

Data Dictionary for Quarterly Dialysis Facility Compare

Release Date: October 2019

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

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

Updates to the Data Dictionary are listed on Table “Updates to Data Dictionary during Recent Two Years” on page 2.

Updates to Data Dictionary during Recent Two Years

| DATE | REVISIONS |
|------------|--|
| 1/3/2018 | Added COMPLETED_SURVEYS_F to Table 2 to reflect total numbers of completed surveys |
| 1/10/2018 | Removed DATE_CAHPS2 variable. The 2 data collection periods will be combined into the DATE_CAHPS variable. |
| 3/1/2018 | Added 1 additional “Date Not Available” code for natural disasters |
| 6/15/2018 | Table 2: Added linearized score and star ratings variables of patients’ experience of care Table 4 & Table 10: Updated variable names for modified STrR and SMR measures, removed vascular access measures (previously Table 7) Table 11: Added Fistula measure variables as a new table Table 12: Added Long-term Catheter measure variables as a new table Table 13: Added nPCR measure variables as Table 13 as a new table |
| 9/24/2018 | Added RESPONSE_RATE_F to Table 2 to reflect the response rate of ICH CAHPS surveys |
| 10/17/2018 | Amended the text in the columns ‘Variable Name reported in the CSV (Revised)’ and ‘Description’ for OVERALL_STAR_RATING_F |
| 1/11/2019 | Removed references to Access since Access file is no longer available starting with the April 2019 refresh. |
| 6/12/2019 | Added COMPLETED_SURVEYS_S, COMPLETED_SURVEYS_U, RESPONSE_RATE_S, and RESPONSE_RATE_U variables to Table 2. Added Table 13: SWR measure variables. Added Table 14: PPPW measure variables. In Table 15 title, “Anemia Management” is renamed to “Hemoglobin”. All tables have been reordered according to the sequence of the measures on Medicare.gov. |

Table 1: Facility Identification Variables

| Variable Name | Variable Label | Type | Max. Length | Description |
|----------------|----------------------------------|------|-------------|--|
| PROVNUM | Provider Number | Char | 50 | Lists The Numeric Code Used To Identify The Provider Listed |
| PROVNAME | CMS Provider Name | Char | 200 | Lists The Name Of The Facility Listed |
| PHYSTATE | State | Char | 2 | Lists The Alphabetic Postal Code Used To Identify The State That Corresponds To The Facility Listed |
| NETWORK | Network | Char | 2 | Lists The Numeric Code For The Network In Which Facility Participates |
| DATE_FIVE_STAR | Five Star Date | Char | 19 | Lists The Data Collection Period For The Quality Of Care Star Rating |
| FIVE_STAR | Five Star | Char | 1 | Lists The Quality Of Care Star Rating For The Facility |
| FIVE_STAR_C | Five Star Data Availability Code | Char | 3 | Lists 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 | Lists The First Line Of The Address That Corresponds To The Facility Listed |
| PHY ADDR2 | Address Line 2 | Char | 60 | Lists The Second Line Of The Address That Corresponds To The Facility Listed |
| PHYCITY | City | Char | 30 | Lists The Name Of The City That Corresponds To The Facility Listed |
| PHYZIP | Zip | Char | 5 | Lists The Full Postal ZIP Code That Corresponds To The Facility Listed |
| PHYCOUNTY | County | Char | 60 | Lists The Name Of The County That Corresponds To The Facility Listed |
| PHONENUM | Phone Number | Char | 14 | Lists The Telephone Number That Corresponds |

| | | | | |
|----------|---------------------------------------|----------|----|---|
| | | | | To The Facility Listed |
| OWNTYPE | Profit or Non-Profit | Char | 50 | Indicates If The Dialysis Facility's Operates As A For-Profit Or Non-Profit Business |
| CHAINYN | Chain Owned | Char | 3 | Indicates Whether Or Not The Facility Is Owned Or Managed By A Chain Organization |
| CHAINNAM | Chain Organization | Char | 50 | Lists The Name Of The Chain Organization If Applicable |
| SHIFT | Late Shift | Text | 5 | Lists Whether Or Not The Facility Has A Shift Starting At 5:00 P.M. Or Later |
| TOTSTAS | # of Dialysis Stations | Int | | Indicates The Total # Of Dialysis Stations At The Dialysis Facility |
| HD | Offers in-center hemodialysis | Text | 5 | Indicates Whether The Facility Offers In-Center Hemodialysis |
| PD | Offers peritoneal dialysis | Text | 5 | Indicates Whether The Facility Offers Peritoneal Dialysis |
| HOMEHD | Offers home hemodialysis training. | Text | 5 | Indicates Whether The Facility Offers Home Hemodialysis Training |
| CERTDATE | Certification or Recertification Date | Datetime | | Lists The Initial Or Recertification Date For The Facility Listed. 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 | Lists The Combined Data Collection Periods For The ICH-CAHPS Survey |

| | | | | |
|----------------|--|-----|---|--|
| CAHPS_C | ICH-CAHPS data availability code | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (US) |
| NEPHCOMM_MID_U | Middle box percent of patients-nephrologists' communication and | Num | 8 | Lists The % Of Patients Who Reported "Usually"-Nephrologists' Communication And |

| | | | | |
|-------------------------|---|-----|---|---|
| | caring | | | Caring (US) |
| NEPHCOMM_TOP_U | Top box percent of patients-nephrologists' communication and caring | Num | 8 | Lists The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (US) |
| LINEARIZED_NEPHRCOMM_F | Linearized score of nephrologists' communication and caring | Num | 8 | Lists The Linearized Score Of Nephrologists' Communication And Caring (FACILITY) |
| LINEARIZED_NEPHRCOMM_S | Linearized score of nephrologists' communication and caring | Num | 8 | Lists The Linearized Score Of Nephrologists' Communication And Caring (STATE) |
| LINEARIZED_NEPHRCOMM_U | Linearized score of nephrologists' communication and caring | Num | 8 | Lists The Linearized Score Of Nephrologists' Communication And Caring (US) |
| STAR_RATING_NEPHRCOMM_F | Star rating of nephrologists' communication and caring | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Num | 8 | Lists The % Of Patients Who Reported "Usually"-Quality Of Dialysis Center |

| | | | | |
|-----------------------|--|-----|---|--|
| | Care and operations | | | Care And Operations (STATE) |
| QUALITY_TOP_S | Top box percent of patients- quality of dialysis center care and operations | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The % Of Patients Who Reported “Yes”- Providing Information To Patients (FACILITY) |
| INFO_BOT_S | Lower box percent of patients-providing | Num | 8 | Lists The % Of Patients Who Reported “No”- Providing Information To |

| | | | | |
|---------------------|--|-----|---|--|
| | information to patients | | | Patients (STATE) |
| INFO_TOP_S | Top box percent of patients- providing information to patients | Num | 8 | Lists 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 | Lists 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 | Lists The % Of Patients Who Reported “Yes”- Providing Information To Patients (US) |
| LINEARIZED_INFO_F | Linearized score of providing information to patients | Num | 8 | Lists The Linearized Score Of Providing Information To Patients (FACILITY) |
| LINEARIZED_INFO_S | Linearized score of providing information to patients | Num | 8 | Lists The Linearized Score Of Providing Information To Patients (STATE) |
| LINEARIZED_INFO_U | Linearized score of providing information to patients | Num | 8 | Lists The Linearized Score Of Providing Information To Patients (US) |
| STAR_RATING_INF_O_F | Star rating of providing information to patients | Num | 8 | Lists The Star Ratings Of Providing Information To Patients (FACILITY). |
| NEPHRATE_BOT_F | Lower box percent of patients-rating of the nephrologist | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The Linearized Score Of Rating Of The Nephrologist (FACILITY) |
| LINEARIZED_NEPH RATE_S | Linearized score of rating of the nephrologist | Num | 8 | Lists The Linearized Score Of Rating Of The Nephrologist (STATE) |

| | | | | |
|----------------------------|---|-----|---|--|
| LINEARIZED_NEPH RATE_U | Linearized score of rating of the nephrologist | Num | 8 | Lists The Linearized Score Of Rating Of The Nephrologist (US) |
| STAR_RATING_NEP HRATE_F | Star rating of the nephrologist | Num | 8 | Lists The Star Ratings Of The Nephrologist (FACILITY) |
| STAFFRATE_BOT_F | Lower box percent of patients-rating of the dialysis center staff | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The Linearized Score Of Rating Of The Dialysis Center Staff (US) |
| STAR_RATING_STAFFRATE_F | Star rating of the dialysis center staff | Num | 8 | Lists The Star Ratings Of The Dialysis Center Staff (FACILITY) |
| FACRATE_BOT_F | Lower box percent of patients-rating of the dialysis facility | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The Linearized Score Of Rating Of The Dialysis Facility (FACILITY) |
| LINEARIZED_FACRATE_S | Linearized score of rating of the dialysis facility | Num | 8 | Lists The Linearized Score Of Rating Of The Dialysis Facility (STATE) |
| LINEARIZED_FACRATE_U | Linearized score of rating of the dialysis facility | Num | 8 | Lists The Linearized Score Of Rating Of The Dialysis Facility (US) |
| STAR_RATING_FACRATE_F | Star rating of the dialysis facility | Num | 8 | Lists The Star Ratings Of The Dialysis Facility (FACILITY) |

| | | | | |
|-----------------------|---|-----|---|--|
| COMPLETED_SURVEYS_F | Total number of completed interviews from the Fall and Spring Surveys | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists The ICH CAHPS Survey Of Patients' Experiences Star Rating (FACILITY) |
| RESPONSE_RATE_F | ICH-CAHPS survey response rate | Num | 8 | Lists The ICH CAHPS Survey Response Rate For The Facility |
| RESPONSE_RATE_S | ICH-CAHPS survey response rate | Num | 8 | Lists The ICH CAHPS Survey Response Rate For The State |
| RESPONSE_RATE_U | ICH-CAHPS survey response rate | Num | 8 | Lists 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 | Lists The Time Period For Patient Transfusion Summary (STrR) |
| PTTRAN_C | Patient Transfusion data availability Code | Char | 3 | Lists 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) |

| | | | | |
|---------------------|--|-----|---|---|
| DFCSTRCAT_F | Patient Transfusion category | Num | 8 | Patient Transfusion Category (Better, Worse Or As Expected) |
| PATSTR_F | Number of patients included in transfusion summary | Num | 8 | Lists The Number Of Patients Included In The Facility's Transfusion Summary (FACILITY) |
| STRR_RATE_F_NEW | Transfusion Rate (FACILITY) | Num | 8 | Lists The Facility's Transfusion Rate Per 100 Patient-Years |
| STRR_RATE_UCI_F_NEW | Transfusion Rate: Upper Confidence Limit (97.5%) | Num | 8 | Lists 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 | Lists The Lower Confidence Limit (2.5%) For Transfusion Rate Per 100 Patient-Years |
| STRR_RATE_U_NEW | Transfusion Rate (US) | Num | 8 | Lists The National Transfusion Rate Per 100 Patient-Years |
| PTSTRS1 | Transfusions- Better than expected (STATE) | Num | 8 | Lists The Number Of Facilities In The State With Patient Transfusions Categorized As "Better Than Expected" (STATE) |
| PTSTRS2 | Transfusions- As expected (STATE) | Num | 8 | Lists The Number Of Facilities In The State With Patient Transfusions Categorized "As Expected" (STATE) |
| PTSTRS3 | Transfusions- Worse than expected (STATE) | Num | 8 | Lists The Number Of Facilities In The State With Patient Transfusions Categorized As "Worse Than Expected" (STATE) |
| PTSTRU1 | Transfusions- Better than expected (US) | Num | 8 | Lists The Number Of Facilities In The Nation With Patient Transfusions Categorized As "Better Than Expected" (US) |
| PTSTRU2 | Transfusions- As expected (US) | Num | 8 | Lists The Number Of Facilities In The Nation With Patient Transfusions Categorized As "As Expected" (US) |

| | | | | |
|---------|--|-----|---|--|
| PTSTRU3 | Transfusions- Worse than expected (US) | Num | 8 | Lists 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 | Lists The Time Period For Patient Infection Summary (SIR) |
| SIR_C | Patient Infection data availability Code | Char | 50 | Lists 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) |
| DFC_SIR_CAT | Patient Infection category | Num | 8 | Patient Infection Category (Better, Worse Or As Expected) |
| SIR_F | Standard Infection Ratio | Num | 8 | Lists The Facility’s Standardized Infection Ratio (FACILITY) |
| SIR_UCI_F | SIR: Upper Confidence Limit (97.5%) | Num | 8 | Lists The Upper Confidence Limit (97.5%) For Standardized Infection Ratio (SIR) |
| SIR_LCI_F | SIR: Lower Confidence Limit (2.5%) | Num | 8 | Lists The Lower Confidence Limit (2.5%) For Standardized Infection Ratio (SIR) |
| PTSIRS1 | Infection- Better than expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Transfusions Categorized As “Better Than Expected” (STATE) |
| PTSIRS2 | Infection- As expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Infection Categorized As “As Expected” (STATE) |
| PTSIRS3 | Infection- Worse than expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Infection Categorized As |

| | | | | |
|---------|--------------------------------------|-----|---|---|
| | | | | “Worse Than Expected” (STATE) |
| PTSIRU1 | Infection- Better than expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Infection Categorized As “Better Than Expected” (US) |
| PTSIRU2 | Infection- As expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Infection Categorized As “As Expected” (US). |
| PTSIRU3 | Infection- Worse than expected (US) | Num | 8 | Lists 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_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For CROWNWeb Based Measures |
| HDKTV12_C | Adult HD Kt/V data availability code | Char | 3 | Lists 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 data | Num | 8 | Lists The # Of Adult Hemodialysis Patients 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 | Lists 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 | Lists 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 \geq 1.2 | Num | 8 | Lists 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 \geq 1.2 | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 \geq 1.7 | Num | 8 | Lists 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 \geq 1.7 | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For CROWNWeb Based Measures |
| P_NPCR_PAT_F | Number Of Patients In nPCR Summary | Num | 8 | Lists 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 | Lists The # Of Patient-months Included In The Facility's nPCR Summary, Rolling Year (FACILITY) |
| PNPCR_C | nPCR Data Availability Code | Char | 3 | Lists 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 Patients With nPCR | Num | 8 | Lists The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (FACILITY) |
| P_NPCR_NUM_S | Percentage Of Pediatric HD Patients With nPCR In Use | Num | 8 | Lists The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (STATE) |
| P_NPCR_NUM_U | Percentage Of Pediatric HD | Num | 8 | Lists The % Of Pediatric Hemodialysis Patients |

| | | | | |
|--|--------------------|--|--|------------------------------|
| | Patients With nPCR | | | With nPCR, Rolling Year (US) |
|--|--------------------|--|--|------------------------------|

Table 7: Vascular Access: Standardized Fistula Rate

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|--|
| DATE_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For Patient Fistula Rate Summary |
| PTFIST_C | Fistula Data Availability Code | Char | 3 | Lists 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) |
| DFCSFRCAT_F | Fistula Category | Num | 8 | Patient Fistula Category (Better, Worse, Or As Expected) |
| SFRPATS_F | Number Of Patients Included In Fistula Summary | Num | 8 | Lists The # Of Patients Included In The Facility's Fistula Summary |
| SFR_F | Fistula Rate (FACILITY) | Num | 8 | Lists The Facility's Fistula Rate As A % Of Patient-months |
| SFRUCL_F | Fistula Rate: Upper Confidence Limit (97.5%) | Num | 8 | Lists 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 | Lists The Lower Confidence Limit (2.5%) For Fistula Rate As A Percentage Of Patient-months |
| SFR_U | Fistula Rate (US) | Num | 8 | Lists The National Fistula Rate Per 100 Patient-months |
| PTSFRS1 | Fistula Rate - Better Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Fistula In Use Categorized As "Better Than Expected" (STATE) |
| PTSFRS2 | Fistula Rate - As | Num | 8 | Lists The # Of Facilities In |

| | | | | |
|---------|--|-----|---|---|
| | Expected (STATE) | | | The State With Fistula In Use Categorized As “As Expected” (STATE) |
| PTSFRS3 | Fistula Rate - Worse Than Expected (STATE) | Num | 8 | Lists 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 | Lists The # Of Facilities In The Nation With Fistula In Use Categorized As “Better Than Expected” (US) |
| PTSFRU2 | Fistula Rate - As Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Fistula In Use Categorized As “As Expected” (US) |
| PTSFRU3 | Fistula Rate - Worse Than Expected (US) | Num | 8 | Lists 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_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For CROWNWeb Based Measures |
| LTCPATS_F | Number Of Patients In Long Term Catheter Summary | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (FACILITY) |
| LTC_S | Percentage Of Adult Patients With Long Term Catheter In Use | Num | 8 | Lists The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (STATE) |
| LTC_U | Percentage Of Adult Patients With Long Term Catheter In Use | Num | 8 | Lists 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_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For CROWNWeb Based Measures |
| HYPERCALPATS_F | Number Of Patients In Hypercalcemia Summary | Num | 8 | Lists The # Of Patients Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY) |
| HYPERCALPM_F | Number Of Patient-months In Hypercalcemia Summary | Num | 8 | Lists The # Of Patient-months Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY) |
| HYPERCAL_C | Hypercalcemia Data Availability Code | Char | 3 | Lists 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 | Lists 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 | Lists The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL), Rolling Year |

| | Mg/dL) | | | (STATE) |
|-----------------|---|------|---|---|
| HYPERCAL_U | Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL) | Num | 8 | Lists The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL), Rolling Year (US). |
| SERUMPHOSPATS_F | Number Of Patients In Serum Phosphorus Summary | Num | 8 | Lists The # Of Patients Included In The Facility's Serum Phosphorus Summary (FACILITY) |
| SERUMPHOSPM_F | Number Of Patient-months In Serum Phosphorus Summary | Num | 8 | Lists The # Of Patient-months Included In The Facility's Serum Phosphorus Summary, Rolling Year (FACILITY). |
| SERUMPHOS_C | Serum Phosphorus Data Availability Code | Char | 3 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL, Rolling Year (FACILITY) |
| SERUMPHOS1_S | Percentage Of Adult | Num | 8 | Lists The % Of Adult |

| | | | | |
|--------------|---|-----|---|--|
| | Patients With Serum Phosphorus Less Than 3.5 Mg/dL | | | 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 | Lists 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 | Lists 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 Phosphorus Between 5.6-7.0 Mg/dL | Num | 8 | Lists The % Of Adult Patients With Serum Phosphorus 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The Time Period For Patient Hospitalization Summary |
| PTHOSP_C | Patient Hospitalization Data Availability Code | Char | 3 | Lists 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) |
| DFCHTAY4_F | Patient Hospitalization Category | Num | 8 | Patient Hospitalization Category (Better, Worse, Or As Expected). |
| RDSHY4_F | Number Of Patients Included In Hospitalization Summary | Num | 8 | Lists The # Of Patients Included In The Facility's Hospitalization Summary |
| SHR_RATE_F | Hospitalization Rate (FACILITY) | Num | 8 | Lists The Facility's Hospitalization Rate Per 100 Patient-years. |
| SHR_RATE_UCI_F | Hospitalization Rate: Upper Confidence Limit (97.5%) | Num | 8 | Lists 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 | Lists The Lower Confidence Limit (2.5%) For Hospitalization Rate Per 100 Patient-years |
| OBHTRY4_U | Hospitalization Rate (US) | Num | 8 | Lists The National Hospitalization Rate Per 100 Patient-years |
| PTHOSPS1 | Hospitalizations-Better Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospitalizations Categorized As "Better |

| | | | | |
|----------|---|-----|---|---|
| | | | | Than Expected” (STATE) |
| PTHOSPS2 | Hospitalizations- As Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospitalizations Categorized As “As Expected” (STATE) |
| PTHOSPS3 | Hospitalizations- Worse Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospitalizations Categorized As “Worse Than Expected” (STATE) |
| PTHOSPU1 | Hospitalizations- Better Than Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Hospitalizations Categorized As “Better Than Expected” (US) |
| PTHOSPU2 | Hospitalizations- As Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Hospitalizations Categorized As “As Expected” (US) |
| PTHOSPU3 | Hospitalizations- Worse Than Expected (US) | Num | 8 | Lists 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 | Lists The Time Period For Patient Readmission Summary |
| PTREAD_C | Patient Hospital Readmission Data Availability Code | Char | 3 | Lists Whether The Facility Had Sufficient Readmission Data Available Or The Reason For Why The Data Is Not Available |
| DFCSRRTTEXT | Patient Hospital Readmission Category Text | Char | 20 | Patient Readmission Category (Better, Worse, Or As Expected) |
| DFCSRRCAT_F | Patient Hospital Readmission | Num | 8 | Patient Readmission Category (Better, Worse, |

| | Category | | | Or As Expected) |
|----------------|---|-----|---|--|
| INDEXY4_f | Number Of Hospitalizations Included In Hospital Readmission Summary | Num | 8 | Lists The # Of Index Discharges Included In The Facility's Readmission Summary |
| SRR_RATE_F | Readmission Rate (FACILITY) | Num | 8 | Lists The Facility's Readmission Rate As A % Of Hospital Discharges |
| SRR_RATE_UCI_F | Readmission Rate: Upper Confidence Limit (97.5%) | Num | 8 | Lists 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 | Lists The Lower Confidence Limit (2.5%) For Readmission Rate As A % Of Hospital Discharges |
| SRR_US_RATE | Readmission Rate (US) | Num | 8 | Lists The National Readmission Rate As A % Of Hospital Discharges |
| PTSRRS1 | Hospital Readmission - Better Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospital Readmission Categorized As "Better Than Expected" (STATE) |
| PTSRRS2 | Hospital Readmission - As Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospital Readmission Categorized As "As Expected" (STATE) |
| PTSRRS3 | Hospital Readmission - Worse Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Hospital Readmission Categorized As "Worse Than Expected" (STATE) |
| PTSRRU1 | Hospital Readmission - Better Than Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As "Better Than Expected" (US) |
| PTSRRU2 | Hospital Readmission - As Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As "As Expected" (US) |

| | | | | |
|---------|---|-----|---|---|
| PTSRRU3 | Hospital Readmission - Worse Than Expected (US) | Num | 8 | Lists 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 | Lists The Data Collection Period For Patient Survival Summary |
| PTSURV_C | Patient Survival Data Availability Code | Char | 3 | Lists Whether The Facility Had Sufficient Patient Survival Data Available Or The Reason For Why The Data Is Not Available |
| PTSURV_F | Patient Survival Category | Num | 8 | Patient Survival Category (Better, Worse, Or As Expected) |
| 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 | Lists The # Of Patients Included In The Facility’s Survival Summary |
| SMR_RATE_F_MED | Mortality Rate (FACILITY) | Num | 8 | Lists The Facility’s Mortality Rate Per 100 Patient-years |
| SMR_RATE_UCI_F_MED | Mortality Rate: Upper Confidence Limit (97.5%) | Num | 8 | Lists 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 | Lists The Lower Confidence Limit (2.5%) For Mortality Rate Per 100 Patient-years. |
| OBDRZ_U_MED | Mortality Rate (US) | Num | 8 | Lists The National Mortality Rate Per 100 Patient-years |
| PTSURVS1 | Survival- Better Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Deaths Categorized As “Better Than Expected” |

| | | | | |
|----------|---------------------------------------|-----|---|---|
| | | | | (STATE) |
| PTSURVS2 | Survival- As Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Deaths Categorized As “As Expected” (STATE) |
| PTSURVS3 | Survival- Worse Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Patient Deaths Categorized As “Worse Than Expected” (STATE) |
| PTSURVU1 | Survival- Better Than Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Deaths Categorized As “Better Than Expected” (US) |
| PTSURVU2 | Survival- As Expected (US) | Num | 8 | Lists The # Of Facilities In The Nation With Patient Deaths Categorized As “As Expected” (US) |
| PTSURVU3 | Survival- Worse Than Expected (US) | Num | 8 | Lists 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 | Lists The Data Collection Period For Patient Transplant Waitlist Summary |
| DFCSWRTEXT | SWR Category Text | Char | 20 | Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| DFCSWRCAT_F | SWR Category (FACILITY) | Num | 8 | Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| PTSWR_C | Patient Transplant Waitlist Data Availability Code | Char | 3 | Lists 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 Limit) For SWR | Num | 8 | Lists The Upper Confidence Limit (97.5%) For Transplant Waitlist Ratio |
| SWR_CLOZ_F | 95% C.I. (Lower Limit) For SWR | Num | 8 | Lists The Lower Confidence Limit (2.5%) For Transplant Waitlist Ratio |
| SWR_PTZ_F | Number Of Patients In This Facility For SWR | Num | 8 | List 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 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “As Expected” (US) |
| PTSWRU3 | Incident Patients Transplant Waitlisting - Worse | Num | 8 | Lists The # Of Facilities In The Nation With Incident Patient Waitlisting |

| | | | | |
|--|--------------------|--|--|---|
| | Than Expected (US) | | | Categorized As “Worse Than Expected” (US) |
|--|--------------------|--|--|---|

Table 14: Percentage of Prevalent Patients Waitlisted

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|---|------|-------------|--|
| DATE_CW | CROWNWeb Date | Char | 19 | Lists The Data Collection Period For CROWNWeb Based Measures. |
| DFCPPPWTEXT | PPPW Category Text | Char | 20 | Prevalent Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| DFCPPPWCAT_F | PPPW Category (FACILITY) | Num | 8 | Prevalent Patient Transplant Waitlist Category (Better, Worse, Or As Expected) |
| PTPPPW_C | Patient Prevalent Transplant Waitlist Data Availability Code | Char | 3 | Lists 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 | Lists The Upper Confidence Limit (97.5%) For Prevalent Transplant Waitlist Percentage |
| PPPW_CLO_F | 95% C.I. (Lower Limit) For PPPW | Num | 8 | Lists The Lower Confidence Limit (2.5%) For Prevalent Transplant Waitlist Percentage |
| PPPW_PT_F | Number Of Patients For PPPW | Num | 8 | List The # Of Patients For PPPW |
| PPPW_F | Percentage Of Prevalent Patients Waitlisted | Num | 8 | Facility % Of Prevalent Patients Waitlisted |
| PPPW_U | Percentage Of Prevalent Patients Waitlisted (US) | Num | 8 | National % Of Prevalent Patients Waitlisted |
| PTPPPWS1 | Prevalent Patients Transplant Waitlisting- Better Than Expected (STATE) | Num | 8 | Lists The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “Better Than Expected” (STATE) |
| PTPPPWS2 | Prevalent Patients | Num | 8 | Lists The # Of Facilities In |

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

Table 15: Hemoglobin

| Variable Name | Variable Label | Type | Max. Length | Description |
|---------------|--|------|-------------|--|
| DATE_CLAIMS | Claims Date | Char | 19 | Lists The Data Collection Period For Claims-Based Summaries. |
| HGBRD_F | Number Of Dialysis Patients With Hgb Data | Num | 8 | Lists 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 | Lists 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 | Lists 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 | Lists 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 | Lists The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (US) |
| HGBG12_C | Hgb > 12 Data Availability Code | Num | 50 | Lists Whether The Facility Had Sufficient Hemoglobin (Hgb) Data Available Or The Reason For Why The Data Is Not Available. |
| HGBG12_F | Percentage of Medicare patients with Hgb>12 g/dL | Num | 8 | Lists The % Of Patients Who 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 | Lists 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 | Lists The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (US). |

Table 16: 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. | Pediatric HD Kt/V/ Pediatric PD Kt/V |
| 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 |