Data Dictionary for
Quarterly Dialysis Facility Care Compare

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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).

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Table 1: Facility Identification Variables

Variable Name	Variable Label	Type	Max. Length	Description
PROVNUM	CMS Certification Number (CCN)	Char	10	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	Num	8	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
PHYADDR2	Address Line 2	Char	60	Lists The Second Line Of The Address That Corresponds To The Facility Listed
PHYCITY	City/Town	Char	30	Lists The Name Of The City That Corresponds To The Facility Listed
PHYZIP	Zip Code	Char	5	Lists The Full Postal ZIP Code That Corresponds To The Facility Listed
PHYCOUNTY	County/Parish	Char	60	Lists The Name Of The County That Corresponds To The Facility Listed
PHONENUM	Telephone Number	Char	14	Lists The Telephone Number That Corresponds

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Variable Name	Variable Label	Type	Max. Length	Description
				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 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	Char	3	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)

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				(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	Num	8	Lists The Total # Of Completed Surveys Across The Two Reported Survey

Variable Name	Variable Label	Type	Max. Length	Description
	Fall and Spring Surveys			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	Survey response rate	Num	8	Lists The ICH CAHPS Survey Response Rate For The Facility
RESPONSE_RATE_S	Survey response rate	Num	8	Lists The ICH CAHPS Survey Response Rate For The State
RESPONSE_RATE_U	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)
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	3	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)
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

Variable Name	Variable Label	Type	Max. Length	Description
				"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_EQRS	EQRS Date	Char	19	Lists The Data Collection Period For EQRS 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>=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>=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>=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>=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>=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	Num	8	Lists The # Of Pediatric Hemodialysis Patient-

	With Kt/V Data			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>=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>=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>=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>=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>=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>=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_EQRS	EQRS Date	Char	19	Lists The Data Collection Period For EQRS 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 Patients With nPCR	Num	8	Lists 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	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)
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 Expected (STATE)	Num	8	Lists The # Of Facilities In 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"

Variable Name	Variable Label	Type	Max. Length	Description
				(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_EQRS	EQRS Date	Char	19	Lists The Data Collection Period For EQRS 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_EQRS	EQRS Date	Char	19	Lists The Data Collection Period For EQRS 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 (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	Num	8	Lists The # Of Patient-months Included In The

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	Phosphorus Summary			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 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 (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

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Variable Name	Variable Label	Type	Max. Length	Description
				(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	Char	3	Lists Whether The Facility Had Sufficient

	Availability Code			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 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

Variable Name	Variable Label	Type	Max. Length	Description
				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
DFCSRRTEXT	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	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 %

Variable Name	Variable Label	Type	Max. Length	Description
				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
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)
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)

Variable Name	Variable Label	Type	Max. Length	Description
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 Than Expected (US)	Num	8	Lists The # Of Facilities In 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	Lists The Data Collection Period For EQRS Based Measures.
DFCPPPWTEXT	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	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	% 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	Lists 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	Lists 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	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	Num	8	Lists The # Of Facilities In The Nation

Variable Name	Variable Label	Type	Max. Length	Description
	Waitlisting - As Expected (US)			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: Standardized Emergency Department Encounter Ratio (SEDR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SEDR	SEDR Date	Char	19	Lists the Time Period for SEDR Summary
PTSEDR_C	SEDR Data Availability Code	Char	3	Lists 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 Included In SEDR Summary	Num	8	Lists The # Of Patients Included In The Facility's SEDR Summary
SEDRY4_F	Standardized ED Ratio (FACILITY)	Num	8	Lists The Facility's Standardized Emergency Dept. Ratio
CHICHEDY4_F	SEDR: Upper Confidence Limit (97.5%)	Num	8	Lists the Upper Confidence Limit (97.5%) for the Standardized Emergency Dept. Ratio
CLOCHEDY4_F	SEDR: Lower Confidence Limit (2.5%)	Num	8	Lists the Lower Confidence Limit (2.5%) for the Standardized Emergency Dept. Ratio
SEDRY4_U	Standardized ED Ratio (US)	Num	8	Lists the National Standardized Emergency Dept. Ratio
PTSEDRS1	Standardized ED Ratio - Better Than Expected (STATE)	Num	8	Lists the # of Facilities in the State with SEDR Categorized as "Better Than Expected" (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
PTSEDRS2	Standardized ED Ratio - As Expected (STATE)	Num	8	Lists the # of Facilities in the State with SEDR Categorized as "As Expected" (STATE)
PTSEDRS3	Standardized ED Ratio - Worse Than Expected (STATE)	Num	8	Lists the # of Facilities in the State with SEDR Categorized as "Worse Than Expected" (STATE)
PTSEDRU1	Standardized ED Ratio - Better Than Expected (US)	Num	8	Lists the # of Facilities in The Nation with SEDR Categorized as "Better Than Expected" (US)
PTSEDRU2	Standardized ED Ratio - As Expected (US)	Num	8	Lists the # of Facilities in The Nation with SEDR Categorized as "As Expected" (US)
PTSEDRU3	Standardized ED Ratio - Worse Than Expected (US)	Num	8	Lists 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	Lists The Time Period For ED30 Summary
PTED_C	ED30 Data Availability Code	Char	3	Lists 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	Lists 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	Lists the Facility's Standardized ED Ratio Occurring within 30 Days of Hospital Discharge

ED30UCLY4_F	ED30: Upper Confidence Limit (97.5%)	Num	8	Lists 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	Lists 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	Lists The National Standardized ED Ratio Occurring within 30 Days of Hospital Discharge
PTEDS1	ED30 - Better Than Expected (STATE)	Num	8	Lists 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	Lists 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 Expected (STATE)	Num	8	Lists the # of Facilities in the 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	Lists 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	Lists 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	Lists 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	Lists The Data Collection Period For COVID-19 Vaccination Adherence Measure
VAX_C	HCP Vaccination Data Availability Code	Char	3	Lists 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	Lists The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (FACILITY)

Table 18: 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	Char	3	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 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