

Data Dictionary for Quarterly Dialysis Facility Care Compare

Refresh Date: July 2024

This document provides the variable name, label, type, length, and description for each column included in the downloadable database available on the Dialysis Facility Care Compare (DFCC) website (<https://data.medicare.gov/>).

The measures are calculated using the methodology described in the *Guide to the Quarterly Dialysis Facility Care Compare (QDFCC) Report* available for download from the “DFCC METHODS” tab of the Dialysis Data website (<https://dialysisdata.org/sites/default/files/content/dfccmethodology>).

Table 1: Facility Identification Variables

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|----------------------------------|-------------|--------------------|--|
| PROVNUM | CMS Certification Number (CCN) | Char | 10 | The Numeric Code Used To Identify The Provider |
| PROVNAME | CMS Provider Name | Char | 200 | The Name Of The Facility |
| STATE | State | Char | 2 | The Alphabetic Postal Code Used To Identify The State That Corresponds To The Facility |
| NETWORK | Network | Char | 2 | The Numeric Code For The Network In Which Facility Participates |
| DATE_FIVE_STAR | Five Star Date | Char | 19 | The Data Collection Period For The Quality Of Care Star Rating |
| FIVE_STAR | Five Star | Num | 8 | The Quality Of Care Star Rating For The Facility |
| FIVE_STAR_C | Five Star Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Quality Of Care Star Rating Data Available Or The Reason For Why The Data Is Not Available |
| PHYADDR1 | Address Line 1 | Char | 60 | The First Line Of The Address That Corresponds To The Facility |
| PHYADDR2 | Address Line 2 | Char | 60 | The Second Line Of The Address That Corresponds To The Facility |
| PHYCITY | City/Town | Char | 30 | The Name Of The City That Corresponds To The Facility |
| PHYZIP | Zip Code | Char | 5 | The Full Postal ZIP Code That Corresponds To The Facility |
| PHYCOUNTY | County/Parish | Char | 60 | The Name Of The County That Corresponds To The Facility |
| PHONENUM | Telephone Number | Char | 14 | The Telephone Number That Corresponds To The Facility |
| OWNTYPE | Profit or Non-Profit | Char | 50 | If The Dialysis Facility's Operates As A For-Profit Or Non-Profit Business |

| | | | | |
|----------|------------------------------------|----------|----|--|
| CHAINYN | Chain Owned | Char | 3 | Whether Or Not The Facility Is Owned Or Managed By A Chain Organization |
| CHAINNAM | Chain Organization | Char | 50 | The Name Of The Chain Organization If Applicable |
| SHIFT | Late Shift | Text | 5 | Whether Or Not The Facility Has A Shift Starting At 5:00 P.M. or Later |
| TOTSTAS | # of Dialysis Stations | Int | | The Total # Of Dialysis Stations At The Dialysis Facility |
| HD | Offers in-center hemodialysis | Text | 5 | Whether The Facility Offers In-Center Hemodialysis |
| PD | Offers peritoneal dialysis | Text | 5 | Whether The Facility Offers Peritoneal Dialysis |
| HOMEHD | Offers home hemodialysis training. | Text | 5 | Whether The Facility Offers Home Hemodialysis Training |
| CERTDATE | Certification Date | Datetime | | The Initial Or Recertification Date For The Facility. These Facilities Are Certified If They Pass Inspection. Medicare Or Medicaid Only Covers Care Provided By Certified Providers. Being Certified Is Not The Same As Being Accredited |

Table 2: Survey of Patients' Experiences

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|---|-------------|--------------------|--|
| DATE_CAHPs | ICH CAHPs date | Char | 19 | The Combined Data Collection Periods For The ICH CAHPs Survey |
| CAHPs_C | ICH CAHPs data availability code | Char | 3 | Whether The Facility Had Sufficient ICH CAHPs Data Available Or The Reason For Why The Data Is Not Available |
| NEPHCOMM_BOT_F | Lower box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (FACILITY) |

| | | | | |
|------------------------|--|-----|---|---|
| NEPHCOMM_MID_F | Middle box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (FACILITY) |
| NEPHCOMM_TOP_F | Top box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (FACILITY) |
| NEPHCOMM_BOT_S | Lower box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (STATE) |
| NEPHCOMM_MID_S | Middle box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (STATE) |
| NEPHCOMM_TOP_S | Top box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (STATE) |
| NEPHCOMM_BOT_U | Lower box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (US) |
| NEPHCOMM_MID_U | Middle box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (US) |
| NEPHCOMM_TOP_U | Top box percent of patients-nephrologists' communication and caring | Num | 8 | The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (US) |
| LINEARIZED_NEPHRCOMM_F | Linearized score of nephrologists' communication and caring | Num | 8 | The Linearized Score Of Nephrologists' Communication And Caring (FACILITY) |
| LINEARIZED_NEPHRCOMM_S | Linearized score of nephrologists' communication and | Num | 8 | The Linearized Score Of Nephrologists' Communication And |

| | | | | |
|-----------------------------|---|-----|---|---|
| | caring | | | Caring (STATE) |
| LINEARIZED_NEPH RCOMM_U | Linearized score of nephrologists' communication and caring | Num | 8 | The Linearized Score Of Nephrologists' Communication And Caring (US) |
| STAR_RATING_NEP HRCOMM_F | Star rating of nephrologists' communication and caring | Num | 8 | The Star Ratings Of Nephrologists' Communication And Caring (FACILITY) |
| QUALITY_BOT_F | Lower box percent of patients-quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"-Quality Of Dialysis Center Care And Operations (FACILITY) |
| QUALITY_MID_F | Middle box percent of patients-quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Usually"- Quality Of Dialysis Center Care And Operations (FACILITY) |
| QUALITY_TOP_F | Top box percent of patients-quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Always"- Quality Of Dialysis Center Care And Operations (FACILITY) |
| QUALITY_BOT_S | Lower box percent of patients-quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"- Quality Of Dialysis Center Care And Operations (STATE) |
| QUALITY_MID_S | Middle box percent of patients- quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Usually"- Quality Of Dialysis Center Care And Operations (STATE) |
| QUALITY_TOP_S | Top box percent of patients- quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Always"- Quality Of Dialysis Center Care And Operations (STATE) |
| QUALITY_BOT_U | Lower box percent of patients- quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported "Sometimes" Or "Never"- Quality Of Dialysis Center Care And Operations (US) |

| | | | | |
|-----------------------|--|-----|---|---|
| QUALITY_MID_U | Middle box percent of patients- quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported “Usually”- Quality Of Dialysis Center Care And Operations (US) |
| QUALITY_TOP_U | Top box percent of patients- quality of dialysis center care and operations | Num | 8 | The % Of Patients Who Reported “Always”- Quality Of Dialysis Center Care And Operations (US) |
| LINEARIZED_QUALITY_F | Linearized score of quality of dialysis center care and operations | Num | 8 | The Linearized Score Of Quality Of Dialysis Center Care And Operations (FACILITY) |
| LINEARIZED_QUALITY_S | Linearized score of quality of dialysis center care and operations | Num | 8 | The Linearized Score Of Quality Of Dialysis Center Care And Operations (STATE) |
| LINEARIZED_QUALITY_U | Linearized score of quality of dialysis center care and operations | Num | 8 | The Linearized Score Of Quality Of Dialysis Center Care And Operations (US) |
| STAR_RATING_QUALITY_F | Star rating of quality of dialysis center care and operations | Num | 8 | The Star Ratings Of Quality Of Dialysis Center Care And Operations (FACILITY) |
| INFO_BOT_F | Lower box percent of patients-providing information to patients | Num | 8 | The % Of Patients Who Reported “No”- Providing Information To Patients (FACILITY) |
| INFO_TOP_F | Top box percent of patients- providing information to patients | Num | 8 | The % Of Patients Who Reported “Yes”- Providing Information To Patients (FACILITY) |
| INFO_BOT_S | Lower box percent of patients- providing information to patients | Num | 8 | The % Of Patients Who Reported “No”- Providing Information To Patients (STATE) |
| INFO_TOP_S | Top box percent of patients- providing information to patients | Num | 8 | The % Of Patients Who Reported “Yes”- Providing Information To Patients (STATE) |
| INFO_BOT_U | Lower box percent of patients- providing information to patients | Num | 8 | The % Of Patients Who Reported “No”- Providing Information To Patients (US) |

| | | | | |
|---------------------|--|-----|---|--|
| INFO_TOP_U | Top box percent of patients- providing information to patients | Num | 8 | The % Of Patients Who Reported “Yes”- Providing Information To Patients (US) |
| LINEARIZED_INFO_F | Linearized score of providing information to patients | Num | 8 | The Linearized Score Of Providing Information To Patients (FACILITY) |
| LINEARIZED_INFO_S | Linearized score of providing information to patients | Num | 8 | The Linearized Score Of Providing Information To Patients (STATE) |
| LINEARIZED_INFO_U | Linearized score of providing information to patients | Num | 8 | The Linearized Score Of Providing Information To Patients (US) |
| STAR_RATING_INF_O_F | Star rating of providing information to patients | Num | 8 | The Star Ratings Of Providing Information To Patients (FACILITY). |
| NEPHRATE_BOT_F | Lower box percent of patients-rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| NEPHRATE_MID_F | Middle box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| NEPHRATE_TOP_F | Top box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| NEPHRATE_BOT_S | Lower box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| NEPHRATE_MID_S | Middle box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |

| | | | | |
|-------------------------|--|-----|---|---|
| NEPHRATE_TOP_S | Top box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| NEPHRATE_BOT_U | Lower box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| NEPHRATE_MID_U | Middle box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| NEPHRATE_TOP_U | Top box percent of patients- rating of the nephrologist | Num | 8 | The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| LINEARIZED_NEPH RATE_F | Linearized score of rating of the nephrologist | Num | 8 | The Linearized Score Of Rating Of The Nephrologist (FACILITY) |
| LINEARIZED_NEPH RATE_S | Linearized score of rating of the nephrologist | Num | 8 | The Linearized Score Of Rating Of The Nephrologist (STATE) |
| LINEARIZED_NEPH RATE_U | Linearized score of rating of the nephrologist | Num | 8 | The Linearized Score Of Rating Of The Nephrologist (US) |
| STAR_RATING_NEPH RATE_F | Star rating of the nephrologist | Num | 8 | The Star Ratings Of The Nephrologist (FACILITY) |
| STAFFRATE_BOT_F | Lower box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| STAFFRATE_MID_F | Middle box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |

| | | | | |
|------------------------|--|-----|---|--|
| STAFFRATE_TOP_F | Top box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| STAFFRATE_BOT_S | Lower box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| STAFFRATE_MID_S | Middle box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| STAFFRATE_TOP_S | Top box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| STAFFRATE_BOT_U | Lower box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| STAFFRATE_MID_U | Middle box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| STAFFRATE_TOP_U | Top box percent of patients-rating of the dialysis center staff | Num | 8 | The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| LINEARIZED_STAFFRATE_F | Linearized score of rating of the dialysis center staff | Num | 8 | The Linearized Score Of Rating Of The Dialysis Center Staff (FACILITY) |
| LINEARIZED_STAFFRATE_S | Linearized score of rating of the dialysis center staff | Num | 8 | The Linearized Score Of Rating Of The Dialysis Center Staff (STATE) |
| LINEARIZED_STAFFRATE_U | Linearized score of rating of the dialysis center staff | Num | 8 | The Linearized Score Of Rating Of The Dialysis Center Staff (US) |

| | | | | |
|-----------------------------|--|-----|---|--|
| STAR_RATING_STA FFRATE_F | Star rating of the dialysis center staff | Num | 8 | The Star Ratings Of The Dialysis Center Staff (FACILITY) |
| FACRATE_BOT_F | Lower box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| FACRATE_MID_F | Middle box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| FACRATE_TOP_F | Top box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY) |
| FACRATE_BOT_S | Lower box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| FACRATE_MID_S | Middle box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| FACRATE_TOP_S | Top box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE) |
| FACRATE_BOT_U | Lower box percent of patients-rating of dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| FACRATE_MID_U | Middle box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 |

| | | | | |
|-----------------------|---|-----|---|--|
| | | | | On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| FACRATE_TOP_U | Top box percent of patients-rating of the dialysis facility | Num | 8 | The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US) |
| LINEARIZED_FACRATE_F | Linearized score of rating of the dialysis facility | Num | 8 | The Linearized Score Of Rating Of The Dialysis Facility (FACILITY) |
| LINEARIZED_FACRATE_S | Linearized score of rating of the dialysis facility | Num | 8 | The Linearized Score Of Rating Of The Dialysis Facility (STATE) |
| LINEARIZED_FACRATE_U | Linearized score of rating of the dialysis facility | Num | 8 | The Linearized Score Of Rating Of The Dialysis Facility (US) |
| STAR_RATING_FACRATE_F | Star rating of the dialysis facility | Num | 8 | The Star Ratings Of The Dialysis Facility (FACILITY) |
| COMPLETED_SURVEYS_F | Total number of completed interviews from the Fall and Spring Surveys | Num | 8 | The Total # Of Completed Surveys Across The Two Reported Survey Periods (FACILITY) |
| COMPLETED_SURVEYS_S | Total number of completed interviews from the Fall and Spring Surveys | Num | 8 | The Total # Of Completed Surveys Across The Two Reported Survey Periods (STATE) |
| COMPLETED_SURVEYS_U | Total number of completed interviews from the Fall and Spring Surveys | Num | 8 | The Total # Of Completed Surveys Across The Two Reported Survey Periods (US) |
| OVERALL_STAR_RATING_F | ICH CAHPS Survey of patients' experiences star rating | Num | 8 | The ICH CAHPS Survey Of Patients' Experiences Star Rating (FACILITY) |
| RESPONSE_RATE_F | Survey response rate | Num | 8 | The ICH CAHPS Survey Response Rate For The Facility |
| RESPONSE_RATE_S | Survey response rate | Num | 8 | The ICH CAHPS Survey Response Rate For The State |

| | | | | |
|-----------------|----------------------|-----|---|---|
| RESPONSE_RATE_U | Survey response rate | Num | 8 | The ICH CAHPS Survey Response Rate For The Nation |
|-----------------|----------------------|-----|---|---|

Table 3: Standardized Transfusion Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------------|--|------|-------------|--|
| DATE_STrR | STrR Date | Char | 19 | The Time Period For Patient Transfusion Summary (STrR) |
| PTTRAN_C | Patient Transfusion data availability Code | Char | 3 | Whether The Facility Had Sufficient Transfusion Data Available Or The Reason For Why The Data Is Not Available |
| DFCSTrRTEXT | Patient Transfusion category text | Char | 20 | Patient Transfusion Category (Better, Worse Or As Expected) |
| PATSTR_F | Number of patients included in transfusion summary | Num | 8 | The Number Of Patients Included In The Facility's Transfusion Summary (FACILITY) |
| STRR_RATE_F_NEW | Transfusion Rate (FACILITY) | Num | 8 | The Facility's Transfusion Rate Per 100 Patient-Years |
| STRR_RATE_UCI_F_NEW | Transfusion Rate: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Transfusion Rate Per 100 Patient-Years |
| STRR_RATE_LCI_F_NEW | Transfusion Rate: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) For Transfusion Rate Per 100 Patient-Years |
| STRR_RATE_U_NEW | Transfusion Rate (US) | Num | 8 | The National Transfusion Rate Per 100 Patient-Years |
| PTSTRS1 | Transfusions- Better than expected (STATE) | Num | 8 | The Number Of Facilities In The State With Patient Transfusions Categorized As "Better Than Expected" (STATE) |
| PTSTRS2 | Transfusions- As expected (STATE) | Num | 8 | The Number Of Facilities In The State With Patient Transfusions Categorized |

| | | | | |
|---------|---|-----|---|--|
| | | | | “As Expected” (STATE) |
| PTSTRS3 | Transfusions- Worse than expected (STATE) | Num | 8 | The Number Of Facilities In The State With Patient Transfusions Categorized As “Worse Than Expected” (STATE) |
| PTSTRU1 | Transfusions- Better than expected (US) | Num | 8 | The Number Of Facilities In The Nation With Patient Transfusions Categorized As “Better Than Expected” (US) |
| PTSTRU2 | Transfusions- As expected (US) | Num | 8 | The Number Of Facilities In The Nation With Patient Transfusions Categorized As “As Expected” (US) |
| PTSTRU3 | Transfusions- Worse than expected (US) | Num | 8 | The Number Of Facilities In The Nation With Patient Transfusions Categorized As “Worse Than Expected” (US) |

Table 4: Standardized Infection Ratio (SIR)

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|--|
| DATE_SIR | SIR Date | Char | 19 | The Time Period For Patient Infection Summary (SIR) |
| SIR_C | Patient Infection data availability Code | Char | 3 | Whether The Facility Had Sufficient Infection Data Available Or The Reason For Why The Data Is Not Available |
| DFCSIRTEXT | Patient Infection category text | Char | 20 | Patient Infection Category (Better, Worse Or As Expected) |
| SIR_F | Standard Infection Ratio | Num | 8 | The Facility’s Standardized Infection Ratio (FACILITY) |
| SIR_UCI_F | SIR: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Standardized Infection Ratio (SIR) |
| SIR_LCI_F | SIR: Lower Confidence Limit | Num | 8 | The Lower Confidence Limit (2.5%) For |

| | | | | |
|---------|---|-----|---|--|
| | (2.5%) | | | Standardized Infection Ratio (SIR) |
| PTSIRS1 | Infection- Better than expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Transfusions Categorized As “Better Than Expected” (STATE) |
| PTSIRS2 | Infection- As expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Infection Categorized As “As Expected” (STATE) |
| PTSIRS3 | Infection- Worse than expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Infection Categorized As “Worse Than Expected” (STATE) |
| PTSIRU1 | Infection- Better than expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Infection Categorized As “Better Than Expected” (US) |
| PTSIRU2 | Infection- As expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Infection Categorized As “As Expected” (US) |
| PTSIRU3 | Infection- Worse than expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Infection Categorized As “Worse Than Expected” (US) |

Table 5: Dialysis Adequacy

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------|---------------------------------------|------|-------------|---|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For EQRS Based Measures |
| HDKTV12_C | Adult HD Kt/V data availability code | Char | 3 | Whether The Facility Had Sufficient Adult Hemodialysis Kt/V Greater Than Or Equal To 1.2 Data Available Or The Reason For Why The Data Is Not Available |
| CWHD_KTVpats_f | Number of adult HD patients with Kt/V | Num | 8 | The # Of Adult Hemodialysis Patients |

| | | | | |
|----------------|--|------|---|---|
| | data | | | Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY) |
| CWHD_KTVpm_f | Number of adult HD patient-months with Kt/V data | Num | 8 | The # Of Adult Hemodialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY) |
| CWHD_KTVge12_f | Percentage of adult HD Patients with Kt/V ≥ 1.2 | Num | 8 | The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (FACILITY) |
| CWHD_KTVge12_s | Percentage of adult HD patients with Kt/V ≥ 1.2 | Num | 8 | The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (STATE) |
| CWHD_KTVge12_u | Percentage Of Adult HD Patients With Kt/V ≥ 1.2 | Num | 8 | The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (US) |
| PDKTV17_C | Adult PD Kt/V Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Adult Peritoneal Dialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available |
| CWPD_KTVpats_f | Number Of Adult PD Patients With Kt/V Data | Num | 8 | The # Of Adult Peritoneal Dialysis Patients Included In Kt/V Greater Than Or Equal To 1.7 Summary (FACILITY) |
| CWPD_KTVpm_f | Number Of Adult PD Patient-Months With Kt/V Data | Num | 8 | The # Of Adult Peritoneal Dialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.7 Summary (FACILITY) |
| CWPD_KTVge17_f | Percentage Of Adult PD Patients With Kt/V ≥ 1.7 | Num | 8 | The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.7 (FACILITY) |
| CWPD_KTVge17_s | Percentage Of Adult PD Patients With Kt/V ≥ 1.7 | Num | 8 | The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or |

| | | | | |
|------------------|--|------|---|---|
| | | | | Equal To 1.7 (STATE) |
| CWPD_KTVge17_u | Percentage Of Adult PD Patients With Kt/V \geq 1.7 | Num | 8 | The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.7 (US) |
| PHDKTV12_C | Pediatric HD Kt/V Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Pediatric Hemodialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available |
| p_CWHD_KTVpats_f | Number Of Pediatric HD Patients With Kt/V Data | Num | 8 | The # Of Pediatric Hemodialysis Patients Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY) |
| p_CWHD_KTVpm_f | Number Of Pediatric HD Patient-Months With Kt/V Data | Num | 8 | The # Of Pediatric Hemodialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY) |
| p_CWHD_KTVge12_f | Percentage Of Pediatric HD Patients With Kt/V \geq 1.2 | Num | 8 | The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (FACILITY) |
| p_CWHD_KTVge12_s | Percentage Of Pediatric HD Patients With Kt/V \geq 1.2 | Num | 8 | The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (STATE) |
| p_CWHD_KTVge12_u | Percentage Of Pediatric HD Patients With Kt/V \geq 1.2 | Num | 8 | The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (US) |
| PPDKTV18_C | Pediatric PD Kt/V Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Pediatric Peritoneal Dialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available |
| p_CWPD_KTVpats_f | Number Of Pediatric PD Patients With Kt/V Data | Num | 8 | The # Of Pediatric Peritoneal Dialysis Patients Included In Kt/V |

| | | | | |
|------------------|--|-----|---|--|
| | | | | Greater Than Or Equal To 1.8 Summary (FACILITY) |
| p_CWPD_KTVpm_f | Number Of Pediatric PD Patient-months With Kt/V Data | Num | 8 | The # Of Pediatric Peritoneal Dialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.8 Summary (FACILITY) |
| p_CWPD_KTVge18_f | Percentage Of Pediatric PD Patients With Kt/V \geq 1.8 | Num | 8 | The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (FACILITY) |
| p_CWPD_KTVge18_s | Percentage Of Pediatric PD Patients With Kt/V \geq 1.8 | Num | 8 | The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (STATE) |
| p_CWPD_KTVge18_u | Percentage Of Pediatric PD Patients With Kt/V \geq 1.8 | Num | 8 | The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (US) |

Table 6: nPCR

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|---|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For EQRS Based Measures |
| P_NPCR_PAT_F | Number Of Patients In nPCR Summary | Num | 8 | The # Of Patients Included In The Facility's nPCR Summary, Rolling Year (FACILITY) |
| P_NPCR_PM_F | Number Of Patient-Months In nPCR Summary | Num | 8 | The # Of Patient-months Included In The Facility's nPCR Summary, Rolling Year (FACILITY) |
| PNPCR_C | nPCR Data Availability Code | Char | 3 | Whether The Facility Had Sufficient nPCR Data Available Or The Reason For Why The Data Is Not Available |
| P_NPCR_NUM_F | Percentage Of Pediatric HD | Num | 8 | The % Of Pediatric Hemodialysis Patients |

| | | | | |
|--------------|--|-----|---|--|
| | Patients With nPCR | | | With nPCR, Rolling Year (FACILITY) |
| P_NPCR_NUM_S | Percentage Of Pediatric HD Patients With nPCR In Use | Num | 8 | The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (STATE) |
| P_NPCR_NUM_U | Percentage Of Pediatric HD Patients With nPCR | Num | 8 | The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (US) |

Table 7: Vascular Access: Standardized Fistula Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|--|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For Patient Fistula Rate Summary |
| PTFIST_C | Fistula Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Patient Fistula Data Available Or The Reason For Why The Data Is Not Available |
| DFCSFRTEXT | Fistula Category Text | Char | 20 | Patient Fistula Category (Better, Worse, Or As Expected) |
| SFRPATS_F | Number Of Patients Included In Fistula Summary | Num | 8 | The # Of Patients Included In The Facility's Fistula Summary |
| SFR_F | Fistula Rate (FACILITY) | Num | 8 | The Facility's Fistula Rate As A % Of Patient-months |
| SFRUCL_F | Fistula Rate: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Fistula Rate As A Percentage Of Patient-months. |
| SFRLCL_F | Fistula Rate: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) For Fistula Rate As A Percentage Of Patient-months |
| SFR_U | Fistula Rate (US) | Num | 8 | The National Fistula Rate Per 100 Patient-months |
| PTSFRS1 | Fistula Rate - Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Fistula In Use Categorized As "Better Than Expected" (STATE) |
| PTSFRS2 | Fistula Rate - As | Num | 8 | The # Of Facilities In The |

| | | | | |
|---------|--|-----|---|---|
| | Expected (STATE) | | | State With Fistula In Use Categorized As “As Expected” (STATE) |
| PTSFRS3 | Fistula Rate - Worse Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Fistula In Use Categorized As “Worse Than Expected” (STATE) |
| PTSFRU1 | Fistula Rate - Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Fistula In Use Categorized As “Better Than Expected” (US) |
| PTSFRU2 | Fistula Rate - As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Fistula In Use Categorized As “As Expected” (US) |
| PTSFRU3 | Fistula Rate - Worse Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Fistula In Use Categorized As “Worse Than Expected” (US) |

Table 8: Vascular Access: Long Term Catheter Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|---|-------------|--------------------|---|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For EQRS Based Measures |
| LTCPTS_F | Number Of Patients In Long Term Catheter Summary | Num | 8 | The # Of Patients Included In The Facility’s Long Term Catheter Summary, Rolling Year (FACILITY) |
| LTCPM_F | Number Of Patient-Months In Long Term Catheter Summary | Num | 8 | The # Of Patient-months Included In The Facility’s Long Term Catheter Summary, Rolling Year (FACILITY) |
| LTC_C | Long Term Catheter Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Long Term Catheter Data Available Or The Reason For Why The Data Is Not Available |
| LTC_F | Percentage Of Adult Patients With Long Term Catheter In Use | Num | 8 | The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (FACILITY) |
| LTC_S | Percentage Of Adult | Num | 8 | The % Of Adult Patients |

| | | | | |
|-------|---|-----|---|---|
| | Patients With Long Term Catheter In Use | | | With Long Term Catheter In Use, Rolling Year (STATE) |
| LTC_U | Percentage Of Adult Patients With Long Term Catheter In Use | Num | 8 | The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (US) |

Table 9: Mineral and Bone Disorder

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------|---|------|-------------|--|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For EQRS Based Measures |
| HYPERCALPATS_F | Number Of Patients In Hypercalcemia Summary | Num | 8 | The # Of Patients Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY) |
| HYPERCALPM_F | Number Of Patient-months In Hypercalcemia Summary | Num | 8 | The # Of Patient-months Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY) |
| HYPERCAL_C | Hypercalcemia Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Hypercalcemia Data Available Or The Reason For Why The Data Is Not Available |
| HYPERCAL_F | Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL) | Num | 8 | The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (FACILITY) |
| HYPERCAL_S | Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL) | Num | 8 | The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (STATE) |
| HYPERCAL_U | Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL) | Num | 8 | The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (US). |
| SERUMPHOSPATS | Number Of Patients | Num | 8 | The # Of Patients Included |

| | | | | |
|---------------|---|------|---|---|
| _F | In Serum Phosphorus Summary | | | In The Facility's Serum Phosphorus Summary (FACILITY) |
| SERUMPHOSPM_F | Number Of Patient-months In Serum Phosphorus Summary | Num | 8 | The # Of Patient-months Included In The Facility's Serum Phosphorus Summary, Rolling Year (FACILITY) |
| SERUMPHOS_C | Serum Phosphorus Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Serum Phosphorus Data Available Or The Reason For Why The Data Is Not Available |
| SERUMPHOS1_F | Percentage Of Adult Patients With Serum Phosphorus Less Than 3.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS2_F | Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS3_F | Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS4_F | Percentage Of Adult Patients With Serum Phosphorus Between 5.6-7.0 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 5.6-7.0 mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS5_F | Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS1_S | Percentage Of Adult Patients With Serum Phosphorus Less Than 3.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (STATE) |
| SERUMPHOS2_S | Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (STATE) |
| SERUMPHOS3_S | Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (STATE) |
| SERUMPHOS4_S | Percentage Of Adult Patients With Serum | Num | 8 | The % Of Adult Patients With Serum Phosphorus |

| | | | | |
|--------------|---|-----|---|--|
| | Phosphorus Between 5.6-7.0 Mg/dL | | | Between 5.6-7.0 mg/dL, Rolling Year (STATE) |
| SERUMPHOS5_S | Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (STATE) |
| SERUMPHOS1_U | Percentage Of Adult Patients With Serum Phosphorus Less Than 3.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (US) |
| SERUMPHOS2_U | Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (US) |
| SERUMPHOS3_U | Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (US) |
| SERUMPHOS4_U | Percentage Of Adult Patients With Serum Phosphorus Between 5.6-7.0 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Between 5.6-7.0 mg/dL, Rolling Year (US) |
| SERUMPHOS5_U | Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL | Num | 8 | The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (US) |

Table 10: Standardized Hospitalization Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|--|-------------|--------------------|--|
| DATE_SHR | SHR Date | Char | 19 | The Time Period For Patient Hospitalization Summary |
| PTHOSP_C | Patient Hospitalization Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Hospitalization Data Available Or The Reason For Why The Data Is Not Available |
| DFCHOSPTEXT | Patient Hospitalization Category Text | Char | 20 | Patient Hospitalization Category (Better, Worse, Or As Expected) |
| RDSHY4_F | Number Of Patients Included In Hospitalization | Num | 8 | The # Of Patients Included In The Facility's Hospitalization Summary |

| | Summary | | | |
|----------------|--|-----|---|--|
| SHR_RATE_F | Hospitalization Rate (FACILITY) | Num | 8 | The Facility's Hospitalization Rate Per 100 Patient-years |
| SHR_RATE_UCI_F | Hospitalization Rate: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Hospitalization Rate Per 100 Patient-years |
| SHR_RATE_LCI_F | Hospitalization Rate: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) For Hospitalization Rate Per 100 Patient-years |
| OBHTRY4_U | Hospitalization Rate (US) | Num | 8 | The National Hospitalization Rate Per 100 Patient-years |
| PTHOSPS1 | Hospitalizations- Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Hospitalizations Categorized As "Better Than Expected" (STATE) |
| PTHOSPS2 | Hospitalizations- As Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Hospitalizations Categorized As "As Expected" (STATE) |
| PTHOSPS3 | Hospitalizations- Worse Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Hospitalizations Categorized As "Worse Than Expected" (STATE) |
| PTHOSPU1 | Hospitalizations- Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "Better Than Expected" (US) |
| PTHOSPU2 | Hospitalizations- As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "As Expected" (US) |
| PTHOSPU3 | Hospitalizations- Worse Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "Worse Than Expected" (US) |

Table 11: Standardized Hospital Readmission Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------|---|------|-------------|--|
| DATE_SRR | SRR Date | Char | 19 | The Time Period For Patient Readmission Summary |
| PTREAD_C | Patient Hospital Readmission Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Readmission Data Available Or The Reason For Why The Data Is Not Available |
| DFCSRRTXT | Patient Hospital Readmission Category Text | Char | 20 | Patient Readmission Category (Better, Worse, Or As Expected) |
| INDEXY4_f | Number Of Hospitalizations Included In Hospital Readmission Summary | Num | 8 | The # Of Index Discharges Included In The Facility's Readmission Summary |
| SRR_RATE_F | Readmission Rate (FACILITY) | Num | 8 | The Facility's Readmission Rate As A % Of Hospital Discharges |
| SRR_RATE_UCI_F | Readmission Rate: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Readmission Rate As A % Of Hospital Discharges |
| SRR_RATE_LCI_F | Readmission Rate: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) For Readmission Rate As A % Of Hospital Discharges |
| SRR_US_RATE | Readmission Rate (US) | Num | 8 | The National Readmission Rate As A % Of Hospital Discharges |
| PTSRRS1 | Hospital Readmission - Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Hospital Readmission Categorized As "Better Than Expected" (STATE) |
| PTSRRS2 | Hospital Readmission - As Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Hospital Readmission Categorized As "As Expected" (STATE) |
| PTSRRS3 | Hospital Readmission - Worse Than | Num | 8 | The # Of Facilities In The State With Patient Hospital Readmission Categorized |

| | | | | |
|---------|--|-----|---|--|
| | Expected (STATE) | | | As “Worse Than Expected” (STATE) |
| PTSRRU1 | Hospital Readmission - Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “Better Than Expected” (US) |
| PTSRRU2 | Hospital Readmission - As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “As Expected” (US) |
| PTSRRU3 | Hospital Readmission - Worse Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “Worse Than Expected” (US) |

Table 12: Standardized Mortality Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|--------------------|---|------|-------------|---|
| DATE_SMR | SMR Date | Char | 19 | The Data Collection Period For Patient Survival Summary |
| PTSURV_C | Patient Survival Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Patient Survival Data Available Or The Reason For Why The Data Is Not Available |
| DFCMORTTEXT | Patient Survival Category Text | Char | 20 | Patient Survival Category (Better, Worse, Or As Expected) |
| RDSMZ_F_MED | Number Of Patients Included In Survival Summary | Num | 8 | The # Of Patients Included In The Facility’s Survival Summary |
| SMR_RATE_F_MED | Mortality Rate (FACILITY) | Num | 8 | The Facility’s Mortality Rate Per 100 Patient-years |
| SMR_RATE_UCI_F_MED | Mortality Rate: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) For Mortality Rate Per 100 Patient-years |
| SMR_RATE_LCI_F_MED | Mortality Rate: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) For Mortality Rate Per 100 Patient-years |
| OBDRZ_U_MED | Mortality Rate (US) | Num | 8 | The National Mortality |

| | | | | Rate Per 100 Patient-years |
|----------|--|-----|---|--|
| PTSURVS1 | Survival- Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Deaths Categorized As “Better Than Expected” (STATE) |
| PTSURVS2 | Survival- As Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Deaths Categorized As “As Expected” (STATE) |
| PTSURVS3 | Survival- Worse Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Patient Deaths Categorized As “Worse Than Expected” (STATE) |
| PTSURVU1 | Survival- Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Deaths Categorized As “Better Than Expected” (US) |
| PTSURVU2 | Survival- As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Deaths Categorized As “As Expected” (US) |
| PTSURVU3 | Survival- Worse Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Patient Deaths Categorized As “Worse Than Expected” (US) |

Table 13: Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|--|
| DATE_SWR | SWR DATE | Char | 19 | The Data Collection Period For Patient Transplant Waitlist Summary |
| DFCSWRTEXT | SWR Category Text | Char | 20 | Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| PTSWR_C | Patient Transplant Waitlist Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Patient Transplant Waitlist Data Available Or The Reason For Why The Data Is Not Available |
| SWR_CHIZ_F | 95% C.I. (Upper | Num | 8 | The Upper Confidence |

| | | | | |
|------------|--|-----|---|--|
| | Limit) For SWR | | | Limit (97.5%) For Transplant Waitlist Ratio |
| SWR_CLOZ_F | 95% C.I. (Lower Limit) For SWR | Num | 8 | The Lower Confidence Limit (2.5%) For Transplant Waitlist Ratio |
| SWR_PTZ_F | Number Of Patients In This Facility For SWR | Num | 8 | The Number Of Patients In This Facility For Standardized First Kidney Transplant Waitlist Ratio |
| SWRZ_F | Standardized First Kidney Transplant Waitlist Ratio | Num | 8 | Facility Standardized First Kidney Transplant Waitlist Ratio |
| SWRZ_U | Standardized First Kidney Transplant Waitlist Ratio (US) | Num | 8 | National Standardized First Kidney Transplant Waitlist Ratio |
| PTSWRS1 | Incident Patients Transplant Waitlisting- Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “Better Than Expected” (STATE) |
| PTSWRS2 | Incident Patients Transplant Waitlisting - As Expected (STATE) | Num | 8 | The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “As Expected” (STATE) |
| PTSWRS3 | Incident Patients Transplant Waitlisting - Worse Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “Worse Than Expected” (STATE) |
| PTSWRU1 | Incident Patients Transplant Waitlisting - Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “Better Than Expected” (US) |
| PTSWRU2 | Incident Patients Transplant Waitlisting - As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “As Expected” (US) |
| PTSWRU3 | Incident Patients | Num | 8 | The # Of Facilities In |

| | | | | |
|--|---|--|--|--|
| | Transplant Waitlisting - Worse Than Expected (US) | | | The Nation With Incident Patient Waitlisting Categorized As “Worse Than Expected” (US) |
|--|---|--|--|--|

Table 14: Percentage of Prevalent Patients Waitlisted

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|---|-------------|--------------------|--|
| DATE_EQRS | EQRS Date | Char | 19 | The Data Collection Period For EQRS Based Measures. |
| DFCPPWTEXT | PPPW Category Text | Char | 20 | Prevalent Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| PTPPPW_C | Patient Prevalent Transplant Waitlist Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Prevalent Patient Transplant Waitlist Data Available Or The Reason For Why The Data Is Not Available |
| PPPW_CHI_F | 95% C.I. (Upper Limit) For PPPW | Num | 8 | The Upper Confidence Limit (97.5%) For Prevalent Transplant Waitlist Percentage |
| PPPW_CLO_F | 95% C.I. (Lower Limit) For PPPW | Num | 8 | The Lower Confidence Limit (2.5%) For Prevalent Transplant Waitlist Percentage |
| PPPW_PT_F | Number Of Patients For PPPW | Num | 8 | The # Of Patients For PPPW |
| PPPW_F | Percentage Of Prevalent Patients Waitlisted | Num | 8 | % Of Prevalent Patients Waitlisted (FACILITY) |
| PPPW_U | Percentage Of Prevalent Patients Waitlisted (US) | Num | 8 | % Of Prevalent Patients Waitlisted (US) |
| PTPPPWS1 | Prevalent Patients Transplant Waitlisting- Better Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “Better Than |

| | | | | |
|----------|---|-----|---|--|
| | | | | Expected” (STATE) |
| PTPPPWS2 | Prevalent Patients Transplant Waitlisting - As Expected (STATE) | Num | 8 | The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “As Expected” (STATE) |
| PTPPPWS3 | Prevalent Patients Transplant Waitlisting - Worse Than Expected (STATE) | Num | 8 | The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “Worse Than Expected” (STATE) |
| PTPPPWU1 | Prevalent Patients Transplant Waitlisting - Better Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “Better Than Expected” (US) |
| PTPPPWU2 | Prevalent Patients Transplant Waitlisting - As Expected (US) | Num | 8 | The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “As Expected” (US) |
| PTPPPWU3 | Prevalent Patients Transplant Waitlisting - Worse Than Expected (US) | Num | 8 | The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “Worse Than Expected” (US) |

Table 15: Standardized Emergency Department Encounter Ratio (SEDR)

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|-----------------------------|------|-------------|---|
| DATE_SEDR | SEDR Date | Char | 19 | The Time Period for SEDR Summary |
| PTSEDR_C | SEDR Data Availability Code | Char | 3 | Whether the Facility Had Sufficient ED Data Available or the Reason for Why the Data is Not Available |
| DFCSEDRTEXT | SEDR Category Text | Char | 20 | SEDR Category (Better, Worse, Or As Expected) |
| RDSEY4_F | Number Of Patients | Num | 8 | The # Of Patients Included |

| | | | | |
|-------------|--|-----|---|--|
| | Included In SEDR Summary | | | In The Facility's SEDR Summary |
| SEDRY4_F | Standardized ED Ratio (FACILITY) | Num | 8 | The Facility's Standardized Emergency Dept. Ratio |
| CHICHEDY4_F | SEDR: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) for the Standardized Emergency Dept. Ratio |
| CLOCHEDY4_F | SEDR: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) for the Standardized Emergency Dept. Ratio |
| SEDRY4_U | Standardized ED Ratio (US) | Num | 8 | The National Standardized Emergency Dept. Ratio |
| PTSEDRS1 | Standardized ED Ratio - Better Than Expected (STATE) | Num | 8 | The # of Facilities in the State with SEDR Categorized as "Better Than Expected" (STATE) |
| PTSEDRS2 | Standardized ED Ratio - As Expected (STATE) | Num | 8 | The # of Facilities in the State with SEDR Categorized as "As Expected" (STATE) |
| PTSEDRS3 | Standardized ED Ratio - Worse Than Expected (STATE) | Num | 8 | The # of Facilities in the State with SEDR Categorized as "Worse Than Expected" (STATE) |
| PTSEDRU1 | Standardized ED Ratio - Better Than Expected (US) | Num | 8 | The # of Facilities in The Nation with SEDR Categorized as "Better Than Expected" (US) |
| PTSEDRU2 | Standardized ED Ratio - As Expected (US) | Num | 8 | The # of Facilities in The Nation with SEDR Categorized as "As Expected" (US) |
| PTSEDRU3 | Standardized ED Ratio - Worse Than Expected (US) | Num | 8 | The # of Facilities in The Nation with SEDR Categorized as "Worse Than Expected" (US) |

Table 16: Standardized Emergency Department Encounter Ratio Occurring within 30 Days of Hospital Discharge (ED30)

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|----------------|------|-------------|-------------|
|---------------|----------------|------|-------------|-------------|

| | | | | |
|---------------|---|------|----|--|
| DATE_ED | ED30 Date | Char | 19 | The Time Period For ED30 Summary |
| PTED_C | ED30 Data Availability Code | Char | 3 | Whether the Facility had Sufficient ED Data Available or the Reason for Why the Data is Not Available |
| DFCEDTEXT | ED30 Category Text | Char | 20 | ED30 Category (Better, Worse, Or As Expected) |
| ED30INDEXY4_f | Number of Hospitalization Discharges Included in ED30 Summary | Num | 8 | The # of Index Discharges Included in the Facility's ED30 Summary |
| ED30Y4_F | Standardized ED Ratio Occurring within 30 Days of Hospital Discharge (FACILITY) | Num | 8 | The Facility's Standardized ED Ratio Occurring within 30 Days of Hospital Discharge |
| ED30UCLY4_F | ED30: Upper Confidence Limit (97.5%) | Num | 8 | The Upper Confidence Limit (97.5%) for Standardized ED Ratio Occurring within 30 Days of Hospital Discharge |
| ED30LCLY4_F | ED30: Lower Confidence Limit (2.5%) | Num | 8 | The Lower Confidence Limit (2.5%) for Standardized ED Ratio Occurring within 30 Days of Hospital Discharge |
| ED30Y4_U | Standardized ED Ratio Occurring within 30 Days of Hospital Discharge (US) | Num | 8 | The National Standardized ED Ratio Occurring within 30 Days of Hospital Discharge |
| PTEDS1 | ED30 - Better Than Expected (STATE) | Num | 8 | The # of Facilities in the State with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "Better Than Expected" (STATE) |
| PTEDS2 | ED30 - As Expected (STATE) | Num | 8 | The # of Facilities in the State with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "As Expected" (STATE) |
| PTEDS3 | ED30 - Worse Than | Num | 8 | The # of Facilities in the |

| | | | | |
|--------|----------------------------------|-----|---|--|
| | Expected (STATE) | | | State with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As “Worse Than Expected” (STATE) |
| PTEDU1 | ED30 - Better Than Expected (US) | Num | 8 | The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As “Better Than Expected” (US) |
| PTEDU2 | ED30 - As Expected (US) | Num | 8 | The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As “As Expected” (US) |
| PTEDU3 | ED30 - Worse Than Expected (US) | Num | 8 | The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As “Worse Than Expected” (US) |

Table 17: Healthcare Personnel COVID-19 Vaccination

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------------|---|-------------|--------------------|--|
| DATE_VAX | HCP Vaccination Data Collection Dates | Char | 19 | The Data Collection Period For COVID-19 Vaccination Adherence Measure |
| VAX_C | HCP Vaccination Data Availability Code | Char | 3 | Whether The Facility Had Sufficient HCP Vaccination Data Available Or The Reason For Why The Data Is Not Available |
| VAX_F | Healthcare worker COVID-19 vaccination adherence percentage | Num | 8 | The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (FACILITY) |
| VAX_S | Healthcare worker COVID-19 | Num | 8 | The % Of Healthcare Personnel Adherent With |

| | | | | |
|-------|---|-----|---|---|
| | vaccination adherence percentage | | | COVID-19 Vaccination (STATE) |
| VAX_U | Healthcare worker COVID-19 vaccination adherence percentage | Num | 8 | The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (US) |

Table 18: Hemoglobin

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|---|
| DATE_CLAIMS | Claims Date | Char | 19 | The Data Collection Period For Claims-Based Summaries |
| HGBRD_F | Number Of Dialysis Patients With Hgb Data | Num | 8 | The # Of Patients Included In The Hemoglobin (Hgb) Greater Than 12.0 g/dL Summary, Rolling Year (FACILITY) |
| HGBL10_C | HGB<10 Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Hemoglobin (Hgb) Data Available Or The Reason For Why The Data Is Not Available |
| HGBL10_F | Percentage Of Medicare Patients With Hgb<10 g/dL | Num | 8 | The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (FACILITY) |
| HGBL10_S | Percentage Of Patients With Hgb<10 g/dL | Num | 8 | The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (STATE) |
| HGBL10_U | Percentage Of Patients With Hgb<10 g/dL | Num | 8 | The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (US) |
| HGBG12_C | Hgb > 12 Data Availability Code | Char | 3 | Whether The Facility Had Sufficient Hemoglobin (Hgb) Data Available Or The Reason For Why The Data Is Not Available |
| HGBG12_F | Percentage of | Num | 8 | The % Of Patients Who |

| | | | | |
|----------|---|-----|---|---|
| | Medicare patients with Hgb>12 g/dL | | | Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (FACILITY) |
| HGBG12_S | Percentage of patients with Hgb>12 g/dL | Num | 8 | The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (STATE) |
| HGBG12_U | Percentage of patients with Hgb>12 g/dL | Num | 8 | The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (US) |

Table 19: Data Availability Codes

Code “001” indicates data is available and therefore there is not a footnote associated with this data availability code.

| | Data Availability Code | Footnote Number | Footnote Text | Measure |
|---------------------------|-------------------------------|------------------------|---|---------------------------|
| Data Available | "001" | n/a | n/a | All Measures |
| Data Not Available | "101" | 1 | Too few completed survey responses to report. | ICH CAHPS Measures |
| Data Not Available | "102" | 2 | Survey data not available for this reporting period. | ICH CAHPS Measures |
| Data Not Available | "103" | 3 | The survey was not administered because the facility did not serve enough survey-eligible patients. | ICH CAHPS Measures |
| Data Not Available | "199" | 4 | Not enough patients to report on this measure. Call the dialysis center to discuss this measure. | All Measures |
| Data Not Available | "201" | 5 | Data not reported. Call the dialysis center to discuss this quality measure. | All Measures |
| Data Not Available | "255" | 6 | Medicare determined that the percentage reported was not accurate. | All Measures |
| Data Not Available | "256" | 7 | The dialysis center does not provide hemodialysis during the reporting period. | Vascular Access Measures/ |

| | | | | |
|---------------------------|-------|----|--|---------------------------------------|
| | | | | Adult HD Kt/V |
| Data Not Available | “257” | 8 | The dialysis center does not provide peritoneal dialysis during the reporting period. | Adult PD Kt/V |
| Data Not Available | “258” | 9 | The dialysis center was not open long enough to supply sufficient measure data. | All Measures |
| Data Not Available | “259” | 10 | The dialysis center does not provide hemodialysis and/or peritoneal dialysis to pediatric patients during the reporting period. | All Pediatric Measures |
| Data Not Available | “260” | 11 | Not enough quality measure data to calculate a star rating. | Star Rating |
| Data Not Available | “261” | 12 | Medicare determined that at least one measure included in the star rating calculation was not accurate for this dialysis center. | Star Rating |
| Data Not Available | “270” | 13 | Data suppressed by Medicare. Dialysis center was affected by a natural disaster during the partial or entire reporting period. | All Measures and Star Rating |