2007-2013 Medicare Geographic Variation by National, State & County Data Dictionary

| Term Name | Variable Name | Definition |
|--|------------------------------|---|
| Year | YEAR | Year |
| Geographic Level | BENE GEO LVL | National, State or County |
| State or County | BENE_GEO_DESC | Name of State or County |
| State and County FIPS Code | BENE GEO CD | State/County FIPS Code |
| | | All Beneficiaries, Beneficiaries under 65, or |
| Age Level | BENE_AGE_LVL | Beneficiaries 65 or older |
| | | Count of Medicare beneficiaries who had |
| | | both Part A and Part B coverage for all |
| | | Medicare entitled months. New enrollees |
| | | and beneficiaries that died during the year |
| | | are included as long as they met the above |
| Beneficiaries with Part A and Part B | BENES_WTH_PTAPTB_CNT | criteria. |
| | | Count of Medicare beneficiaries who had Part |
| | | A and Part B and were enrolled in Fee-for- |
| | | Service (FFS) for all Medicare entitled |
| | | months. New enrollees and beneficiaries that |
| | | died during the year are included as long as |
| FFS Beneficiaries | BENES_FFS_CNT | they met the above criteria. |
| | | Count of horofisianian who had Dank A and |
| | | Count of beneficiaries who had Part A and |
| | | Part B and were ever enrolled in a Medicare |
| | | Advantage (MA) program at any point during |
| | | the year. New enrollees and beneficiaries |
| MA Beneficiaries | BENES_EVER_MA_CNT | that died during the year are included. |
| | | Percentage of beneficiaries who had Part A |
| | | and Part B and were ever enrolled in a |
| | | Medicare Advantage (MA) program at any |
| | | point during the year, among all beneficiaries |
| | | who had Part A and Part B. New enrollees |
| | | and beneficiaries that died during the year |
| MA Participation Rate | EVER_MA_PRTCPTN_RATE | are included. |
| | | Average age of Medicare Fee-for-Service |
| Average Age | BENE_AVG_AGE | beneficiaries. |
| | | Percentage of Medicare Fee-for-Service |
| Percent Female | BENE_FEML_PCT | beneficiaries who are female. |
| | | Percentage of Medicare Fee-for-Service |
| Percent Male | BENE_MALE_PCT | beneficiaries who are male. |
| | | Percentage of Medicare Fee-for-Service |
| Percent Non-Hispanic White | BENE_RACE_WHT_PCT | beneficiaries who are Non-Hispanic White. |
| | | Percentage of Medicare Fee-for-Service |
| Percent African American | BENE_RACE_BLACK_PCT | beneficiaries who are African American. |
| | | Percentage of Medicare Fee-for-Service |
| Percent Hispanic | BENE_RACE_HSPNC_PCT | beneficiaries who are Hispanic. |
| | | Percentage of Medicare Fee-for-Service |
| | | beneficiaries whose race/ethnicity is other or |
| Percent Other/Unknown | BENE_RACE_OTHR_PCT | unknown. |
| | | Percentage of Medicare Fee-for-Service |
| | | beneficiaries who are eligible for Medicaid for |
| Percent Eligible for Medicaid* | BENE_DUAL_PCT | at least one month in the year. |
| <u> </u> | <u> </u> | Average Hierarchical Condition Category |
| Average HCC Score | BENE_AVG_RISK_SCRE | (HCC) Score. |
| - | | Total actual Medicare payment for |
| | | beneficiaries who had both Part A and Part B |
| | | as well as Fee-for-Service (FFS) coverage for |
| Total Actual Medicare Payment | TOT_MDCR_PYMT_AMT | all Medicare entitled months. |
| and a supplier | | Total FFS Medicare payment for beneficiaries, |
| | | adjusted for geographic differences in |
| Total Standardized Medicare Payment | TOT_MDCR_STDZD_PYMT_AMT | payment rates. |
| . Sta. StarradialEca Micalcure Fayinciit | LIGITINDOV 21050 I HALL WALL | payment rates. |

| | | Actual per capita FFS Medicare payment for |
|---|--|---|
| Actual Per Capita Medicare Payment | TOT_MDCR_PYMT_PC | beneficiaries. |
| | | Actual per capita FFS Medicare payment for |
| | | beneficiaries, adjusted for geographic |
| Standardized Per Capita Medicare Payment | TOT_MDCR_STDZD_PYMT_PC | differences in payment rates. |
| | | Actual FFS Medicare payment for Hospital |
| | | Inpatient services, which are comprised of |
| | | Inpatient Prospective Payment System (IPPS), |
| | | Critical Access Hospitals (CAH), Inpatient |
| | | Psychiatric Facility (IPF) services, and other |
| IP Actual Medicare Payment | IP_MDCR_PYMT_AMT | inpatient Part A services. |
| | | Actual FFS Medicare payment for Hospital |
| IP Actual Medicare Payment as % of Total Actual | | Inpatient services as a percent of total actual |
| Medicare Payment | IP_MDCR_PYMT_PCT | FFS Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| IP Per Capita Actual Medicare Payment | IP_MDCR_PYMT_PC | Hospital Inpatient services. |
| | | Actual per user FFS Medicare payment for |
| IP Per User Actual Medicare Payment | IP_MDCR_PYMT_PER_USER | Hospital Inpatient services. |
| | | FFS Medicare payment for Hospital Inpatient |
| | | services, adjusted for geographic differences |
| IP Standardized Medicare Payment | IP_MDCR_STDZD_PYMT_AMT | in payment rates. |
| | | FFS Medicare payment for Hospital Inpatient |
| | | services as a percentage of total FFS |
| IP Standardized Medicare Payment as % of Total | | Medicare payment, adjusted for geographic |
| Standardized Medicare Payment | IP_MDCR_STDZD_PYMT_PCT | differences in payment rates. |
| | | Per capita FFS Medicare payment for Hospital |
| | | Inpatient services, adjusted for geographic |
| IP Per Capita Standardized Medicare Payment | IP_MDCR_STDZD_PYMT_PC | differences in payment rates. |
| | | Per user FFS Medicare payment for Hospital |
| | | Inpatient services, adjusted for geographic |
| IP Per User Standardized Medicare Payment | IP_MDCR_STDZD_PYMT_PER_USER | differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| | | Hospital Inpatient services with at least one |
| IP Users (with a covered stay) | BENES_IP_CVRD_STAY_CNT | covered stay. |
| | | Percentage of FFS Medicare beneficiaries |
| | | using Hospital Inpatient services with at least |
| % of Beneficiaries Using IP | BENES_IP_PCT | one covered stay. |
| | | Number of Hospital Inpatient covered stays |
| IP Covered Stays Per 1,000 Beneficiaries | IP_CVRD_STAYS_PER_1000_BENES | per 1,000 FFS Medicare beneficiaries. |
| | | Number of Hospital Inpatient covered days |
| IP Covered Days Per 1,000 Beneficiaries | IP_CVRD_DAYS_PER_1000_BENES | per 1,000 FFS Medicare beneficiaries. |
| | | T-4-1 |
| | | Total count of inpatient readmissions within |
| | | 30 days of an acute hospital stay during the |
| | | reference period, where the reference period |
| | | refers to an inpatient hospital stay during the |
| | | calendar year, regardless of whether the |
| Number of Acute Hospital Readmissions | ACUTE_HOSP_READMSN_CNT | readmission was planned or unplanned. |
| | _ | Dougontogo of investigation to the second |
| | | Percentage of inpatient readmissions within |
| | | 30 days of an acute hospital stay during the |
| | | reference period, regardless of whether the |
| Hospital Readmission Rate | ACUTE_HOSP_READMSN_PCT | readmission was planned or unplanned. |
| | | Total count of inpatient or hospital outpatient |
| Emergency Department Visits | BENES ER VISITS CNT | Emergency Department visits. |
| | | Number of inpatient or hospital outpatient |
| Emergency Department Visits per 1,000 | | Emergency Department visits per 1,000 FFS |
| Beneficiaries | ER_VISITS_PER_1000_BENES | Medicare beneficiaries. |
| L | <u>. – – – – – – – – – – – – – – – – – – –</u> | |

| | | Percentage of FFS Medicare beneficiaries who |
|--|-----------------------------|---|
| | | had at least one inpatient or hospital |
| % of Beneficiaries with an Emergency | | outpatient Emergency Department visit |
| Department Visit | BENES_ER_VISITS_PCT | during the year. |
| | | Actual FFS Medicare payment for Hospital |
| | | Outpatient department services, which are |
| | | comprised of hospitals reimbursed under the |
| | | Outpatient Prospective Payment System |
| | | (OPPS) and Critical Access Hospital (CAH) |
| OP Actual Medicare Payment | OP_MDCR_PYMT_AMT | outpatient department services. |
| | | Actual FFS Medicare payment for Hospital |
| OD Actual Medicare Dayment as 9/ of Total Actual | | Outpatient department services, as a |
| OP Actual Medicare Payment as % of Total Actual | | percentage of total actual FFS Medicare |
| Medicare Payment | OP_MDCR_PYMT_PCT | payment. |
| | | Actual per capita FFS Medicare payment for |
| OP Per Capita Actual Medicare Payment | OP MDCR PYMT PC | Hospital Outpatient department services. |
| OF FEI Capita Actual Medicale Fayineit | OP_MDCR_PTMT_PC | Actual per user FFS Medicare payment for |
| OP Per User Actual Medicare Payment | OP_MDCR_PYMT_PER_USER | Hospital Outpatient department services. |
| OF FEI OSEI ACTUAL MEDICATE FAYITIETT | OF_INDER_FINIT_FER_OSER | nospital Outpatient department services. |
| | | FFS Medicare payment for Hospital |
| | | Outpatient department services, adjusted for |
| OP Standardized Medicare Payment | OP_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. |
| or standardized Medicare rayment | OT_WEEK_STEZE_TTWIT_AWIT | FFS Medicare payment for Hospital |
| | | Outpatient department services as a |
| | | percentage of total FFS Medicare payment, |
| OP Standardized Medicare Payment as % of Total | | adjusted for geographic differences in |
| Standardized Medicare Payment | OP_MDCR_STDZD_PYMT_PCT | payment rates. |
| otanaara.zea meareare raymene | | |
| | | Per capita FFS Medicare payment for Hospital |
| | | Outpatient department services, adjusted for |
| OP Per Capita Standardized Medicare Payment | OP_MDCR_STDZD_PYMT_PC | geographic differences in payment rates. |
| , | | |
| | | Per user FFS Medicare payment for Hospital |
| | | Outpatient department services, adjusted for |
| OP Per User Standardized Medicare Payment | OP_MDCR_STDZD_PYMT_PER_USER | geographic differences in payment rates. |
| | | Number of FFC Madisons beneficiaries using |
| | | Number of FFS Medicare beneficiaries using |
| # OP Users | BENES_OP_CNT | Hospital Outpatient department services. |
| | | Percentage of FFS Medicare beneficiaries |
| | | using Hospital Outpatient department |
| % of Beneficiaries Using OP | BENES_OP_PCT | services. |
| | | Number of Hospital Outpatient department |
| | | visits per 1,000 FFS Medicare beneficiaries. |
| OP Visits Per 1,000 Beneficiaries | OP_VISITS_PER_1000_BENES | visits per 1,000 fr 5 ivieuleare periencialies. |
| | | Actual FFS Medicare payment for Ambulatory |
| ASC Actual Medicare Payment | ASC_MDCR_PYMT_AMT | Surgery Center (ASC) services. |
| | | Actual FFS Medicare payment for Ambulatory |
| | | Surgery Center (ASC) services, as a |
| ASC Actual Medicare Payment as % of Total | | percentage of total actual FFS Medicare |
| Actual Medicare Payment | ASC_MDCR_PYMT_PCT | payment. |
| | | Actual per capita FFS Medicare payment for |
| | | Ambulatory Surgery Center (ASC) services. |
| ASC Per Capita Actual Medicare Payment | ASC_MDCR_PYMT_PC | |
| ACC D | ACC AADCD DVATE DED THE | Actual per user FFS Medicare payment for |
| ASC Per User Actual Medicare Payment | ASC_MDCR_PYMT_PER_USER | Ambulatory Surgery Center (ASC) services. |
| | | FFS Medicare payment for Ambulatory |
| ACC C: 1 1: 1A4 1: 5 | | Surgery Center (ASC) services, adjusted for |
| ASC Standardized Medicare Payment | ASC_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. |

| | | FFS Medicare payment for Ambulatory Surgery Center (ASC) services as a percentage |
|---|-------------------------------|---|
| _ | | of total FFS Medicare payment, adjusted for |
| ASC Standardized Medicare Payment as % of | | geographic differences in payment rates. |
| Total Standardized Medicare Payment | ASC_MDCR_STDZD_PYMT_PCT | |
| | | Per capita FFS Medicare payment for Ambulatory Surgery Center (ASC) services, |
| | | adjusted for geographic differences in |
| ASC Per Capita Standardized Medicare Payment | ASC_MDCR_STDZD_PYMT_PC | payment rates. |
| | | Per user FFS Medicare payment for |
| | | Ambulatory Surgery Center (ASC) services, |
| | | adjusted for geographic differences in |
| ASC Per User Standardized Medicare Payment | ASC_MDCR_STDZD_PYMT_PER_USER | payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| W ACC 11 | DENIES ASS CHIT | Ambulatory Surgery Center (ASC) services. |
| # ASC Users | BENES_ASC_CNT | |
| | | Percentage of FFS Medicare beneficiaries using Ambulatory Surgery Center (ASC) |
| % of Beneficiaries Using ASC | BENES_ASC_PCT | services. |
| | | |
| | | Number of Ambulatory Surgery Center (ASC) |
| ASC Events Per 1,000 Beneficiaries | ASC_EVENTS_PER_1000_BENES | events per 1,000 FFS Medicare beneficiaries. |
| | | Actual FFS Medicare payment for Post-acute |
| | | care Skilled Nursing Facility (SNF) services. |
| SNF Actual Medicare Payment | SNF_MDCR_PYMT_AMT | |
| CAUS A L. LAG III D. L. OV. ST. L. I | | Actual FFS Medicare payment for Skilled |
| SNF Actual Medicare Payment as % of Total | CALE MADED DVMT DCT | Nursing Facility (SNF) services as a percent of |
| Actual Medicare Payment | SNF_MDCR_PYMT_PCT | total actual FFS Medicare payment. Actual per capita FFS Medicare payment for |
| SNF Per Capita Actual Medicare Payment | SNF_MDCR_PYMT_PC | Skilled Nursing Facility (SNF) services. |
| Six Fer capita rictual incarcare rayment | SIN _INIDEN_1 TIME_1 C | Actual per user FFS Medicare payment for |
| SNF Per User Actual Medicare Payment | SNF_MDCR_PYMT_PER_USER | Skilled Nursing Facility (SNF) services. |
| | | FFS Medicare payment for Skilled Nursing |
| | | Facility (SNF) services, adjusted for |
| SNF Standardized Medicare Payment | SNF_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. |
| | | FFS Medicare payment for Skilled Nursing |
| CNE Characteristics of Markinson Brown and a 20% of | | Facility (SNF) services as a percentage of total |
| SNF Standardized Medicare Payment as % of Total Standardized Medicare Payment | CNE NADCO CIDZO DVNAI DCI | FFS Medicare payment, adjusted for |
| Total Standardized Medicare Payment | SNF_MDCR_STDZD_PYMT_PCT | geographic differences in payment rates. |
| | | Per capita FFS Medicare payment for Skilled |
| | | Nursing Facility (SNF) services, adjusted for |
| SNF Per Capita Standardized Medicare Payment | SNF_MDCR_STDZD_PYMT_PC | geographic differences in payment rates. |
| | | Per user FFS Medicare payment for Skilled |
| | | Nursing Facility (SNF) services, adjusted for |
| SNF Per User Standardized Medicare Payment | SNF_MDCR_STDZD_PYMT_PER_USER | geographic differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| # SNE Licers (with a covered stay) | DENES SNE CNT | Skilled Nursing Facility (SNF) services with at |
| # SNF Users (with a covered stay) | BENES_SNF_CNT | least one covered stay. Percentage of FFS Medicare beneficiaries |
| | | using Skilled Nursing Facility (SNF) services |
| % of Beneficiaries Using SNF | BENES_SNF_PCT | with at least one covered stay. |
| | | Number of Skilled Nursing Facility (SNF) |
| | | covered stays per 1,000 FFS Medicare |
| SNF Covered Stays Per 1,000 Beneficiaries | SNF_CVRD_STAYS_PER_1000_BENES | beneficiaries. |
| | | Number of Skilled Nursing Facility (SNF) |
| | | covered days per 1,000 FFS Medicare |
| SNF Covered Days Per 1,000 Beneficiaries | SNF_CVRD_DAYS_PER_1000_BENES | beneficiaries. |
| IDE Actual Modicare Deversort | IDE NADOR DVNAT ANAT | Actual FFS Medicare payment for Inpatient |
| IRF Actual Medicare Payment | IRF_MDCR_PYMT_AMT | Rehabilitation Facility (IRF) services. |

| | | Actual FFS Medicare payment for Inpatient |
|---|-------------------------------|--|
| IRF Actual Medicare Payment as % of Total | | Rehabilitation Facility (IRF) services as a percent of total actual FFS Medicare |
| Actual Medicare Payment | IRF_MDCR_PYMT_PCT | payment. |
| | | Actual per capita FFS Medicare payment for |
| | | Inpatient Rehabilitation Facility (IRF) services. |
| IRF Per Capita Actual Medicare Payment | IRF_MDCR_PYMT_PC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | Actual per user FFS Medicare payment for |
| IRF Per User Actual Medicare Payment | IRF_MDCR_PYMT_PER_USER | Inpatient Rehabilitation Facility (IRF) services. |
| | | FFS Medicare payment for Inpatient |
| | | Rehabilitation Facility (IRF) services, adjusted |
| IRF Standardized Medicare Payment | IRF_MDCR_STDZD_PYMT_AMT | for geographic differences in payment rates. |
| , | | FFS Medicare payment for Inpatient |
| | | Rehabilitation Facility (IRF) services as a |
| IRF Standardized Medicare Payment as % of Total | | percentage of total FFS Medicare payment, |
| Standardized Medicare Payment | IRF_MDCR_STDZD_PYMT_PCT | adjusted for geographic differences in payment rates. |
| | | Per capita FFS Medicare payment for |
| | | Inpatient Rehabilitation Facility (IRF) services, |
| IDE Day Canita Standardinad Madisaya Daymant | IDE MADOR CEDED DVMT DC | adjusted for geographic differences in |
| IRF Per Capita Standardized Medicare Payment | IRF_MDCR_STDZD_PYMT_PC | payment rates. |
| | | Per user FFS Medicare payment for Inpatient |
| | | Rehabilitation Facility (IRF) services, adjusted for geographic differences in payment rates. |
| IRF Per User Standardized Medicare Payment | IRF_MDCR_STDZD_PYMT_PER_USER | |
| | | Number of FFS Medicare beneficiaries using Inpatient Rehabilitation Facility (IRF) services |
| # IRF Users (with a covered stay) | BENES_IRF_CNT | with at least one covered stay. |
| | | Percentage of FFS Medicare beneficiaries |
| O/ of Depositioning Units IDE | DENIES IDE DOT | using Inpatient Rehabilitation Facility (IRF) |
| % of Beneficiaries Using IRF | BENES_IRF_PCT | services with at least one covered stay. Number of Inpatient Rehabilitation Facility |
| | | (IRF) covered stays per 1,000 FFS Medicare |
| IRF Covered Stays Per 1,000 Beneficiaries | IRF_CVRD_STAYS_PER_1000_BENES | beneficiaries. |
| | | Number of Inpatient Rehabilitation Facility |
| IRF Covered Days Per 1,000 Beneficiaries | IRF CVRD DAYS PER 1000 BENES | (IRF) covered days per 1,000 FFS Medicare beneficiaries. |
| in covered bays for 1,000 Beneficiaries | IN _CVND_DATS_TEN_1000_DENES | Actual FFS Medicare payment for Long-Term |
| LTCH Actual Medicare Payment | LTCH_MDCR_PYMT_AMT | Care Hospital (LTCH) services. |
| | | Actual FFS Medicare payment for Long-Term |
| LTCH Actual Medicare Payment as % of Total | | Care Hospital (LTCH) services as a percent of |
| Actual Medicare Payment | LTCH_MDCR_PYMT_PCT | total actual FFS Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| UTCU Day Carita Astro-LAC III | LTCU MADOD DVMAT DO | Long-Term Care Hospital (LTCH) services. |
| LTCH Per Capita Actual Medicare Payment | LTCH_MDCR_PYMT_PC | Actual per user FFS Medicare payment for |
| LTCH Per User Actual Medicare Payment | LTCH_MDCR_PYMT_PER_USER | Long-Term Care Hospital (LTCH) services. |
| | | FFS Medicare payment for Long-Term Care |
| LTCU Standard and Madi Decement | LTCU MADOR CTDZD DVAT ANAT | Hospital (LTCH) services, adjusted for |
| LTCH Standardized Medicare Payment | LTCH_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. FFS Medicare payment for Long-Term Care |
| | | Hospital (LTCH) services as a percentage of |
| LTCH Standardized Medicare Payment as % of | | total FFS Medicare payment, adjusted for |
| Total Standardized Medicare Payment | LTCH_MDCR_STDZD_PYMT_PCT | geographic differences in payment rates. |
| | | Per capita FFS Medicare payment for Long- |
| | | Term Care Hospital (LTCH) services, adjusted |
| LTCH Per Capita Standardized Medicare Payment | LTCH_MDCR_STDZD_PYMT_PC | for geographic differences in payment rates. |

| | | Per user FFS Medicare payment for Long- |
|--|----------------------------------|---|
| | | Term Care Hospital (LTCH) services, adjusted |
| LTCLI Deviller of Character deviller of Marchines Devine and | LTCU AADOD CTDZD DVAAT DED LICED | for geographic differences in payment rates. |
| LTCH Per User Standardized Medicare Payment | LTCH_MDCR_STDZD_PYMT_PER_USER | |
| | | Number of FFS Medicare beneficiaries using |
| LTCH Users (with a covered stay) | BENES_LTCH_CNT | Long-Term Care Hospital (LTCH) services with at least one covered stay. |
| LTCH Osers (with a covered stay) | BENES_LICH_CNI | Percentage of FFS Medicare beneficiaries |
| | | using Long-Term Care Hospital (LTCH) |
| % of Beneficiaries Using LTCH | BENES_LTCH_PCT | services with at least one covered stay. |
| 70 OF BEHEHMANES OSHING ET OFF | BENES_ETCH_TCT | Number of Long-Term Care Hospital (LTCH) |
| | | covered stays per 1,000 FFS Medicare |
| LTCH Covered Stays Per 1,000 Beneficiaries | LTCH CVRD STAYS PER 1000 BENES | beneficiaries. |
| , | | Number of Long-Term Care Hospital (LTCH) |
| | | covered days per 1,000 FFS Medicare |
| LTCH Covered Days Per 1,000 Beneficiaries | LTCH_CVRD_DAYS_PER_1000_BENES | beneficiaries. |
| | | Actual FFS Medicare payment for Home |
| HH Actual Medicare Payment | HH_MDCR_PYMT_AMT | Health services. |
| | | Actual FFS Medicare payment for Home |
| HH Actual Medicare Payment as % of Total | | Health services, as a percentage of total |
| Actual Medicare Payment | HH_MDCR_PYMT_PCT | actual FFS Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| HH Per Capita Actual Medicare Payment | HH_MDCR_PYMT_PC | Home Health services. |
| | | Actual per user FFS Medicare payment for |
| HH Per User Actual Medicare Payment | HH_MDCR_PYMT_PER_USER | Home Health services. |
| | | FFS Medicare payment for Home Health |
| | | services, adjusted for geographic differences |
| HH Standardized Medicare Payment | HH_MDCR_STDZD_PYMT_AMT | in payment rates. |
| | | FFS Medicare payment for Home Health |
| | | services as a percentage of total FFS |
| HH Standardized Medicare Payment as % of Total | | Medicare payment, adjusted for geographic |
| Standardized Medicare Payment | HH_MDCR_STDZD_PYMT_PCT | differences in payment rates. |
| | | Per capita FFS Medicare payment for Home |
| IIII Day Capita Standardinad Madiaara Daysaant | LILL MADOD CTDZD DVMAT DC | Health services, adjusted for geographic |
| HH Per Capita Standardized Medicare Payment | HH_MDCR_STDZD_PYMT_PC | differences in payment rates. |
| | | Per user FFS Medicare payment for Home |
| HH Per User Standardized Medicare Payment | HH_MDCR_STDZD_PYMT_PER_USER | Health services, adjusted for geographic differences in payment rates. |
| Till Fel Osel Stalldardized Medicare Fayillelit | HH_INDCK_31DZD_F1INI1_FEK_03EK | Number of FFS Medicare beneficiaries using |
| # HH Users | BENES_HH_CNT | Home Health services. |
| # THT 03013 | DENES_III_GIVI | Percentage of FFS Medicare beneficiaries |
| % of Beneficiaries Using HH | BENES HH PCT | using Home Health services. |
| , | | Number of Home Health episodes per 1,000 |
| HH Episodes Per 1,000 Beneficiaries | HH_EPISODES_PER_1000_BENES | FFS Medicare beneficiaries. |
| • | | Number of Home Health visits per 1,000 FFS |
| HH Visits Per 1,000 Beneficiaries | HH_VISITS_PER_1000_BENES | Medicare beneficiaries. |
| | | Actual FFS Medicare payment for Hospice |
| Hospice Actual Medicare Payment | HOSPC_MDCR_PYMT_AMT | services. |
| | | Actual FFS Medicare payment for Hospice |
| Hospice Actual Medicare Payment as % of Total | | services as a percent of total actual FFS |
| Actual Medicare Payment | HOSPC_MDCR_PYMT_PCT | Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| Hospice Per Capita Actual Medicare Payment | HOSPC_MDCR_PYMT_PC | Hospice services. |
| | | Actual per user FFS Medicare payment for |
| Hospice Per User Actual Medicare Payment | HOSPC_MDCR_PYMT_PER_USER | Hospice services. |
| | | FFS Medicare payment for Hospice services, |
| | | adjusted for geographic differences in |
| Hospice Standardized Medicare Payment | HOSPC_MDCR_STDZD_PYMT_AMT | payment rates. |
| | - | |

| | | FFS Medicare payment for Hospice services as |
|---|---------------------------------|---|
| | | a percentage of total FFS Medicare payment, |
| Hospice Standardized Medicare Payment as % of | | adjusted for geographic differences in |
| Total Standardized Medicare Payment | HOSPC_MDCR_STDZD_PYMT_PCT | payment rates. |
| | | Per capita FFS Medicare payment for Hospice |
| Hospice Per Capita Standardized Medicare | | services, adjusted for geographic differences |
| Payment | HOSPC_MDCR_STDZD_PYMT_PC | in payment rates. |
| | | Per user FFS Medicare payment for Hospice |
| Hospice Per User Standardized Medicare | | services, adjusted for geographic differences |
| Payment | HOSPC_MDCR_STDZD_PYMT_PER_USER | in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| | | Hospice services with at least one covered |
| # Hospice Users (with a covered stay) | BENES_HOSPC_CNT | stay. |
| | | Percentage of FFS Medicare beneficiaries |
| | | using Hospice services with at least one |
| % of Beneficiaries Using Hospice | BENES_HOSPC_PCT | covered stay. |
| | | Number of Hospice covered stays per 1,000 |
| Hospice Covered Stays Per 1,000 Beneficiaries | HOSPC_CVRD_STAYS_PER_1000_BENES | FFS Medicare beneficiaries. |
| | | Number of Hospice covered days per 1,000 |
| Hospice Covered Days Per 1,000 Beneficiaries | HOSPC_CVRD_DAYS_PER_1000_BENES | FFS Medicare beneficiaries. |
| | | Actual FFS Medicare payment for Evaluation |
| | | and Management (E&M) services, as defined |
| E&M Actual Medicare Payment | EM_MDCR_PYMT_AMT | by BETOS. |
| | | Actual FFS Medicare payment for Evaluation |
| | | and Management (E&M) services as defined |
| | | by BETOS, as a percentage of total actual FFS |
| E&M Actual Medicare Payment as % of Total | | Medicare payment. |
| Actual Medicare Payment | EM_MDCR_PYMT_PCT | |
| | | Actual per capita FFS Medicare payment for |
| | | Evaluation and Management (E&M) services, |
| E&M Per Capita Actual Medicare Payment | EM_MDCR_PYMT_PC | as defined by BETOS. |
| | | Actual per user FFS Medicare payment for |
| FONA Danillan Astual Madisana Danimant | ENA NADED DVAAT DED LIEED | Evaluation and Management (E&M) services, |
| E&M Per User Actual Medicare Payment | EM_MDCR_PYMT_PER_USER | as defined by BETOS. |
| | | FFS Medicare payment for Evaluation and Management (E&M) services as defined by |
| | | |
| E&M Standardized Medicare Payment | ENA NADCO CEDED DVNAT ANAT | BETOS, adjusted for geographic differences in payment rates. |
| Exivi Standardized Medicare Payment | EM_MDCR_STDZD_PYMT_AMT | FFS Medicare payment for Evaluation and |
| | | Management (E&M) services as defined by |
| | | BETOS, as a percentage of total FFS Medicare |
| E&M Standardized Medicare Payment as % of | | payment adjusted for geographic differences |
| Total Standardized Medicare Payment | ENA NADCE STOZE DVNAT DCT | |
| Total Stalldardized Medicale Payment | EM_MDCR_STDZD_PYMT_PCT | in payment rates. |
| | | Per capita FFS Medicare payment for |
| | | Evaluation and Management (E&M) services |
| E&M Per Capita Standardized Medicare Payment | EM MDCP STD7D DVMT DC | as defined by BETOS, adjusted for geographic |
| Legivi rei Capita Standardized iviedicare Payment | EINI_INIDCK_31DZD_FYINI1_FC | differences in payment rates. Per user FFS Medicare payment for |
| | | Evaluation and Management (E&M) services |
| | | |
| E&M Per User Standardized Medicare Payment | EM MADOR STOZD DVMT DER LISER | as defined by BETOS, adjusted for geographic differences in payment rates. |
| Leave Fee Oser Standardized Wedicare Payinent | EM_MDCR_STDZD_PYMT_PER_USER | Number of FFS Medicare beneficiaries using |
| | | _ |
| # E&M Users | RENES EM CNT | Evaluation and Management (E&M) services, |
| # LOUIVI USCIS | BENES_EM_CNT | as defined by BETOS. |
| | | Percentage of FFS Medicare beneficiaries |
| % of Panaficiarias Using E9NA | DENIES EM DCT | using Evaluation and Management (E&M) |
| % of Beneficiaries Using E&M | BENES_EM_PCT | services, as defined by BETOS. |
| | | Number of Evaluation and Management |
| FONA Events Day 1 000 Description | ENA EVALUE DED 1000 DENES | (E&M) events as defined by BETOS, per 1,000 |
| E&M Events Per 1,000 Beneficiaries | EM_EVNTS_PER_1000_BENES | FFS Medicare beneficiaries. |

| | | Actual FFS Medicare payment for Procedure |
|--|------------------------------------|---|
| Procedures Actual Medicare Payment | PRCDRS_MDCR_PYMT_AMT | services, as defined by BETOS. |
| | | Actual FFS Medicare payment for Procedure |
| Procedures Actual Medicare Payment as % of | | services as defined by BETOS, as a percentage |
| Total Actual Medicare Payment | PRCDRS_MDCR_PYMT_PCT | of total actual FFS Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| | | Procedure services, as defined by BETOS. |
| Procedures Per Capita Actual Medicare Payment | PRCDRS_MDCR_PYMT_PC | <u> </u> |
| Procedures Per Hear Actual Medicare Payment | DDCDDS MDCD DVMT DED LISED | Actual per user FFS Medicare payment for |
| Procedures Per User Actual Medicare Payment | PRCDRS_MDCR_PYMT_PER_USER | Procedure services, as defined by BETOS. FFS Medicare payment for Procedure services |
| | | as defined by BETOS, adjusted for geographic |
| Procedures Standardized Medicare Payment | PRCDRS_MDCR_STDZD_PYMT_AMT | differences in payment rates. |
| | | |
| | | FFS Medicare payment for Procedure services |
| | | as defined by BETOS, as a percentage of total |
| Procedures Standardized Medicare Payment as % | | FFS Medicare payment adjusted for |
| of Total Standardized Medicare Payment | PRCDRS_MDCR_STDZD_PYMT_PCT | geographic differences in payment rates. |
| | | Per capita FFS Medicare payment for |
| | | Procedure services as defined by BETOS, |
| Procedures Per Capita Standardized Medicare | | adjusted for geographic differences in |
| Payment | PRCDRS_MDCR_STDZD_PYMT_PC | payment rates. |
| | | Per user FFS Medicare payment for |
| | | Procedure services as defined by BETOS, |
| Procedures Per User Standardized Medicare | DDCDDC AADCD CTDTD DVAAT DED LICED | adjusted for geographic differences in |
| Payment | PRCDRS_MDCR_STDZD_PYMT_PER_USER | payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| # Procedure Users | BENES PRCDRS_CNT | Procedure services, as defined by BETOS. |
| in Froceaute oscis | BENES_I NOBRO_CIVI | Percentage of FFS Medicare beneficiaries |
| | | using Procedure services, as defined by |
| % of Beneficiaries Using Procedures | BENES_PRCDRS_PCT | BETOS. |
| | | Number of Procedure events as defined by |
| | | BETOS, per 1,000 FFS Medicare beneficiaries. |
| Procedure Events Per 1,000 Beneficiaries | PRCDR_EVNTS_PER_1000_BENES | |
| Tocts Actual Modicare Payment | TESTS NADCD DVNAT ANAT | Actual FFS Medicare payment for Test |
| Tests Actual Medicare Payment | TESTS_MDCR_PYMT_AMT | services, as defined by BETOS. |
| | | Actual FFS Medicare payment for Test |
| Tests Actual Medicare Payment as % of Total | | services as defined by BETOS, as a percentage |
| Actual Medicare Payment | TESTS MDCR PYMT PCT | of total actual FFS Medicare payment. |
| • | | Actual per capita FFS Medicare payment for |
| Tests Per Capita Actual Medicare Payment | TESTS_MDCR_PYMT_PC | Test services, as defined by BETOS. |
| | | Actual per user FFS Medicare payment for |
| Tests Per User Actual Medicare Payment | TESTS_MDCR_PYMT_PER_USER | Test services, as defined by BETOS. |
| | | FFS Medicare payment for Test services as |
| | | defined by BETOS, adjusted for geographic |
| Tests Standardized Medicare Payment | TESTS_MDCR_STDZD_PYMT_AMT | differences in payment rates. |
| | | FFS Medicare payment for Test services as |
| | | defined by BETOS, as a percentage of total |
| Tests Standardized Medicare Payment as % of | TEGTS MADED STORE SWITTER | FFS Medicare payment adjusted for |
| Total Standardized Medicare Payment | TESTS_MDCR_STDZD_PYMT_PCT | geographic differences in payment rates. |
| | | Per capita FFS Medicare payment for Test |
| Tasts Dar Canita Standardized Medicare Dayment | TESTS MADER STOZD DVMT DC | services as defined by BETOS, adjusted for |
| Tests Per Capita Standardized Medicare Payment | | geographic differences in payment rates. |
| | | Per user FFS Medicare payment for Test services as defined by BETOS, adjusted for |
| Tests Per User Standardized Medicare Payment | TESTS_MDCR_STDZD_PYMT_PER_USER | geographic differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| # Test Users | BENES_TESTS_CNT | Test services, as defined by BETOS. |
| | | . 220 Ser 1.005, as defined by DE100. |

| | <u> </u> | Percentage of FFS Medicare beneficiaries |
|--|--------------------------------|--|
| % of Beneficiaries Using Tests | BENES_TESTS_PCT | using Test services, as defined by BETOS. |
| Test Events Per 1,000 Beneficiaries | TESTS_EVNTS_PER_1000_BENES | Number of Test events as defined by BETOS, per 1,000 FFS Medicare beneficiaries. |
| Imaging Actual Medicare Payment | IMGNG_MDCR_PYMT_AMT | Actual FFS Medicare payment for Imaging services, as defined by BETOS. |
| Imaging Actual Medicare Payment as % of Total Actual Medicare Payment | IMGNG_MDCR_PYMT_PCT | Actual FFS Medicare payment for Imaging services as defined by BETOS, as a percentage of total actual FFS Medicare payment. |
| Imaging Per Capita Actual Medicare Payment | IMGNG_MDCR_PYMT_PC | Actual per capita FFS Medicare payment for Imaging services, as defined by BETOS. |
| Imaging Per User Actual Medicare Payment | IMGNG_MDCR_PYMT_PER_USER | Actual per user FFS Medicare payment for Imaging services, as defined by BETOS. |
| Imaging Standardized Medicare Payment | IMGNG_MDCR_STDZD_PYMT_AMT | FFS Medicare payment for Imaging services as defined by BETOS, adjusted for geographic differences in payment rates. FFS Medicare payment for Imaging services as |
| Imaging Standardized Medicare Payment as % of Total Standardized Medicare Payment | IMGNG_MDCR_STDZD_PYMT_PCT | defined by BETOS, as a percentage of total FFS Medicare payment adjusted for geographic differences in payment rates. |
| Imaging Per Capita Standardized Medicare Payment | IMGNG MDCR STDZD PYMT PC | Per capita FFS Medicare payment for Imaging services as defined by BETOS, adjusted for geographic differences in payment rates. |
| Imaging Per User Standardized Medicare Payment | IMGNG_MDCR_STDZD_PYMT_PER_USER | Per user FFS Medicare payment for Imaging services as defined by BETOS, adjusted for geographic differences in payment rates. |
| # Imaging Users | BENES_IMGNG_CNT | Number of FFS Medicare beneficiaries using Imaging services, as defined by BETOS. |
| % of Beneficiaries Using Imaging | BENES_IMGNG_PCT | Percentage of FFS Medicare beneficiaries using Imaging services, as defined by BETOS. |
| Imaging Events Per 1,000 Beneficiaries | IMGNG EVNTS PER_1000 BENES | Number of Imaging events as defined by BETOS, per 1,000 FFS Medicare beneficiaries. |
| DME Actual Medicare Payment | DME MDCR PYMT AMT | Actual FFS Medicare payment for Durable Medical Equipment (DME) services, as defined by BETOS. |
| DME Actual Medicare Payment as % of Total Actual Medicare Payment | DME_MDCR_PYMT_PCT | Actual FFS Medicare payment for Durable Medical Equipment (DME) services as defined by BETOS, as a percentage of total actual FFS Medicare payment. |
| DME Per Capita Actual Medicare Payment | DME_MDCR_PYMT_PC | Actual per capita FFS Medicare payment for Durable Medical Equipment (DME) services, as defined by BETOS. |
| DME Per User Actual Medicare Payment | DME_MDCR_PYMT_PER_USER | Actual per user FFS Medicare payment for Durable Medical Equipment (DME) services, as defined by BETOS. |
| DME Standardized Medicare Payment | DME_MDCR_STDZD_PYMT_AMT | FFS Medicare payment for Durable Medical Equipment (DME) services as defined by BETOS, adjusted for geographic differences in payment rates. |
| DME Standardized Medicare Payment as % of Total Standardized Medicare Payment | DME_MDCR_STDZD_PYMT_PCT | FFS Medicare payment for Durable Medical Equipment (DME) services as defined by BETOS, as a percentage of total FFS Medicare payment adjusted for geographic differences in payment rates. |

| | | Per capita FFS Medicare payment for Imaging services as defined by BETOS, adjusted for |
|--|----------------------------------|--|
| DME Per Capita Standardized Medicare Payment | DME MDCR STDZD PYMT PC | geographic differences in payment rates. |
| | | Per user FFS Medicare payment for Durable Medical Equipment (DME) services as defined by BETOS, adjusted for geographic |
| DME Per User Standardized Medicare Payment | DME_MDCR_STDZD_PYMT_PER_USER | differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| | | Durable Medical Equipment (DME) services, |
| # DME Users | BENES_DME_CNT | as defined by BETOS. |
| % of Beneficiaries Using DME | BENES_DME_PCT | Percentage of FFS Medicare beneficiaries using Durable Medical Equipment (DME) services, as defined by BETOS. |
| | | Number of Durable Medical Equipment |
| DME Events Per 1,000 Beneficiaries | DME_EVNTS_PER_1000_BENES | (DME) events as defined by BETOS, per 1,000 FFS Medicare beneficiaries. |
| Outpatient Dialysis Facility Actual Medicare | | Actual FFS Medicare payment for Outpatient |
| Payment | OP_DLYS_MDCR_PYMT_AMT | Dialysis Facility services. |
| Outpatient Dialysis Facility Actual Medicare Payment as % of Total Actual Medicare Payment | OP_DLYS_MDCR_PYMT_PCT | Actual FFS Medicare payment for Outpatient Dialysis Facility services, as a percentage of total actual FFS Medicare payment. |
| Outpatient Dialysis Facility Per Capita Actual | | Actual per capita FFS Medicare payment for |
| Medicare Payment | OP_DLYS_MDCR_PYMT_PC | Outpatient Dialysis Facility services. |
| Outpatient Dialysis Facility Per User Actual | | Actual per user FFS Medicare payment for |
| Medicare Payment | OP_DLYS_MDCR_PYMT_PER_USER | Outpatient Dialysis Facility services. |
| | | FFS Medicare payment for Outpatient Dialysis |
| Outpatient Dialysis Facility Standardized | | Facility services, adjusted for geographic |
| Medicare Payment | OP_DLYS_MDCR_STDZD_PYMT_AMT | differences in payment rates. |
| | | FFS Medicare payment for Outpatient Dialysis |
| Outpatient Dialysis Facility Standardized | | Facility services as a percentage of total FFS |
| Medicare Payment as % of Total Standardized | | Medicare payment, adjusted for geographic |
| Medicare Payment | OP_DLYS_MDCR_STDZD_PYMT_PCT | differences in payment rates. |
| Outpatient Dialysis Facility Per Capita Standardized Medicare Payment | OP_DLYS_MDCR_STDZD_PYMT_PC | Per capita FFS Medicare payment for Outpatient Dialysis Facility services, adjusted for geographic differences in payment rates. |
| Outpatient Dialysis Facility Per User Standardized Medicare Payment | OP_DLYS_MDCR_STDZD_PYMT_PER_USER | Per user FFS Medicare payment for Outpatient Dialysis Facility services, adjusted for geographic differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| # Outpatient Dialysis Facility Users | BENES_OP_DLYS_CNT | Outpatient Dialysis Facility services. |
| % of Beneficiaries Using Outpatient Dialysis | 25,150 02 21,10 205 | Percentage of FFS Medicare beneficiaries |
| Facility | BENES_OP_DLYS_PCT | using Outpatient Dialysis Facility services. |
| Outpatient Dialysis Facility Visits Per 1,000 Beneficiaries | OP_DLYS_VISITS_PER_1000_BENES | Number of Outpatient Dialysis Facility visits per 1,000 FFS Medicare beneficiaries. |
| | | Actual FFS Medicare payment for Federally Qualified Health Center (FQHC) / Rural Health |
| FQHC/RHC Actual Medicare Payment | FQHC_RHC_MDCR_PYMT_AMT | Center (RHC) services. |
| | | Actual FFS Medicare payment for FQHC/RHC |
| FQHC/RHC Actual Medicare Payment as % of | | services, as a percentage of total actual FFS |
| Total Actual Medicare Payment | FQHC_RHC_MDCR_PYMT_PCT | Medicare payment. |
| FQHC/RHC Per Capita Actual Medicare Payment | FQHC RHC MDCR PYMT PC | Actual per capita FFS Medicare payment for FQHC/RHC services. |
| , | | Actual per user FFS Medicare payment for |
| FQHC/RHC Per User Actual Medicare Payment | FQHC_RHC_MDCR_PYMT_PER_USER | FQHC/RHC services. FFS Medicare payment for FQHC/RHC |
| FQHC/RHC Standardized Medicare Payment | FQHC RHC MDCR STDZD PYMT AMT | services, adjusted for geographic differences in payment rates. |
| , | | |

| | Т | TEC Medicare payment for FOHC/DHC |
|--|----------------------------------|---|
| | | FFS Medicare payment for FQHC/RHC |
| FOHC/BHC Standardized Medicare Dayment as 9/ | | services as a percentage of total FFS |
| FQHC/RHC Standardized Medicare Payment as % | FOLIC BUG MADED STREET BYANT BOT | Medicare payment, adjusted for geographic |
| of Total Standardized Medicare Payment | FQHC_RHC_MDCR_STDZD_PYMT_PCT | differences in payment rates. |
| | | Per capita FFS Medicare payment for |
| FQHC/RHC Per Capita Standardized Medicare | | FQHC/RHC services, adjusted for geographic |
| Payment | FQHC_RHC_MDCR_STDZD_PYMT_PC | differences in payment rates. |
| | | Per user FFS Medicare payment for |
| FQHC/RHC Per User Standardized Medicare | | FQHC/RHC services, adjusted for geographic |
| Payment | FQHC_RHC_MDCR_STDZD_PYMT_PU | differences in payment rates. |
| | | Number of FFS Medicare beneficiaries using |
| # FQHC/RHC Users | BENES_FQHC_RHC_CNT | FQHC/RHC services. |
| | | Percentage of FFS Medicare beneficiaries |
| % of Beneficiaries Using FQHC/RHC | BENES_FQHC_RHC_PCT | using FQHC/RHC services. |
| | 1_ 1, 1_ 1_ | Number of FQHC/RHC visits per 1,000 FFS |
| FQHC/RHC Visits Per 1,000 Beneficiaries | FQHC_RHC_VISITS_PER_1000_BENES | Medicare beneficiaries. |
| T QTO, THE VISIES FOR 1,000 Beneficialies | T QHE_KHE_VISHS_TEK_1000_BENES | Actual FFS Medicare payment for Ambulance |
| Ambulance Actual Medicare Dayment | ANADING NADOD DVNAT ANAT | |
| Ambulance Actual Medicare Payment | AMBLNC_MDCR_PYMT_AMT | services, as defined by BETOS. |
| | | Actual FFS Medicare payment for Ambulance |
| | | services as defined by BETOS, as a percentage |
| Ambulance Actual Medicare Payment as % of | | of total actual FFS Medicare payment. |
| Total Actual Medicare Payment | AMBLNC_MDCR_PYMT_PCT | or total actual 113 Medicare payment. |
| | | Actual per capita FFS Medicare payment for |
| | | Ambulance services, as defined by BETOS. |
| Ambulance Per Capita Actual Medicare Payment | AMBLNC_MDCR_PYMT_PC | Ambulance services, as defined by BETOS. |
| | | Actual per user FFS Medicare payment for |
| Ambulance Per User Actual Medicare Payment | AMBLNC_MDCR_PYMT_PER_USER | Ambulance services, as defined by BETOS. |
| , | | FFS Medicare payment for Ambulance |
| | | services as defined by BETOS, adjusted for |
| Ambulance Standardized Medicare Payment | AMBLNC_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. |
| Ambaiance Standardized Wedicare Fayment | AMBLIVE_MOCK_STOZO_TTWTT_AMT | geographic unreferrees in payment rates. |
| | | FFS Medicare payment for Ambulance |
| | | services as defined by BETOS, as a percentage |
| | | of total FFS Medicare payment adjusted for |
| Ambulance Standardized Medicare Payment as % | | geographic differences in payment rates. |
| of Total Standardized Medicare Payment | AMBLNC_MDCR_STDZD_PYMT_PCT | |
| | | Per capita FFS Medicare payment for |
| | | Ambulance services as defined by BETOS, |
| Ambulance Per Capita Standardized Medicare | | adjusted for geographic differences in |
| Payment | AMBLNC_MDCR_STDZD_PYMT_PC | payment rates. |
| | | Per user FFS Medicare payment for |
| | | Ambulance services as defined by BETOS, |
| Ambulance Per User Standardized Medicare | | adjusted for geographic differences in |
| Payment | AMBLNC_MDCR_STDZD_PYMT_PER_USER | payment rates. |
| | / <u>-</u> | payment aces |
| | | Number of FFS Medicare beneficiaries using |
| # Ambulance Users | RENES AMBING ONT | Ambulance services, as defined by BETOS. |
| iii Ambulance Oscis | BENES_AMBLNC_CNT | Percentage of FFC Mediagra In a finite size |
| | | Percentage of FFS Medicare beneficiaries |
| | | using Ambulance services, as defined by |
| % of Beneficiaries Using Ambulance | BENES_AMBLNC_PCT | BETOS. |
| | | Number of Ambulance events as defined by |
| | | BETOS, per 1,000 FFS Medicare beneficiaries. |
| Ambulance Events Per 1,000 Beneficiaries | AMBLNC_EVNTS_PER_1000_BENES | be 100, per 1,000 113 intedicate beneficialles. |
| | | Actual FFS Medicare payment for Part B Drug |
| Part B Drugs Actual Medicare Payment | PTB_DRUGS_MDCR_PYMT_AMT | services, as defined by BETOS. |
| • | | |
| | | Actual FFS Medicare payment for Part B Drug |
| Part B Drugs Actual Medicare Payment as % of | | services as defined by BETOS, as a percentage |
| Total Actual Medicare Payment | DTR DRICS MOCE DVMT DCT | of total actual FFS Medicare payment. |
| Total Actual Medicale Payment | PTB_DRUGS_MDCR_PYMT_PCT | |
| Doub D Day on Day Conite A 1 1 144 1 | | Actual per capita FFS Medicare payment for |
| Part B Drugs Per Capita Actual Medicare | | Part B Drug services, as defined by BETOS. |
| Payment | PTB_DRUGS_MDCR_PYMT_PC | , |
| • | | |

| Down D. Down Down Hook Astron L. Marking and Down and | DTD DDUCK AADCD DVAAT DU | Actual per user FFS Medicare payment for |
|---|--------------------------------|--|
| Part B Drugs Per User Actual Medicare Payment | PTB_DRUGS_MDCR_PYMT_PU | Part B Drug services, as defined by BETOS. |
| | | FFS Medicare payment for Part B Drug |
| | | services as defined by BETOS, adjusted for |
| Part B Drugs Standardized Medicare Payment | PTB_DRUGS_MDCR_STDZD_PYMT_AMT | geographic differences in payment rates. |
| | | FFS Medicare payment for Part B Drug |
| | | services as defined by BETOS, as a percent |
| Dant D. Davies Chan dendined Mandiness Davies and an | | of total FFS Medicare payment adjusted fo |
| Part B Drugs Standardized Medicare Payment as | | geographic differences in payment rates. |
| % of Total Standardized Medicare Payment | PTB_DRUGS_MDCR_STDZD_PYMT_PCT | |
| | | Per capita FFS Medicare payment for Part |
| Part B Drugs Per Capita Standardized Medicare | | Drug services as defined by BETOS, adjuste |
| - , | DTD DDILCS MADED STOZD DVMT DC | for geographic differences in payment rate |
| Payment | PTB_DRUGS_MDCR_STDZD_PYMT_PC | |
| | | Per user FFS Medicare payment for Part B |
| Part B Drugs Per User Standardized Medicare | | Drug services as defined by BETOS, adjuste |
| Payment | PTB DRUGS MDCR STDZD PYMT PU | for geographic differences in payment rate |
| | | |
| | | Number of FFS Medicare beneficiaries usin |
| # Part B Drugs Users | BENES_PTB_DRUGS_CNT | Part B Drug services, as defined by BETOS. |
| | | Percentage of FFS Medicare beneficiaries |
| | | using Part B Drug services, as defined by |
| % of Beneficiaries Using Part B Drugs | BENES_PTB_DRUGS_PCT | BETOS. |
| | | FFS Medicare payment for Other Part B |
| Other Services Actual Medicare Payment | PTB_OTHR_SRVCS_MDCR_PYMT_AMT | services. |
| | | FFS Medicare payment for Other Part B |
| | | services, adjusted for geographic difference |
| Other Services Standardized Medicare Payment | PTB_OTHR_SRVCS_MDCR_STDZD_PYMT | in payment rates. |
| | | Total Population-Based Payment (PBP) |
| Total Population-Based Payment Reduction | | Reduction payment for FFS Medicare |
| Medicare Payment | TOT_PBPMT_RDCTN_AMT | beneficiaries. |
| | | Per capita Population-Based Payment (PBF |
| Total Population-Based Payment Reduction Per | | Reduction payment for FFS Medicare |
| Capita Medicare Payment | TOT_PBPMT_RDCTN_PCC | beneficiaries. |
| | | Prevention Quality Indicator (PQI) 3: Hosp |
| | | admissions for Diabetes Long-Term |
| | | complications for FFS Medicare beneficiar |
| PQI03 Diabetes LT Complication Admission Rate | | ages less than 65 per 100,000 FFS Medicar |
| (age < 65) | PQI03_DBTS_AGE_LT_65 | beneficiaries. |
| | | Prevention Quality Indicator (PQI) 3: Hosp |
| | | admissions for Diabetes Long-Term |
| | | complications for FFS Medicare beneficiar |
| PQI03 Diabetes LT Complication Admission Rate | | ages 65-74 per 100,000 FFS Medicare |
| (age 65-74) | PQI03_DBTS_AGE_65_74 | beneficiaries. |
| | | Prevention Quality Indicator (PQI) 3: Hosp |
| | | admissions for Diabetes Long-Term |
| | | complications for FFS Medicare beneficiar |
| PQI03 Diabetes LT Complication Admission Rate | | ages 75 and older per 100,000 FFS Medica |
| (age 75+) | PQI03_DBTS_AGE_GE_75 | beneficiaries. |
| | | Prevention Quality Indicator (PQI) 5: Hosp |
| | | admissions for Chronic Obstructive |
| | | Pulmonary Disease (COPD) or Asthma for I |
| | | Medicare beneficiaries ages 40-64 per |
| PQI05 COPD or Asthma in Older Adults | | 100,000 FFS Medicare beneficiaries. |
| Admission Rate (age 40-64) | PQI05 COPD ASTHMA AGE 40 64 | |

| PQI05 COPD or Asthma in Older Adults Admission Rate (age 65-74) | PQI05 COPD ASTHMA AGE 65_74 | Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
|--|-----------------------------|---|
| PQI05 COPD or Asthma in Older Adults Admission Rate (age 75+) | PQI05 COPD ASTHMA AGE GE 75 | Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |
| PQI07 Hypertension Admission Rate (age < 65) | PQI07_HYPRTNSN_AGE_LT_65 | Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |
| PQI07 Hypertension Admission Rate (age 65-74) | PQI07_HYPRTNSN_AGE_65_74 | Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
| PQI07 Hypertension Admission Rate (age 75+) | PQI07_HYPRTNSN_AGE_GE_75 | Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |
| PQI08 CHF Admission Rate (age < 65) | PQI08 CHF AGE LT 65 | Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |
| PQI08 CHF Admission Rate (age 65-74) | PQI08 CHF AGE 65 74 | Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
| PQI08 CHF Admission Rate (age 75+) | PQI08 CHF AGE GE 75 | Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |
| PQI10 Dehydration Admission Rate (age < 65) | PQI10_DHYDRTN_AGE_LT_65 | Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |
| PQI10 Dehydration Admission Rate (age 65-74) | PQI10_DHYDRTN_AGE_65_74 | Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
| PQI10 Dehydration Admission Rate (age 75+) | PQI10_DHYDRTN_AGE_GE_75 | Prevention Quality Indicator (PQI) 10: Hospital admissions for Dehydration for FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |
| PQI11 Bacterial Pneumonia Admission Rate (age < 65) | PQI11_BCTRL_PNA_AGE_LT_65 | Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |

| PQI11 Bacterial Pneumonia Admission Rate (age 65-74) | PQI11_BCTRL_PNA_AGE_65_74 | Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
|--|----------------------------------|--|
| PQI11 Bacterial Pneumonia Admission Rate (age 75+) | PQI11_BCTRL_PNA_AGE_GE_75 | Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |
| PQI12 UTI Admission Rate (age < 65) | PQI12 UTI AGE LT 65 | Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |
| | | Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for FFS Medicare beneficiaries ages 65-74 per 100,000 FFS |
| PQI12 UTI Admission Rate (age 65-74) | PQI12_UTI_AGE_65_74 | Medicare beneficiaries. Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for FFS Medicare beneficiaries ages 75 and older per 100,000 |
| PQI12 UTI Admission Rate (age 75+) | PQI12_UTI_AGE_GE_75 | FFS Medicare beneficiaries. |
| PQI15 Asthma in Younger Adults Admission Rate (age < 40) | PQI15_ASTHMA_AGE_LT_40 | Prevention Quality Indicator (PQI) 15: Hospital admissions for Asthma for FFS Medicare beneficiaries ages less than 40 per 100,000 FFS Medicare beneficiaries. |
| PQI16 Lower Extremity Amputation Admission Rate (age < 65) | PQI16_LWRXTRMTY_AMPUTN_AGE_LT_65 | Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation of FFS Medicare beneficiaries ages less than 65 per 100,000 FFS Medicare beneficiaries. |
| PQI16 Lower Extremity Amputation Admission Rate (age 65-74) | PQI16_LWRXTRMTY_AMPUTN_AGE_65_74 | Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation of FFS Medicare beneficiaries ages 65-74 per 100,000 FFS Medicare beneficiaries. |
| PQI16 Lower Extremity Amputation Admission Rate (age 75+) | PQI16_LWRXTRMTY_AMPUTN_AGE_GE_75 | Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation for FFS Medicare beneficiaries ages 75 and older per 100,000 FFS Medicare beneficiaries. |

Notes:

All variables are suppressed where the count of beneficiaries or count of users is less than 11. Suppressed variables are marked with "*".

* Data is suppressed for Puerto Rico, the Virgin Islands, and all other U.S. territories.

List of Acronyms:

ASC - Ambulatory Surgery Center

CHF - Congestive Heart Failure

COPD - Chronic Obstructive Pulmonary Disease

DME - Durable Medical Equipment

E&M - Evaluation and Management

ED - Emergency Department

FFS - Fee-for-Service

FQHC - Federally Qualified Health Center

HCC - Hierarchical Condition Category

HH - Home Health

IP - Inpatient

IRF - Inpatient Rehabilitation Facility

LTCH - Long-Term Care Hospital

MA - Medicare Advantage

OP - Outpatient

PAC - Post-Acute Care

PQI - Prevention Quality Indicator

RHC - Rural Health Center

SNF - Skilled Nursing Facility

UTI - Urinary Tract Infection