Data Dictionary for
Quarterly Dialysis Facility Compare

Release Date: April 2015

This document provides the variable name, variable type, maximum length and a description for each column included in the downloadable databases available on the Dialysis Facility Compare (DFC) website. The measures are obtained using the methodology described in the *Guide to the Dialysis Facility Compare Report* available for download from the Methodology tab of the Dialysis Data website (https://dialysisdata.org/sites/default/files/content/Methodology/DFCReportGuide.pdf). For each quality measure (Tables 2-9), a variable indicating the time period, patient count and data availability code (Table 10) are provided. Updates to the data dictionary are listed on page 2.

Updates to Data Dictionary

DATE	REVISIONS
4/29/2013	Access, CSV, CSV (Revised) variable names added.
9/13/2013	Added transfusion table (new Table 7)
6/20/2014	Added 3 Star Rating variables to Table 1 (five_star, date_five_star and five_star_c)
7/1/2014	Added 2 additional "Data Not Available" codes for Star Rating
9/12/2014	Added readmissions table (new Table 8)
9/24/2014	Removed URR variables from Table 2
12/5/2014	Removed readmissions variables and reordered tables
1/9/2015	Added readmissions table back in (Table 8)

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Table 1: Facility Identification Variables

Variable Name reported in the Access/CSV file	Variable Name reported in the CSV (Revised)	Type	Max. Length	Description
PROVNUM	Provider Number	Varchar	50	Lists the numeric code used to identify the provider listed.
FACNAME	Facility Name	Varchar	80	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	Varchar	2	Lists the numeric code for the network in which facility participates.
DATE_FIVE_STAR	Five Star Date	datetime		Lists the data collection period for the five star rating.
FIVE_STAR	Five Star	Varchar	1	Lists the 5-star rating for the facility.
FIVE_STAR_C	Five Star Data Availability Code	Varchar	50	Lists whether the facility had sufficient five star data available or the reason for why the data is not available.
PHYADDR1	Address Line 1	Varchar	60	Lists the first line of the address that corresponds to the facility listed.
PHY ADDR2	Address Line 2	Varchar	60	Lists the second line of the address that corresponds to the facility listed.
PHYCITY	City	Varchar	30	Lists the name of the city that corresponds to the

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				facility listed.
PHYZIP	Zip	Varchar	5	Lists the full postal ZIP code that corresponds to the facility listed.
PHYCOUNTY	County	Varchar	60	Lists the name of the county that corresponds to the facility listed.
PHONENUM	Phone Number	Varchar	14	Lists the telephone number that corresponds to the facility listed.
OWNTYPE	Profit or Non-Profit	Varchar	50	Indicates if the dialysis facility's operates as a for-profit or non-profit business.
CHAINYN	Chain Owned	Varchar	3	Indicates whether or not the facility is owned or managed by a chain organization.
CHAINNAM	Chain Organization	Varchar	50	Lists the name of the chain organization if applicable.
SHIFT	Late Shift	Bit (access)/text(CSV Rev)	5 (CSV Revised)	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 number of dialysis stations at the dialysis facility.
HD	Offers in-center hemodialysis	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers in-center hemodialysis.
PD	Offers in-center peritoneal dialysis	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers in-center peritoneal dialysis.
HOMEHD	Offers home hemodialysis training.	Bit (access)/text(CSV Rev)	5 (CSV Revised)	Indicates whether the facility offers home hemodialysis

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				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: Adequacy of Dialysis

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_Claims	Claims Date	datetime		Lists the data collection period for claims-based summaries
(1) Percentage of Adult hemodialysis (HD) patients with Kt/V $\geq$ 1.2				
HDKTV12_C	Adult HD Kt/V data availability code	Varchar	50	Lists whether the facility had sufficient Adult HD Kt/V data available or the reason for why the data is not available.
HDKTVPATS_F	Number of Adult HD patients with KT/V data	Varchar	250	Lists the number of Adult hemodialysis (HD) patients included in Kt/V greater than or equal to 1.2 summary (FACILITY).
HDKTVPM_F	Number of Adult HD patient-months with Kt/V data	Varchar	250	Lists the number of Adult hemodialysis (HD) patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).
HDKTVPM12_F	Percentage of Adult	Varchar	250	Lists the percentage of

	HD Patients with Kt/V >=1.2			Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (FACILITY).
HDKTVPM12_S	Percentage of Adult HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (STATE).
HDKTVPM12_U	Percentage of Adult HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Adult hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (US).
(2) Percentage of Adult peritoneal dialysis (PD) patients with Kt/V > 1.7				
PDKTV17_C	Adult PD Kt/V data availability code	Varchar	50	Lists whether the facility had sufficient Adult PD Kt/V data available or the reason for why the data is not available.
PDPATS_F	Number of Adult PD patients with KT/V data	Varchar	250	Lists the number of Adult peritoneal dialysis (PD) patients included in Kt/V greater than or equal to 1.7 summary (FACILITY).
PDKTVPM_F	Number of Adult PD patient-months with Kt/V data	Varchar	250	Lists the number of Adult peritoneal dialysis (PD) patient-months included in Kt/V greater than or equal to 1.7 summary (FACILITY).
PDKTVPM17_F	Percentage of Adult PD PTS with Kt/V>=1.7	Varchar	250	Lists the percentage of Adult peritoneal dialysis (PD) patients with Kt/V greater than or equal to 1.7 (FACILITY).
PDKTVPM17_S	Percentage of Adult PD PTS with Kt/V>=1.7	Varchar	250	Lists the percentage of Adult peritoneal dialysis (PD) patients with Kt/V greater than or equal to 1.7 (STATE).
PDKTVPM17_U	Percentage of Adult PD PTS with Kt/V>=1.7	Varchar	250	Lists the percentage of Adult peritoneal dialysis (PD) patients with Kt/V greater than or equal to 1.7 (US).
(3) Percentage of Pediatric hemodialysis (HD) patients with Kt/V > 1.2				

PHDKTV12_C	Pediatric HD Kt/V Data Availability Code	Varchar	50	Lists whether the facility had sufficient Pediatric HD Kt/V data available or the reason for why the data is not available.
PHDKTVpats_F	Number of Pediatric HD patients with Kt/V data	Varchar	250	Lists the number of Pediatric hemodialysis (HD) patients included in Kt/V greater than or equal to 1.2 summary (FACILITY).
PHDKTVPM_F	Number of Pediatric HD patient-months with KT/V data	Varchar	250	Lists the number of Pediatric hemodialysis (HD) patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).
PHDKTVPM12_F	Percentage of Pediatric HD patents with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (FACILITY).
PHDKTVPM12_S	Percentage of Pediatric HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (STATE).
PHDKTVPM12_U	Percentage of Pediatric HD patients with Kt/V>=1.2	Varchar	250	Lists the percentage of Pediatric hemodialysis (HD) patients with Kt/V greater than or equal to 1.2 (US).

Table 3: Adequacy of Anemia Management

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_Claims	Claims Date			Lists the data collection period for claims-based summaries.
HGBRD_F	Number of Dialysis Patients with Hgb data	Varchar	250	Lists the number of patients included in the hemoglobin (hgb) greater than 12.0 g/dL summary (FACILITY).

(1) Percent of patients with Hemoglobin (Hgb) LESS than 10 g/dL				
HGBL10_C	HGB<10 data availability code	Varchar	50	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	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (FACILITY).
HGBL10_S	Percentage of patients with Hgb<10 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL.
HgbL10_U	Percentage of patients with Hgb<10 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (US).
(2) Percentage of patients with Hemoglobin (Hgb) GREATER than 12 g/dL				
HGBG12_C	Hgb > 12 data availability code	Varchar	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	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (FACILITY).
HGBG12_S	Percentage of patients with Hgb>12 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (STATE).
HGBG12_U	Percentage of patients with Hgb>12 g/dL	Varchar	250	Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (US).

Table 4: Vascular Access (VA)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_Claims	Claims Date (datetime)	datetime		Lists the data collection period for claims-based summaries.
VAHDPAT_F	Number of Adult patients included in arterial venous fistula and catheter summaries	Varchar	250	Lists the number of Adult patients included in arterial venous fistula and catheter summaries (FACILITY).
VAHDPM_F	Number of Adult patient-months included in arterial	Varchar	250	Lists the number of Adult patient-months included in arterial venous fistula and catheter summaries

	venous fistula and catheter summaries			(FACILITY).

(1) Percentage of patients with Arteriovenous Fistulae in place

VAVF_C	Arteriovenous fistulae in place data availability code	Varchar	50	Lists whether the facility had sufficient arterial venous fistula data available or the reason for why the data is not available.
VAVF_F	Percentage of patients with arteriovenous fistulae in place	Varchar	250	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (FACILITY).
VAVF_S	Percentage of patients with arteriovenous fistulae in place	Varchar	250	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (STATE).
VAVF_U	Percentage of patients with arteriovenous fistulae in place	Varchar	250	Lists the percentage of Adult patients who received treatment through an arterial venous fistula (US).

(2) Percentage of patients with Vascular Catheter in use for 90 days or longer

VCG90_C	Vascular catheter data availability code	Varchar	50	Lists whether the facility had sufficient vascular catheter data available or the reason for why the data is not available.
VCG90_F	Percentage of patients with vascular catheter in use for 90 days or longer	Varchar	250	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (FACILITY).
VCG90_S	Percentage of patients with vascular catheter in use for 90 days or longer	Varchar	250	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (STATE).
VCG90_U	Percentage of patients with vascular catheter in use for 90 days or longer	Varchar	250	Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (US).

Table 5: Patient Survival: Standardized Mortality Ratio (SMR)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
DATE_SMR	SMR Date	datetime		Lists the data collection period for patient survival summary (SMR).
PTSURV_C	Patient Survival data availability code	Varchar	50	Lists whether the facility had sufficient patient survival data available or the reason for why the data is not available.
DFCMORTTEXT	Patient Survival Category Text	Varchar	250	Patient survival CATEGORY (Better, Worse or As Expected).
RDSMZ_F	Number of Patients included in survival summary	Varchar	250	Lists the number of patients included in the facility's survival summary (FACILITY).
SMRZ_F	Standardized Mortality Ratio	Varchar	250	Lists the facility's Standardized Mortality Ratio (FACILITY).
CHIMZ_F	SMR: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Morality Ratio (SMR).
CLOMZ_F	SMR: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Morality Ratio (SMR).
PTSURVS1	Survival- Better than expected (State)	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "Better than expected" (STATE).
PTSURVS2	Survival- As expected (State)	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "As expected" (STATE).
PTSURVS3	Survival- Worse than expected (State)	Varchar	250	Lists the number of facilities in the State with patient deaths categorized as "Worse than expected" (STATE).
PTSURVU1	Survival- Better than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient deaths categorized as "Better than expected" (US).
PTSURVU2	Survival- As expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient deaths categorized as "As expected" (US).
PTSURVU3	Survival- Worse than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient deaths categorized as "Worse than expected" (US).

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Table 6: Patient Hospitalization: Standardized Hospitalization Ratio (SHR) for Admissions

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
DATE_SHR	SHR Date	datetime		Lists the time period for patient hospitalization summary (SHR).
PTHOSP_C	Patient Hospitalization data availability Code	Varchar	50	Lists whether the facility had sufficient hospitalization data available or the reason for why the data is not available.
DFCHOSPTEXT	Patient hospitalization category text	Varchar	250	Patient hospitalization category.
RDSHY4_F	Number of patients included in hospitalization summary	Varchar	250	Lists the number of patients included in the facility's hospitalization summary (FACILITY).
SHRTY4_F	Standard Hospitalization Ratio	Varchar	250	Lists the facility's Standardized Hospitalization Ratio (FACILITY).
CHICHTAY4_F	SHR: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Hospitalization Ratio (SHR).
CLOCHTAY4_F	SHR: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Hospitalization Ratio (SHR).
PTHOSPS1	Hospitalizations-Better than expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospitalizations categorized as "Better than expected" (STATE).
PTHOSPS2	Hospitalizations-As expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospitalizations categorized as "As expected" (STATE).
PTHOSPS3	Hospitalizations-Worse than expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospitalizations categorized as "Worse than expected" (STATE).
PTHOSPU1	Hospitalizations-Better than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient hospitalizations categorized as "Better than expected" (US).
PTHOSPU2	Hospitalizations-As expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient hospitalizations categorized as "As expected" (US).

| PTHOSPU3 | Hospitalizations-Worse than expected (US) | Varchar | 250 | Lists the number of facilities in the Nation with patient hospitalizations categorized as "Worse than expected" (US). |

Table 7: Transfusions: Standardized Transfusion Ratio (STrR)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
DATE_STrR	STrR Date	datetime		Lists the time period for patient transfusion summary (STrR).
PTTRAN_C	Patient Transfusion data availability Code	Varchar	50	Lists whether the facility had sufficient transfusion data available or the reason for why the data is not available.
DFCSTrRTEXT	Patient Transfusion category text	Varchar	250	Patient transfusion category.
PATSTR_F	Number of patients included in transfusion summary	Varchar	250	Lists the number of patients included in the facility's transfusion summary (FACILITY).
STrR_F	Standard Transfusion Ratio	Varchar	250	Lists the facility's Standardized Transfusion Ratio (FACILITY).
STrRUCL_F	STRr: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Transfusion Ratio (STRr).
STrRLCL_F	STRr: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Transfusion Ratio (STRr).
PTSTRS1	Transfusions-Better than expected (State)	Varchar	250	Lists the number of facilities in the State with patient transfusions categorized as "Better than expected" (STATE).
PTSTRS2	Transfusions- As expected (State)	Varchar	250	Lists the number of facilities in the State with patient transfusions categorized as "As expected" (STATE).
PTSTRS3	Transfusions-Worse than expected (State)	Varchar	250	Lists the number of facilities in the State with patient transfusions categorized as "Worse than expected" (STATE).

PTSTRU1	Transfusions-Better than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient transfusions categorized as "Better than expected" (US).
PTSTRU2	Transfusions- As expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient transfusions categorized as "As expected" (US).
PTSTRU3	Transfusions-Worse than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient transfusions categorized as "Worse than expected" (US).

Table 8: Hospital Readmissions: Standardized Readmission Ratio (SRR)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
DATE_SRR	SRR Date	datetime		Lists the time period for patient readmission summary (SRR).
PTREAD_C	Patient Hospital Readmission data availability Code	Varchar	50	Lists whether the facility had sufficient readmission data available or the reason for why the data is not available.
DFCSRRTEXT	Patient Hospital Readmission category text	Varchar	250	Patient readmission category.
INDEX_F	Number of hospitalizations included in hospital readmission summary	Varchar	250	Lists the number of hospitalizations included in the facility's readmission summary (FACILITY).
SRR_F	Standardized Readmission Ratio	Varchar	250	Lists the facility's Standardized Readmission Ratio (FACILITY).
SRRUCL_F	SRR: Upper Confidence Limit (97.5%)	Varchar	250	Lists the upper confident limit (97.5%) for Standardized Readmission Ratio (SRR).
SRRLCL_F	SRR: Lower Confidence Limit (2.5%)	Varchar	250	Lists the lower confident limit (2.5%) for Standardized Readmission Ratio (SRR).
PTSRRS1	Hospital Readmissions - Better than expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospital readmissions categorized as "Better than expected" (STATE).

PTSRRS2	Hospital Readmissions - As expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospital readmissions categorized as "As expected" (STATE).
PTSRRS3	Hospital Readmissions - Worse than expected (State)	Varchar	250	Lists the number of facilities in the State with patient hospital readmissions categorized as "Worse than expected" (STATE).
PTSRRU1	Hospital Readmissions - Better than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient hospital readmissions categorized as "Better than expected" (US).
PTSRRU2	Hospital Readmissions - As expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient hospital readmissions categorized as "As expected" (US).
PTSRRU3	Hospital Readmissions - Worse than expected (US)	Varchar	250	Lists the number of facilities in the Nation with patient hospital readmissions categorized as "Worse than expected" (US).

Table 9: Mineral and Bone Disorder (CROWNWeb)

Variable Name reported in the Access/CSV file	CSV (Revised) Label Name	Type	Max. Length	Description
Date_CW	Mineral and Bone Disorder Date	Char	19	Time period for Mineral and Bone Disorder measures.
(1) Percent of patients with Hypercalcemia (serum calcium > 10.2 mg/dL)				
Hypercalpats_f	Number of patients in hypercalcemia summary	Num	8	Lists the number of patients included in the facility's hypercalcemia summary (FACILITY).
Hypercalpm_f	Number of patient-months in hypercalcemia summary	Num	8	Lists the number of patient-months included in the facility's hypercalcemia summary (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	Num	8	Lists the percentage of Adult patients with hypercalcemia (serum calcium

	hypercalcemia (serum calcium greater than 10.2 mg/dL)			greater than 10.2 mg/dL) (FACILITY).
Hypercal_S	Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL)	Num	8	Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (STATE).
Hypercal_U	Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL)	Num	8	Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (US).
(2) Percent of patients with Serum phosphorus concentrations				
Serumphospats_F	Number of patients in Serum phosphorus summary.	Num	8	Lists the number 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 number of patient-months included in the facility's serum phosphorus summary (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 percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (FACILITY).
Serumphos2_F	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (FACILITY).
Serumphos3_F	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (FACILITY).
Serumphos4_F	Percentage of Adult patients with serum phosphorus between 5.6-7.0	Num	8	Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (FACILITY).

	mg/dL			
Serumphos5_F	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (FACILITY).
Serumphos1_S	Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (STATE).
Serumphos2_S	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (STATE).
Serumphos3_S	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (STATE).
Serumphos4_S	Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (STATE).
Serumphos5_S	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (STATE).
Serumphos1_U	Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (US).
Serumphos2_U	Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (US).
Serumphos3_U	Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (US).
Serumphos4_U	Percentage of	Num	8	Lists the percentage of Adult patients

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				with serum phosphorus between 5.6-7.0 mg/dL (US).
	Adult patients with serum phosphorus between 5.6-7.0 mg/dL			
Serumphos5_U	Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL	Num	8	Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (US).

Table 10: 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	"199"	1	The number of patients is too small to report. Call the facility to discuss this quality measure.	All Measures
	"201"	2	Data not reported – Call the facility to discuss this quality measure.	All Measures
	"255"	3	CMS determined that the percentage was not accurate.	All Measures
	"258"	4	The facility was not open for the entire reporting period.	All Measures
	"256"	5	The facility does not provide hemodialysis.	HD Kt/V, and Vascular Access Measures
	"254"	6	The facility does not provide hemodialysis to pediatric patients.	Pediatric Kt/V
	"257"	7	The facility does not provide peritoneal dialysis.	PD Kt/V
	"260"	8	Not enough quality measure data to calculate a star rating	Star Rating

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	"261"	9	CMS determined that at least one measure included in the star rating calculation was not accurate for this facility	Star Rating