The following is documentation for the 2019 Annual Survey of Hospitals data files HS19DIR.dbf, HS19AB.dbf, HS19C1.dbf, HS19C2.dbf, HS19D1.dbf, HS19D2.dbf, HS19E1.dbf, HS19E2.dbf, HS19FG.dbf, HS19HJ.dbf, and HS19KQ.dbf. The enclosed contain ten data files in .dbf format and a documentation file 19 Documentation.doc in Word. The 2019 Annual Survey form is also available on the DSHS website: http://www.dshs.state.tx.us/chs/hosp/ under forms.

Data for HS19DIR.dbf were taken from 2019 hospital tracking database maintained by the Center for Health Statistics and are current as of December 29, 2020. Data for, HS19AB.dbf, HS19C1.dbf, HS19C2.dbf, HS19D1.dbf, HS19D2.dbf, HS19E1.dbf, HS19E2.dbf, HS19FG.dbf, HS19HJ.dbf, and HS19KQ.dbf contain utilization, financial, staffing, and DSHS program specific information on Texas acute care and psychiatric care hospitals from the 2019 Cooperative DSHS/AHA/THA Annual Survey of Hospitals. These seven files contain data for 587 DSHS licensed acute care hospitals, 62 DSHS licensed freestanding private psychiatric care hospitals, 5 state owned acute care hospitals, and 10 state owned psychiatric hospitals for a total of 587 reporting facilities. All files can be linked or related to each other with the field “FID” (Facility Identification code).

Fields in HS19DIR.dbf, HS19AB.dbf, HS19C1.dbf, HS19C2.dbf, HS19D1.dbf, HS19D2.dbf, HS19E1.DBF, HS19E2.dbf, HS19FG.dbf, HS19HJ.dbf, and HS19KQ.dbf are named under the following conventions. The first letter of the field describes the Section on the 2019 Annual Survey of Hospitals from which the variable was taken. The question number of the variable is listed next, followed by the part letter of the question. Finally, if an item contains multiple columns, the column number is shown. As an example, the field “E1E1” contains information taken from section E, question 1, part E, column 1 of the 2019 Annual Survey of Hospitals, which is on page 13 of the survey. This field contains the number of admissions for the total facility. If a hospital had a separate nursing home unit/facility, admissions for this unit would appear in “E1E2”.

**Please Note:**

There are sections/data items that are critical to the hospital data collection process and therefore are processed with greater scrutiny, edits and follow‑up. These sections/data items are: A., B.1. and B.2., C.1.-19. (Column 1), E.1. - E.5., E.6. (Column 1), E.11, F., I.1.a- c, I.2.a- c, I.4., J.1.a., J.1.c, J.1.d, J.2., J.3., L.1.

Field names may vary from one survey year to another. Therefore, when comparing data for two or more years, reference must be made to the field naming conventions previously mentioned in this documentation and the location of the fields on each year’s annual survey form.

During the 2001 survey process, the method in which hospitals were asked to report their Disproportionate Share Hospital (DSH) payments changed. This change was made to more accurately reflect American Institute of Certified Public Accountants (AICPA) guidelines. DSH payments are to be included in the net patient revenue and are no longer included in the gross patient revenue. This change affects variables in sections E3, E6, and J1.

The following sections/data items are not included in the data files: C.1-101, 104, (columns 2-4).

* Licby = DSHS licensed and state-run hospitals
* Lictype = Acute care and psychiatric care hospitals

The following codes may be encountered in the seven (9) files containing hospital survey data:

* -9 = Data not available, or data combined with another facility and not available separately.
* -8 = Data combined with another field or facility, not available separately.

The following code is encountered in data files HS19C1.dbf, and HS19C2.dbf:

1 = Service provided by facility.

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| **HS19DIR.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | YEAR | Numeric | 4 | Reporting Year |
| 3. | FID | Numeric | 7 | Facility Identification Code |
| 4. | FACILITY | String | 64 | Facility Name |
| 5. | COUNTY | String | 13 | County Name |
| 6. | CNTY | Numeric | 3 | County Code (1-254) |
| 7. | PHR | Numeric | 2 | Health & Human Services Commission Region Codes (1-11) |
| 8. | STATUS | String | 2 | Facility Status: C = Closed; N = New; R = Reopened; Cm = Closed/Merged; Nr = New/Reopened |
| 9. | STATDATE | Date | 11 | Date (MMDDYYYY) |
| 10. | LICBY | String | 13 | Licensed By: DSHS or State-Run |
| 11. | LICTYPE | String | 5 | License Type: Acute or Psychiatric |
| 12. | PHONE | String | 23 | Telephone Number of Facility |
| 13. | NAME | String | 38 | Name of Administrator |
| 14. | TITLE | String | 46 | Title of Administrator |
| 15. | MAILADDRS | String | 34 | Mailing Address of Facility |
| 16. | CITY | String | 20 | City Name |
| 17. | STATE | String | 3 | State (Tx) |
| 18. | ZIP | String | 11 | Zip Code for Mailing Address |
| 19. | LOCATION | String | 39 | Location Address of Facility |
| 20. | LOCOZIP | String | 7 | Zip Code for Location Address |
| 21. | ACUTEBED | Numeric | 4 | DSHS Licensed Acute Care Facility Beds and Beds Set Up and Staffed for the Five State Run Acute Care Facilities |
| 22. | PSYCHBED | Numeric | 3 | DSHS Licensed Psychiatric Care Facility Beds and Beds Set Up and Staffed for the Ten State Run Psychiatric Facilities |
| 23. | MSTAT | Numeric | 1 | Metropolitan Status of County: 1=Metro; 2=Non-Metro |
| 24. | METROSTAT | String | 9 | Metropolitan Status of County: Metro or Non-Metro |
| 25. | FINSTAT1 | String | 9 | Survey Submitted |
|  |  | **Total** | **372** |  |

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| **HS19AB.DBF** | | | | |
| **Variables from Survey Page 3, Section A Reporting Period:** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
| 4. | A1A | Date | 11 | Start of Reporting Fiscal Year |
| 5. | A1B | Date | 11 | End of Reporting Fiscal Year |
| 6. | A2A | String | 3 | Did the Facility Open All Year |
| 7. | A2B | Numeric | 3 | Number of Days Open |
| 8. | A3 | Date | 11 | Start of New Fiscal Year |
|  |  |  |  |  |
| **Variables from Survey Page 3, Section B Organizational Structure:** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 9. | B1 | Numeric | 2 | Type of Organization |
| 10. | B2 | Numeric | 2 | Type of Service It Provides to The Majority of Patients |
| 11. | B2A | String | 19 | Other Type Than Selections Provided |
| 12. | B3A | String | 3 | Hospital Restrict Admissions Primarily to Children |
| 13. | B3B | String | 3 | Subsidiary Corporations |
| 14. | B3C | String | 3 | Contract Managed |
| 15. | B3CNAME | String | 50 | Organization Name That Manages the Hospital |
| 16. | B3CCITY | String | 43 | Organization’s City |
| 17. | B3CSTATE | String | 2 | Organization’s State |
| 18. | B3D | String | 3 | Hospital owned in whole or in part by physicians or a physician group |
| If checked 80 Acute long-term care hospital (LTCH) in Section B2 (Service). Below it indicates if facility is a freestanding LTCH or an LTCH collocated within a general acute care hospital | | | | |
| 19. | B3E1 | String | 1 | Number of Beds |
| 20. | B3E2 | String | 1 | Co-located LTCH |
| 21. | B3GNAME | String | 30 | Name of Host Hospital (if Co-Located) |
| 22. | B3GCITY | String | 14 | City of Host Hospital (if Co-Located) |
| 23. | B3GSTATE | String | 2 | State of Host Hospital (if Co-Located) |
| 24. | B3F1 | String | 3 | Hospital Co-Located with Any Other Types of Hospitals |
| 25. | B3G1 | Numeric | 1 | Hospital is Co-Located with Cancer |
| 26. | B3G2 | Numeric | 1 | Hospital is Co-Located with Cardiac |
| 27. | B3G3 | Numeric | 1 | Hospital is Co-Located with Orthopedic |
| 28. | B3G4 | Numeric | 1 | Hospital is Co-Located with Pediatric |
| 29. | B3G5 | Numeric | 1 | Hospital is Co-Located with Psychiatric |
| 30. | B3G6 | Numeric | 1 | Hospital is Co-Located with Surgical |
| 31. | B3G7 | Numeric | 1 | Hospital is Co-Located with Other |
| 32. | B3G7A | String | 43 | Specify Other |
|  |  | **Total** | **282** |  |

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| **HS19C1.DBF** | | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 5-11, Section C Facilities and Services:** | | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | C11 | Numeric | 1 | Provides General Medical-Surgical Care |
| 5. | C1BEDS | Numeric | 3 | Beds for General Medical-Surgical Care |
| 6. | C21 | Numeric | 1 | Provides Pediatric Medical-Surgical Care |
| 7. | C2BEDS | Numeric | 3 | Beds for Pediatric Medical-Surgical Care |
| 8. | C31 | Numeric | 1 | Provides Obstetrics |
| 9. | C3BEDS | Numeric | 3 | Beds for Obstetrics |
| 10. | C3A | Numeric | 1 | Level of Obstetrics Unit |
| 11. | C41 | Numeric | 1 | Provides Medical Surgical Intensive Care |
| 12. | C4BEDS | Numeric | 3 | Beds for Medical Surgical Intensive Care |
| 13. | C51 | Numeric | 1 | Provides Cardiac Intensive Care |
| 14. | C5BEDS | Numeric | 3 | Beds for Cardiac Intensive Care |
| 15. | C61 | String | 1 | Provides Neonatal Intensive Care |
| 16. | C6BEDS | Numeric | 3 | Beds for Neonatal Intensive Care |
| 17. | C71 | Numeric | 1 | Provides Neonatal Intermediate Care |
| 18. | C7BEDS | Numeric | 2 | Beds for Neonatal Intermediate Care |
| 19. | C81 | Numeric | 1 | Provides Pediatric Intensive Care |
| 20. | C8BEDS | Numeric | 3 | Beds for Pediatric Intensive Care |
| 21. | C91 | Numeric | 1 | Provides Burn Care |
| 22. | C9BEDS | Numeric | 2 | Beds for Burn Care |
| 23. | C101 | Numeric | 1 | Provides Other Special Care |
| 24. | C10BEDS | Numeric | 3 | Beds for Other Special Care |
| 25. | C10A | String | 52 | Specify the Type of Other Special Care |
| 26. | C11\_A | Numeric | 1 | Provides Other Intensive Care |
| 27. | C11BEDS | Numeric | 2 | Beds for Other Intensive Care |
| 28. | C11A | String | 25 | Specify the Type of Other Intensive Care |
| 29. | C121 | Numeric | 1 | Provides Physical Rehabilitation |
| 30. | C12BEDS | Numeric | 3 | Beds for Physical Rehabilitation |
| 31. | C131 | Numeric | 1 | Provides Alcoholism-Chemical Dependency Care |
| 32. | C13BEDS | Numeric | 2 | Beds for Alcoholism-Chemical Dependency Care |
| 33. | C141 | Numeric | 2 | Provides Psychiatric Care |
| 34. | C14BEDS | Numeric | 3 | Beds for Psychiatric Care |
| 35. | C151 | Numeric | 1 | Provides Skilled Nursing Care |
| 36. | C15BEDS | Numeric | 2 | Beds for Skilled Nursing Care |
| 37. | C161 | Numeric | 1 | Provides Intermediate Nursing Care |
| 38. | C16BEDS | Numeric | 2 | Beds for Intermediate Nursing Care |
| 39. | C171 | Numeric | 1 | Provides Acute Long-Term Care |
| 40. | C17BEDS | Numeric | 3 | Beds for Acute Long-Term Care |
| 41. | C181 | Numeric | 1 | Provides Other Long-Term Care |
| 42. | C18BEDS | Numeric | 2 | Beds for Other Long-Term Care |
| 43. | C191 | Numeric | 1 | Provides Other Care |
| 44. | C19BEDS | Numeric | 2 | Beds for Other Care |
| 45. | C19A | String | 21 | Specify the Type of Other Care |
| 46. | C201 | String | 1 | Provides Adult Day Care Program |
| 47. | C211 | String | 1 | Provides Airborne Infection Isolation Room |
| 48. | C21A | Numeric | 3 | Rooms for Airborne Infection Isolation |
| 49. | C221 | String | 1 | Provides Alcoholism-Chemical Dependency Care Services |
| 50. | C221A | Numeric | 2 | Beds for Alcoholism-Chemical Dependency Care Services |
| 51. | C221B | String | 1 | Provides Alcoholism-Chemical Dependency Outpatient Services |
| 52. | C221C | String | 1 | Provides Alcoholism-Chemical Dependency Partial Hospitalization Services |
| 53. | C231 | Numeric | 1 | Provides Alzheimer Center |
| 54. | C241 | Numeric | 1 | Provides Ambulance Services |
| 55. | C251 | Numeric | 1 | Provides Air Ambulance Services |
| 56. | C261 | Numeric | 1 | Provides Ambulatory Surgery Center |
| 57. | C271 | Numeric | 1 | Provides Arthritis Treatment Center |
| 58. | C281 | Numeric | 1 | Provides Auxiliary |
| 59. | C291 | Numeric | 1 | Provides Bariatric/Weight Control Services |
| 60. | C301 | String | 1 | Provides Birthing Room  LDR Room - LDRP Room |
| 61. | C311 | String | 1 | Provides Blood Donor Center |
| 62. | C321 | Numeric | 1 | Provides Breast Cancer  Screening / Mammograms |
| 63. | C33A1 | String | 1 | Provides Adult Cardiology Services |
| 64. | C33B1 | String | 1 | Provides Pediatric Cardiology Services |
| 65. | C33C1 | Numeric | 1 | Provides Adult Diagnostic Catheterization |
| 66. | C33D1 | Numeric | 1 | Provides Pediatric Diagnostic Catheterization |
| 67. | C33E1 | Numeric | 1 | Provides Adult Interventional Cardiac Catheterization |
| 68. | C33F1 | Numeric | 1 | Provides Pediatric Interventional Cardiac Catheterization |
| 69. | C33G1 | Numeric | 1 | Provides Adult Cardiac Surgery |
| 70. | C33H1 | Numeric | 1 | Provides Pediatric Cardiac Surgery |
| 71. | C33I1 | Numeric | 1 | Provides Adult Cardiac Electrophysiology |
| 72. | C33J1 | Numeric | 1 | Provides Pediatric Cardiac Electrophysiology |
| 73. | C33K1 | Numeric | 1 | Provides Cardiac Rehabilitation |
| 74. | C341 | Numeric | 1 | Provides Case Management |
| 75. | C351 | String | 1 | Provides Chaplaincy/Pastoral Care Services |
| 76. | C361 | String | 1 | Provides Chemotherapy |
| 77. | C371 | String | 1 | Provides Children’s Wellness Program |
| 78. | C381 | String | 1 | Provides Chiropractic Services |
| 79. | C391 | String | 1 | Provides Community Outreach |
| 80. | C401 | String | 1 | Provides Complementary and Alternative Medicine Services |
| 81. | C411 | String | 1 | Provides Computer Assisted Orthopedic Surgery (CAOS) |
| 82. | C421 | String | 1 | Provides Crisis Prevention |
| 83. | C431 | String | 1 | Provides Dental Services |
| 84. | C441 | Numeric | 1 | Provides Diabetes Prevention Program |
| 85. | C45A1 | Numeric | 1 | Provides On-Campus Emergency Department |
| 86. | C45B1 | Numeric | 1 | Provides Off-Campus Emergency Department |
| 87. | C44C1 | String | 1 | Provides Pediatric Emergency Department |
| 88. | C45D1 | String | 1 | Provides Trauma Center (Certified) |
| 89. | C45DA | Numeric | 1 | Level of Trauma Center Unit (1-3) |
| 90. | C461 | Numeric | 1 | Provides Enabling Services |
| 91. | C47A1 | String | 1 | Provides Optical Colonoscopy |
| 92. | C47B1 | String | 1 | Provides Endoscopic Ultrasound |
| 93. | C47C1 | String | 1 | Provides Ablation of Barrett’s Esophagus |
| 94. | C47D1 | String | 1 | Provides Esophageal Impedance Study |
| 95. | C47E1 | String | 1 | Provides Endoscopic Retrograde Cholangiopancreatography (ERCP) |
| 96. | C481 | String | 1 | Provides Enrollment (Insurance) Assistance Services |
| 97. | C491 | Numeric | 1 | Provides Employment Support Services |
| 98. | C501 | String | 1 | Provides Extracorporeal Shock Wave Lithotripter (ESWL) |
| 99. | C511 | String | 1 | Provides Fertility Clinic |
| 100. | C521 | String | 1 | Provides Fitness Center |
| 101. | C531 | String | 1 | Provides Freestanding Outpatient Care Center |
| 102. | C541 | String | 1 | Provides Geriatric Services |
| 103. | C551 | String | 1 | Provides Health Fair |
| 104. | C561 | String | 1 | Provides Community Health Education |
| 105. | C571 | String | 1 | Provides Genetic Testing/Counseling |
| 106. | C581 | String | 1 | Provides Health Screenings |
| 107. | C591 | String | 1 | Provides Health Research |
| 108. | C601 | String | 1 | Provides Hemodialysis |
| 109. | C611 | String | 1 | Provides HIV - Aids Services |
| 110. | C621 | String | 1 | Provides Home Health Services |
| 111. | C631 | Numeric | 1 | Provides Hospice Program |
| 112. | C641 | String | 1 | Provides Hospital - Based Outpatient Care Center - Services |
| 113. | C651A | Numeric | 1 | Provides Assisted Living |
| 114. | C651B | String | 1 | Provides Retirement Housing |
| 115. | C651C | Numeric | 1 | Provides Supportive Housing Services |
| 116. | C661 | String | 1 | Provides Immunization Program |
| 117. | C671 | String | 1 | Provides Indigent Care Clinic |
| 118. | C681 | String | 1 | Provides Linguistic/Translation Services |
| 119. | C691 | String | 1 | Provides Meal Delivery Services |
| 120. | C701 | String | 1 | Provides Mobile Health Services |
| 121. | C711 | String | 1 | Provides Neurological Services |
| 122. | C721 | String | 1 | Provides Nutrition Programs |
| 123. | C731 | String | 1 | Provides Occupational Health Services |
| 124. | C741 | String | 1 | Provides Oncology Services |
| 125. | C751 | String | 1 | Provides Orthopedic Services |
| 126. | C761 | String | 1 | Provides Outpatient Surgery |
| 127. | C771 | String | 1 | Provides Pain Management Program |
| 128. | C781 | String | 1 | Provides Palliative Care Program |
| 129. | C791 | String | 1 | Provides Palliative Care Inpatient Unit |
| 130. | C801 | String | 1 | Provides Patient Controlled Analgesia (PCA) |
| 131. | C811 | String | 1 | Provides Patient Education Center |
| 132. | C821 | String | 1 | Provides Patient Representative Services |
| 133. | C83A1 | Numeric | 1 | Provides Assistive Technology Center |
| 134. | C83B1 | String | 1 | Provides Electrodiagnostic Services |
| 135. | C83C1 | String | 1 | Provides Physical Rehabilitation Outpatient Services |
| 136. | C83D1 | String | 1 | Provides Prosthetic and Orthotic Services |
| 137. | C83E1 | String | 1 | Provides Robot-Assisted Walking Therapy |
| 138. | C83F1 | String | 1 | Provides Simulated Rehabilitation Environment |
| 139. | C841 | String | 1 | Provides Primary Care Department |
| 140. | C85A1 | String | 1 | Provides Psychiatric Consultation - Liaison Services |
| 141. | C85B1 | String | 1 | Provides Psychiatric Pediatric Care |
| 142. | C82B1 | String | 1 | Provides Psychiatric Pediatric Care Not Provided |
| 143. | C85BA | Numeric | 2 | Beds for Psychiatric Pediatric Care |
| 144. | C85C1 | String | 1 | Provides Psychiatric Geriatric Services |
|  |  | **Total** | **283** |  |

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| **HS19C2.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 11-15, Section C Facilities and Services:** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | C85CA | Numeric | 2 | Beds for Psychiatric Geriatric Services |
| 5. | C85D1 | String | 1 | Provides Psychiatric Education Services |
| 6. | C85E1 | String | 1 | Provides Psychiatric Emergency Services |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 7. | C85F1 | String | 1 | Provides Psychiatric Outpatient Services |
| 8. | C85G1 | String | 1 | Provides Psychiatric Intensive Outpatient Services |
| 9. | C85H1 | String | 1 | Provides Psychiatric Partial Hospitalization Services - Adult |
| 10. | C85I1 | String | 1 | Provides Psychiatric Partial Hospitalization Services - Pediatric |
| 11. | C85J1 | String | 1 | Provides Psychiatric Residential Treatment - Adult |
| 12. | C85K1 | String | 1 | Provides Psychiatric Residential Treatment - Pediatric |
| 13. | C86A1 | String | 1 | Provides Ct Scanner |
| 14. | C86B1 | String | 1 | Provides Diagnostic Radioisotope Facility |
| 15. | C86C1 | String | 1 | Provides Electron Beam Computed Tomography (EBCT) |
| 16. | C86D1 | String | 1 | Provides Full-Field Digital Mammography (FFDM) |
| 17. | C86E1 | String | 1 | Provides Magnetic Resonance Imaging (MRI) |
| 18. | C86F1 | String | 1 | Provides Intraoperative Magnetic Resonance Imaging |
| 19. | C86G1 | Numeric | 1 | Provides Magnetoencephalography (MEG) |
| 20. | C86H1 | String | 1 | Provides Multi-Slice Spiral Computed Tomography (<64 + Slice Ct) |
| 21. | C86I1 | Numeric | 1 | Provides Multi-Slice Spiral Computed Tomography (64+ Slice) |
| 22. | C86J1 | Numeric | 1 | Provides Positron Emission Tomography (PET) |
| 23. | C86K1 | Numeric | 1 | Provides Positron Emission Tomography/CT (PET/ CT) |
| 24. | C86L1 | Numeric | 1 | Provides Single Photon Emission Computerized Tomography (SPECT) |
| 25. | C86M1 | String | 1 | Provides Ultrasound |
| 26. | C87A1 | String | 1 | Provides Image-Guided Radiation Therapy (IGRT) |
| 27. | C87B1 | String | 1 | Provides Intensity-Modulated Radiation Therapy (IMRT) |
| 28. | C87C1 | String | 1 | Provides Proton Beam Therapy |
| 29. | C87D1 | String | 1 | Provides Shaped Beam Radiation System |
| 30. | C87E1 | String | 1 | Provides Stereotactic Radiosurgery |
| 31. | C881 | String | 1 | Provides Robotic Surgery |
| 32. | C891 | String | 1 | Provides Rural Health Clinic |
| 33. | C901 | String | 1 | Provides Sleep Center |
| 34. | C911 | String | 1 | Provides Social Work Services |
| 35. | C921 | String | 1 | Provides Sports Medicine |
| 36. | C931 | String | 1 | Provides Support Groups |
| 37. | C941 | String | 1 | Provides Swing Bed Services |
| 38. | C951 | String | 1 | Provides Teen Outreach Services |
| 39. | C961 | String | 1 | Provides Tobacco Treatment / Cessation Program |
| 40. | C97A1 | String | 1 | Provides Telehealth: Consultation and Office Visits |
| 41. | C97B1 | String | 1 | Provides Telehealth: EICU |
| 42. | C97C1 | String | 1 | Provides Telehealth: Stroke Care |
| 43. | C97D1 | String | 1 | Provides Telehealth: Psychiatric and Addiction Treatment |
| 44. | C97E1 | String | 1 | Provides Remote Patient Monitoring: Post-Discharge |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 45. | C97E2 | String | 1 | Provides Remote Patient Monitoring: Ongoing Chronic Care Management |
| 46. | C97E3 | Numeric | 1 | Provides Remote Patient Monitoring: Other Remote Patient Monitoring |
| 47. | C97F1 | Numeric | 1 | Provides Other Telehealth |
| 48. | C98A1 | String | 1 | Provides Transplant Services: Bone Marrow |
| 49. | C98B1 | String | 1 | Provides Transplant Services: Heart |
| 50. | C98C1 | String | 1 | Provides Transplant Services: Kidney |
| 51. | C98D1 | String | 1 | Provides Transplant Services: Liver |
| 52. | C98E1 | String | 1 | Provides Transplant Services: Lung |
| 53. | C98F1 | String | 1 | Provides Transplant Services: Tissue |
| 54. | C98G1 | String | 1 | Provides Transplant Services: Other |
| 55. | C991 | String | 1 | Provides Transportation to Health Facilities (Non-Emergency) |
| 56. | C1001 | String | 1 | Provides Urgent Care Center |
| 57. | C101A1 | String | 1 | Provides Violence Prevention Programs: For the Workplace |
| 58. | C101B1 | String | 1 | Provides Violence Prevention Programs: For the Community |
| 59. | C1021 | String | 1 | Provides Virtual Colonoscopy |
| 60. | C1031 | String | 1 | Provides Volunteer Services Department |
| 61. | C1041 | String | 1 | Provides Women’s Health Center / Services |
| 62. | C1051 | String | 1 | Provides Wound Management Services |
| 63. | C1061A | String | 3 | Facility Does Routinely Integrate Behavioral Health Services in Emergency Services |
| 64. | C1061B | String | 3 | Facility Does Routinely Integrate Behavioral Health Services in Primary Care Services |
| 65. | C1061C | String | 3 | Facility Does Routinely Integrate Behavioral Health Services in Acute Inpatient Care |
| 66. | C1061D | String | 3 | Facility Does Routinely Integrate Behavioral Health Services in Extended Care |
| 67. | C107A1A | Numeric | 4 | Independent Practice Association (IPA): Number of Physicians |
| 68. | C107A2A | Numeric | 3 | Group Practice Without Walls: Number of Physicians |
| 69. | C107A3A | Numeric | 4 | Open Physician-Hospital Organization (PHO): Number of Physicians |
| 70. | C107A4A | Numeric | 4 | Closed Physician-Hospital Organization (PHO): Number of Physicians |
| 71. | C107A5A | Numeric | 3 | Management Service Organization (MSO): Number of Physicians |
| 72. | C107A6A | Numeric | 4 | Integrated Salary Model: Number of Physicians |
| 73. | C107A7A | Numeric | 2 | Equity Model: Number of Physicians |
| 74. | C107A8A | Numeric | 3 | Foundation: Number of Physicians |
| 75. | C107A9A | String | 4 | Other: Number of Physicians |
| 76. | C107A9A1 | String | 88 | Specify Other |
| 77. | C107A1B | Numeric | 3 | Independent Practice Association (IPA): Hospital Ownership Percentage Share |
| 78. | C107A1C | Numeric | 3 | Independent Practice Association (IPA): Physical Ownership Percentage Share |
| 79. | C107A1D | Numeric | 3 | Independent Practice Association (IPA): Parent Corporation Ownership Percentage Share |
| 80. | C107A1E | Numeric | 2 | Independent Practice Association (IPA): Insurance Ownership Percentage Share |
| 81. | C107A2B | Numeric | 3 | Group Practice Without Walls: Hospital Ownership Percentage Share |
| 82. | C107A2C | Numeric | 3 | Group Practice Without Walls: Physical Ownership Percentage Share |
| 83. | C107A2D | Numeric | 3 | Group Practice Without Walls: Parent Corporation Ownership Percentage Share |
| 84. | C107A2E | Numeric | 1 | Group Practice Without Walls: Insurance Ownership Percentage Share |
| 85. | C107A3B | Numeric | 3 | Open Physician-Hospital Organization (PHO): Hospital Ownership Percentage Share |
| 86. | C107A3C | Numeric | 3 | Open Physician-Hospital Organization (PHO): Physical Ownership Percentage Share |
| 87. | C107A3D | Numeric | 3 | Open Physician-Hospital Organization (PHO): Parent Corporation Ownership Percentage Share |
| 88. | C107E3E | Numeric | 2 | Open Physician-Hospital Organization (PHO): Insurance Ownership Percentage Share |
| 89. | C107A4B | Numeric | 3 | Closed Physician-Hospital Organization (PHO): Hospital Ownership Percentage Share |
| 90. | C107A4C | Numeric | 3 | Closed Physician-Hospital Organization (PHO): Physical Ownership Percentage Share |
| 91. | C107A4D | Numeric | 2 | Closed Physician-Hospital Organization (PHO): Parent Corporation Ownership Percentage Share |
| 92. | C107A4E | Numeric | 2 | Closed Physician-Hospital Organization (PHO): Insurance Ownership Percentage Share |
| 93. | C107A5B | Numeric | 3 | Management Service Organization (MSO): Hospital Ownership Percentage Share |
| 94. | C107A5C | Numeric | 3 | Management Service Organization (MSO): Physical Ownership Percentage Share |
| 95. | C107A5D | Numeric | 3 | Management Service Organization (MSO): Parent Corporation Ownership Percentage Share |
| 96. | C107A5E | Numeric | 1 | Management Service Organization (MSO): Insurance Ownership Percentage Share |
| 97. | C107A6B | Numeric | 3 | Integrated Salary Model: Hospital Ownership Percentage Share |
| 98. | C107A6C | Numeric | 3 | Integrated Salary Model: Physical Ownership Percentage Share |
| 99. | C107A6D | Numeric | 3 | Integrated Salary Model: Parent Corporation Ownership Percentage Share |
| 100. | C107A6E | Numeric | 1 | Integrated Salary Model: Insurance Ownership Percentage Share |
| 101. | C107A7B | Numeric | 3 | Equity Model: Hospital Ownership Percentage Share |
| 102. | C107A7C | Numeric | 3 | Equity Model: Physical Ownership Percentage Share |
| 103. | C107A7D | Numeric | 2 | Equity Model: Parent Corporation Ownership Percentage Share |
| 104. | C107A7E | Numeric | 1 | Equity Model: Insurance Ownership Percentage Share |
| 105. | C107A8B | Numeric | 3 | Foundation: Hospital Ownership Percentage Share |
| 106. | C107A8C | Numeric | 3 | Foundation: Physical Ownership Percentage Share |
| 107. | C107A8D | Numeric | 3 | Foundation: Parent Corporation Ownership Percentage Share |
| 108. | C107A8E | Numeric | 1 | Foundation: Insurance Ownership Percentage Share |
| 109. | C107A9B | String | 3 | Other: Hospital Ownership Percentage Share |
| 110. | C107A9C | String | 4 | Other: Physical Ownership Percentage Share |
| 111. | C107C9D | String | 4 | Other: Parent Corporation Ownership Percentage Share |
| 112. | C107A9E | String | 1 | Other: Insurance Ownership Percentage Share |
| 113. | C107B1A | Numeric | 3 | Hospital Owns Physician Practices: Solo Practice (Percentage) |
| 114. | C107B1B | Numeric | 3 | Hospital Owns Physician Practices: Solo Practice (Number of Physicians) |
| 115. | C107B2A | Numeric | 4 | Hospital Owns Physician Practices: Single Specialty Group (Percentage) |
| 116. | C107B2B | Numeric | 3 | Hospital Owns Physician Practices: Single Specialty Group (Number of Physicians) |
| 117. | C107B3A | Numeric | 5 | Hospital Owns Physician Practices: Multi-Specialty Group (Percentage) |
| 118. | C107B3B | Numeric | 4 | Hospital Owns Physician Practices: Multi-Specialty Group (Number of Physicians) |
| 119. | C107C1 | Numeric | 5 | Percentage of the Physician Practices owned by the Hospital that are Primary Care |
| 120. | C107D1 | Numeric | 5 | Percentage of the Physician Practices owned by the Hospital that are Specialty Care |
| 121. | C1081 | String | 4 | Based on 107A, Number of Physicians that are Engaged in an Arrangement with the Hospital that Allows for Joint Contracting with Payers or A Shared Responsibility for Financial Risk or Clinical Performance Between the Hospital and Physician |
| 122. | C109A1 | String | 3 | Hospital Participate in any Joint Venture Arrangements with Physicians or Physician Groups |
| 123. | C109BA | String | 1 | Joint Ventures with Physicians or Physician Groups, Hospital Participates in Limited Service Hospital |
| 124. | C109BB | String | 1 | Joint Ventures with Physicians or Physician Groups, Hospital Participates in Ambulatory Surgical Centers |
| 125. | C109BC | String | 1 | Joint Ventures with Physicians or Physician Groups, Hospital Participates in Imaging Centers |
| 126. | C109BD | String | 1 | Joint Ventures with Physicians or Physician Groups, Hospital Participates in Other |
| 127. | C109BD1 | String | 56 | Specify Other |
| 128. | C109CA | String | 1 | If Hospital Participates in Limited Service Hospital, does Facility Provides Cardiac Services |
| 129. | C109CB | String | 1 | If Hospital Participates in Limited Service Hospital, does Facility Provides Orthopedic Services |
| 130. | C109CC | String | 1 | If Hospital Participates in Limited Service Hospital, does Facility Provides Surgical Services |
| 131. | C109CD | String | 1 | If Hospital Participates in Limited Service Hospital, does Facility Provides Other Services |
| 132. | C109CD1 | String | 23 | Specify Other |
| 133. | C109D | String | 3 | Hospital Participate in Joint Venture Arrangements with Organizations Other Than Physician Groups |
|  |  | **Total** | **425** |  |

|  |  |  |  |  |
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| **HS19D1.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 17, Section D Insurance and Alternative Payment Models** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | D1 | String | 3 | Hospital Own or Jointly Own a Health Plan (Select the States) |
| 5. | D1AP | String | 1 | Armed Forces Pacific |
| 6. | D1AL | Numeric | 1 | Alabama |
| 7. | D1AK | Numeric | 1 | Alaska |
| 8. | D1AS | Numeric | 1 | American Samoa |
| 9. | D1AZ | Numeric | 1 | Arizona |
| 10. | D1AR | Numeric | 1 | Arkansas |
| 11. | D1AA | Numeric | 1 | Armed Forces Americas |
| 12. | D1CA | Numeric | 1 | California |
| 13. | D1CO | Numeric | 1 | Colorado |
| 14. | D1CT | Numeric | 1 | Connecticut |
| 15. | D1DE | Numeric | 1 | Delaware |
| 16. | D1DC | Numeric | 1 | District of Columbia |
| 17. | D1FL | Numeric | 1 | Florida |
| 18. | D1GA | Numeric | 1 | Georgia |
| 19. | G1GU | Numeric | 1 | Guam |
| 20. | D1HI | Numeric | 1 | Hawaii |
| 21. | D1ID | Numeric | 1 | Idaho |
| 22. | D1IL | Numeric | 1 | Illinois |
| 23. | D1IN | Numeric | 1 | Indiana |
| 24. | D1IA | Numeric | 1 | Iowa |
| 25. | D1KS | Numeric | 1 | Kansas |
| 26. | D1KY | Numeric | 1 | Kentucky |
| 27. | D1LA | Numeric | 1 | Louisiana |
| **Variables from Survey Page 17, Section D Insurance and Alternative Payment Models** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 28. | D1ME | Numeric | 1 | Maine |
| 29. | D1MD | Numeric | 1 | Maryland |
| 30. | D1MA | Numeric | 1 | Massachusetts |
| 31. | D1MI | Numeric | 1 | Michigan |
| 32. | D1MN | Numeric | 1 | Minnesota |
| 33. | D1MS | Numeric | 1 | Mississippi |
| 34. | D1MO | Numeric | 1 | Missouri |
| 35. | D1MT | Numeric | 1 | Montana |
| 36. | D1NE | Numeric | 1 | Nebraska |
| 37. | D1NV | Numeric | 1 | Nevada |
| 38. | D1NH | Numeric | 1 | New Hampshire |
| 39. | D1NJ | Numeric | 1 | New Jersey |
| 40. | D1NM | Numeric | 1 | New Mexico |
| 41. | D1NY | Numeric | 1 | New York |
| 42. | D1NC | Numeric | 1 | North Carolina |
| 43. | D1ND | Numeric | 1 | North Dakota |
| 44. | D1OH | Numeric | 1 | Ohio |
| 45. | D1OK | Numeric | 1 | Oklahoma |
| 46. | D1OR | Numeric | 1 | Oregon |
| 47. | D1PA | Numeric | 1 | Pennsylvania |
| 48. | D1PR | Numeric | 1 | Puerto Rico |
| 49. | D1RI | Numeric | 1 | Rhode Island |
| 50. | D1SC | Numeric | 1 | South Carolina |
| 51. | D1SD | Numeric | 1 | South Dakota |
| 52. | D1TN | Numeric | 1 | Tennessee |
| 53. | D1TX | Numeric | 1 | Texas |
| 54. | D1UT | Numeric | 1 | Utah |
| 55. | D1VT | Numeric | 1 | Vermont |
| 56. | D1VI | Numeric | 1 | U.S. Virgin Islands |
| 57. | D1VA | Numeric | 1 | Virginia |
| 58. | D1WA | Numeric | 1 | Washington |
| **Variables from Survey Page 17, Section D Insurance and Alternative Payment Models** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 59. | D1WV | Numeric | 1 | West Virginia |
| 60. | D1WI | Numeric | 1 | Wisconsin |
| 61. | D1WY | Numeric | 1 | Wyoming |
| 62. | D2 | String | 3 | System Own or Jointly Own a Health Plan (Select the States) |
| 63. | D2AP | Numeric | 1 | Armed Forces Pacific |
| 64. | D2AL | Numeric | 1 | Alabama |
| 65. | D2AK | Numeric | 1 | Alaska |
| 66. | D2AS | Numeric | 1 | American Samoa |
| 67. | D2AZ | Numeric | 1 | Arizona |
| 68. | D2AR | Numeric | 1 | Arkansas |
| 69. | D2AA | Numeric | 1 | Armed Forces Americas |
| 70. | D2CA | Numeric | 1 | California |
| 71. | D2CO | Numeric | 1 | Colorado |
| 72. | D2CT | Numeric | 1 | Connecticut |
| 73. | D2DE | Numeric | 1 | Delaware |
| 74. | D2DC | Numeric | 1 | District of Columbia |
| 75. | D2FL | Numeric | 1 | Florida |
| 76. | D2GA | Numeric | 1 | Georgia |
| 77. | D2GU | Numeric | 1 | Guam |
| 78. | D2HI | Numeric | 1 | Hawaii |
| 79. | D2ID | Numeric | 1 | Idaho |
| 80. | D2IL | Numeric | 1 | Illinois |
| 81. | D2IN | Numeric | 1 | Indiana |
| 82. | D2IA | Numeric | 1 | Iowa |
| 83. | D2KS | Numeric | 1 | Kansas |
| 84. | D2KY | Numeric | 1 | Kentucky |
| 85. | D2LA | Numeric | 1 | Louisiana |
| 86. | D2ME | Numeric | 1 | Maine |
| 87. | D2MD | Numeric | 1 | Maryland |
| 88. | D2MA | Numeric | 1 | Massachusetts |
| **Variables from Survey Page 17, Section D Insurance and Alternative Payment Models** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 89. | D2MI | Numeric | 1 | Michigan |
| 90. | D2MN | Numeric | 1 | Minnesota |
| 91. | D2MS | Numeric | 1 | Mississippi |
| 92. | D2MO | Numeric | 1 | Missouri |
| 93. | D2MT | Numeric | 1 | Montana |
| 94. | D2NE | Numeric | 1 | Nebraska |
| 95. | D2NV | Numeric | 1 | Nevada |
| 96. | D2NH | Numeric | 1 | New Hampshire |
| 97. | D2NJ | Numeric | 1 | New Jersey |
| 98. | D2NM | Numeric | 1 | New Mexico |
| 99. | D2NY | Numeric | 1 | New York |
| 100. | D2NC | Numeric | 1 | North Carolina |
| 101. | D2ND | Numeric | 1 | North Dakota |
| 102. | D2OH | Numeric | 1 | Ohio |
| 103. | D2OK | Numeric | 1 | Oklahoma |
| 104. | D2OR | Numeric | 1 | Oregon |
| 105. | D2PA | Numeric | 1 | Pennsylvania |
| 106. | D2PR | Numeric | 1 | Puerto Rico |
| 107. | D2RI | Numeric | 1 | Rhode Island |
| 108. | D2SC | Numeric | 1 | South Carolina |
| 109. | D2SD | Numeric | 1 | South Dakota |
| 110. | D2TN | Numeric | 1 | Tennessee |
| 111. | D2TX | Numeric | 1 | Texas |
| 112. | D2UT | Numeric | 1 | Utah |
| 113. | D2VT | Numeric | 1 | Vermont |
| 114. | D2VI | Numeric | 1 | U.S. Virgin Islands |
| 115. | D2VA | Numeric | 1 | Virginia |
| 116. | D2WA | Numeric | 1 | Washington |
| 117. | D2WV | Numeric | 1 | West Virginia |
| 118. | D2WI | Numeric | 1 | Wisconsin |
| 119. | D2WY | Numeric | 1 | Wyoming |
|  |  | **Total** | **132** |  |

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| **HS19D2.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 17-19, Section D Insurance and Alternative Payment Models** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | D3 | Numeric | 3 | Hospital/System Have A Significant Partnership with An Insurer on an Insurance Company/Health Plan |
| 5. | D3AP | Numeric | 1 | Armed Forces Pacific |
| 6. | D3AL | Numeric | 1 | Alabama |
| 7. | D3AK | Numeric | 1 | Alaska |
| 8. | D3AS | Numeric | 1 | American Samoa |
| 9. | D3AZ | Numeric | 1 | Arizona |
| 10. | D3AR | Numeric | 1 | Arkansas |
| 11. | D3AA | Numeric | 1 | Armed Forces Americas |
| 12. | D3CA | Numeric | 1 | California |
| 13. | D3CO | Numeric | 1 | Colorado |
| 14. | D3CT | Numeric | 1 | Connecticut |
| 15. | D3DE | Numeric | 1 | Delaware |
| 16. | D3DC | Numeric | 1 | District of Columbia |
| 17. | D3FL | Numeric | 1 | Florida |
| 18. | D3GA | Numeric | 1 | Georgia |
| 19. | D3GU | Numeric | 1 | Guam |
| 20. | D3HI | Numeric | 1 | Hawaii |
| 21. | D3ID | Numeric | 1 | Idaho |
| 22. | D3IL | Numeric | 1 | Illinois |
| 23. | D3IN | Numeric | 1 | Indiana |
| 24. | D3IA | Numeric | 1 | Iowa |
| 25. | D3KS | Numeric | 1 | Kansas |
| 26. | D3KY | Numeric | 1 | Kentucky |
| 27. | D3LA | Numeric | 1 | Louisiana |
| 28. | D3ME | Numeric | 1 | Maine |
| 29. | D3MD | Numeric | 1 | Maryland |
| 30. | D3MA | Numeric | 1 | Massachusetts |
| 31. | D3MI | Numeric | 1 | Michigan |
| 32. | D3MN | Numeric | 1 | Minnesota |
| 33. | D3MS | Numeric | 1 | Mississippi |
| 34. | D3MO | Numeric | 1 | Missouri |
| 35. | D3MT | Numeric | 1 | Montana |
| 36. | D3NE | Numeric | 1 | Nebraska |
| 37. | D3NV | Numeric | 1 | Nevada |
| 38. | D3NH | Numeric | 1 | New Hampshire |
| 39. | D3NJ | Numeric | 1 | New Jersey |
| 40. | D3NM | Numeric | 1 | New Mexico |
| 41. | D3NY | Numeric | 1 | New York |
| 42. | D3NC | Numeric | 1 | North Carolina |
| 43. | D3ND | Numeric | 1 | North Dakota |
| 44. | D3OH | Numeric | 1 | Ohio |
| 45. | D3OK | Numeric | 1 | Oklahoma |
| 46. | D3OR | Numeric | 1 | Oregon |
| 47. | D3PA | Numeric | 1 | Pennsylvania |
| 48. | D3PR | Numeric | 1 | Puerto Rico |
| 49. | D3RI | Numeric | 1 | Rhode Island |
| 50. | D3SC | Numeric | 1 | South Carolina |
| 51. | D3SD | Numeric | 1 | South Dakota |
| 52. | D3TN | Numeric | 1 | Tennessee |
| 53. | D3TX | Numeric | 1 | Texas |
| 54. | D3UT | Numeric | 1 | Utah |
| 55. | D3VT | Numeric | 1 | Vermont |
| 56. | D3VI | Numeric | 1 | U.S. Virgin Islands |
| 57. | D3VA | Numeric | 1 | Virginia |
| 58. | D3WA | Numeric | 1 | Washington |
| 59. | D3WV | Numeric | 1 | West Virginia |
| 60. | D3WI | Numeric | 1 | Wisconsin |
| 61. | D3WY | Numeric | 1 | Wyoming |
| D4: If Yes, To Either D1, D2 Or D3; D4 Indicates the Insurance Products and The Total Medical Enrollment | | | | |
| 62. | D4D1A | String | 1 | Medicare Advantage: Hospital |
| 63. | D4D1B | String | 1 | Medicare Advantage: System |
| 64. | D4D1C | String | 1 | Medicare Advantage: JV |
| 65. | D4D1D | String | 5 | Medicare Advantage: Medical Enrollment |
| 66. | D4D1E | String | 1 | Medicare Advantage: New Product |
| 67. | D4D1F | String | 1 | Medicare Advantage: No |
| 68. | D4D1G | String | 1 | Medicare Advantage: Don't Know |
| 69. | D4D2A | String | 1 | Medicaid Managed Care: Hospital |
| 70. | D4D2B | String | 1 | Medicaid Managed Care: System |
| 71. | D4D2C | String | 1 | Medicaid Managed Care: JV |
| 72. | D4D2D | String | 6 | Medicaid Managed Care: Medical Enrollment |
| 73. | D4D2E | String | 1 | Medicaid Managed Care: New Product |
| 74. | D4D2F | String | 1 | Medicaid Managed Care: No |
| 75. | D4D2G | String | 1 | Medicaid Managed Care: Do not know |
| 76. | D4D3A | String | 1 | Health Insurance Marketplace (exchange): Hospital |
| 77. | D4D3B | String | 1 | Health Insurance Marketplace (exchange): System |
| 78. | D4D3C | String | 1 | Health Insurance Marketplace (exchange): JV |
| 79. | D4D3D | String | 5 | Health Insurance Marketplace (exchange): Medical Enrollment |
| 80. | D4D3E | String | 1 | Health Insurance Marketplace (exchange): New Product |
| 81. | D4D3F | String | 1 | Health Insurance Marketplace (exchange): No |
| 82. | D4D3G | String | 1 | Health Insurance Marketplace (exchange): Do not know |
| 83. | D4D4A | String | 1 | Other Individual Market: Hospital |
| 84. | D4D4B | String | 1 | Other Individual Market: System |
| 85. | D4D4C | String | 1 | Other Individual Market: JV |
| 86. | D4D4D | String | 4 | Other Individual Market: Medical Enrollment |
| 87. | D4D4E | String | 1 | Other Individual Market: New Product |
| 88. | D4D4F | String | 1 | Other Individual Market: No |
| 89. | D4D4G | String | 1 | Other Individual Market: Do not know |
| 90. | D4D5A | String | 1 | Small Group: Hospital |
| 91. | D4D5B | String | 1 | Small Group: System |
| 92. | D4D5C | String | 1 | Small Group: JV |
| 93. | D4D5D | String | 5 | Small Group: Medical Enrollment |
| 94. | D4DE5 | String | 1 | Small Group: New Product |
| 95. | D4D5F | String | 1 | Small Group: No |
| 96. | D4D5G | String | 1 | Small Group: Do not know |
| 97. | D4D6A | String | 1 | Large Group: Hospital |
| 98. | D4D6B | String | 1 | Large Group: System |
| 99. | D4D6C | String | 1 | Large Group: JV |
| 100. | D4D6D | String | 6 | Large Group: Medical Enrollment |
| 101. | D4DE6 | String | 1 | Large Group: New Product |
| 102. | D4D6F | String | 1 | Large Group: No |
| 103. | D4D6G | String | 1 | Large Group: Do not know |
| 104. | D4D7A | String | 1 | Other: Hospital |
| 105. | D4D7B | String | 1 | Other: System |
| 106. | D4D7C | String | 1 | Other: JV |
| 107. | D4D7D | String | 5 | Other: Medical Enrollment |
| 108. | D4D7E | String | 1 | Other: New Product |
| 109. | D4D7F | String | 1 | Other: No |
| 110. | D4D7G | String | 1 | Other: Do not know |
| 111. | D4D7H | String | 45 | Specify Other |
| D5: Does the Health Plan Make Capitated Payments to Physicians Either Within or Outside the Network for Specific Groups or Entities | | | | |
| 112. | D5A | String | 11 | Physicians Within the Network |
| 113. | D5B | String | 11 | Physicians Outside the Network |
| D6: Does the Health Plan Make Bundled Payments to Providers in The Network or To Outside Providers | | | | |
| 114. | D6A | String | 11 | Providers Within the Network |
| 115. | D6B | String | 11 | Providers Outside the Network |
| D7: Does the Health Plan Offer Shared Risk Contracts to Either Providers in The Network or To Outside Providers (I.E. Other Than Capitation or Bundled Payment.) | | | | |
| 116. | D7A | String | 11 | Providers Within the Network |
| 117. | D7B | String | 11 | Providers Outside the Network |
| 118. | D8 | String | 3 | Does the Hospital or System Offer A Self-Administered Health Plan for The Employees |
| 119. | D91 | Numeric | 4 | What Percentage of The Hospital’s Patient Revenue Is Paid on A Capitated Basis |
| 120. | D9A1 | Numeric | 6 | N Total, How Many Enrollees Does the Facility Serve Under Capitated Contracts |
| D10A: If Hospital Participates in any Bundled Payment Arrangements, the Following Types of Payers the Hospital have a Bundled Payment Arrangement | | | | |
| 121. | D10A1 | Numeric | 1 | Traditional Medicare |
| 122. | D10A2 | Numeric | 1 | A Medicare Advantage Plan |
| 123. | D10A3 | Numeric | 1 | A Commercial Insurance Plan Including ACA Participants, individual, Group or Employer Markets |
| 124. | D10A4 | Numeric | 1 | Medicaid |
| D10B: If Hospital Participates in any Bundled Payment Arrangements, Following Medical/Surgical Conditions the Hospital have a Bundled Payment Arrangement | | | | |
| 125. | D10B1 | Numeric | 1 | Cardiovascular |
| 126. | D10B2 | Numeric | 1 | Orthopedic |
| 127. | D10B3 | Numeric | 1 | Oncologic |
| 128. | D10B4 | Numeric | 1 | Neurology |
| 129. | D10B5 | Numeric | 1 | Hematology |
| 130. | D10B6 | Numeric | 1 | Gastrointestinal |
| 131. | D10B7 | Numeric | 1 | Pulmonary |
| 132. | D10B8 | Numeric | 1 | Infectious disease |
| 133. | D10B9 | Numeric | 1 | Other |
| 134. | D10B9A | String | 32 | Specify Other |
| 135. | D10C1 | Numeric | 4 | Percentage of the Hospital’s Patient Revenue is Paid Through Bundled Payment Arrangements |
| 136. | D111 | String | 3 | Does the Hospital Participate in A Bundled Payment Program Involving Care Settings Outside of The Hospital (E.G., Physician, Outpatient, Post-Acute) |
| 137. | D11A1 | String | 3 | Alternative Payments Models: Does the Hospital Share Upside or Downside Risk for any of Those Outside Providers |
| 138. | D12 | Numeric | 4 | What Percentage of The Hospital’s Patient Revenue is Paid on a Shared Risk Basis (Other Than Capitated or Bundled Payment) |
| 139. | D131 | String | 3 | Does the Hospital Contract Directly with Employers or a Coalition of Employers to Provide Care on a Capitated, Predetermined, or Shared Risk Basis |
| 140. | D141 | String | 3 | Does the Hospital Have Contracts with Commercial Payors Where Payment is Tied to Performance on Quality/Safety Metrics |
| 141. | D15A | Numeric | 1 | Hospital or Health Care System Established an Accountable Care Organization (ACO) |
| D15B: the following types of payers does the hospital have an accountable care contact | | | | |
| 142. | D15B1 | Numeric | 1 | Traditional Medicare (MSSP And NextGen) |
| 143. | D15B2 | Numeric | 1 | A Medicare Advantage Plan |
| 144. | D15B3 | Numeric | 1 | A Commercial Insurance Plan (Including Aca Participants, Individual, Group, And Employer Markets) |
| 145. | D15B4 | Numeric | 1 | Medicaid |
| D15C: If Traditional Medicare is check in D15B, the following Medicare programs the hospital is participating | | | | |
| 146. | D15C1 | Numeric | 1 | MSSP Track 1 |
| 147. | D15C2 | Numeric | 1 | MSSP Track 2 |
| 148. | D15C3 | Numeric | 1 | MSSP Track 3 |
| 149. | D15C4 | Numeric | 1 | MSSP Track 1+ |
| 150. | D15C5 | Numeric | 1 | NextGen |
| 151. | D15C6 | Numeric | 1 | Comprehensive ESRD Care |
| 152. | D15D | Numeric | 4 | Percentage of The Hospital’s Patients Are Covered by Accountable Care Contracts |
| 153. | D15E | Numeric | 3 | Percentage of The Hospital’s Patient Revenue Came from ACO Contracts In 2019 |
| 154. | D16A | Numeric | 4 | Year the Hospital’s Last ACO Contract End |
| D16B: the following types of payers did the hospital have an accountable care contract with | | | | |
| 155. | D16B1 | Numeric | 1 | Traditional Medicare (MSSP and NextGen) |
| 156. | D16B2 | Numeric | 1 | A Medicare Advantage plan |
| 157. | D16B3 | Numeric | 1 | A commercial insurance plan (including ACA participants, individual, group, and employer markets) |
| 158. | D16B4 | Numeric | 1 | Medicaid |
| D16C: the following Medicare programs did the hospital participate | | | | |
| 159. | D16C1 | Numeric | 1 | MSSP Track 1 |
| 160. | D16C2 | Numeric | 1 | MSSP Track 2 |
| 161. | D16C3 | Numeric | 1 | MSSP Track 3 |
| 162. | D16C4 | Numeric | 1 | MSSP Track 1+ |
| 163. | D16C5 | Numeric | 1 | NextGen |
| 164. | D16C6 | Numeric | 1 | Pioneer |
| 165. | D16C7 | Numeric | 1 | Comprehensive ESRD Care |
| 166. | D16D | Numeric | 1 | How Many Commercial Accountable Care Contracts Has the Hospital Previously Been A Part Of |
| 167. | D171 | Numeric | 1 | Has the Hospital Ever Considered Participating in an ACO |
| D18: Any Hospitals and/or Physician Groups Within the System or the System Itself, Plan to Participate in any of the Following Risk Arrangements in the Next Three Years | | | | |
| 168. | D18A | String | 1 | Shared Savings/Losses |
| 169. | D18B | String | 1 | Bundled payment |
| 170. | D18C | String | 1 | Capitation |
| 171. | D18D | String | 1 | ACO (Ownership) |
| 172. | D18E | String | 1 | ACO (Joint venture) |
| 173. | D18F | String | 1 | Health Plan (Ownership) |
| 174. | D18G | String | 1 | Health Plan (Joint venture) |
| 175. | D18H | String | 1 | Other |
| 176. | D18I | String | 1 | None |
| 177. | D1181 | String | 25 | Specify Other |
| 178. | D19A | Numeric | 3 | Hospital has an Established Medical Home Program |
| 179. | D19B | Numeric | 3 | System has an Established Medical Home Program |
| 180. | D20A | String | 3 | Hospital Established a Clinically Integrated Network |
| 181. | D20B | String | 3 | System Established a Clinically Integrated Network |
|  |  | **Total** | **420** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HS19E1.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 21-27, Section E Total Facility Beds, Utilization, and Finances** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | ENH | String | 3 | Does your hospital own and operate a nursing home type unit / facility? |
| 5. | E1A1 | Numeric | 4 | Total Licensed Beds |
| 6. | E1A2 | Numeric | 2 | Total Licensed Beds Nursing Home Unit/Facility |
| 7. | E1B1 | Numeric | 4 | Beds Set Up and Staffed for Use at The End of The Reporting Period |
| 8. | E1B2 | Numeric | 2 | Beds Set Up and Staffed for Use at The End of The Reporting Period (Nursing Home Unit/Facility) |
| 9. | E1C1 | Numeric | 3 | Bassinets Set Up and Staffed for Use at The End of The Reporting Period |
| 10. | E1D1 | Numeric | 5 | Births (Exclude Fetal Deaths) |
| 11. | E1E1 | Numeric | 5 | Admissions (Exclude Newborns; Include Neonatal & Swing Admissions) |
| 12. | E1E2 | Numeric | 3 | Admissions (Exclude Newborns; Include Neonatal & Swing Admissions) (Nursing Home Unit/Facility) |
| 13. | E1F1 | Numeric | 6 | Inpatient Days (Exclude Newborns; Include Neonatal & Swing Days) |
| 14. | E1F2 | Numeric | 5 | Inpatient Days (Exclude Newborns; Include Neonatal & Swing Days) (Nursing Home Unit/Facility) |
| 15. | E1G1 | Numeric | 6 | Emergency Department Visits |
| 16. | E1H1 | Numeric | 7 | Total Outpatient Visits (Include Emergency Department Visits & Outpatient Surgeries) |
| 17. | E1I1 | Numeric | 5 | Inpatient Surgical Operations |
| 18. | E1J1 | Numeric | 5 | Number of Operating Rooms |
| 19. | E1K1 | Numeric | 5 | Outpatient Surgical Operations |
| 20. | E2A11 | Numeric | 5 | Total Medicare (Title XVIII) Inpatient Discharges (Including Medicare Managed Care) (Total Facility) |
| 21. | E2A12 | Numeric | 3 | Total Medicare (Title XVIII) Inpatient Discharges (Including Medicare Managed Care) (Nursing Home Unit/Facility) |
| 22. | E2A21 | Numeric | 5 | How Many Medicare Inpatient Discharges Were Medicare Managed Care (Total Facility) |
| 23. | E2A22 | Numeric | 3 | How Many Medicare Inpatient Discharges Were Medicare Managed Care (Nursing Home Unit/Facility) |
| 24. | E2B11 | Numeric | 6 | Total Medicare (Title XVIII) Inpatient Days (Including Medicare Managed Care) (Total Facility) |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 25. | E2B12 | Numeric | 4 | Total Medicare (Title XVIII) Inpatient Days (Including Medicare Managed Care) (Nursing Home Unit/Facility) |
| 26. | E2B21 | Numeric | 5 | How Many Medicare Inpatient Days Were Medicare Managed Care (Total Facility) |
| 27. | E2B22 | Numeric | 4 | How Many Medicare Inpatient Days Were Medicare Managed Care (Nursing Home Unit/Facility) |
| 28. | E2C11 | Numeric | 5 | Total Medicaid (Title XIX) Inpatient Discharges (Including Medicaid Managed Care) (Total Facility) |
| 29. | E2C12 | Numeric | 2 | Total Medicaid (Title XIX) Inpatient Discharges (Including Medicaid Managed Care) (Nursing Home Unit/Facility) |
| 30. | E2C21 | Numeric | 5 | How Many Medicaid Inpatient Discharges Were Medicaid Managed Care (Total Facility) |
| 31. | E2C22 | Numeric | 2 | How Many Medicaid Inpatient Discharges Were Medicaid Managed Care (Nursing Home Unit/Facility) |
| 32. | E2D11 | Numeric | 6 | Total Medicaid (Title XIX) Inpatient Days (Including Medicaid Managed Care) (Total Facility) |
| 33. | E2D12 | Numeric | 5 | Total Medicaid (Title XIX) Inpatient Days (Including Medicaid Managed Care) (Nursing Home Unit/Facility) |
| 34. | E2D21 | Numeric | 5 | How Many Medicaid Inpatient Days Were Medicaid Managed Care (Total Facility) |
| 35. | E2D22 | Numeric | 5 | How Many Medicaid Inpatient Days Were Medicaid Managed Care (Nursing Home Unit/Facility) |
| 36. | E3A1 | Numeric | 10 | Net Patient Revenue (Bad Debt is Treated as a Deduction from Revenue) (Total Facility) |
| 37. | E3A2 | Numeric | 7 | Net Patient Revenue (Bad Debt is Treated as a Deduction from Revenue) (Nursing Home Unit/Facility) |
| 38. | E3B1 | Numeric | 9 | Tax Appropriations (Total Facility) |
| 39. | E3C1 | Numeric | 9 | Other Operating Revenue (Total Facility) |
| 40. | E3D1 | Numeric | 9 | Non-Operating Revenue (Total Facility) |
| 41. | E3E1 | Numeric | 10 | Total Revenue (Add E3A Thru E3D For Total Facility) |
| 42. | E3E2 | Numeric | 7 | Total Revenue (Add E3A Thru E3D For Nursing Home Unit/Facility) |
| 43. | E3F1 | Numeric | 10 | Payroll Expenses (Only) (Total Facility) |
| 44. | E3F2 | Numeric | 7 | Payroll Expenses (Only) (Nursing Home Facility) |
| 45. | E3G1 | Numeric | 9 | Employee Benefits (Total Facility) |
| 46. | E3G2 | Numeric | 7 | Employee Benefits (Nursing Home Facility) |
| 47. | E3H1 | Numeric | 9 | Depreciation Expense (For Reporting Period Only) (Total Facility) |
| 48. | E3I1 | Numeric | 9 | Interest Expense (Total Facility) |
| 49. | E3J1 | Numeric | 9 | Pharmacy Expense (Total Facility) |
| 50. | E3K1 | Numeric | 9 | Supply Expense (Other Than Pharmacy) (Total Facility) |
| 51. | E3L1 | Numeric | 9 | All Other Expenses (Total Facility) |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 52. | E3M1 | Numeric | 10 | Total Expenses (Add E3F Thru E3L For Total Facility. Exclude Bad Debt) |
| 53. | E3M2 | Numeric | 7 | Total Expenses (Add 3F Thru 3L For Nursing Home. Exclude Bad Debt) |
| 54. | E3N1 | String | 3 | Does Total Expenses (E3M) Reflect Full Allocation from Corporate Office |
| 55. | E4A1 | Numeric | 10 | Total Gross Inpatient Revenue |
| 56. | E4B1 | Numeric | 10 | Total Gross Outpatient Revenue |
| 57. | E4C1 | Numeric | 11 | Total Gross Patient Revenue (E4A + E4B) |
| 58. | E5A1 | Numeric | 9 | Bad Debt (Revenue Forgone at Full Established Rates. Include in Gross Revenue) |
| 59. | E5B1 | Numeric | 10 | Financial Assistance (Includes Charity Care) (Revenue Forgone at Full-Established Rates. Include in Gross Revenue.) |
| 60. | E5C | String | 3 | Bad Debt (E5A) Reported on The Basis of Full Charges |
| 61. | E5D | String | 3 | State Have a Medicaid Provider Tax/Assessment Program |
| 62. | E5E | Numeric | 8 | If E5D is Yes, Please Report the Total Gross Amount Paid into The Program |
| 63. | E5F1 | String | 3 | Due to Different Accounting Standards Please Indicate Whether the Provider Tax/Assessment is Included in Total Expense |
| 64. | E5F2 | String | 3 | Due to Different Accounting Standards Please Indicate Whether the Provider Tax/Assessment is Included in Deductions from Net Patient Revenue |
| E6: Revenue by Payor (Report Total Facility Gross and Net Figures) | | | | |
| E6A: Government Revenue | | | | |
| 65. | E6A1A1 | Numeric | 10 | Medicare: Fee for Service Patient Revenue (Do Not Include DSH or 1115 Waiver Payments) (Gross) |
| 66. | E6A1A2 | Numeric | 9 | Medicare: Fee for Service Patient Revenue (Do Not Include DSH or 1115 Waiver Payments) (Net) |
| 67. | E6A1B1 | Numeric | 10 | Medicare: Managed Care Revenue (Gross) |
| 68. | E6A1B2 | Numeric | 9 | Medicare: Managed Care Revenue (Net) |
| 69. | E6A1C1 | Numeric | 10 | Medicare: Total (Gross) |
| 70. | E6A1C2 | Numeric | 10 | Medicare: Total (Net) |
| 71. | E6A2A1 | Numeric | 9 | Medicaid: Fee for Service Patient Revenue (Gross) |
| 72. | E6A2A2 | Numeric | 9 | Medicaid: Fee for Service Patient Revenue (Net) |
| 73. | E6A2B1 | Numeric | 10 | Medicaid: Managed Care Revenue (Gross) |
| 74. | E6A2B2 | Numeric | 9 | Medicaid: Managed Care Revenue (Net) |
| 75. | E6A2C1 | Numeric | 1 |  |
| 76. | E6A2C2 | Numeric | 8 | Medicaid: Medicaid Graduate Medical Education (GME) Payments (Net) |
| 77. | E6A2D1 | Numeric | 1 |  |
| 78. | E6A2D2 | Numeric | 8 | Medicaid: Medicaid Disproportionate Share Hospital Payments (DSH) (Net) |
| 79. | E6A2E1 | Numeric | 1 |  |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 80. | E6A2E2 | Numeric | 9 | Medicaid: Medicaid Supplemental Payments: Not Including Medicaid Disproportionate Share Hospital Payments (DSH) (Include Total Uncompensated Care Payments) (Net) |
| 81. | E6A2F1 | Numeric | 8 |  |
| 82. | E6A2F2 | Numeric | 9 | Medicaid: Other Medicaid (Include DSRIP) (Net) |
| 83. | E6A2G1 | Numeric | 10 | Medicaid: Total (Gross) |
| 84. | E6A2G2 | Numeric | 9 | Medicaid: Total (Net) |
| 85. | E6A31 | Numeric | 9 | Other Government (Gross) |
| 86. | E6A32 | Numeric | 9 | Other Government (Net) |
| E6B: Non-Government Revenue | | | | |
| 87. | E6B11 | Numeric | 10 | Self-Pay (Net) |
| 88. | E6B12 | Numeric | 10 | Self-Pay (Gross) |
| 89. | E6B2A1 | Numeric | 10 | Third-Party Payors: Managed Care (Includes HMO and PPO) (Gross) |
| 90. | E6B2A2 | Numeric | 10 | Third-Party Payors: Managed Care (Includes HMO and PPO) (Net) |
| 91. | E6B2B1 | Numeric | 10 | Third-Party Payors: Other Third-Party Payors (Gross) |
| 92. | E6B2B2 | Numeric | 10 | Third-Party Payors: Other Third-Party Payors (Net) |
| 93. | E6B2C1 | Numeric | 10 | Third-Party Payors: Total (Gross) |
| 94. | E6B2C2 | Numeric | 11 | Third-Party Payors: Total (Net) |
| 95. | E6B31 | Numeric | 9 | All Other Nongovernment (Gross) |
| 96. | E6B32 | Numeric | 9 | All Other Nongovernment (Net) |
| 97. | E6C1 | Numeric | 11 | Total Revenue (Gross) |
| 98. | E6C2 | Numeric | 10 | Total Revenue (Net) |
| 99. | E6D1 | Numeric | 9 | Medicaid Supplemental Payments on E62E (Inpatient) |
| 100. | E6D2 | Numeric | 9 | Medicaid Supplemental Payments on E62E (Outpatient) |
| 101. | E6E1 | Numeric | 3 | If the Facility is Government Owned (Control Codes 12-16), Does the Facility Participate in The Medicaid Intergovernmental Transfer or Certified Public Expenditures Program. |
| 102. | E6F1 | Numeric | 10 | If Yes to E6E1, Gross Revenue |
| 103. | E6F2 | Numeric | 9 | If Yes to E6E1, Net Revenue |
| 104. | E6G | String | 3 |  |
| 105. | E6H | String | 3 |  |
| 106. | E7A | Numeric | 7 | Financial Performance – Margin: Total Margin (Percentage) |
| 107. | E7B | Numeric | 7 | Financial Performance – Margin: Operating Margin (Percentage) |
| 108. | E7C | Numeric | 7 | Financial Performance – Margin: EBITDA Margin (Percentage) |
| 109. | E7D | Numeric | 9 | Financial Performance – Margin: Medicare Margin (Percentage) |
| 110. | E7E | Numeric | 9 | Financial Performance – Margin: Medicaid Margin (Percentage) |
| 111. | E8A | Numeric | 10 | Fixed Assets: Property, Plant and Equipment at Cost |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 112. | E8B | Numeric | 10 | Fixed Assets: Accumulated Depreciation |
| 113. | E8C | Numeric | 10 | Fixed Assets: Net Property, Plant and Equipment (A-B) |
| 114. | E8D | Numeric | 9 | Fixed Assets: Total Gross Square Feet of Your Physical Plant Used for Or in Support of Your Healthcare Activities |
| 115. | E9 | Numeric | 9 | Total Capital Expenses (Include All Expenses Used to Acquire Assets, Including Buildings, Remodeling Projects, Equipment or Property) |
| E10: Information Technology and Cybersecurity | | | | |
| 116. | E10A | Numeric | 9 | It Operating Expense |
| 117. | E10B | Numeric | 9 | It Capital Expense |
| 118. | E10C | Numeric | 5 | Number of Employed It Staff (In FTEs) |
| 119. | E10D | Numeric | 4 | Number of Outsourced It Staff (In FTEs) |
| 120. | E10E | Numeric | 6 | Percentage of It Budget is Spent on Security |
| E10F: Hospital or Health System Currently Deploy of the Following Cybersecurity Measures | | | | |
| 121. | E10F1 | Numeric | 1 | Annual Risk Assessment |
| 122. | E10F2 | Numeric | 1 | Incident Response Plan |
| 123. | E10F3 | Numeric | 1 | Intrusion Detection Systems |
| 124. | E10F4 | Numeric | 1 | Mobile Devices Encryption |
| 125. | E10F5 | Numeric | 1 | Mobile Device Data Wiping |
| 126. | E10F6 | String | 1 | Penetration Testing to Identify Security Vulnerabilities |
| 127. | E10F7 | String | 1 | Strong Password Requirements |
| 128. | E10F8 | Numeric | 1 | Two-Factor Authentication |
| 129. | E10G | String | 1 | Hospital or Health System Board Oversight of Risk Management and Reduction Specifically Include Consideration of Cybersecurity Risk |
| 130. | E10H | String | 1 | Hospital or Health System Have Cybersecurity Insurance |
| 131. | E10I | String | 1 | Hospital or Health System Participating in Cybersecurity Information-Sharing Activities with An Outside Information Sharing and Analysis Organization to Identify Threats and Vulnerabilities |
|  |  | **Total** | **855** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HS19E2.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 28-31, Section E Staffing** | | | | |
| E11: Staffing | | | | |
| 4. | E11A1 | Numeric | 4 | Physicians (Full-Time) |
| 5. | E11A2 | Numeric | 2 | Physicians (Part-Time) |
| 6. | E11A3 | Numeric | 6 | Physicians (FTE) |
| 7. | E11A4 | Numeric | 3 | Physicians (Vacancies) |
| 8. | E11B1 | Numeric | 1 | Dentists (Full-Time) |
| 9. | E11B2 | Numeric | 1 | Dentists (Part-Time) |
| 10. | E11B3 | Numeric | 1 | Dentists (FTE) |
| 11. | E11B4 | Numeric | 1 | Dentists (Vacancies) |
| 12. | E11C1 | Numeric | 4 | Medical Residents/Interns (Full-Time) |
| 13. | E11C2 | Numeric | 2 | Medical Residents/Interns (Part-Time) |
| 14. | E11C3 | Numeric | 6 | Medical Residents/Interns (FTE) |
| 15. | E11C4 | Numeric | 1 | Medical Residents/Interns (Vacancies) |
| 16. | E11D1 | Numeric | 5 | Dental Residents/Interns (Full-Time) |
| 17. | E11D2 | Numeric | 1 | Dental Residents/Interns (Part-Time) |
| 18. | E11D3 | Numeric | 1 | Dental Residents/Interns (FTE) |
| 19. | E11D4 | Numeric | 1 | Dental Residents/Interns (Vacancies) |
| 20. | E11E1 | Numeric | 3 | Other Trainees (Full-Time) |
| 21. | E11E2 | Numeric | 3 | Other Trainees (Part-Time) |
| 22. | E11E3 | Numeric | 6 | Other Trainees (FTE) |
| 23. | E11E4 | Numeric | 3 | Other Trainees (Vacancies) |
| 24. | E1F1 | Numeric | 5 | Registered Nurses (Full-Time) |
| 25. | E11F2 | Numeric | 4 | Registered Nurses (Part-Time) |
| 26. | E11F3 | Numeric | 7 | Registered Nurses (FTE) |
| 27. | E11F4 | Numeric | 3 | Registered Nurses (Vacancies) |
| 28. | E11G1 | Numeric | 5 | Licensed Practical (Vocational) Nurses (Full-Time) |
| 29. | E11G2 | Numeric | 2 | Licensed Practical (Vocational) Nurses (Part-Time) |
| 30. | E11G3 | Numeric | 6 | Licensed Practical (Vocational) Nurses (FTE) |
| 31. | E11G4 | Numeric | 2 | Licensed Practical (Vocational) Nurses (Vacancies) |
| 32. | E11H1 | Numeric | 4 | Nursing Assistive Personnel (Full-Time) |
| 33. | E11H2 | Numeric | 3 | Nursing Assistive Personnel (Part-Time) |
| 34. | E11H3 | Numeric | 7 | Nursing Assistive Personnel (FTE) |
| 35. | E11H4 | Numeric | 3 | Nursing Assistive Personnel (Vacancies) |
| 36. | E11I1 | Numeric | 5 | Radiology Technicians (Full-Time) |
| 37. | E11I2 | Numeric | 3 | Radiology Technicians (Part-Time) |
| 38. | E11I3 | Numeric | 6 | Radiology Technicians (FTE) |
| 39. | E11I4 | Numeric | 2 | Radiology Technicians (Vacancies) |
| 40. | E11J1 | Numeric | 4 | Laboratory Technicians (Full-Time) |
| 41. | E11J2 | Numeric | 3 | Laboratory Technicians (Part-Time) |
| 42. | E11J3 | Numeric | 6 | Laboratory Technicians (FTE) |
| 43. | E11J4 | Numeric | 3 | Laboratory Technicians (Vacancies) |
| 44. | E11K1 | Numeric | 4 | Pharmacists, Licensed (Full-Time) |
| 45. | E11K2 | Numeric | 2 | Pharmacists, Licensed (Part-Time) |
| 46. | E11K3 | Numeric | 6 | Pharmacists, Licensed (FTE) |
| 47. | E11K4 | Numeric | 2 | Pharmacists, Licensed (Vacancies) |
| 48. | E11L1 | Numeric | 4 | Pharmacy Technicians (Full-Time) |
| 49. | E11L2 | Numeric | 2 | Pharmacy Technicians (Part-Time) |
| 50. | E11L3 | Numeric | 6 | Pharmacy Technicians (FTE) |
| 51. | E11L4 | Numeric | 2 | Pharmacy Technicians (Vacancies) |
| 52. | E11M1 | Numeric | 4 | Respiratory Therapists (Full-Time) |
| 53. | E11M2 | Numeric | 2 | Respiratory Therapists (Part-Time) |
| 54. | E11M3 | Numeric | 6 | Respiratory Therapists (FTE) |
| 55. | E11M4 | Numeric | 2 | Respiratory Therapists (Vacancies) |
| 56. | E11N1 | Numeric | 5 | All Other Personnel (Full-Time) |
| 57. | E11N2 | Numeric | 4 | All Other Personnel (Part-Time) |
| 58. | E11N3 | Numeric | 8 | All Other Personnel (FTE) |
| 59. | E11N4 | Numeric | 4 | All Other Personnel (Vacancies) |
| 60. | E11O1 | Numeric | 6 | Total Facility Personnel (Full-Time) |
| 61. | E11O2 | Numeric | 4 | Total Facility Personnel (Part-Time) |
| 62. | E11O3 | Numeric | 8 | Total Facility Personnel (FTE) |
| 63. | E11O4 | Numeric | 4 | Total Facility Personnel (Vacancies) |
| 64. | E11P1 | Numeric | 2 | Nursing Home Type Unit/Facility Registered Nurses (Full-Time) |
| 65. | E11P2 | Numeric | 1 | Nursing Home Type Unit/Facility Registered Nurses (Part-Time) |
| 66. | E11P3 | Numeric | 5 | Nursing Home Type Unit/Facility Registered Nurses (FTE) |
| 67. | E11P4 | Numeric | 1 | Nursing Home Type Unit/Facility Registered Nurses (Vacancies) |
| 68. | E11Q1 | Numeric | 2 | Total Nursing Home Type Unit/Facility Personnel (Full-Time) |
| 69. | E11Q2 | Numeric | 2 | Total Nursing Home Type Unit/Facility Personnel (Part-Time) |
| 70. | E11Q3 | Numeric | 5 | Total Nursing Home Type Unit/Facility Personnel (FTE) |
| 71. | E11Q4 | Numeric | 1 | Total Nursing Home Type Unit/Facility Personnel (Vacancies) |
| 72. | E11R1 | Numeric | 7 | Number of Full Time Equivalents Who Are Involved in Direct Patient Care for Employed RNS FTEs Reported in E10E |
| E12: Privileged Physicians | | | | |
| 73. | E12A1 | Numeric | 3 | Primary Care (Total Employed) |
| 74. | E12A2 | Numeric | 3 | Primary Care (Total Individual Contract) |
| 75. | E12A3 | Numeric | 3 | Primary Care (Total Group Contract) |
| 76. | E12A4 | Numeric | 3 | Primary Care (Not Employed or Under Contract) |
| 77. | E12A5 | Numeric | 3 | Primary Care (Total Privileged) |
| 78. | E12B1 | Numeric | 2 | Emergency Medicine (Total Employed) |
| 79. | E12B2 | Numeric | 3 | Emergency Medicine (Total Individual Contract) |
| 80. | E12B3 | Numeric | 3 | Emergency Medicine (Total Group Contract) |
| 81. | E12B4 | Numeric | 3 | Emergency Medicine (Not Employed or Under Contract) |
| 82. | E12B5 | Numeric | 3 | Emergency Medicine (Total Privileged) |
| 83. | E12C1 | Numeric | 2 | Hospitalist (Total Employed) |
| 84. | E12C2 | Numeric | 3 | Hospitalist (Total Individual Contract) |
| 85. | E12C3 | Numeric | 3 | Hospitalist (Total Group Contract) |
| 86. | E12C4 | Numeric | 3 | Hospitalist (Not Employed or Under Contract) |
| 87. | E12C5 | Numeric | 3 | Hospitalist (Total Privileged) |
| 88. | E12D1 | Numeric | 2 | Intensivist (Total Employed) |
| 89. | E12D2 | Numeric | 3 | Intensivist (Total Individual Contract) |
| 90. | E12D3 | Numeric | 3 | Intensivist (Total Group Contract) |
| 91. | E12D4 | Numeric | 3 | Intensivist (Not Employed or Under Contract) |
| 92. | E12D5 | Numeric | 3 | Intensivist (Total Privileged) |
| 93. | E12E1 | Numeric | 3 | Radiologist/Pathologist/Anesthesiologist (Total Employed) |
| 94. | E12E2 | Numeric | 3 | Radiologist/Pathologist/Anesthesiologist (Total Individual Contract) |
| 95. | E12E3 | Numeric | 3 | Radiologist/Pathologist/Anesthesiologist (Total Group Contract) |
| 96. | E12E4 | Numeric | 3 | Radiologist/Pathologist/Anesthesiologist (Not Employed or Under Contract) |
| 97. | E12E5 | Numeric | 3 | Radiologist/Pathologist/Anesthesiologist (Total Privileged) |
| 98. | E12F1 | Numeric | 3 | Other Specialist (Total Employed) |
| 99. | E12F2 | Numeric | 3 | Other Specialist (Total Individual Contract) |
| 100. | E12F3 | Numeric | 4 | Other Specialist (Total Group Contract) |
| 101. | E12F4 | Numeric | 4 | Other Specialist (Not Employed or Under Contract) |
| 102. | E12F5 | Numeric | 4 | Other Specialist (Total Privileged) |
| 103. | E12G1 | Numeric | 4 | Total (Total Employed) |
| 104. | E12G2 | Numeric | 4 | Total (Total Individual Contract) |
| 105. | E12G3 | Numeric | 4 | Total (Total Group Contract) |
| 106. | E12G4 | Numeric | 4 | Total (Not Employed or Under Contract) |
| 107. | E12G5 | Numeric | 4 | Total (Total Privileged) |
| 108. | E13A | String | 3 | Hospitalists Provide Care for Patients in Your Hospital |
| 109. | E13B3 | Numeric | 5 | Total Number of Full-Time Equivalents (FTE) Hospitalists |
| 110. | E14A | String | 3 | Intensivists Provide Care for Patients in Your Hospital |
| E14B: If E14A is Yes, Reported Total Number of FTE Intensivists and Assign them to the Following Areas. Indicating Whether the Intensive Care Area is Closed to Intensivists. (Meaning that Only Intensivists are Authorized to Care for ICU Patients.) | | | | |
| 111. | E14B13 | Numeric | 5 | Medical-Surgical Intensive Care (FTE) |
| 112. | E14B131 | String | 1 | Medical-Surgical Intensive Care (Closed to Intensivists) |
| 113. | E14B23 | Numeric | 3 | Cardiac Intensive Care (FTE) |
| 114. | E14B232 | String | 1 | Cardiac Intensive Care (Closed to Intensivists) |
| 115. | E14B33 | Numeric | 3 | Neonatal Intensive Care (FTE) |
| 116. | E14B333 | String | 1 | Neonatal Intensive Care (Closed to Intensivists) |
| 117. | E14B43 | Numeric | 3 | Pediatric Intensive Care (FTE) |
| 118. | E14B434 | String | 1 | Pediatric Intensive Care (Closed to Intensivists) |
| 119. | E14B53 | Numeric | 4 | Other Intensive Care (FTE) |
| 120. | E14B535 | String | 1 | Other Intensive Care (Closed to Intensivists) |
| 121. | E14B63 | Numeric | 4 | Total (FTE) |
| 122. | E14B636 | String | 1 | Total (Closed to Intensivists) |
| 123. | E15A | String | 3 | Do Advanced Practice Nurses/Physician Assistants Provide Care for Patients in The Hospital |
| E15B: If E15A Yes, Number of Full Times, Part Time and FTE Advanced Practice Nurses/Physician Assistants Who Provide Care for Patients in the Hospital | | | | |
| 124. | E15BA | Numeric | 3 | Advanced Practice Registered Nurse: Full-Time |
| 125. | E15BB | Numeric | 3 | Advanced Practice Registered Nurse: Part-Time |
| 126. | E15BC | Numeric | 6 | Advanced Practice Registered Nurse: FTE |
| 127. | E15BD | Numeric | 3 | Physician Assistants: Full-Time |
| 128. | E15BE | Numeric | 2 | Physician Assistants: Part-Time |
| 129. | E15BF | Numeric | 6 | Physician Assistants: FTE |
| E15C: If E15A yes, type of service provided | | | | |
| 130. | E15CA | String | 1 | Primary Care |
| 131. | E15CB | String | 1 | Anesthesia Services (Certified Registered Nurse Anesthetist) |
| 132. | E15CC | String | 1 | Emergency Department Care |
| 133. | E15CD | String | 1 | Other Specialty Care |
| 134. | E15CE | String | 1 | Patient Education |
| 135. | E15CF | String | 1 | Case Management |
| 136. | E15CG | String | 1 | Other |
| 137. | E16A | String | 4 | Did the Facility Hire More Foreign-Educated Nurses (Including Contract or Agency Nurses) To Help Fill Rn Vacancies In 2019 Vs. 2018 |
| 138. | E16B1 | String | 1 | Recruiting Foreign-Educated Nurses from Africa |
| 139. | E16B2 | String | 1 | Recruiting Foreign-Educated Nurses from South Korea |
| 140. | E16B3 | String | 1 | Recruiting Foreign-Educated Nurses from Canada |
| 141. | E16B4 | String | 1 | Recruiting Foreign-Educated Nurses from Philippines |
| 142. | E16B5 | String | 1 | Recruiting Foreign-Educated Nurses from China |
| 143. | E16B6 | String | 1 | Recruiting Foreign-Educated Nurses from India |
| 144. | E16B7 | String | 1 | Recruiting Foreign-Educated Nurses from Other Country |
|  |  | **Total** | **454** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HS19FG.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| 4. | F1A | Numeric | 3 | Does the Hospital Provide Services Through Satellite Outpatient Departments |
| F1B: Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location | | | | |
| 5. | F1B1A | Numeric | 1 | Airway Endoscopy |
| 6. | F1B1B | Numeric | 3 | F1B1A: Number of On-Campus Sites |
| 7. | F1B1C | Numeric | 1 | F1B1A: Number of Off-Campus Sites |
| 8. | F1B2A | Numeric | 1 | Ambulatory Surgery |
| 9. | F1B2B | Numeric | 1 | F1B2A: Number of On-Campus Sites |
| 10. | F1B2C | Numeric | 1 | F1B2A: Number of Off-Campus Sites |
| 11. | F1B3A | Numeric | 1 | Blood Product Exchange |
| 12. | F1B3B | Numeric | 1 | F1B3A: Number of On-Campus Sites |
| 13. | F1B3C | Numeric | 1 | F1B3A: Number of Off-Campus Sites |
| 15. | F1B4B | Numeric | 1 | F1B4A: Number of On-Campus Sites |
| 16. | F1B4C | Numeric | 2 | F1B4A: Number of Off-Campus Sites |
| 17. | F1B5A | Numeric | 1 | Diagnostic/Screening Test and Related Procedures |
| 18. | F1B5B | Numeric | 2 | F1B5A: Number of On-Campus Sites |
| 19. | F1B5C | Numeric | 2 | F1B5A: Number of Off-Campus Sites |
| 20. | F1B6A | Numeric | 1 | Drug Administration and Clinical Oncology |
| 21. | F1B6B | Numeric | 1 | F1B6A: Number of On-Campus Sites |
| 22. | F1B6C | Numeric | 1 | F1B6A: Number of Off-Campus Sites |
| 23. | F1B7 | Numeric | 1 | Ear, Nose Throat (ENT) |
| 24. | F1B7B | Numeric | 3 | F1B7A: Number of On-Campus Sites |
| 25. | F1B7C | Numeric | 1 | F1B7A: Number of Off-Campus Sites |
| 26. | F1B8A | Numeric | 1 | General Surgery and Related Procedures |
| 27. | F1B8B | Numeric | 3 | F1B8A: Number of On-Campus Sites |
| 28. | F1B8C | Numeric | 1 | F1B8A: Number of Off-Campus Sites |
| 29. | F1B9A | Numeric | 1 | Gastrointestinal (GI) |
| 30. | F1B9B | Numeric | 2 | F1B9A: Number of On-Campus Sites |
| 31. | F1B9C | Numeric | 1 | F1B9A: Number of Off-Campus Sites |
| 32. | F1B10A | Numeric | 1 | Gynecology |
| 33. | F1B10B | Numeric | 3 | F1B10A: Number of On-Campus Sites |
| 34. | F1B10C | Numeric | 2 | F1B10A: Number of Off-Campus Sites |
| 35. | F1B11A | Numeric | 1 | Laboratory |
| 36. | F1B11B | Numeric | 2 | F1B11A: Number of On-Campus Sites |
| 37. | F1B11C | Numeric | 2 | F1B11A: Number of Off-Campus Sites |
| 38. | F1B12A | Numeric | 1 | Major Imaging |
| 39. | F1B12B | Numeric | 4 | F1B12A: Number of On-Campus Sites |
| 40. | F12B12C | Numeric | 2 | F1B12A: Number of Off-Campus Sites |
| 41. | F1B13A | Numeric | 1 | Minor Imaging |
| 42. | F1B13B | Numeric | 4 | F1B13A: Number of On-Campus Sites |
| 43. | F1B13C | Numeric | 2 | F1B13A: Number of Off-Campus Sites |
| 44. | F1B14A | Numeric | 1 | Musculoskeletal Surgery |
| 45. | F1B14B | Numeric | 2 | F1B14A: Number of On-Campus Sites |
| 46. | F1B14C | Numeric | 1 | F1B14A: Number of Off-Campus Sites |
| 47. | F1B15A | Numeric | 1 | Nervous System Procedures |
| 48. | F1B15B | Numeric | 1 | F1B15A: Number of On-Campus Sites |
| 49. | F1B15C | Numeric | 1 | F1B15A: Number of Off-Campus Sites |
| 50. | F1B16A | Numeric | 1 | Ophthalmology |
| 51. | F1B16B | Numeric | 3 | F1B16A: Number of On-Campus Sites |
| 52. | F1B16C | Numeric | 2 | F1B16A: Number of Off-Campus Sites |
| 53. | F1B17A | Numeric | 1 | Pathology |
| 54. | F1B17B | Numeric | 1 | F1B17A: Number of On-Campus Sites |
| 55. | F1B17C | Numeric | 2 | F1B17A: Number of Off-Campus Sites |
| 56. | F1B18A | Numeric | 1 | Primary Care |
| 57. | F1B18B | Numeric | 2 | F1B18A: Number of On-Campus Sites |
| 58. | F1B18C | Numeric | 2 | F1B18A: Number of Off-Campus Sites |
| 59. | F1B19A | Numeric | 1 | Psychiatric Care |
| 60. | F1B19B | Numeric | 1 | F1B19A: Number of On-Campus Sites |
| 61. | F1B19C | Numeric | 2 | F1B19A: Number of Off-Campus Sites |
| 62. | F1B20A | Numeric | 1 | Radiation Oncology |
| 63. | F1B20B | Numeric | 1 | F1B20A: Number of On-Campus Sites |
| 64. | F1B20C | Numeric | 1 | F1B20A: Number of Off-Campus Sites |
| 65. | F1B21A | Numeric | 1 | Rehabilitation |
| 66. | F1B21B | Numeric | 1 | F1B21A: Number of On-Campus Sites |
| 67. | F1B21C | Numeric | 2 | F1B21A: Number of Off-Campus Sites |
| 68. | F1B22A | Numeric | 1 | Skilled Nursing |
| 69. | F1B22B | Numeric | 1 | F1B22A: Number of On-Campus Sites |
| 70. | F1B22C | Numeric | 1 | F1B22A: Number of Off-Campus Sites |
| 71. | F1B23A | Numeric | 1 | Substance Abuse/Chemical Dependency |
| 72. | F1B23B | Numeric | 1 | F1B23A: Number of On-Campus Sites |
| 73. | F1B23C | Numeric | 1 | F1B23A: Number of Off-Campus Sites |
| 74. | F1B24A | Numeric | 1 | Urgent Care |
| 75. | F1B24B | Numeric | 1 | F1B24A: Number of On-Campus Sites |
| 76. | F1B24C | Numeric | 1 | F1B24A: Number of Off-Campus Sites |
| 77. | F1B25A | Numeric | 1 | Urology |
| 78. | F1B25B | Numeric | 3 | F1B25A: Number of On-Campus Sites |
| 79. | F1B25C | Numeric | 1 | F1B25A: Number of Off-Campus Sites |
| 80. | F1B26A | Numeric | 1 | Vascular/Endovascular/Cardiovascular |
| 81. | F1B26B | Numeric | 1 | F1B26A: Number of On-Campus Sites |
| 82. | F1B26C | Numeric | 1 | F1B26A: Number of Off-Campus Sites |
| 83. | F1B27A | Numeric | 1 | Visits and Related Services |
| 84. | F1B27B | Numeric | 5 | F1B27A: Number of On-Campus Sites |
| 85. | F1B27C | Numeric | 2 | F1B27A: Number of Off-Campus Sites |
| 86. | F1B28A | Numeric | 1 | Other |
| 87. | F1B28B | Numeric | 4 | F1B28A: Number of On-Campus Sites |
| 88. | F1B28C | Numeric | 2 | F1B28A: Number of Off-Campus Sites |
| 89. | F1B28C1 | String | 254 | F1B28A: Specify |
| 90. | F2 | String | 3 | Hospital Participates in A Group Purchasing Arrangement |
| 91. | B3ENAME | String | 43 | F2: 1St Name |
| 92. | B3ECITY | String | 14 | F2: 1St City |
| 93. | B3ESTATE | String | 2 | F2: 1St State |
| 94. | F2B4 | String | 48 | F2: 2Nd Name |
| 95. | F2B5 | String | 12 | F2: 2Nd City |
| 96. | F2B6 | String | 2 | F2: 2Nd State |
| 97. | F2B7 | String | 51 | F2: 3Rd Name |
| 98. | F2B8 | String | 12 | F2: 3Rd City |
| 99. | F2B9 | String | 2 | F2: 3Rd State |
| 100. | F3C | String | 3 | Hospital Purchase Medical/Surgical Supplies Directly Through A Distributor |
| 101. | F3C1 | String | 61 | F3C: 1St Distributor’s Name |
| 102. | F3C2 | String | 42 | F3C: 2Nd Distributor’s Name |
| 103. | F3C3 | String | 33 | F3C: 3Rd Distributor’s Name |
| 104. | F4D | String | 3 | If Hospital Hired RNS During the Reporting Period, How Many Were New Graduates from Nursing Schools |
| F5: Description of the extent of the hospital’s current partnerships with the following types of organizations for community or population health improvement initiatives | | | | |
| 105. | F5A | Numeric | 15 | Health Care Providers Outside Your System |
| 106. | F5B | Numeric | 15 | Local or State Public Health Organizations |
| 107. | F5C | Numeric | 15 | Local or State Human/Social Service Organizations |
| 108. | F5D | Numeric | 15 | Other Local or State Government |
| 109. | F5E | Numeric | 15 | Non-Profit Organizations |
| 110. | F5F | Numeric | 15 | Faith-Based Organizations |
| 111. | F5G | Numeric | 15 | Health Insurance Companies |
| 112. | F5H | Numeric | 15 | Schools |
| 113. | F5I | Numeric | 15 | Local Businesses or Chambers of Commerce |
| 114. | F5J | Numeric | 15 | National Business |
| 115. | F5K | Numeric | 15 | Other |
| 116. | F5JA | String | 45 | Other Specified |
| 117. | F6 | String | 3 | Does the Hospital Have an Established Patient and Family Advisory Council That Meets Regularly to Actively Engage the Perspectives of Patients and Families |
| 118. | F7A | String | 4 | Does the Hospital Have A Policy or Guidelines That Facilitate Unrestricted Access, 24 Hours A Day, To Hospitalized Patients by Family and Other Partners in Care According to Patient Preference |
| 119. | F8A | Numeric | 2 | Ownership of The Hospital |
| 120. | F8B1 | Numeric | 3 | Did the Ownership of The Facility Change During This Reporting Period or From the Previous Reporting Period |
| 121. | F8B | String | 20 | Previous Ownership Before the Change |
| 122. | F8C1 | String | 10 | National Provider Identifier (NPI) |
| 123. | F8C2 | Numeric | 11 |  |
| 124. | F8D | String | 10 | Hospital License Number |
| **Variables from Survey Page 35, Section G Inpatient Newborn Care** | | | | |
| 125. | G1 | Numeric | 5 | Total Number of Deliveries for The Fiscal Year |
| 126. | G2 | Numeric | 3 | Number of Newborns Transferred from The Hospital to Other Hospitals for Neonatal Care If the Hospital Does Not Have A Neonatal Intensive Care Unit |
| G3: If Hospital Has A Neonatal Intensive Care Unit | | | | |
| 127. | G3A | Numeric | 4 | Number of Newborns Admitted to The Unit as Transfers from Other Hospitals |
| 128. | G3B | Numeric | 3 | Number of Newborns Transferred from The Hospital to Other Hospitals for Further Inpatient Care |
| 129. | G3C | Numeric | 4 | Number of Newborns Delivered at Your Hospital and Admitted to Your Neonatal Intensive Care Unit |
| 130. | G4 | Numeric | 2 | Facility’s Highest Level of Neonatal Intensive Care on The Last Day Of 2019 Fiscal Year |
| 131. | G5 | String | 3 | Is the Day-To-Day Operation of The Hospital’s Neonatal Care Unit Contracted Out |
| 132. | G5A | String | 38 | Organization’s Name |
| 133. | G5B | String | 30 | Organization’s City |
| 134. | G5C | String | 2 | Organization’s State |
|  |  | **Total** | **1093** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HS19HJ.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | YEAR | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 37, Section H Psychiatric, Alcoholism/Chemical Dependency, Mental Retardation and Partial Hospitalization Care** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| H1: Inpatient Care/Partial Hospitalization. | | | | |
| 4. | H1A1 | Numeric | 4 | Psychiatric, 30 Days or Less: Admissions |
| 5. | H1A2 | Numeric | 4 | Psychiatric, 30 Days or Less: Discharges |
| 6. | H1A3 | Numeric | 5 | Psychiatric, 30 Days or Less: Inpatient Days/Visits |
| 7. | H1B1 | Numeric | 4 | Psychiatric, More Than 30 Days: Admissions |
| 8. | H1B2 | Numeric | 4 | Psychiatric, More Than 30 Days: Discharges |
| 9. | H1B3 | Numeric | 6 | Psychiatric, More Than 30 Days: Inpatient Days/Visits |
| 10. | H1C1 | Numeric | 4 | Chemical Dependency (Including Alcoholism): Admissions |
| 11. | H1C2 | Numeric | 4 | Chemical Dependency (Including Alcoholism): Discharges |
| 12. | H1C3 | Numeric | 6 | Chemical Dependency (Including Alcoholism): Inpatient Days/Visits |
| 13. | H1D1 | Numeric | 3 | Mental Retardation: Admissions |
| 14. | H1D2 | Numeric | 3 | Mental Retardation: Discharges |
| 15. | H1D3 | Numeric | 5 | Mental Retardation: Inpatient Days/Visits |
| 16. | H1E1 | Numeric | 4 | Partial Hospitalization: Admissions |
| 17. | H1E2 | Numeric | 4 | Partial Hospitalization: Discharges |
| 18. | H1E3 | Numeric | 5 | Partial Hospitalization: Inpatient Days/Visits |
| H2: Psychiatric and Chemical Dependency (Including Alcoholism) Outpatient Visits | | | | |
| 19. | H2A1 | Numeric | 5 | Emergency: Psychiatric Visits |
| 20. | H2A2 | Numeric | 4 | Emergency: Chemical Dependency Visits |
| 21. | H2B1 | Numeric | 5 | Clinic/Other: Psychiatric Visits |
| 22. | H2B2 | Numeric | 5 | Clinic/Other: Chemical Dependency Visits |
| 23. | H2C1 | Numeric | 6 | Total: Psychiatric Visits |
| 24. | H2C2 | Numeric | 5 | Total: Chemical Dependency Visits |
| **Variables from Survey Page 37-39, Section I Inpatient and Outpatient Bad Debt and Charity Charges** | | | | |
| 25. | I1A | Numeric | 9 | Inpatient Bad Debt Charges |
| 26. | I1B | Numeric | 9 | Outpatient Bad Debt Charges |
| 27. | I1C | Numeric | 10 | Total Bad Debt Charges |
| 28. | I1D | Numeric | 9 | Bad Debt from Uninsured Patients |
| 29. | I1D1 | Numeric | 9 | Inpatient Bad Debt Charges from Uninsured Patients |
| 30. | I1D2 | Numeric | 8 | Inpatient Bad Debt Charges from Uninsured Patients Meeting Trauma Eligibility |
| 31. | I1D3 | Numeric | 9 | Outpatient Bad Debt Charges from Uninsured Patients |
| 32. | I1D4 | Numeric | 8 | Outpatient Bad Debt Charges from Uninsured Patients Meeting Trauma Eligibility |
| 33. | I1D5 | Numeric | 8 | State Government Payments |
| 34. | I1D6 | Numeric | 7 | Local Government Payments |
| 35. | I1D7 | Numeric | 8 | Patient Payments from Uninsured Patients |
| 36. | I1D8 | Numeric | 7 | Other Third-Party Payments for Uninsured Patients |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 37. | I1E | Numeric | 9 | Bad Debt from Partially Insured Patients |
| 38. | I1E1 | Numeric | 9 | Inpatient Bad Debt Charges from Partially Insured Patients |
| 39. | I1E2 | Numeric | 8 | Inpatient Bad Debt Charges from Partially Insured Patients Meeting Trauma Eligibility |
| 40. | I1E3 | Numeric | 9 | Outpatient Bad Debt Charges from Partially Insured Patients |
| 41. | I1E4 | Numeric | 8 | Outpatient Bad Debt Charges from Partially Insured Patients Meeting Trauma Eligibility |
| 42. | I1E5 | Numeric | 9 | Private Insurance Payments from Partially Insured Patients |
| 43. | I1E6 | Numeric | 8 | Patient Payments from Partially Insured Patients |
| 44. | I1E7 | Numeric | 8 | Other Third-Party Payments for Partially Insured Patients |
| 45. | I2A | Numeric | 9 | Inpatient Charity Charges |
| 46. | I2B | Numeric | 10 | Outpatient Charity Charges |
| 47. | I2C | Numeric | 10 | Total Charity Charges |
| 48. | I2D | Numeric | 9 | Inpatient Charity Charges Meeting Trauma Eligibility |
| 49. | I2E | Numeric | 8 | Outpatient Charity Changes Meeting Trauma Eligibility |
| 50. | I2F | Numeric | 10 | State Government Payments for Specific Charity Patients |
| 51. | I2G | Numeric | 9 | Local Government Payments for Specific Charity Patients |
| 52. | I2H | Numeric | 8 | Private Insurance Payments for Charity Patients |
| 53. | I2I | Numeric | 9 | Patient Payments for Charity Care |
| 54. | I2J | Numeric | 8 | Other Third-Party Payments for Charity Care Patients |
| 55. | I2K | Numeric | 5 | Federal Poverty Level Percentage for Eligibility as Financially Indigent |
| 56. | I3A | Numeric | 9 | Local Government - Inpatient Care Only (County, City) |
| 57. | I3B | Numeric | 8 | State Government - Inpatient Care Only (CSHCN, Kidney Health Care, Etc.) |
| 58. | I4A | Numeric | 5 | Total Number of Newborn Nursery Days |
| 59. | I4B | Numeric | 4 | Total Number of Swing Bed Inpatient Days That the Swing Beds Were Used in The Provision of Swing Services |
| 60. | I5 | Numeric | 4 | Total Number of Inpatient Days Attributable to Individuals Eligible for Medicaid In Another State (Exclude Medicaid Days Reported in E2D1) |
| **Variables from Survey Page 39-43, Section J Other Financial and Utilization Data** | | | | |
| J1A: Gross Patient Service Revenue from Selected Government Sources | | | | |
| 61. | J1A1A | Numeric | 9 | Medicaid: Fee for Service Patient Revenue |
| 62. | J1A1B | Numeric | 10 | Medicaid: Managed Care Revenue |
| 63. | J1A1C | Numeric | 10 | Medicaid: Total |
| 64. | J1A2A | Numeric | 9 | Local Government (County, City) |
| 65. | J1A2B | Numeric | 9 | State Government (CSHCN, Kidney Health Care, Chip, Etc.) |
| 66. | J1A2CA | String | 48 | Other Government |
| 67. | J1A2C | Numeric | 9 | Specify Other Government |
| 68. | J1A2D | Numeric | 9 | Total Other Government |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| J1B: Net Patient Service Revenue from Selected Government Sources | | | | |
| 69. | J1B1 | Numeric | 8 | Trauma |
| 70. | J1B2 | Numeric | 8 | Tobacco Settlement |
| 71. | J1B3 | Numeric | 5 | Kidney Health |
| 72. | J1B4 | Numeric | 8 | Children with Special Health Care Needs |
| 73. | J1B5 | Numeric | 7 | Crime Victims |
| 74. | J1B6A | Numeric | 7 | Local: County Indigent |
| 75. | J1B6B | Numeric | 9 | Local: Hospital District |
| 76. | J1B6C | Numeric | 8 | Local: City/County Government |
| 77. | J1B7 | Numeric | 9 | Federal Government |
| 78. | J1B8 | Numeric | 8 | Other Government Revenue |
| 79. | J1B8A | String | 50 | Specify Type of Other Government |
| 80. | J1C | Numeric | 8 | Medicaid Disproportionate Share Hospital Payments (DSH) |
| 81. | J1D1 | Numeric | 9 | DSRIP (Delivery System Reform Incentive Payments) (Includes in Net Another Medicaid E6A2F) |
| 82. | J1D2 | Numeric | 9 | Uncompensated Care Payments |
| 83. | J1E1 | Numeric | 11 | Amount of Total Hospital Assets |
| 84. | J1E2 | Numeric | 11 | Amount of Total Hospital Liabilities and Fund Balance |
| 85. | J1F | Numeric | 9 | Charitable Contributions Received by The Hospital During This Fiscal Year (Exclude Contributions Which Are Restricted to Capital Expenditure Usage) |
| J2: Admissions | | | | |
| 86. | J2A1 | Numeric | 5 | Medicare (Title XVIII) (Including Medicare Managed Care) |
| 87. | J2A1A | Numeric | 5 | Medicare Managed Care |
| 88. | J2A2 | Numeric | 5 | Medicaid (Title XIX) (Including Medicaid Managed Care) |
| 89. | J2A2A | Numeric | 5 | Medicaid Managed Care |
| 90. | J2A3A | Numeric | 4 | Local Government Admissions (County, City) |
| 91. | J2A3B | Numeric | 4 | State Government Admissions (CSHCN, Kidney Health Care, Chip, Etc.) |
| 92. | J2A3C | Numeric | 4 | Other Government Admissions (Tricare, Formerly Known As CHAMPUS.) |
| 93. | J2A3D | Numeric | 4 | Total Other Government (J2A3A+J2A3B+J2A3C) |
| 94. | J2A4 | Numeric | 5 | Total Government Sources of Revenue Admissions (J2A1+J2A2+J2A3D) |
| 95. | J2B1 | Numeric | 5 | Self-Pay |
| 96. | J2B2A | Numeric | 5 | HMO Admissions |
| 97. | J2B2B | Numeric | 5 | PPO Admissions |
| 98. | J2B2C | Numeric | 5 | Other Third-Party Payor Admissions |
| 99. | J2B2D | Numeric | 5 | Total Non-Government Third-Party Payors Admissions (J2B2A+J2B2B+J2B2C) |
| 100. | J2B31 | String | 35 | Specify Other Non-Government |
| 101. | J2B3 | Numeric | 4 | Other Non-Government |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 102. | J2B4 | Numeric | 5 | Total Non-Government Sources of Revenue Admissions (J2B1+J2B2D+J2B3) |
| 103. | J2C | Numeric | 5 | Total Admissions (J2A4+J2B4) |
| 104. | J3A | Numeric | 6 | General Medical-Surgical Care Inpatient Days |
| 105. | J3B | Numeric | 5 | Pediatric Medical-Surgical Care Inpatient Days |
| 106. | J3C | Numeric | 5 | Cardiac Intensive Care Inpatient Days |
| 107. | J3D | Numeric | 5 | Pediatric Intensive Care Inpatient Days |
| 108. | J3E | Numeric | 5 | Obstetric Care Inpatient Days |
| 109. | J4A | Numeric | 5 | Total Discharges |
| 110. | J4B | Numeric | 6 | Total Discharge Days |
| 111. | J4C1A | Numeric | 5 | Routine Medicare |
| 112. | J4C1B | Numeric | 7 | Routine Medicare |
| 113. | J4C1C | Numeric | 9 | Routine Medicare |
| 114. | J4C1D | Numeric | 10 | Routine Medicare |
| 115. | J4C2A | Numeric | 5 | Medicare Managed Care (ER Visits) |
| 116. | J4C2B | Numeric | 7 | Medicare Managed Care (Outpatient Visits) |
| 117. | J4C2C | Numeric | 9 | Medicare Managed Care (ER Revenue) |
| 118. | J4C2D | Numeric | 9 | Medicare Managed Care (Outpatient Revenue) |
| 119. | J4C3A | Numeric | 5 | Routine Medicaid (ER Visits) |
| 120. | J4C3B | Numeric | 6 | Routine Medicaid (Outpatient Visits) |
| 121. | J4C3C | Numeric | 8 | Routine Medicaid (ER Revenue) |
| 122. | J4C3D | Numeric | 9 | Routine Medicaid (Outpatient Revenue) |
| 123. | J4C4A | Numeric | 5 | Medicaid Managed Care (ER Visits) |
| 124. | J4C4B | Numeric | 7 | Medicaid Managed Care (Outpatient Visits) |
| 125. | J4C4C | Numeric | 9 | Medicaid Managed Care (ER Revenue) |
| 126. | J4C4D | Numeric | 13 | Medicaid Managed Care (Outpatient Revenue) |
|  |  | **Total** | **973** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HS19KQ.DBF** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 1. | D\_R | String | 1 | Blank Field, Auto Created |
| 2. | FID | Numeric | 7 | Facility Identification Code |
| 3. | Year | Numeric | 4 | Reporting Year |
|  |  |  |  |  |
| **Variables from Survey Page 43-45, Section K Immunizations and Perinatal Disease Prevention** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 4. | KA | String | 168 | Immunization - Person Completing Survey: Name |
| 5. | KB | String | 42 | Immunization - Person Completing Survey: Phone |
| 6. | KC | String | 15 | Immunization - Person Completing Survey: Phone Extension |
| 7. | KD | String | 72 | Immunization - Person Completing Survey:  Professional Category |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 8. | KDA | String | 111 | Immunization - Person Completing Survey:  Professional Category (Other) |
| 9. | KE | String | 75 | Immunization - Person Completing Survey: Title |
| 10. | K1A | String | 9 | Hospital Provide Inpatient Labor and Delivery Services |
| 11. | K1B | String | 9 | Hospital Have A Policy and Standing Orders to Test All Pregnant Women for Hepatitis B Surface Antigen (HBSAG) Upon Admission for Delivery |
| 12. | K1C | String | 9 | Hospital Have A Protocol for Informing the Pediatric Health Care Provider That an Infant Was Born to An HBSAG Positive Woman or Woman Of HBSAG-Unknown Status |
| 13. | K1D | String | 9 | Hospital Have A Policy and Standing Orders to Administer Hepatitis B Immune Globulin (HBIG) Within 12 Hours of Delivery for All Infants Born to HBSAG Positive Women |
| 14. | K1E | String | 9 | Hospital Have A Policy and Standing Orders to Administer A Dose of Hepatitis B Vaccine to All Newborns Born To HBSAG-Positive Mothers Within 12 Hours of Birth |
| 15. | K1F | String | 9 | Hospital Have A Policy and Standing Orders to Administer A Dose of Hepatitis B Vaccine to All Newborns Within 24 Hours of Birth |
| 16. | K1G | Numeric | 5 | Number of Women Tested for HBSAG At Delivery During the Previous Year |
| 17. | K1H | String | 15 | Number of Infants, Born to All Women, That Received A Dose of Hepatitis B Vaccine Within 24 Hours of Delivery During the Previous Year |
| 18. | K2A | String | 9 | Hospital Provide Outpatient Prenatal Clinic Services |
| 19. | K2B | String | 9 | If Yes to K2A, the Outpatient Prenatal Clinic Have A Policy and Standing Orders to Vaccinate All Pregnant Women With (Tetanus-Diphtheria-Acellular Pertussis Vaccine) Tdap |
| K3B: Facility’s Employee Immunization Policy   1. Mandatory 2. Recommended 3. Combination 4. None | | | | |
| 20. | K3B1 | String | 3 | MMR |
| 21. | K3B2 | String | 3 | Hepatitis B |
| 22. | K3B3 | String | 3 | Influenza |
| 23. | K3B4 | String | 3 | Tdap |
| 24. | K3B5 | String | 3 | Td |
| 25. | K3B6 | String | 3 | Tdap or Td |
| 26. | K3B7 | String | 3 | Varicella |
| 27. | K4A | String | 9 | Hospital Have A Written Policy to Provide Immunization Information to All New Parents at A Child’s Birth and Before Release from The Hospital |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 28. | K4B | String | 9 | Hospital Offer New Parents the Opportunity to Grant Consent for Immunization Registry Participation, Or Request Exclusion from The Registry, During Birth Certification Registration |
| 29. | K4C | String | 9 | Hospital Provides Delivery Services, Is Your Hospital Registered as A Texas Vaccines for Children (TVFC) Provider That Provides Free Vaccine to Those Children Who Qualify |
| K5A1: Perinatal HIV and Congenital Syphilis Prevention | | | | |
| 30. | K5A11 | String | 3 | Outpatient Prenatal Clinic Services |
| 31. | K5A12 | String | 3 | Inpatient Delivery Services |
| 32. | K5A13 | String | 3 | Neither Services |
| 33. | K5B | String | 12 | Outpatient Prenatal Clinic Have A Policy/Standing Delegation Orders to Screen All Pregnant Women for HIV and/or Syphilis at The First Prenatal Visits |
| K5B1: If K5B is Yes | | | | |
| 34. | K5B11 | String | 3 | HIV |
| 35. | K5B12 | String | 3 | Syphilis |
| 36. | K5C | String | 12 | Outpatient Prenatal Clinic Have A Policy/Standing Delegation Orders to Screen All Pregnant Women for HIV and/or Syphilis During the Third Trimester |
| K5B1: If K5B is Yes | | | | |
| 37. | K5C11 | String | 3 | HIV |
| 38. | K5C12 | String | 3 | Syphilis |
| 39. | K5D | String | 9 | Outpatient Prenatal Clinic Have A Policy/Standing Delegation Orders to Conduct Follow Up Testing on All Pregnant Women Diagnosed with Syphilis During Their Current Pregnancy to Evaluate Their Serologic Response to Treatment |
| 40. | K5E | String | 12 | Hospital Have A Policy/Standing Delegation Orders to Screen All Pregnant Women for HIV and/or Syphilis Upon Admission for Delivery |
| K5E1: If K5E is Yes | | | | |
| 41. | K5E11 | String | 3 | HIV |
| 42. | K5E12 | String | 3 | Syphilis |
| 43. | K5E13 | String | 3 | HIV, If No Third Trimester Test Result Can Be Located |
| 44. | K5E14 | String | 3 | Syphilis, If No Third Trimester Result Can Be Located |
| 45. | K5E15 | String | 3 | Syphilis, If Infant Is Stillborn |
| 46. | K5F | String | 12 | Hospital Have A Policy/Standing Delegation Orders to Administer Intravenous (Iv) Zidovudine at Delivery to Women Living With HIV and/or To Administer HIV Antiretroviral (Arv) Medications Within 6 To 12 Hours Post-Delivery to All Infants Born to Women Living With HIV |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| K5F1: If K5F is Yes | | | | |
| 47. | K5F11 | String | 3 | Intravenous (IV) Zidovudine at Delivery to Women Living with HIV |
| 48. | K5F12 | String | 3 | Arv Medications Within 6 To 12 Hours Post-Delivery to Infants Born to Women Living With HIV |
| 49. | K5G | String | 12 | Hospital Have A Policy/Standing Delegation Orders to Provide A 4 To 6 Week Course of HIV Antiretroviral (Arv) Prophylaxis to All Infants Born to Women Living With HIV, Upon Discharge |
| K5G1: If K5G is Yes | | | | |
| 50. | K5G11 | String | 3 | By Prescription |
| 51. | K5G12 | String | 3 | Given 4 To 6 Week Supply Prior To Discharge |
| 52. | K5H | String | 12 | Hospital Have A Policy/Standing Delegation Orders to Refer Infants to Follow-Up Care Post-Discharge If Born to A Mother Living with HIV and/or If Clinically Diagnosed with Congenital Syphilis |
| K5H1: If K5H is Yes | | | | |
| 53. | K5H11 | String | 3 | Refer Infants Born to A Mother Living With HIV |
| 54. | K5H12 | String | 3 | Refer Infants Clinically Diagnosed with Congenital Syphilis |
| 55. | K5I | String | 12 | Hospital Have A Policy/Standing Delegation Orders to Test and Treat All Infants Born to Women Diagnosed with Syphilis During Pregnancy |
| K5I1: If K5I is Yes | | | | |
| 56. | K5I11 | String | 3 | Test Infants Born to Women Diagnosed with Syphilis During Pregnancy |
| 57. | K5I12 | String | 3 | Treat Infants Born to Women Diagnosed with Syphilis Post-Delivery |
| 58. | K5J | String | 9 | Hospital Have A Policy/Standing Delegation Orders to Treat Women Post-Delivery Who Were Diagnosed with Syphilis Upon Admission for Delivery |
| **Variables from Survey Page 47, Section L Charity Care and Community Benefits Information** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 59. | L1 | Numeric | 4 | Charity Admissions (Total Number of Charity Inpatient Only) |
| 60. | L2A | String | 9 | Hospital Governing Body Adopted A Charity Care Policy Statement and Formal Hospital Eligibility System That It Uses to Determine Eligibility for The Charity Care Services It Provides |
| 61. | L2B1 | String | 9 | Charity Care Policy Address Care for the “Financially Indigent" |
| 62. | L2B2 | String | 9 | Charity Care Policy Address Care for the “Medically Indigent” |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 63. | L3 | Numeric | 9 | Unreimbursed Cost of Providing, Funding or Otherwise Financially Supporting Health Care Services Provided to Financially Indigent Persons Through Other Nonprofit or Public Outpatient Clinics, Hospitals or Health Care Organizations |
| L4A: Estimate of The Unreimbursed Cost of Subsidized Health Services Reported Separately for The Following Categories | | | | |
| 64. | L4A1 | Numeric | 9 | Emergency Care |
| 65. | L4A2 | Numeric | 9 | Trauma Care |
| 66. | L4A3 | Numeric | 8 | Neonatal Intensive Care |
| 67. | L4A4 | Numeric | 8 | Freestanding Community Clinics, E.G., Rural Health Clinics |
| 68. | L4A5 | Numeric | 7 | Collaborative Efforts with Local Government(S) and/or Private Agency or Agencies in Preventive Medicine, E.G., Immunization Programs |
| L4A6: Other Services That Satisfy the Definition Of "Subsidized Health Services" | | | | |
| 69. | L4A6A1 | String | 165 | 1St Other Subsidized Health Services: Name |
| 70. | L4A6A2 | Numeric | 8 | 1St Other Subsidized Health Services: Amount |
| 71. | L4A6B1 | String | 105 | 2Nd Other Subsidized Health Services: Name |
| 72. | L4A6B2 | Numeric | 8 | 2Nd Other Subsidized Health Services: Amount |
| 73. | L4A6C1 | String | 105 | 3Rd Other Subsidized Health Services: Name |
| 74. | L4A6C2 | Numeric | 8 | 3Rd Other Subsidized Health Services: Amount |
| 75. | L4A6D1 | String | 84 | 4Th Other Subsidized Health Services: Name |
| 76. | L4A6D2 | Numeric | 7 | 4Th Other Subsidized Health Services: Amount |
| 77. | L4A6E1 | String | 78 | 5Th Other Subsidized Health Services: Name |
| 78. | L4A6E2 | Numeric | 7 | 5Th Other Subsidized Health Services: Amount |
| 79. | L4B | Numeric | 8 | Amount of Donations the Hospital Made During the Reporting Period |
| L4C: Amount of Funds Received and Expenses for Research | | | | |
| 80. | L4C1 | Numeric | 8 | Total Available Funds |
| 81. | L4C2 | Numeric | 9 | Less Total Expenses |
| 82. | L4C3 | Numeric | 10 | Total Net Funds (L4C1 - L4C2) |
| L4D1: Amount of Funds Received and Expenses for Education of Physicians, Nurses, Technicians and Other Medical Professionals and Health Care Providers | | | | |
| 83. | L4D1A | Numeric | 8 | Total Available Funds |
| 84. | L4D1B | Numeric | 9 | Less Total Expenses |
| 85. | L4D1C | Numeric | 9 | Total Net Funds (L4D1A - L4D1B) |
| L4D2: Amount of Funds Received and Expenses for Scholarships and Funding to Medical Schools, Colleges, And Universities for Health Professions Education | | | | |
| 86. | L4D2A | Numeric | 7 | Total Available Funds |
| 87. | L4D2B | Numeric | 8 | Less Total Expenses |
| 88. | L4D2C | Numeric | 9 | Total Net Funds (L4D2A - L4D2B) |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| L4D3: Amount of Funds Received and Expenses for Education of Patients Concerning Diseases and Home Care in Response to Community Needs | | | | |
| 89. | L4D3A | Numeric | 7 | Total Available Funds |
| 90. | L4D3B | Numeric | 8 | Less Total Expenses |
| 91. | L4D3C | Numeric | 9 | Total Net Funds (L4D3A - L4D3B) |
| L4D4: Amount of Funds Received and Expenses for Community Health Education Through Informational Programs, Publications, And Outreach Activities in Response to Community Needs | | | | |
| 92. | L4D4A | Numeric | 7 | Total Available Funds |
| 93. | L4D4B | Numeric | 8 | Less Total Expenses |
| 94. | L4D4C | Numeric | 9 | Total Net Funds (L4D4A - L4D4B) |
| L4D5: Amount of Funds Received and Expenses for Other Educational Services That Satisfy the Definition Of "Education-Related Costs" | | | | |
| 95. | L4D5A | Numeric | 7 | Total Available Funds |
| 96. | L4D5B | Numeric | 8 | Less Total Expenses |
| 97. | L4D5C | Numeric | 8 | Total Net Funds (L4D5A - L4D5B) |
| 98. | L5A | Numeric | 9 | Inpatient Charges for State Indigent Health Programs |
| 99. | L5B | Numeric | 9 | Outpatient Charges for State Indigent Health Programs |
| 100. | L5C | Numeric | 8 | State Government Payments for Patients in State Indigent Health Programs |
| 101. | L5D | Numeric | 7 | Private Insurance Payments for Patients in State Indigent Health Programs |
| 102. | L5E | Numeric | 7 | Patient Payments from Patients in State Indigent Health Programs |
| 103. | L5F | Numeric | 7 | Other Third-Party Payments for Patients in State Indigent Health Programs |
| 104. | L6A | Numeric | 8 | Inpatient Charges for Local Indigent Health Programs |
| 105. | L6B | Numeric | 9 | Outpatient Charges for Local Indigent Health Programs |
| 106. | L6C | Numeric | 8 | Local Government Payments for Patients in Local Indigent Health Programs |
| 107. | L6D | Numeric | 6 | Private Insurance Payments for Patients in Local Indigent Health Programs |
| 108. | L6E | Numeric | 6 | Patient Payments from Patients in Local Indigent Health Programs |
| 109. | L6F | Numeric | 7 | Other Third-Party Payments for Patients in Local Indigent Health Program |
| 110. | L7A | Numeric | 10 | Inpatient Charges for Federally Supported Health Programs |
| 111. | L7B | Numeric | 10 | Outpatient Charges for Federally Supported Health Programs |
| 112. | L7C | Numeric | 9 | Medicare Payments, And Other Federal Payments |
| 113. | L7D | Numeric | 9 | Private Insurance Payments for Patients in Federally Supported Health Programs |
| 114. | L7E | Numeric | 8 | Patient Payments from Patients in Federally Supported Health Programs |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 115. | L7F | Numeric | 8 | Other Third-Party Payments for Patients in Federally Supported Health Programs |
| 116. | L8A | Numeric | 9 | Medicare Supplemental Payments |
| 117. | L8B | Numeric | 9 | Tax Revenue |
| 118. | L8B1 | Numeric | 9 | Intergovernmental Transfers for DSH |
| 119. | L8B2 | Numeric | 9 | Intergovernmental Transfers For 1115 Waiver Payments |
| 120. | L8B3 | Numeric | 9 | Other Intergovernmental Transfers for Medicaid |
| 121. | L8C | Numeric | 8 | Collections from Patients Previously Reported as Uncompensated |
| 122. | L8D | Numeric | 7 | Collections from Trauma Patients Previously Reported as Uncompensated |
| **Variables from Survey Page 49, Section M ER Visits for Insured/Uninsured Patients** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 123. | M1A | Numeric | 5 | Total Number of Visits by Insured Patients Who Were Treated in The ER And Were Admitted into The Hospital |
| 124. | M1B | Numeric | 6 | Total Number of Visits by Insured Patients Who Were Treated in The ER And Were Not Admitted into The Hospital |
| 125. | M2A | Numeric | 5 | Total Number of Visits by Uninsured Patients Who Were Treated in The ER And Were Admitted into The Hospital |
| 126. | M2B | Numeric | 6 | Total Number of Visits by Uninsured Patients Who Were Treated in The ER And Were Not Admitted into The Hospital |
| 127. | M3 | Numeric | 5 | Percentage of The Emergency Visits Are for Medical Conditions or Services Outside the Hospital’s Area(S) Of Specialty |
| 128. | M4 | Numeric | 5 | Percentage of Your Emergency Visits Are Transferred to Other Facilities |
| 129. | M5 | Numeric | 2 | Number of Emergency Medical Clinics the Hospital Have Off-Campus |
| **Variables from Survey Page 49, Section N Nursing Services** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 130. | N1 | String | 9 | The Governing Body of The Hospital Adopted A Nurse Staffing Policy as Required by Section 257.003 In the Health and Safety Code |
| 131. | N2 | String | 9 | The Hospital Established A Nurse Staffing Committee as Required by Section 257.004 In the Health and Safety Code |
| 132. | N3 | Numeric | 3 | The Nurse Staffing Committee Evaluated the Hospital’s Official Nurse Services Staffing Plan as Required by Section 257.004 |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 133. | N4 | Numeric | 3 | The Nurse Staffing Committee Reported Results of The Evaluation of The Nurse Services Staffing Plan to The Hospital’s Governing Body as Required by Section 257.004 |
| 134. | N5 | String | 9 | The Nurse Staffing Committee Selected Nurse-Sensitive Outcome Measures to Use in Evaluating the Hospital’s Official Nurse Services Staffing Plan as Required by Section 257.005 In the Health and Safety Code |
| 135. | N6 | String | 254 | Nurse-Sensitive Outcome Measures Have Been Selected to Use in Evaluating the Hospital’s Official Nurse Services Staffing Plan as Required by Section 257.005 In the Health and Safety Code |
| 136. | N7A | String | 12 | Amount of International Board-Certified Lactation Consultant (IBCLC) Budgeted Full-Time Equivalents (FTEs) The Facility Have on Staff |
| 137. | N7B | String | 12 | Amount of International Board-Certified Lactation Consultant (IBCLC) Filled Full-Time Equivalents (FTEs) The Facility Have on Staff |
| 138. | N8 | String | 9 | Does Hospital’s Board Have Any Registered Nurse (Rn) Members |
| 139. | N8A | String | 9 | Does the Rn Board Member Have Full Voting Privileges |
| 140. | P1 | String | 9 | SB203 (81st Legislative session) - Facility keep electronic records of some or all the "never" events identified by the NQF |
| **Variables from Survey Page 50, Section O Never Events** | | | | |
| 141. | O1A | String | 9 | If P1 is No - Facility collects data on some or all of these never events at all |
| 142. | O1B | String | 9 | If P1 is Yes - Facility has the capability of electronically submitting patient level data on the "never" events to State such as HL7 (Health Level7) |
| **Variables from Survey Page 50, Section P Electronic Exchange** | | | | |
| Section P: The Following Patient Data Does the Hospital Electronically Exchange with One Or More of The Provider Types Listed Below | | | | |
| PAPA: Patient Demographics | | | | |
| 143. | PAPA1 | Numeric | 1 | With Hospitals in the System |
| 144. | PAPA2 | String | 3 | With Hospitals Outside of the System |
| 145. | PAPA3 | String | 3 | With Ambulatory Providers Inside of the System |
| 146. | PAPA4 | String | 3 | With Ambulatory Providers Outside of the System |
| 147. | PAPA5 | String | 3 | Do Not Know |
| PBPB: Laboratory results | | | | |
| 148. | PBPB1 | String | 3 | With Hospitals in the System |
| 149. | PBPB2 | String | 3 | With Hospitals Outside of the System |
| 150. | PBPB3 | String | 3 | With Ambulatory Providers Inside of the System |
| 151. | PBPB4 | String | 3 | With Ambulatory Providers Outside of the System |
| 152. | PBPB5 | String | 3 | Do Not Know |
| PCPC: Medication history | | | | |
| 153. | PCPC1 | String | 3 | With Hospitals in the System |
| 154. | PCPC2 | String | 3 | With Hospitals Outside of the System |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 155. | PCPC3 | String | 3 | With Ambulatory Providers Inside of the System |
| 156. | PCPC4 | String | 3 | With Ambulatory Providers Outside of the System |
| 157. | PCPC5 | String | 3 | Do Not Know |
| PDPD: Radiology reports | | | | |
| 158. | PDPD1 | String | 3 | With Hospitals in the System |
| 159. | PDPD2 | String | 3 | With Hospitals Outside of the System |
| 160. | PDPD3 | String | 3 | With Ambulatory Providers Inside of the System |
| 161. | PDPD4 | String | 3 | With Ambulatory Providers Outside of the System |
| 162. | PDPD5 | String | 3 | Do Not Know |
| PEPE: Clinical/Summary care record in any format | | | | |
| 163. | PEPE1 | String | 3 | With Hospitals in the System |
| 164. | PEPE2 | String | 3 | With Hospitals Outside of the System |
| 165. | PEPE3 | String | 3 | With Ambulatory Providers Inside of the System |
| 166. | PEPE4 | String | 3 | With Ambulatory Providers Outside of the System |
| 167. | PEPE5 | String | 3 | Do Not Know |
| PFPF: Other types of patient data | | | | |
| 168. | PFPF1 | String | 3 | With Hospitals in the System |
| 169. | PFPF2 | String | 3 | With Hospitals Outside of the System |
| 170. | PFPF3 | String | 3 | With Ambulatory Providers Inside of the System |
| 171. | PFPF4 | String | 3 | With Ambulatory Providers Outside of the System |
| 172. | PFPF5 | String | 3 | Do Not Know |
| PGPG: We do not exchange any patient data | | | | |
| 173. | PGPG1 | String | 3 | With Hospitals in the System |
| 174. | PGPG2 | String | 3 | With Hospitals Outside of the System |
| 175. | PGPG3 | String | 3 | With Ambulatory Providers Inside of the System |
| 176. | PGPG4 | String | 3 | With Ambulatory Providers Outside of the System |
| 177. | PGPG5 | String | 3 | Do Not Know |
| **Variables from Survey Page 51, Section Q Certification Statement** | | | | |
| **Field** | **Field Name** | **Type** | **Width** | **Description** |
| 178. | RCNAME | String | 81 | Primary Contact – Name |
| 179. | PPCTITLE | String | 183 | Primary Contact – Title |
| 180. | PPCPHONE | String | 42 | Primary Contact – Phone |
| 181. | PPCFAX | String | 42 | Primary Contact – Fax |
| 182. | PPCEMAIL | String | 105 | Primary Contact – Email |
| 183. | PSCNAME | String | 177 | Secondary Contact – Name |
| 184. | PSCTITLE | String | 42 | Secondary Contact – Title |
| 185. | PSCPHONE | String | 42 | Secondary Contact – Phone |
| 186. | PSCFAX | String | 42 | Secondary Contact – Fax |
| 187. | PSCEMAIL | String | 90 | Secondary Contact – Email |
| 188. | PCNONAME | String | 186 | Chief Nursing Officer – Name |
| 189. | PCNOTITLE | String | 42 | Chief Nursing Officer – Title |
| 190. | PCNOPHONE | String | 42 | Chief Nursing Officer – Phone |
| 191. | PCNOFAX | String | 42 | Chief Nursing Officer – Fax |
| 192. | PCNOEMAIL | String | 42 | Chief Nursing Officer – Email |
|  |  | **Total** | **3507** |  |