Short Name	Long Name	Suppressed or Missing Values
State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Count of Beneficiaries	Count of Medicare fee-for-service beneficiaries age 65 and older (Medicare beneficiaries)	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Average Age	Average age of Medicare beneficiaries	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Female	Percent of Medicare beneficiaries who are female	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Male	Percent of Medicare beneficiaries who are male	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Non-Hispanic White	Percent of Medicare beneficiaries who are non-Hispanic White	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent African American	Percent of Medicare beneficiaries who are African American	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Hispanic	Percent of Medicare beneficiaries who are Hispanic	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Asian American/Pacific Islander	Percent of Medicare beneficiaries who are Asian American or Pacific Islander	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent American Indian/Alaskan Native	Percent of Medicare beneficiaries who are American Indian or Alaskan Native	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Other/ Unknown	Percent of Medicare beneficiaries who are other race/ethnicity or whose race/ethnicity is unknown	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Eligible for Medicaid	Percent of Medicare beneficiaries who are eligible for Medicaid for at least one month in the year	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Average HCC Score	Average Hierarchical Condition Code (HCC) Score	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Average HCC Score Expressed as a Ratio to the National Average	Average Hierarchical Condition Code (HCC) Score expressed as a ratio to the national average HCC score	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries who have had a heart attack	Count of Medicare beneficiaries who had a heart attack	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries who have had a heart attack	Percent of Medicare beneficiaries who had a heart attack	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with atrial fibrillation	Count of Medicare beneficiaries with atrial fibrillation	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with atrial fibrillation	Percent of Medicare beneficiaries with atrial fibrillation	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with chronic kidney disease	Count of Medicare beneficiaries with chronic kidney disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with chronic kidney disease	Percent of Medicare beneficiaries with chronic kidney disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with chronic obstructive pulmonary disease	Count of Medicare beneficiaries with chronic obstructive pulmonary disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with chronic obstructive pulmonary disease	Percent of Medicare beneficiaries with chronic obstructive pulmonary disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with depression	Count of Medicare beneficiaries with depression	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with depression	Percent of Medicare beneficiaries with depression	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with diabetes	Count of Medicare beneficiaries with diabetes	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with diabetes	Percent of Medicare beneficiaries with diabetes	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with heart failure	Count of Medicare beneficiaries with heart failure	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with heart failure	Percent of Medicare beneficiaries with heart failure	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with ischemic heart disease	Count of Medicare beneficiaries with ischemic heart disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Medicare beneficiaries with ischemic heart disease	Percent Medicare beneficiaries with ischemic heart disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with breast cancer	Count of Medicare beneficiaries with breast cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	**Long Name**	**Suppressed or Missing Values**
Percent of Medicare beneficiaries with breast cancer	Percent of Medicare beneficiaries with breast cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with colorectal cancer	Count of Medicare beneficiaries with colorectal cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with colorectal cancer	Percent of Medicare beneficiaries with colorectal cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with lung cancer	Count of Medicare beneficiaries with lung cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with lung cancer	Percent of Medicare beneficiaries with lung cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with prostate cancer	Count of Medicare beneficiaries with prostate cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with prostate cancer	Percent of Medicare beneficiaries with prostate cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with asthma	Count of Medicare beneficiaries with asthma	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with asthma	Percent of Medicare beneficiaries with asthma	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with hypertension	Count of Medicare beneficiaries with hypertension	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with hypertension	Percent of Medicare beneficiaries with hypertension	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
IP Users (with a covered stay)	Number of beneficiaries using hospital inpatient (IP) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using IP	Percent of beneficiaries using hospital inpatient (IP) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
IP Covered Stays Per 1000 Beneficiaries	Hospital inpatient (IP) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
IP Covered Days Per 1000 Beneficiaries	Hospital inpatient (IP) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# IP: IPPS Users (with a covered stay)	Number of beneficiaries using acute inpatient prospective payment system (IPPS) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using IP: IPPS	Percent of beneficiaries using acute inpatient prospective payment system (IPPS) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
IP: IPPS Covered Stays Per 1000 Beneficiaries	Acute inpatient prospective payment system (IPPS) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
IP: IPPS Covered Days Per 1000 Beneficiaries	Acute inpatient prospective payment system (IPPS) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# IP: CAH Users (with a covered stay)	Number of beneficiaries using critical access hospital (CAH) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using IP: CAH	Percent of beneficiaries using critical access hospital (CAH) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
IP: CAH Covered Stays Per 1000 Beneficiaries	Critical access hospital (CAH) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
IP: CAH Covered Days Per 1000 Beneficiaries	Critical access hospital (CAH) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# IP: OIP Users (with a covered stay)	Number of beneficiaries using other hospital inpatient (Other IP) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using IP: OIP	Percent of beneficiaries using other hospital inpatient (Other IP) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
IP: OIP Covered Stays Per 1000 Beneficiaries	Other hospital inpatient (Other IP) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
IP: OIP Covered Days Per 1000 Beneficiaries	Other hospital inpatient (Other IP) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC Users (with a covered stay)	Number of beneficiaries using post acute care (PAC) services with at least one IRF, LTCH, or SNF stay covered by Medicare or one HH episode	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC	Percent of beneficiaries using post acute care (PAC) services with at least one IRF, LTCH, or SNF stay covered by Medicare or one HH episode	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: IRF Users (with a covered stay)	Number of beneficiaries using inpatient rehabilitation facility (IRF) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: IRF	Percent of beneficiaries using inpatient rehabilitation facility (IRF) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: IRF Covered Stays Per 1000 Beneficiaries	Inpatient rehabilitation facility (IRF) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: IRF Covered Days Per 1000 Beneficiaries	Inpatient rehabilitation facility (IRF) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: LTCH Users (with a covered stay)	Number of beneficiaries using long term care hospital (LTCH) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: LTCH	Percent of beneficiaries using long term care hospital (LTCH) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH Covered Stays Per 1000 Beneficiaries	Long term care hospital (LTCH) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH Covered Days Per 1000 Beneficiaries	Long term care hospital (LTCH) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: SNF Users (with a covered stay)	Number of beneficiaries using skilled nursing facility (SNF) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: SNF	Percent of beneficiaries using skilled nursing facility (SNF) services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Covered Stays Per 1000 Beneficiaries	Skilled nursing facility (SNF) covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Covered Days Per 1000 Beneficiaries	Skilled nursing facility (SNF) covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: HH Users	Number of beneficiaries using home health (HH) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: HH	Percent of beneficiaries using home health (HH) services	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Episodes Per 1000 Beneficiaries	Home health (HH) episodes per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Visits Per 1000 Beneficiaries	Home health (HH) visits per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# Hospice Users (with a covered stay)	Number of beneficiaries using hospice services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Hospice	Percent of beneficiaries using hospice services with at least one stay covered by Medicare	(*) = Suppressed where count of users < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Hospice Covered Stays Per 1000 Beneficiaries	Hospice covered stays per 1000 Medicare beneficiaries (excludes stays that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Covered Days Per 1000 Beneficiaries	Hospice covered days per 1000 Medicare beneficiaries (excludes days that were not paid for by Medicare)	(*) = Suppressed where count of users < 30 (.) = Missing
# OP Users	Number of beneficiaries using hospital outpatient (OP) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using OP	Percent of beneficiaries using hospital outpatient (OP) services	(*) = Suppressed where count of users < 30 (.) = Missing
OP Visits Per 1000 Beneficiaries	Hospital outpatient (OP) visits per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# Outpatient Dialysis Facility Users	Number of beneficiaries using Outpatient dialysis facility services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Outpatient Dialysis Facility	Percent of beneficiaries using Outpatient dialysis facility services	(*) = Suppressed where count of users < 30 (.) = Missing
Outpatient Dialysis Facility Events Per 1000 Beneficiaries	Outpatient dialysis facility events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# FQHC/RHC Users	Number of beneficiaries using federally qualified health center (FQHC) / rural health center (RHC) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using FQHC/RHC	Percent of beneficiaries using federally qualified health center (FQHC) / rural health center (RHC) services	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Events Per 1000 Beneficiaries	Federally qualified health center (FQHC) / Rural health center (RHC) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# ASC Users	Number of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using ASC	Percent of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Service Events Per 1000 Beneficiaries	Ambulatory Surgery Center (ASC) service events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# EM Users	Number of beneficiaries using Evaluation and Management (EM) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using EM	Percent of beneficiaries using Evaluation and Management (EM) services	(*) = Suppressed where count of users < 30 (.) = Missing
EM Events Per 1000 Beneficiaries	Evaluation and Management (EM) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# PROC Users	Number of beneficiaries using Procedure (PROC) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PROC	Percent of beneficiaries using Procedure (PROC) services	(*) = Suppressed where count of users < 30 (.) = Missing
PROC Events Per 1000 Beneficiaries	Procedure (PROC) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# IMG Users	Number of beneficiaries using Imaging (IMG) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using IMG	Percent of beneficiaries using Imaging (IMG) services	(*) = Suppressed where count of users < 30 (.) = Missing
IMG Events Per 1000 Beneficiaries	Imaging (IMG) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# DME Users	Number of beneficiaries using Durable Medical Equipment (DME) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using DME	Percent of beneficiaries using Durable Medical Equipment (DME) services	(*) = Suppressed where count of users < 30 (.) = Missing
DME Events Per 1000 Beneficiaries	Durable Medical Equipment (DME) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# LABTST Users	Number of beneficiaries using Lab Tests (LABTST) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using LABTST	Percent of beneficiaries using Lab Tests (LABTST) services	(*) = Suppressed where count of users < 30 (.) = Missing
LABTST Events Per 1000 Beneficiaries	Lab Tests (LABTST) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# OTHTST Users	Number of beneficiaries using Other Tests (OTHTST) services	(*) = Suppressed where count of users < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	**Long Name**	**Suppressed or Missing Values**
% of Beneficiaries Using OTHTST	Percent of beneficiaries using Other Tests (OTHTST) services	(*) = Suppressed where count of users < 30 (.) = Missing
OTHTST Events Per 1000 Beneficiaries	Other Tests (OTHTST) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
# PT B DRUG Users	Number of beneficiaries using Part B Drug (DRUG) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PT B DRUG	Percent of beneficiaries using Part B Drug (DRUG) services	(*) = Suppressed where count of users < 30 (.) = Missing
# OTHER Users	Number of beneficiaries using Part B Other (OTHER) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using OTHER	Percent of beneficiaries using Part B Other (OTHER) services	(*) = Suppressed where count of users < 30 (.) = Missing
Number of Acute Hospital Readmissions	Total count of inpatient readmissions within 30 days of an acute hospital stay during reference period	(*) = Suppressed where count < 30 (.) = Missing
Hospital Readmission Rate	Percent of inpatient readmissions within 30 days of an acute hospital stay during reference period	(*) = Suppressed where count < 30 (.) = Missing
Emergency Department Visits	Total count of inpatient or hospital outpatient emergency department visits	(*) = Suppressed where count < 30 (.) = Missing
Emergency Department Visits per 1,000 Beneficiaries	Rate per 1000 beneficiaries of inpatient or hospital outpatient emergency department visits	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients given aspirin at hospital arrival	Heart attack patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with aspirin prescribed at hospital discharge	Heart attack patients without aspirin contraindications who were prescribed aspirin at hospital discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients prescribed angiotensin converting enzyme inhibitor or angiotensin receptor blocker at hospital discharge	Heart attack patients with left ventricular dysfunction and without contraindications to both angiotensin converting enzyme inhibitors and angiotensin receptor blockers who were prescribed an angiotensin converting enzyme inhibitor or angiotensin receptor blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with smoking cessation counseling during hospital stay	Heart attack patients with a history of smoking cigarettes who were given smoking cessation counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with beta blocker prescribed at hospital discharge	Heart attack patients without beta blocker contraindications who were prescribed a beta blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with fibrinolytic received within 30 minutes of hospital arrival	Heart attack patients who received fibrinolytic therapy during hospitalization within 30 minutes of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with percutaneous coronary intervention within 90 minutes of hospital arrival	Heart attack patients who received percutaneous coronary intervention during hospitalization within 90 minutes of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients with discharge instructions	Heart failure patients discharged home with written instructions or educational material addressing all of the following: activity, diet, medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients with evaluation of left ventricular systolic function	Heart failure patients with documentation in the hospital record that left ventricular systolic function was evaluated before, during hospitalization, or is planned for after discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients prescribed angiotensin converting enzyme inhibitor or angiotensin receptor blocker at hospital discharge	Heart failure patients with left ventricular systolic dysfunction and without contraindications to both angiotensin converting enzyme inhibitors and angiotensin receptor blockers who were prescribed an angiotensin converting enzyme inhibitor or angiotensin receptor blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	**Long Name**	**Suppressed or Missing Values**
Heart failure patients with smoking cessation counseling	Heart failure patients with a history of smoking cigarettes who were given smoking cessation counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with pneumococcal vaccination	Pneumonia patients who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with appropriate initial antibiotic selection for community-acquired pneumonia in immunocompetent patients	Pneumonia patients with appropriate antibiotic selection for community-acquired pneumonia in immunocompetent patients	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with blood cultures in emergency department before antibiotic administered	Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with influenza vaccination	Pneumonia patients discharged during October, November, December, January, February, or March who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with smoking cessation counseling	Pneumonia patients with a history of smoking cigarettes who were given smoking cessation advice or counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with initial antibiotic received within 6 hours of hospital arrival	Pneumonia patients with initial antibiotic received within 6 hours of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with prophylactic antibiotic received within one hour prior to surgery incision	Surgery patients with prophylactic antibiotic received within one hour prior to surgery incision	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with appropriate prophylactic antibiotic selection	Surgery patients with appropriate prophylactic antibiotic selection consistent with current guidelines	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with prophylactic antibiotics discontinued within 24 hours after surgery end time	Surgery patients with prophylactic antibiotics discontinued within 24 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose	Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose on post-operative day 1 and post-operative day 2	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with appropriate hair removal	Surgery patients with appropriate hair removal (i.e., no hair removal, hair removal with clippers, or hair removal with depilatory)	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with recommended venous thromboembolism prophylaxis ordered	Surgery patients with recommended venous thromboembolism prophylaxis ordered any time from hospital arrival to 48 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients who received appropriate venous thromboembolism prophylaxis between 24 hours prior to surgery and 24 hours after surgery	Surgery patients who received appropriate venous thromboembolism prophylaxis between 24 hours prior to surgery and 24 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for heart attack patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart attack	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for heart failure patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart failure	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for pneumonia patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of pneumonia	(*) = Suppressed where count < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	**Long Name**	**Suppressed or Missing Values**
Hospital 30-day death (mortality) rates for heart attack patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart attack	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day death (mortality) rates for heart failure patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart failure	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day death (mortality) rates for pneumonia patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of pneumonia	(*) = Suppressed where count < 30 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 3: Hospital admissions for diabetes long term complications for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI05 COPD or Asthma Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 5: Hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI07 Hypertension Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 7: Hospital admissions for hypertension for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI08 CHF Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 8: Hospital admissions for congestive heart failure (CHF) in Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI10 Dehydration Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 10: Hospital admissions for dehydration for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 11: Hospital admissions for bacterial pneumonia for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI12 UTI Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary tract infections (UTI) for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 16: Lower extremity amputation of Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 3: Hospital admissions for diabetes long term complications for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI05 COPD or Asthma Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 5: Hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI07 Hypertension Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 7: Hospital admissions for hypertension for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI08 CHF Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 8: Congestive heart failure (CHF) for beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing

State Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	**Long Name**	**Suppressed or Missing Values**
PQI10 Dehydration Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 10: Hospital admissions for dehydration for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 11: Hospital admissions for bacterial pneumonia for r Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI12 UTI Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 12: Hospital admissions for urinary tract infections (UTI) for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 16: Hospital admissions for lower extremity amputation for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing