><b>Possible Measure Calculation:</b> three-measure Hospital CAHPS composite (see denominator)</p>	<p>Percent of patients who reported hospital staff did not always manage pain well, did not always respond when they needed help to get to the bathroom or pressed a call button, and did not always explain medicines and side effects.</p>	<p>Calculation based on patient responses to HCAHPS questions.</p> <p><b>Included items:</b></p> <ul style="list-style-type: none"> <li>• During this hospital stay... how often was your pain well controlled? How often did the hospital staff do everything they could to help you with your pain?</li> <li>• During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?</li> <li>• Before giving you any new medicine...how often did hospital staff tell you what the medicine was for? How often did hospital staff describe possible side effects in a way you could understand?</li> </ul>	<p>Hospital CAHPS, reported by the Commonwealth Fund</p>
<p><b>Intensive care days per decedent (last six months of life)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Hospital inpatient days designated as intensive care days per decedent during the last six months of life (Total ICU days).</p>	<p>Total number of inpatient days [designated as intensive care days] within [six months] before the death date in the CMS MedPAR file.</p>	<p>Beneficiaries with one of nine chronic conditions who were enrolled in traditional (fee-for-service) Medicare and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of CMS Medicare FFS claims.</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<b>Medicare Advantage quality</b> <i>Higher values are better</i> <i>Most recent year publicly available: 2019</i>	Percent of Medicare Advantage enrollees whose plans have at least a 4-star rating (out of a possible 5 stars).	Number Medicare Advantage enrollees whose plans have at least a 4-star rating from CMS.	Total number Medicare Advantage enrollees.	CMS Medicare Plan Finder data, reported by U.S. News & World Report Health Care Quality Rankings
<b>Medicare Advantage penetration</b> <i>Higher values are better</i> <i>Most recent year publicly available: 2018</i>	Percent of Medicare beneficiaries enrolled in Medicare Advantage.	Total number of Medicare Advantage enrollees.	Total number of Medicare beneficiaries (FFS and Medicare Advantage beneficiaries).	CMS State/County Market Penetration Files data, reported by Kaiser Family Foundation
<b>Nursing home quality (percent beds rated four- or five- stars)</b> <i>Higher values are better</i> <i>Most recent year publicly available: 2019</i>	Percent of certified nursing home beds rated four- or five-stars over a three-month period.	Number of certified beds in nursing homes that are rated four- or five-stars on CMS Nursing Home Compare over a three-month period.	Total number of certified beds in nursing homes with a star rating.	CMS Nursing Home Compare star ratings, reported by the UnitedHealth Foundation in America's Health Rankings
<b>Deaths at home</b> <i>Higher values are better</i> <i>Most recent year publicly available: 2017</i>	Percent of deaths that occurred at home for people aged 65 years and older.	Number of deaths that occurred at home for people aged 65 years and older.	Total number of deaths that occurred for people aged 65 years and older.	CDC National Vital Statistics System
<b>Hospitals with a palliative care program</b> <i>Higher values are better</i> <i>Most recent year publicly available: 2019</i>	Percent of hospitals with a palliative care program.	Hospitals identified by the American Hospital Association Annual Survey Database as having palliative care programs and verified via the National Palliative Care Registry or call screening/web search.	All nongovernmental, general medical and surgical, cancer, and heart hospitals within the fifty states as listed in the American Hospital Association (AHA) Annual Survey Database and/or the National Palliative Care Registry.	CAPC America's Care of Serious Illness State-By-State Report Card on Access to Palliative Care in Our Nation's Hospitals

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Long-stay SNF residents with moderate to severe pain</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2019 (removed from SNF Quality Reporting program October 2019)</i></p>	<p>Percent of long-term stay nursing home residents who say they have pain that is either almost constant or happens often: at least 1 episode of moderate/severe pain, or any horrible/excruciating pain in the last 5 days.</p>	<p>All long-stay residents where the target assessment meets either or both of the measure conditions:</p> <ul style="list-style-type: none"> <li>Condition 1: Resident reports almost constant or frequent moderate to severe pain in the last 5 days;</li> <li>Condition 2: Resident reports very severe/horrible pain of any frequency in the last 5 days.</li> </ul> <p>This percentage may include some residents who are getting or have been prescribed treatment for their pain, but either do not take the pain medicine or choose to take less. Some residents may choose to take less pain medicine so they can stay more alert.</p>	<p>All long-stay residents with a target Minimum Data Set assessment in the selected time period.</p> <p>Long-stay residents are those who spent over 100 days in a nursing home.</p>	<p>Data from the Minimum Data Set, reported on <a href="http://data.medicare.gov">data.medicare.gov</a> and CMS Nursing Home Compare</p>
<p><b>Patients who would definitely recommend home health agency to friends and family</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2019</i></p>	<p>Percent of patients who reported yes, they would definitely recommend the home health agency to friends and family.</p>	<p>Number of patients who reported yes, they would definitely recommend the home health agency to friends and family.</p>	<p>Total number of patients who responded to this survey item on the Home Health CAHPS.</p> <p><b>Included Item:</b> Would you recommend this agency to your family or friends if they needed home health care?</p>	<p>Home Health CAHPS, reported on <a href="http://data.medicare.gov">data.medicare.gov</a> and CMS Home Health Compare</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Family willing to recommend this hospice</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of family caregivers who reported that they would definitely recommend this hospice agency to friends and family.</p>	<p>The number of family caregiver respondents who answered definitely yes they would recommend this hospice to friends and family (the top box response).</p> <p>Official scores are adjusted for mode of survey administration and case mix.</p>	<p>Total number of family caregivers who answered this item on the Hospice CAHPS.</p> <p><b>Included Item:</b> Would you recommend this hospice to your friends and family?</p>	<p>Hospice CAHPS, reported on CAHPS Hospice Survey website</p>
<p><b>Potentially avoidable emergency department visits (per 1,000 Medicare beneficiaries 65+)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2015</i></p>	<p>Number of potentially avoidable emergency department visits among Medicare beneficiaries age 65 and older per 1,000 beneficiaries.</p>	<p>Number of potentially avoidable emergency department visits for Medicare beneficiaries age 65 and older.</p>	<p>Number of Medicare beneficiaries age 65 and older.</p>	<p>Chronic Conditions Data Warehouse (CCW), via CMS Geographic Variation Public Use File, reported by the Commonwealth Fund</p>
<p><b>Preventable hospitalization (discharges per 1000 Medicare beneficiaries 65+)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2019</i></p>	<p>Number of discharges for ambulatory care-sensitive conditions (chronic conditions or acute illnesses can be prevented through adequate management and treatment in outpatient settings) per 1,000 Medicare beneficiaries aged 65 and older.</p>	<p>Number of discharges for ambulatory care-sensitive conditions for Medicare enrollees aged 65 and older.</p>	<p>Number of Medicare enrollees age 65 and older.</p>	<p>Dartmouth Atlas data, reported by the UnitedHealth Foundation in America's Health Rankings</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<b>Licensed staffing hours per SNF resident per day</b>  <i>Higher values are better</i>  <i>Most recent year publicly available: 2019</i>	Average number of licensed staff hours per nursing home resident per day.  Calculations not provided from CMS, so numerator and denominator represent a potential calculation.	Average number of licensed staff hours per day.  Licensed staff include registered nurses and licensed practical nurses.	Average number of nursing home residents served per day by skilled nursing facilities.	Data from the Payroll-Based Journal system, reported on CMS Nursing Home Compare via data.medicare.gov
<b>Seniors with a dedicated healthcare provider (65+)</b>  <i>Higher values are better</i>  <i>Most recent year publicly available: 2018</i>	Percentage of adults aged 65 and older who reported having one or more people they think of as their personal doctor or health care provider.	Number of adults aged 65 and older who answered “yes, only one” or “yes, more than one” to the question “Do you have one person you think of as your personal doctor or health care provider?”	Total number of adults aged 65 and older who responded to this item on the Behavioral Risk Factor Surveillance System survey, except those with missing, don't know, and refused answers.  <b>Included Item:</b> Do you have one person you think of as your personal doctor or health care provider?	CDC Behavioral Risk Factor Surveillance System data, reported by the UnitedHealth Foundation in America's Health Rankings
<b>SNF fine amount</b>  <i>Lower values are better</i>  <i>Most recent year publicly available: 2019</i>	Average dollar amount of skilled nursing home fines.  CMS may impose penalties on a nursing home when there is a serious health or fire safety citation. Fines may be imposed once per citation or each day until the nursing home corrects the citation.	Total dollars of fines imposed by CMS for skilled nursing facility citations.	Total number of skilled nursing facilities.	CMS Nursing Home Compare reported via data.medicare.gov
<b>CAREGIVERS DOMAIN</b>				



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Caregivers (non-professional per Medicare beneficiary)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Estimated number of people who provided eldercare divided by the over 65 U.S. population.</p> <p><b>Additional Calculations:</b> U.S. population estimates provided by America’s Time Use Survey and the U.S. Census Bureau, respectively</p>	<p>Number of civilian noninstitutional population age 15 and over who indicated they had provided unpaid eldercare as reported on America’s Time Use Survey, estimated for entire US population.</p>	<p>Number of people over 65 reported by the U.S. Census, estimated for entire U.S. population</p>	<p>C-TAC Calculated Measure from:</p> <ul style="list-style-type: none"> <li>Numerator: America’s Time Use Survey (ATUS)</li> <li>Denominator: U.S. Census Data</li> </ul>
<p><b>Hospice training family to care for patient</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of family caregivers who reported the hospice team always gave family members the training and information they needed to care for the patient.</p> <p><b>Measure Calculation:</b> The average percent of respondents who selected the most positive response category (top-box: yes, definitely) for each of the three items in this composite measure (see denominator for items list). Exclusions apply (see CMS HQRP site).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the numerator is the number of respondents who selected yes, definitely (see denominator for items).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the denominator is the total number of respondents to that question. For this measure, all responses to question items for which a respondent was eligible are used in the score calculation.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?</li> <li>Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?</li> <li>Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?</li> <li>Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?</li> <li>Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?</li> </ul>	<p>Hospice CAHPS, reported on CAHPS Hospice Survey website</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Person- and family-centered care (composite indicator, scale 0-5.0)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2017</i></p>	<p>Numerical score for state policies supporting the provision of person- and family-centered care.</p>	<p>Total points earned across three component indicators.</p>	<p>5.5 possible points across three component indicators, which include state policies on financial protection for spouses of Medicaid beneficiaries who receive HCBS, state assessment of family caregiver needs, and CARE Act.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• State assessment of family caregiver needs (2.5 possible points)</li> <li>• State policies on financial protection for spouses of Medicaid beneficiaries who receive HCBS (2 possible points)</li> <li>• CARE Act (1 possible point)</li> </ul>	<p>AARP Long-Term Services and Supports State Scorecard</p>
<p><b>Policies supporting working caregivers (composite indicator, scale 0-9.0)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2017</i></p>	<p>Numerical score for state policies supporting working caregivers.</p>	<p>Total points earned across four component indicators.</p>	<p>9 possible points across four component indicators, which include family medical leave, mandatory paid family leave and sick days, unemployment insurance, and state policies that protect family caregivers from employment discrimination.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• Family medical leave (4 possible points)</li> <li>• Mandatory paid family leave and sick days (2 possible points)</li> <li>• Unemployment insurance (1 possible point)</li> <li>• State policies that protect family caregivers from employment discrimination (1 possible point)</li> </ul>	<p>AARP Long-Term Services and Supports State Scorecard</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<b>COMMUNICATIONS DOMAIN</b>				
<p><b>Hospice communication with family</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of family caregivers who reported the hospice team always listened carefully and kept the patient's family informed.</p> <p><b>Measure Calculation:</b> The average percent of respondents who selected the most positive response category (top-box: always or never depending on the item) for each of the three items in this composite measure (see denominator for items list). Exclusions apply (see CMS HQRP site).</p>	<p>To calculate the unadjusted top-box score for each question item within the composite, the numerator is the number of respondents who selected the always or never options (see denominator for items).</p>	<p>Total number of family caregivers who answered this item on the Hospice CAHPS.</p> <p><b>Included Items:</b></p> <ul style="list-style-type: none"> <li>• While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?</li> <li>• While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?</li> <li>• How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?</li> <li>• While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?</li> <li>• While your family member was in hospice care, how often did the hospice team listen carefully to you?</li> <li>• While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?</li> </ul>	<p>Hospice CAHPS, reported on CAHPS Hospice Survey website</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Adults getting the help or advice they needed when they contacted their home health provider (last two months of care)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2017</i></p>	<p>Percent of Home Health CAHPS respondents who reported getting the help or advice they needed when they contacted their home health provider in the last 2 months of care.</p>	<p>Number of patients who responded yes to the Home Health CAHPS question, "In the last 2 months of care, when you contacted this [home health] agency's office did you get the help or advice you needed?"</p>	<p>Total number of patients who answered this item on the Home Health CAHPS.</p> <p><b>Included Item:</b> In the last 2 months of care, when you contacted this [home health] agency's office did you get the help or advice you needed?</p>	<p>Agency for Healthcare Research and Quality (AHRQ) Healthcare Quality and Disparities Database reporting of CMS Home Health CAHPS data (CMS Sponsor)</p>
<p><b>Medicare fee-for-service beneficiaries with advance care planning</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of Medicare FFS beneficiaries with an ACP-specific billing code (CPT 99497 and 99498) recorded on a claim.</p>	<p>Number of Medicare FFS beneficiaries with a claim that included ACP.</p>	<p>Total number of Medicare FFS beneficiaries.</p>	<p>C-TAC Calculated Measure from:</p> <ul style="list-style-type: none"> <li>• Numerator: CMS Chronic Conditions Data Warehouse (data available via request to CMS)</li> <li>• Denominator: CMS State/County Market Penetration Files data, reported by Kaiser Family Foundation</li> </ul>



Measure Name	Description	Numerator	Denominator	Source or Program
<b>COMMUNITY DOMAIN</b>				
<b>Community support (dollars per adult in poverty 60+)</b>  <i>Higher values are better</i>  <i>Most recent year publicly available: 2019</i>	<p>Older Americans Act (OAA) expenditures captured by the Administration on Aging per adult aged 60 and older living in poverty.</p> <p>The Older Americans ACT is administered by the Administration on Aging. It provides funding to states for community, social, and nutritional services to assist adults aged 60 and older and their caregivers. Funding may cover programs such as transportation, personal care, adult day care, homemaker assistance, case management, delivered meals, congregate meals, physical fitness and nutrition education programs.</p>	OAA dollars spent.	Total number of adults aged 60 and older living in poverty.	<p>U.S. Department of Health and Human Services Administration on Aging State Program Reports and U.S. Census Bureau American Community Survey data, reported by the UnitedHealth Foundation in America's Health Rankings</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Adults with food insecurity (60+)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2019</i></p>	<p>Percentage of adults aged 60 and older who faced the threat of hunger in the past 12 months.</p> <p>The threat of hunger means food intake was reduced and/or eating patterns were disrupted at times during the year due to lack of resources for food.</p>	<p>Number of adults aged 60 and older who had an affirmative response to 1 or more of 18 survey items (see denominator).</p>	<p>Total number of adults aged 60 and older who responded to the Food Security Supplement to the Current Population Survey.</p>	<p>National Foundation to End Senior Hunger, State of Senior Hunger in America data, derived from answers to the Food Security Supplement to the Current Population Survey (U.S. Census Bureau and Bureau of Labor Statistics) and reported by the UnitedHealth Foundation in America's Health Rankings</p>
<p><b>Home health agency visits per decedent (last six months of life)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Average home health agency visits per decedent during the last six months of life.</p>	<p>Number of visit claims from the Medicare Home Health Agency file.</p>	<p>Beneficiaries with one of nine chronic conditions who were enrolled in traditional FFS Medicare and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of CMS Medicare FFS claims.</p>

Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Home-delivered meals (per 100 adults 60+ with independent living difficulty)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2019</i></p>	<p>Number of persons aged 60 and older served a home-delivered meal as a percentage of adults aged 60 and older with independent-living difficulty.</p>	<p>Number of persons aged 60 and older served a home-delivered meal.</p>	<p>Percentage of adults aged 60 and older with independent-living difficulty (i.e., living at home and remain independent in spite of functional limitations).</p>	<p>U.S. Department of Health and Human Services Administration on Aging State Program Reports and U.S. Census Bureau American Community Survey data, reported by the UnitedHealth Foundation in America's Health Rankings</p>
<p><b>Volunteerism among adults (65+)</b></p> <p><i>Higher values are better</i></p> <p><i>Most recent year publicly available: 2019</i></p>	<p>Percentage of adults aged 65 and older who reported volunteering in the past 12 months,</p>	<p>Number of adults aged 65 and older who reported volunteering in the past 12 months.</p>	<p>Number of adults aged 65 and older based on national volunteering and civic engagement survey.</p>	<p>Survey data from Corporation for National &amp; Community Service in partnership with the U.S. Census Bureau and the Bureau of Labor Statistics, reported by the UnitedHealth Foundation in America's Health Rankings</p>
<b>COST DOMAIN</b>				
<p><b>Adults who went without care because of cost in past year (65+)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2018</i></p>	<p>Percent of adults aged 65 and older who reported a time in the past 12 months when they needed to see a doctor but could not because of cost.</p>	<p>Number of adults aged 65 and older who answered that yes there was a time in the past 12 months when they needed to see a doctor but could not because of cost.</p>	<p>Total number of adults aged 65 and older who answered yes or no this item on the Behavioral Risk Factor Surveillance System Annual Survey.</p> <p><b>Included Item:</b> Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?</p>	<p>Behavioral Risk Factor Surveillance System (BRFSS)</p>



Measure Name	Description	Numerator	Denominator	Source or Program
<p><b>Co-payments per decedent during (last two years of life)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Average co-payments per decedent during the last two years of life.</p>	<p>Average co-payments.</p> <p>Co-payments were determined by subtracting the Medicare reimbursement rate from the total amount Medicare allowed providers to charge.</p>	<p>Beneficiaries with one of nine chronic conditions who were enrolled in traditional FFS Medicare and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of CMS Medicare FFS claims.</p>
<p><b>Total Medicare spending per decedent (last two years of life)</b></p> <p><i>Lower values are better</i></p> <p><i>Most recent year publicly available: 2016</i></p>	<p>Total Medicare Part B spending per decedent during the last two years of life.</p>	<p>Total Medicare Part B spending.</p>	<p>Beneficiaries with one of nine chronic conditions who were enrolled in traditional (fee-for-service) Medicare and died during the measurement period. State-level analyses are based on patients who were residents of a given geographic area at the date of death.</p>	<p>Dartmouth Atlas analysis of CMS Medicare FFS claims.</p>

Please direct any questions about this content to [Lou Gagliano, C-TAC](#)