Data Dictionary for the Home Health Quality Reporting Program Data on Care Compare
Version 5.0

Version Number	Date	Details
1.0	January 2020	Measures Removed: • Emergency Department Use without Hospital Readmission during the First 30 Days of HH (NQF #2505) • Rehospitalization during the First 30 Days of Home Health (NQF #2380)
2.0	April 2020	Measures Removed • How often patients had less pain when moving around
3.0	July 2020	Revisions • Updated with more recent version of CAHPS tables. • Removed duplicative variables: How often patients remained in the community after discharge from home health • Footnote for How often patients remained in the community after discharge from home health
4.0	October 2020	Measures Removed: • How often patients developed new or worsened pressure ulcers (NQF #0678) Measures Added: • Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury Revisions • Revised title to reflect transition from Home Health Compare to Care Compare • Updated file names and added section on "File Naming Convention" • Added section on the HH_MeasureDateRange_MMMYYYY file
5.0	July 2021	Measures Removed • Depression Assessment Conducted • Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care • Multifactor Fall Risk Assessment Conducted for All Patients Who Can Ambulate • Pneumococcal Polysaccharide Vaccine Ever Receive • Improvement in the Status of Surgical Wounds

Contents

File Naming Convention

The files described in the tables below for home health (HH) agencies are named using the following convention: HH_Key_Words_[RefreshMMMYYYY]. Thus, for the October 2020 refresh, the file with data on providers is "HH_Provider_Oct2020" and the file with national scores is "HH_National_Oct2020."

For HHCAHPS measures, files are named following this convention HHCAHPS_Key Words_[RefreshMMMYYYY]. Thus, for the October 2020 refresh, the file with HHCAHPS Survey data for providers is "HHCAHPS_Provider_Oct2020.csv"

The Table names display the Key Words used in each file name, along with a placeholder Month and Year for the month and year of the refresh associated with the file.

File Details

1. HH_Provider_MMMYYYY.csv (60 columns)

This file contains information on the home health agency, the type of services offered to patients, and the values of the star rating and patient outcome and process quality measures reported for home health on Care Compare. The columns include the following information.

1.   State (Text) – The two character postal code for the state or territory in which the home health agency is located.
2.   CMS Certification Number (CCN) (Text) – The six character identification number assigned to the home health agency by CMS.
3.   Provider Name (Text) – The name of the home health agency as it appears in the CMS certification system.
4.   Address (Text) – The street address of the home health agency.

5. City (Text) – The city in which the home health agency is located.
6. ZIP (Text) – The five-digit ZIP code of the home health agency.
7. Phone (Text) – The ten-digit telephone number of the home health agency.
8. Type of Ownership (Text) – The general control type of the home health agency. Categories include:
    - Voluntary Non-Profit – Religious Affiliation
    - Voluntary Non-Profit – Private
    - Voluntary Non-Profit – Other
    - Proprietary
    - Government – State/County
    - Government – Combination Government and Voluntary
    - Government – Local
9. Offers Nursing Care Services (Text) – Yes or No
10. Offers Physical Therapy Services (Text) – Yes or No
11. Offers Occupational Therapy Services (Text) – Yes or No
12. Offers Speech Pathology Services (Text) – Yes or No
13. Offers Medical Social Services (Text) – Yes or No
14. Offers Home Health Aide Services (Text) – Yes or No
15. Date Certified (Date) – The original date the home health agency was certified to participate in the Medicare program.
16. Quality of patient care star rating (Numeric) – A numeric rating from 1 through 5, in increments of 0.5.
17. Footnote for quality of patient care star rating (Text) –If the rating value is missing (blank), the reason the rating was not calculated is explained here.
18. How often the home health team began their patients' care in a timely manner (Numeric) – The measure percentage as reported on Care Compare.
19. Footnote for how often the home health team began their patients' care in a timely manner (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
20. How often the home health team taught patients (or their family caregivers) about their drugs (Numeric) – The measure percentage as reported on Care Compare.
21. Footnote for how often the home health team taught patients (or their family caregivers) about their drugs (Text) –If the measure value is missing (blank), the reason the measure was not calculated is explained here.
22. How often the home health team determined whether patients received a flu shot for the current flu season (Numeric) – The measure percentage as reported on Care Compare.
23. Footnote for how often the home health team determined whether patients received a flu shot for the current flu season (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
24. How often patients got better at walking or moving around (Numeric) – The measure percentage as reported on Care Compare.
25. Footnote for how often patients got better at walking or moving around (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.

26. How often patients got better at getting in and out of bed (Numeric) – The measure percentage as reported on Care Compare.
27. Footnote for how often patients got better at getting in and out of bed (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
28. How often patients got better at bathing (Numeric) – The measure percentage as reported on Care Compare.
29. Footnote for how often patients got better at bathing (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
30. How often patients' breathing improved (Numeric) – The measure percentage as reported on Care Compare.
31. Footnote for how often patients' breathing improved (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
32. How often patients got better at taking their drugs correctly by mouth (Numeric) – The measure percentage as reported on Care Compare.
33. Footnote for how often patients got better at taking their drugs correctly by mouth (Text)– If the measure value is missing (blank), the reason the measure was not calculated is explained here.
34. How often home health patients had to be admitted to the hospital (Numeric) – The measure percentage as reported on Care Compare.
35. Footnote for how often home health patients had to be admitted to the hospital (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
36. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted (Numeric) – The measure percentage as reported on Care Compare.
37. Footnote for how often patients receiving home health care needed urgent, unplanned care in the ER without being admitted (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
38. Changes in skin integrity post-acute care: pressure ulcer/injury (Numeric) – The measure percentage as reported on Care Compare.
39. Footnote for changes in skin integrity post-acute care: pressure ulcer/injury (Text) – If the measure value is missing (blank), the reason the measure was not calculated is explained here.
40. How often physician-recommended actions to address medication issues were completely timely
41. Footnote for how often physician-recommended actions to address medication issues were completely timely
42. DTC Numerator (Numeric) - Observed Number of Discharges to Community
43. DTC Denominator (Numeric) - Number of Eligible Stays for DTC Measure
44. DTC Observed Rate (Numeric) - Observed Discharge to Community Rate
45. DTC Risk-Standardized Rate (Numeric) - Risk-Standardized Discharge to Community Rate
46. DTC Risk-Standardized Rate (Lower Limit) (Numeric) - Lower Limit of the 95% Confidence Interval on the Risk- Standardized Discharge to Community Rate
47. DTC Risk-Standardized Rate (Upper Limit) (Numeric) - Upper Limit of the 95% Confidence Interval on the Risk- Standardized Discharge to Community Rate
48. DTC Performance Categorization (Text) - DTC Comparative Performance Category: One of the following descriptive phrases: "Better than National Rate", "Worse than National Rate", or "Same as National Rate"

49. Footnote for DTC Risk-Standardized Rate (Text) - If the measure value is missing (blank), the reason the measure was not calculated is explained here.
50. PPR Numerator (Numeric) - Observed Number of Potentially Preventable Readmissions Following Discharge
51. PPR Denominator (Numeric) - Number of Eligible Stays for PPR Measure
52. PPR Observed Rate (Numeric) - Observed Potentially Preventable Readmissions Rate
53. PPR Risk-Standardized Rate (Numeric) - Risk-Standardized Potentially Preventable Readmissions Rate
54. PPR Risk-Standardized Rate (Lower Limit) (Numeric) - Lower Limit of the 95% Confidence Interval on the Risk- Standardized Potentially Preventable Readmissions Rate
55. PPR Risk-Standardized Rate (Upper Limit) (Numeric) - Upper Limit of the 95% Confidence Interval on the Risk- Standardized Potentially Preventable Readmissions Rate
56. PPR Performance Categorization (Text) - PPR Comparative Performance Category: One of the following descriptive phrases: "Better than National Rate", "Worse than National Rate", or "Same as National Rate"
57. Footnote for PPR Risk-Standardized Rate (Text) - If the measure value is missing (blank), the reason the measure was not calculated is explained here.
58. How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally (Numeric) - The measure value as reported on Care Compare
59. Footnote for How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally (Text) - If the measure value is missing (blank), the reason the measure was not calculated is explained here.
60. Number of episodes of care used to calculate how much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally.

2. HH_STATE_MMMYYYY.csv (24 columns)

This file contains state averages for the patient outcome and process measures reported for home health on Care Compare.

1. State (Text) – The two character postal code for the state or territory
2. Quality of patient care star rating (Numeric)
3. Star Rating 1 Percentage (Numeric)
4. Star Rating 1.5 Percentage (Numeric)
5. Star Rating 2 Percentage (Numeric)
6. Star Rating 2.5 Percentage (Numeric)
7. Star Rating 3 Percentage (Numeric)
8. Star Rating 3.5 Percentage (Numeric)
9. Star Rating 4 Percentage (Numeric)
10. Star Rating 4.5 Percentage (Numeric)
11. Star Rating 5 Percentage (Numeric)
12. How often the home health team began their patients' care in a timely manner (Numeric)
13. How often the home health team taught patients (or their family caregivers) about their drugs (Numeric)

14. How often the home health team determined whether patients received a flu shot for the current flu season (Numeric)
15. How often patients got better at walking or moving around (Numeric)
16. How often patients got better at getting in and out of bed (Numeric)
17. How often patients got better at bathing (Numeric)
18. How often patients' breathing improved (Numeric)
19. How often patients got better at taking their drugs correctly by mouth (Numeric)
20. How often home health patients had to be admitted to the hospital (Numeric)
21. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted (Numeric)
22. Changes in skin integrity post-acute care: pressure ulcer/injury (Numeric)
23. How often physician-recommended actions to address medication issues were completely timely
24. How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally (Text)

3. HH_National_MMMYYYY.csv (34 columns)

This file contains national averages for the patient outcome and process measures reported for home health on Care Compare.

1. Country (Text) – A constant value, equal to "Nation"
2. Quality of patient care star rating (Numeric)
3. Star Rating 1 Percentage (Numeric)
4. Star Rating 1.5 Percentage (Numeric)
5. Star Rating 2 Percentage (Numeric)
6. Star Rating 2.5 Percentage (Numeric)
7. Star Rating 3 Percentage (Numeric)
8. Star Rating 3.5 Percentage (Numeric)
9. Star Rating 4 Percentage (Numeric)
10. Star Rating 4.5 Percentage (Numeric)
11. Star Rating 5 Percentage (Numeric)
12. How often the home health team began their patients' care in a timely manner (Numeric)
13. How often the home health team taught patients (or their family caregivers) about their drugs (Numeric)
14. How often the home health team determined whether patients received a flu shot for the current flu season (Numeric)
15. How often patients got better at walking or moving around (Numeric)
16. How often patients got better at getting in and out of bed (Numeric)
17. How often patients got better at bathing (Numeric)
18. How often patients' breathing improved (Numeric)
19. How often patients got better at taking their drugs correctly by mouth (Numeric)
20. How often home health patients had to be admitted to the hospital (Numeric)
21. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted (Numeric)
22. Changes in skin integrity post-acute care: pressure ulcer/injury (Numeric)
23. How often physician-recommended actions to address medication issues were completely timely (Numeric)

24. PPR Number of HHAs that Performed Better than the National Observed Rate (Numeric) – Number of HHAs that Performed Better than the National Observed Rate – PPR
25. PPR Number of HHAs that Performed No Different than the National Observed Rate (Numeric) - Number of HHAs that Performed No Different than the National Observed Rate – PPR
26. PPR Number of HHAs that Performed Worse than the National Observed Rate (Numeric) - Number of HHAs that Performed Worse than the National Observed Rate – PPR
27. PPR Number of HHAs that Have Too Few Cases for Public Reporting (Numeric) - Number of HHAs Too Small to Report – PPR
28. PPR National Observed Rate (Numeric) - National Observed Preventable Readmission Rate
29. DTC Number of HHAs that Performed Better than the National Observed Rate (Numeric) – Number of HHAs that Performed Better than the National Observed Rate – DTC
30. DTC Number of HHAs that Performed No Different than the National Observed Rate (Numeric) - Number of HHAs that Performed No Different than the National Observed Rate – DTC
31. DTC Number of HHAs that Performed Worse than the National Observed Rate (Numeric) - Number of HHAs that Performed Worse than the National Observed Rate – DTC
32. DTC Number of HHAs that Have Too Few Cases for Public Reporting (Numeric) - Number of HHAs Too Small to Report – DTC
33. DTC National Observed Rate (Numeric) - National Observed Discharge to Community Rate
34. How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally (Numeric)

4. HH_ZIP_MMMYYYY.csv (3 columns)

This file contains information on the areas served by the home health agency. It is based on OASIS assessments submitted by the home health agency during the data collection period. There is one record for each ZIP code in which there was at least one patient served by the home health agency.

1. State (Text) – The two character postal code for the state or territory in which the home health agency is located.
2. CMS Certification Number (CCN) (Text) – The six character identification number assigned to the home health agency by CMS.
3. ZIP Code (Text) – The five-digit ZIP code where service was provided.

5. HH_MeasureDateRange_MMMYYYY.csv (2 columns)

This file contains measure date ranges for OASIS- and claims-based quality measures.

1. Measure Name (Text) – The name of the measure.
2. Measure Date Range (Numeric) – The first date (Month Date, Year) through the last date (Month Date, Year) of the measure date range for each measure.

6. HHCAHPS_Provider_MMMYYYY.csv (26 columns)

This file contains information on the HHCAHPS Survey results for each home health agency.

Column	Description	Format	Valid Values
A	CMS Certification Number (CCN)	General	6 digits
B	HHCAHPS Survey Summary Star Rating	General	1-5; Not Available if not calculated
C	HHCAHPS Survey Summary Star Rating Footnote	General	8-12 *[Footnote text in Table 9]*
D	Star Rating for health team gave care in a professional way	General	1-5; Not Available if not calculated
E	Footnote for Star Rating for gave care in a professional way	General	8-12 *[Footnote text in Table 9]*
F	Percent of patients who reported that their home health team gave care in a professional way	General	0-100; Not Available if not calculated
G	Footnote for Percent of patients who reported that their home health team gave care in a professional way	General	8-12 *[Footnote text in Table 9]*
H	Star Rating for health team communicated well with them	General	1-5; Not Available if not calculated
I	Footnote for Star Rating for communicated well with them	General	8-12 *[Footnote text in Table 9]*
J	Percent of patients who reported that their home health team communicated well with them	General	0-100; Not Available if not calculated
K	Footnote for Percent of patients who reported that their home health team communicated well with them	General	8-12 *[Footnote text in Table 9]*
L	Star Rating team discussed medicines, pain, and home safety	General	1-5; Not Available if not calculated
M	Footnote Star Rating discussed medicines, pain, home safety	General	8-12 *[Footnote text in Table 9]*
N	Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	General	0-100; Not Available if not calculated
O	Footnote for Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	General	8-12 *[Footnote text in Table 9]*
P	Star Rating for how patients rated overall care from agency	General	1-5; Not Available if not calculated
Q	Footnote for Star Rating for overall care from agency	General	8-12 *[Footnote text in Table 9]*
R	Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	General	0-100; Not Available if not calculated

Column	Description	Format	Valid Values
S	Footnote for Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	General	8-12 *[Footnote text in Table 9]*
T	Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	General	0-100; Not Available if not calculated
U	Footnote for Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	General	8-12 *[Footnote text in Table 9]*
V	Number of completed Surveys	General	0 – 5,000
W	Footnote for number of completed surveys	General	8-12 *[Footnote text in Table 9]*
X	Response rate	General	0-100; Not Available if not calculated
Y	Footnote for response rate	General	8-12 *[Footnote text in Table 9]*
Z	Footnote Number	General	8-12 *[Footnote text in Table 9]*

7. HHCAHPS_National_MMMYYYY.csv (8 columns)

This file contains national averages for the HHCAHPS Survey measures.

Column	Description	Format	Valid Values
A	Country	General	Nation
B	Percent of patients who reported that their home health team gave care in a professional way	General	0-100
C	Percent of patients who reported that their home health team communicated well with them	General	0-100
D	Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	General	0-100
E	Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	General	0-100
F	Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	General	0-100
G	Number of completed Surveys	General	0-9,999,999
H	Response rate	General	0-100

8. HHCAHPS_State_MMMYYYY.csv (8 columns)

This file contains state averages for the HHCAHPS Survey measures.

Column	Description	Format	Valid Values
A	State	General	0-100
B	Percent of patients who reported that their home health team gave care in a professional way	General	0-100
C	Percent of patients who reported that their home health team communicated well with them	General	0-100
D	Percent of patients who reported that their home health team discussed medicines, pain, and home safety with them	General	0-100
E	Percent of patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	General	0-100
F	Percent of patients who reported YES, they would definitely recommend the home health agency to friends and family	General	0-100
G	Number of completed Surveys	General	0-9,999,999
H	Response rate	General	0-100

9. HHCAHPS_MeasureDateRange_MMMYYYY.csv (2 columns)

This file contains the beginning and end dates of the data collection period for the HHCAHPS Survey measures.

Column	Description	Format	Valid Values
A	The descriptive measure name	General	Text
B	The months covered by the data collection period for this measure	General	Text

Footnotes

1. Footnote Details

Footnote	Description
1	This agency provides services under a federal waiver program to non-traditional, chronic long term population.
2	This agency provides services to a special needs population.
3	Not Available.
4	The number of patient episodes for this measure is too small to report.
5	This measure currently does not have data or provider has been certified/recertified for less than 6 months.
6	The national average for this measure is not provided because of state-to-state differences in data collection.
7	Medicare is not displaying rates for this measure for any home health agency, because of an issue with the data.
8	There were problems with the data and they are being corrected.
9	Zero, or very few, patients met the survey's rules for inclusion. The scores shown, if any, reflect a very small number of surveys and may not accurately tell how an agency is doing.
10	Survey results are based on less than 12 months of data.
11	Fewer than 70 patients completed the survey. Use the scores shown, if any, with caution as the number of surveys may be too low to accurately tell how an agency is doing.
12	No survey results are available for this period.
13	Data suppressed by CMS for one or more quarters.

Centers for Medicare & Medicaid Services