

# Quality Care Explorer Data Dictionary

## Home Health Care Agencies (HHCA) Data Dictionary

(Sorted by Variable Name in Alphabetical Order)

N/A – Not Applicable

Variable Name	Variable Description	Range Worst – Best	Data Type
Address	The full address of the healthcare provider's location.	N/A	Character
Bathing Improvement Footnote	Additional information or clarification regarding the bathing improvement rate.	N/A	Character
Bathing Improvement Rate	The percentage of patients showed improvement in bathing ability during their treatment.	0 – 100	Numeric
Bed Mobility Footnote	Additional information or clarification regarding the bed mobility rate.	N/A	Character
Bed Mobility Rate	The percentage of patients who showed improvement in bed mobility during their treatment.	0 – 100	Numeric
Breathing Improvement Footnote	Additional information or clarification regarding the breathing improvement rate.	N/A	Character
Breathing Improvement Rate	The percentage of patients who showed improvement in breathing ability during their treatment.	0 – 100	Numeric
Certification Date	The date the healthcare provider received certification from CMS.	N/A	Date
City/Town	The city or town where the healthcare provider is located.	N/A	Character
CMS Certification Number (CCN)	The unique identifier assigned by CMS to healthcare providers.	N/A	Character
Discharge Score	A composite score reflecting the patient's readiness and outcome at discharge.	0 – 100	Numeric

Discharge Score Footnote	Additional information or clarification regarding the discharge score.	N/A	Character
Drug Adherence Footnote	Additional information or clarification regarding the drug adherence rate.	N/A	Character
Drug Adherence Rate	The percentage of patients who adhered to their prescribed medication regimen.	0 – 100	Numeric
DTC Observed Rate	The observed rate of successful discharges to the community (DTC).	0 – 100	Numeric
DTC Performance Category	The performance category for discharges to the community (DTC), based on the observed and risk-adjusted rates.	N/A	Character
DTC Rate Footnote	Additional information or clarification regarding the DTC rate.	N/A	Character
DTC Risk Rate	The risk-adjusted rate of successful discharges to the community (DTC).	0 – 100	Numeric
Episodes for Medicare Spending	The number of episodes of care included in the Medicare spending comparison.	N/A	Numeric
Fall Injury Footnote	Additional information or clarification regarding the fall injury rate.	N/A	Character
Fall Injury Rate	The percentage of patients who experienced a fall resulting in injury during their treatment.	100 – 0	Numeric
Flu Shot Footnote	Additional information or clarification regarding the flu shot rate.	N/A	Character
Flu Shot Rate	The percentage of eligible patients who received a flu shot.	0 – 100	Numeric
Info Transfer to Patient	The percentage of patients for whom care information was transferred to the patient.	0 – 100	Numeric

Info Transfer to Provider	The percentage of patients for whom care information was transferred to the next provider.	0 – 100	Numeric
Medicare Spending Comparison (MSC)	A comparison of Medicare spending for the healthcare provider relative to the national average or other benchmarks.	2.5 – 0	Numeric
Medicare Spending Footnote	Additional information or clarification regarding the Medicare spending comparison.	N/A	Character
Offers Home Health Aide Services	Indicates whether the healthcare provider offers home health aide services (Yes – 1 /No – 0).	N/A	Character
Offers Medical Social Services	Indicates whether the healthcare provider offers medical social services (Yes – 1 /No – 0).	N/A	Character
Offers Nursing Care Service	Indicates whether the healthcare provider offers nursing care services (Yes – 1 /No – 0).	N/A	Character
Offers Occupational Therapy Services	Indicates whether the healthcare provider offers occupational therapy services (Yes – 1 /No – 0).	N/A	Character
Offers Physical Therapy Service	Indicates whether the healthcare provider offers physical therapy services (Yes – 1 /No – 0).	N/A	Character
Offers Speech Pathology Services	Indicates whether the healthcare provider offers speech pathology services (Yes – 1 /No – 0).	N/A	Character
Patient Care Star Footnote	Additional information or clarification regarding the patient care star rating.	N/A	Character
Patient Care Star Rating	The overall star rating for patient care at the healthcare provider, based on CMS ratings.	0 – 5	Numeric
Patient Transfer Footnote	Additional information or clarification regarding the transfer of care to the patient.	N/A	Character

PPH Observed Rate	The observed rate of post-procedure hospitalizations (PPH).	45 – 0	Numeric
PPH Performance Category	The performance category for post-procedure hospitalizations (PPH), based on the observed and risk-adjusted rates.	N/A	Character
PPH Rate Footnote	Additional information or clarification regarding the PPH rate.	N/A	Character
PPH Risk Rate	The risk-adjusted rate of post-procedure hospitalizations (PPH).	30 – 0	Numeric
PPR Observed Rate	The observed rate of potentially preventable readmissions (PPR) after discharge.	30 – 0	Numeric
PPR Performance Category	The performance category for potentially preventable readmissions (PPR), based on the observed and risk-adjusted rates.	N/A	Character
PPR Rate Footnote	Additional information or clarification regarding the PPR rate.	N/A	Character
PPR Risk Rate	The risk-adjusted rate of potentially preventable readmissions (PPR).	10 – 0	Numeric
Provider Name	The name of the healthcare provider or institution.	N/A	Character
Provider Transfer Footnote	Additional information or clarification regarding the transfer of care to the next provider.	N/A	Character
Skin Integrity Change	The percentage of patients who showed improvement in skin integrity during their treatment.	0 – 10	Numeric
Skin Integrity Footnote	Additional information or clarification regarding the skin integrity change rate.	N/A	Character
State	The state in which the healthcare provider is located.	N/A	Character

Telephone Number	The contact phone number for the healthcare provider.	N/A	Character
Timely Care Start Footnote	Additional information or clarification regarding the timely care start rate.	N/A	Character
Timely Care Start Rate	The percentage of patients who began care within a timely manner, based on healthcare provider standards.	0 – 100	Numeric
Timely Med Action Footnote	Additional information or clarification regarding the timely medication action rate.	N/A	Character
Timely Med Action Rate	The percentage of patients who received timely medication interventions.	0 – 100	Numeric
Type of Ownership	The ownership type of the healthcare provider, such as proprietary, non-profit, or government operated.	N/A	Character
Walking Improvement Footnote	Additional information or clarification regarding the walking improvement rate.	N/A	Character
Walking Improvement Rate	The percentage of patients who showed improvement in walking ability during their treatment.	0 – 100	Numeric
ZIP Code	The postal code for the healthcare provider's location.	N/A	Character

### **Medicare Spending Comparison (MSC)**

= **1** – Provider spends about the same amount per patient for an episode of care as the national average

< **1** – Provider spends less per patient for an episode of care than the national average

> **1** – Provider spends more per patient for an episode of care than the national average

**Note:** Ranges are specific to this dataset; lower and higher limits may vary depending on the dataset used.

## Inpatient Rehabilitation Facilities (IRF) Data Dictionary

(Sorted by Variable Name in Alphabetical Order)

<b>Variable Name</b>	<b>Variable Description</b>	<b>Range Worst - Best</b>	<b>Data Type</b>
Address	The primary address line of the healthcare provider.	N/A	Character
Adjusted Pressure Injury Rate	The rate of pressure injuries adjusted for risk factors.	8 – 0	Numeric
CAUTI Catheter Days	The total number of catheter days, representing the exposure risk for catheter-associated urinary tract infections (CAUTI).	N/A	Numeric
CAUTI Comparative Performance	The comparative performance category for CAUTI, indicating how the provider's performance compares to benchmarks or other providers.	N/A	Character
CAUTI Predicted Infections	The predicted number of CAUTI infections based on factors like catheter days and patient conditions.	N/A	Numeric
CAUTI Reported Infections	The number of CAUTI infections actually reported by the healthcare provider.	N/A	Numeric
CAUTI SIR	The standardized infection ratio for CAUTI, calculated by dividing the reported infections by the predicted infections.	0 – 10	Numeric
CAUTI SIR Lower CI	The lower bound of the 95% confidence interval for the standardized infection ratio (SIR) for CAUTI	5 – 0	Numeric
CAUTI SIR Upper CI	The upper bound of the 95% confidence interval for the SIR for CAUTI.	15 – 0	Numeric
CDI Comparative Performance	The comparative performance category for Clostridium difficile infection (CDI), indicating how the provider's performance compares to benchmarks or other providers.	N/A	Character
CDI Patient Days	The total number of patient days, representing the exposure risk for CDI.	N/A	Numeric
CDI Predicted Infections	The predicted number of CDI infections based on patient days and other factors.	N/A	Numeric
CDI Reported Infections	The number of CDI infections actually reported by the healthcare provider.	N/A	Numeric

CDI SIR	The standardized infection ratio for CDI, calculated by dividing the reported infections by the predicted infections.	0 – 4	Numeric
CDI SIR Lower CI	The lower bound of the 95% confidence interval for the SIR for CDI.	2 – 0	Numeric
CDI SIR Upper CI	The upper bound of the 95% confidence interval for the SIR for CDI.	8 – 0	Numeric
City/Town	The city or town where the healthcare provider is located.	N/A	Character
CMS Certification Number (CCN)	The unique identifier assigned by CMS to healthcare providers.	N/A	Character
CMS Region	The CMS administrative region in which the healthcare provider operates.	N/A	Character
County/Parish	The county or parish where the healthcare provider is located.	N/A	Character
DTC Comparative Performance	The comparative performance category for discharges to the community (DTC).	N/A	Character
DTC Number of Discharges	The observed number of discharges to the community.	N/A	Numeric
DTC Observed Rate	The observed rate of discharges to the community.	0 – 100	Numeric
DTC Risk-Standardized Lower CI	The lower bound of the 95% confidence interval for the risk-standardized DTC rate.	30 – 80	Numeric
DTC Risk-Standardized Upper CI	The upper bound of the 95% confidence interval for the risk-standardized DTC rate.	40 - 100	Numeric
DTC Standardized Rate	The standardized discharge to community rate, adjusted for risk factors.	0 – 100	Numeric
DTC Volume	The total volume of eligible stays for discharge to community (DTC).	N/A	Numeric
Falls with Major Injury Rate	The percentage of patients who experience one or more falls with major injury during their IRF stay.	100 - 0	Numeric
Footnote	Additional notes or details relevant to the data or provider.	N/A	Character
Med List to Next Provider	The percentage of patients who had a current medication list provided to the next healthcare provider.	0 - 100	Numeric

Med List to Patient	The percentage of patients who had a current medication list provided to themselves, family, or caregiver.	0 - 100	Numeric
Med Review Follow-Up Rate	The rate of follow-up care provided when medication issues were identified.	0 - 100	Numeric
Mobility Discharge Rate	The percentage of patients who are at or above an expected ability to move around at discharge.	0 - 100	Numeric
MSPB Eligible Episodes	The number of eligible episodes for Medicare Spending Per Beneficiary (MSPB) calculation.	N/A	Numeric
MSPB Score	The MSPB score, reflecting the total Medicare spending for a beneficiary during their stay.	2 – 0	Numeric
Overall Self Care & Mobility	The percentage of patients who are at or above an expected ability to care for themselves and move around at discharge.	0 - 100	Numeric
Personnel COVID-19 Vaccination Rate	The rate of healthcare personnel who are up to date with their COVID-19 vaccinations.	0 - 100	Numeric
Personnel Flu Vaccination Rate	The rate of flu vaccination among healthcare personnel.	0 – 100	Numeric
PPR During Stay Comparative Performance	The comparative performance category for potentially preventable readmissions during the IRF stay.	N/A	Character
PPR During Stay Rate	The unadjusted rate of potentially preventable readmissions during the IRF stay.	14 – 0	Numeric
PPR During Stay Readmissions	The number of potentially preventable readmissions during the IRF stay.	N/A	Numeric
PPR During Stay RSRR	The risk-standardized readmission rate (RSRR) for potentially preventable readmissions during the IRF stay.	9 – 0	Numeric
PPR During Stay RSRR Lower CI	The lower bound of the 95% confidence interval for the PPR during stay RSRR.	8 – 3	Numeric
PPR During Stay RSRR Upper CI	The upper bound of the 95% confidence interval for the PPR during stay RSRR.	11 – 1	Numeric
PPR During Stay Volume	The number of eligible stays for potentially preventable readmissions during the IRF stay.	N/A	Numeric



PPR Post Discharge RSRR	The risk-standardized readmission rate (RSRR) for potentially preventable readmissions post-discharge.	12 – 5	Numeric
PPR Post-Discharge Readmissions	The number of potentially preventable readmissions following discharge.	N/A	Numeric
PPR Post-Discharge RSRR Lower CI	The lower bound of the 95% confidence interval for the PPR post-discharge RSRR.	11 – 4	Numeric
PPR Post-Discharge RSRR Upper CI	The upper bound of the 95% confidence interval for the PPR post-discharge RSRR.	14 – 8	Numeric
PPR Post-Discharge Volume	The number of eligible stays for potentially preventable readmissions post-discharge.	N/A	Numeric
PPR Post-Discharge Comparative Performance	The comparative performance category for potentially preventable readmissions (PPR) following discharge.	N/A	Character
PPR-Post Discharge Rate	The unadjusted rate of potentially preventable readmissions following discharge.	21 – 0	Numeric
Pressure Injury Rate	The observed rate of pressure injuries in the healthcare setting.	10 – 0	Numeric
Provider Name	The name of the healthcare provider or institution.	N/A	Character
Self-Care Discharge Rate	The percentage of patients who are at or above an expected ability to care for themselves at discharge.	0 - 100	Numeric
State	The state where the healthcare provider is located.	N/A	Character
Telephone Number	The contact phone number for the healthcare provider.	N/A	Character
ZIP Code	The postal code for the healthcare provider's location.	N/A	Character

### **Medicare Spending Per Beneficiary (MSPB)**

= 1 – Provider spends about the same amount per patient for an episode of care as the national average

< 1 – Provider spends less per patient for an episode of care than the national average

> **1** – Provider spends more per patient for an episode of care than the national average

**Note:** Ranges are specific to this dataset; lower and higher limits may vary depending on the dataset used.

Footnote – As displayed on [Medicare.gov](https://www.medicare.gov) Footnote Details

Footnote Number	Description	Details
1.	The number of cases/patient stays is too small to report.	<ul style="list-style-type: none"><li>• Minimum denominator to publicly report for assessment-based measures and MSPB claims-based measure is 20 (denominator is between 1-19), and/or</li><li>• Minimum denominator to publicly report for the PPR and DTC claims-based measures is 25 (denominator is between 1-24), and/or</li><li>• Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold (assessment-based measures).</li></ul>
2.	Data not available for this reporting period.	<ul style="list-style-type: none"><li>• Provider has been open for less than 6 months, and/or</li><li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met (denominator is 0 because of measure exclusion), and/or</li><li>• There were zero device days or procedures (CDC/NHSN: CAUTI and CDI measures only), and/or</li><li>• There were no healthcare personnel (HCP) reported by the provider (HCP Influenza Vaccine and HCP COVID-19</li></ul>

		<p>Vaccination measures only), and/or</p> <ul style="list-style-type: none"> <li>• Minimum denominator to publicly report for assessment-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion).</li> </ul>
3.	Results are based on a shorter time period than required.	<ul style="list-style-type: none"> <li>• Results were based on data reported from less than the maximum possible time period used to collect data for the measure (assessment-based measures), and/or</li> <li>• Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold (assessment-based measures), and/or</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion).</li> </ul>
4.	Data suppressed by CMS for one or more quarters.	<ul style="list-style-type: none"> <li>• Data suppressed by CMS for one or more quarters (provider-specific), or</li> <li>• Data suppressed by CMS for one or more quarters (all providers).</li> </ul>

5.	Data not submitted for this reporting period.	<ul style="list-style-type: none"> <li>• There was no data (assessment, CDC, claims) to submit for this measure because there were no patients admitted and discharged from the facility.</li> </ul>
6.	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero	<ul style="list-style-type: none"> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero (CDC/NHSN: CDI and CAUTI measures only), and/or</li> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked (CDC/NHSN: CDI and CAUTI measures only).</li> </ul>
7.	Results cannot be calculated for this reporting period.	<ul style="list-style-type: none"> <li>• Predicted number of infections was less than 1, therefore SIR is masked (CDC/NHSN: CDI and CAUTI measures only), and/or</li> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked (CDC/NHSN: CDI and CAUTI measures only).</li> </ul>
8.	This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid	<ul style="list-style-type: none"> <li>• Facility is not required to submit quality data to Medicare because it is paid under a Medicare waiver</li> </ul>

	under a Medicare waiver program.	program (assessment-based measures, CDC, claims-based measures).
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## CMS Region

The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region.

<b>CMS Region</b>	<b>Description</b>
1.	Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2.	New York: New Jersey, New York, Puerto Rico, Virgin Islands
3.	Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
4.	Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
5.	Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
6.	Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas
7.	Kansas City: Iowa, Kansas, Missouri, Nebraska
8.	Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
9.	San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories
10.	Seattle: Alaska, Idaho, Oregon, Washington