Data Dictionary for Quarterly Dialysis Facility Care Compare

Release Date: July 2026

This document provides the variable name, label, type, length, and description for each column included in the downloadable database available on the Dialysis Facility Care Compare (DFCC) website (https://data.medicare.gov/).

The measures are calculated using the methodology described in the *Guide to the Quarterly Dialysis Facility Care Compare (QDFCC) Report* available for download from the "DFCC METHODS" tab of the Dialysis Data website (https://dialysisdata.org/sites/default/files/content/dfccmethodology).

Table 1: Facility Identification Variables

Variable Name	Variable Label	Type	Max. Length	Description
PROVFS	CMS Certification Number (CCN)	Char	10	The Numeric Code Used To Identify The Provider
QDFC_PROVNAME	CMS Provider Name	Char	200	The Name Of The Facility
STATE	State	Char	2	The Alphabetic Postal Code Used To Identify The State That Corresponds To The Facility
NETWORK	Network	Char	2	The Numeric Code For The Network In Which Facility Participates
DATE_FIVE_STAR	Five Star Date	Char	19	The Data Collection Period For The Quality Of Care Star Rating
FIVE_STAR	Five Star	Num	8	The Quality Of Care Star Rating For The Facility
FIVE_STAR_C	Five Star Data Availability Code	Char	3	Whether The Facility Had Sufficient Quality Of Care Star Rating Data Available Or The Reason For Why The Data Is Not Available
PHYADDR1	Address Line 1	Char	60	The First Line Of The Address That Corresponds To The Facility
PHYADDR2	Address Line 2	Char	60	The Second Line Of The Address That Corresponds To The Facility
PHYCITY	City/Town	Char	30	The Name Of The City That Corresponds To The Facility
PHYZIP	Zip Code	Char	5	The Full Postal ZIP Code That Corresponds To The Facility
PHYCOUNTY	County/Parish	Char	60	The Name Of The County That Corresponds To The Facility
PHONENUM	Telephone Number	Char	14	The Telephone Number That Corresponds To The Facility
OWNTYPE	Profit or Non-Profit	Char	50	If The Dialysis Facility Operates As A For-Profit Or Non-Profit Business

Variable Name	Variable Label	Type	Max. Length	Description
CHAINYN	Chain Owned	Char	3	Whether Or Not The Facility Is Owned Or Managed By A Chain Organization
CHAINNAM	Chain Organization	Char	50	The Name Of The Chain Organization If Applicable
SHIFT	Late Shift	Text	5	Whether Or Not The Facility Has A Shift Starting At 5:00 P.M. or Later
TOTSTAS	# of Dialysis Stations	Int		The Total # Of Dialysis Stations At The Dialysis Facility
HD	Offers in-center hemodialysis	Text	5	Whether The Facility Offers In-Center Hemodialysis
PD	Offers peritoneal dialysis	Text	5	Whether The Facility Offers Peritoneal Dialysis
HOMEHD	Offers home hemodialysis training.	Text	5	Whether The Facility Offers Home Hemodialysis Training
CERTDATE	Certification Date	Datetime		The Initial Or Recertification Date For The Facility. These Facilities Are Certified If They Pass Inspection. Medicare Or Medicaid Only Covers Care Provided By Certified Providers. Being Certified Is Not The Same As Being Accredited

Table 2: Survey of Patients' Experiences (ICH CAHPS)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_CAHPS	ICH CAHPS date	Char	19	The Combined Data Collection Periods For The ICH CAHPS Survey
CAHPS_C	ICH CAHPS data availability code	Char	3	Whether The Facility Had Sufficient ICH CAHPS Data Available Or The Reason For Why The Data Is Not Available
NEPHCOMM_BOT_F	Lower box percent of patients-nephrologists'	Num	8	The % Of Patients Who Reported "Sometimes" Or

Variable Name	Variable Label	Type	Max. Length	Description
	communication and caring			"Never"-Nephrologists' Communication And Caring (FACILITY)
NEPHCOMM_MID_F	Middle box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (FACILITY)
NEPHCOMM_TOP_F	Top box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (FACILITY)
NEPHCOMM_BOT_S	Lower box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (STATE)
NEPHCOMM_MID_S	Middle box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (STATE)
NEPHCOMM_TOP_S	Top box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (STATE)
NEPHCOMM_BOT_U	Lower box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Sometimes" Or "Never"-Nephrologists' Communication And Caring (US)
NEPHCOMM_MID_U	Middle box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Usually"-Nephrologists' Communication And Caring (US)
NEPHCOMM_TOP_U	Top box percent of patients-nephrologists' communication and caring	Num	8	The % Of Patients Who Reported "Always"-Nephrologists' Communication And Caring (US)

Variable Name	Variable Label	Type	Max. Length	Description
LINEARIZED_NEPHRCOMM_F	Linearized score of nephrologists' communication and caring	Num	8	The Linearized Score Of Nephrologists' Communication And Caring (FACILITY)
LINEARIZED_NEPHRCOMM_S	Linearized score of nephrologists' communication and caring	Num	8	The Linearized Score Of Nephrologists' Communication And Caring (STATE)
LINEARIZED_NEPHRCOMM_U	Linearized score of nephrologists' communication and caring	Num	8	The Linearized Score Of Nephrologists' Communication And Caring (US)
STAR_RATING_NEPHRCOMM_F	Star rating of nephrologists' communication and caring	Num	8	The Star Ratings Of Nephrologists' Communication And Caring (FACILITY)
QUALITY_BOT_F	Lower box percent of patients-quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported "Sometimes" Or "Never"-Quality Of Dialysis Center Care And Operations (FACILITY)
QUALITY_MID_F	Middle box percent of patients-quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported "Usually"-Quality Of Dialysis Center Care And Operations (FACILITY)
QUALITY_TOP_F	Top box percent of patients-quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported "Always"-Quality Of Dialysis Center Care And Operations (FACILITY)
QUALITY_BOT_S	Lower box percent of patients-quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported "Sometimes" Or "Never"- Quality Of Dialysis Center Care And Operations (STATE)
QUALITY_MID_S	Middle box percent of patients- quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported "Usually"- Quality Of Dialysis Center Care And Operations (STATE)
QUALITY_TOP_S	Top box percent of patients- quality of	Num	8	The % Of Patients Who Reported "Always"- Quality Of Dialysis Center

Variable Name	Variable Label	Type	Max. Length	Description
	dialysis center care and operations			Care And Operations (STATE)
QUALITY_BOT_U	Lower box percent of patients- quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported “Sometimes” Or “Never”- Quality Of Dialysis Center Care And Operations (US)
QUALITY_MID_U	Middle box percent of patients- quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported “Usually”- Quality Of Dialysis Center Care And Operations (US)
QUALITY_TOP_U	Top box percent of patients- quality of dialysis center care and operations	Num	8	The % Of Patients Who Reported “Always”- Quality Of Dialysis Center Care And Operations (US)
LINEARIZED_QUALITY_F	Linearized score of quality of dialysis center care and operations	Num	8	The Linearized Score Of Quality Of Dialysis Center Care And Operations (FACILITY)
LINEARIZED_QUALITY_S	Linearized score of quality of dialysis center care and operations	Num	8	The Linearized Score Of Quality Of Dialysis Center Care And Operations (STATE)
LINEARIZED_QUALITY_U	Linearized score of quality of dialysis center care and operations	Num	8	The Linearized Score Of Quality Of Dialysis Center Care And Operations (US)
STAR_RATING_QUALITY_F	Star rating of quality of dialysis center care and operations	Num	8	The Star Ratings Of Quality Of Dialysis Center Care And Operations (FACILITY)
INFO_BOT_F	Lower box percent of patients-providing information to patients	Num	8	The % Of Patients Who Reported “No”- Providing Information To Patients (FACILITY)
INFO_TOP_F	Top box percent of patients- providing information to patients	Num	8	The % Of Patients Who Reported “Yes”- Providing Information To Patients (FACILITY)
INFO_BOT_S	Lower box percent of patients- providing information to patients	Num	8	The % Of Patients Who Reported “No”- Providing Information To Patients (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
INFO_TOP_S	Top box percent of patients- providing information to patients	Num	8	The % Of Patients Who Reported “Yes”- Providing Information To Patients (STATE)
INFO_BOT_U	Lower box percent of patients- providing information to patients	Num	8	The % Of Patients Who Reported “No”- Providing Information To Patients (US)
INFO_TOP_U	Top box percent of patients- providing information to patients	Num	8	The % Of Patients Who Reported “Yes”- Providing Information To Patients (US)
LINEARIZED_INFO_F	Linearized score of providing information to patients	Num	8	The Linearized Score Of Providing Information To Patients (FACILITY)
LINEARIZED_INFO_S	Linearized score of providing information to patients	Num	8	The Linearized Score Of Providing Information To Patients (STATE)
LINEARIZED_INFO_U	Linearized score of providing information to patients	Num	8	The Linearized Score Of Providing Information To Patients (US)
STAR_RATING_INFO_F	Star rating of providing information to patients	Num	8	The Star Ratings Of Providing Information To Patients (FACILITY).
NEPHRATE_BOT_F	Lower box percent of patients-rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
NEPHRATE_MID_F	Middle box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
NEPHRATE_TOP_F	Top box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
NEPHRATE_BOT_S	Lower box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
NEPHRATE_MID_S	Middle box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
NEPHRATE_TOP_S	Top box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
NEPHRATE_BOT_U	Lower box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US)
NEPHRATE_MID_U	Middle box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (US)
NEPHRATE_TOP_U	Top box percent of patients- rating of the nephrologist	Num	8	The % Of Patients Who Gave Their Nephrologist A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US)
LINEARIZED_NEPHRATE_F	Linearized score of rating of the nephrologist	Num	8	The Linearized Score Of Rating Of The Nephrologist (FACILITY)
LINEARIZED_NEPHRATE_S	Linearized score of rating of the nephrologist	Num	8	The Linearized Score Of Rating Of The Nephrologist (STATE)
LINEARIZED_NEPHRATE_U	Linearized score of rating of the nephrologist	Num	8	The Linearized Score Of Rating Of The Nephrologist (US)
STAR_RATING_NEPHRATE_F	Star rating of the nephrologist	Num	8	The Star Ratings Of The Nephrologist (FACILITY)
STAFFRATE_BOT_F	Lower box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)

Variable Name	Variable Label	Type	Max. Length	Description
STAFFRATE_MID_F	Middle box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
STAFFRATE_TOP_F	Top box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
STAFFRATE_BOT_S	Lower box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
STAFFRATE_MID_S	Middle box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
STAFFRATE_TOP_S	Top box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
STAFFRATE_BOT_U	Lower box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US)
STAFFRATE_MID_U	Middle box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (US)
STAFFRATE_TOP_U	Top box percent of patients-rating of the dialysis center staff	Num	8	The % Of Patients Who Gave Their Dialysis Center Staff A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US)

Variable Name	Variable Label	Type	Max. Length	Description
LINEARIZED_STAFFRATE_F	Linearized score of rating of the dialysis center staff	Num	8	The Linearized Score Of Rating Of The Dialysis Center Staff (FACILITY)
LINEARIZED_STAFFRATE_S	Linearized score of rating of the dialysis center staff	Num	8	The Linearized Score Of Rating Of The Dialysis Center Staff (STATE)
LINEARIZED_STAFFRATE_U	Linearized score of rating of the dialysis center staff	Num	8	The Linearized Score Of Rating Of The Dialysis Center Staff (US)
STAR_RATING_STAFFRATE_F	Star rating of the dialysis center staff	Num	8	The Star Ratings Of The Dialysis Center Staff (FACILITY)
FACRATE_BOT_F	Lower box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
FACRATE_MID_F	Middle box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
FACRATE_TOP_F	Top box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (FACILITY)
FACRATE_BOT_S	Lower box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
FACRATE_MID_S	Middle box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
FACRATE_TOP_S	Top box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or

Variable Name	Variable Label	Type	Max. Length	Description
				10 On A Scale Of 0 (Lowest) To 10 (Highest) (STATE)
FACRATE_BOT_U	Lower box percent of patients-rating of dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 6 Or Lower On A Scale Of 0 (Lowest) To 10 (Highest) (US)
FACRATE_MID_U	Middle box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 7 Or 8 On A Scale Of 0 (Lowest) To 10 (Highest) (US)
FACRATE_TOP_U	Top box percent of patients-rating of the dialysis facility	Num	8	The % Of Patients Who Gave Their Dialysis Facility A Rating Of 9 Or 10 On A Scale Of 0 (Lowest) To 10 (Highest) (US)
LINEARIZED_FACRATE_F	Linearized score of rating of the dialysis facility	Num	8	The Linearized Score Of Rating Of The Dialysis Facility (FACILITY)
LINEARIZED_FACRATE_S	Linearized score of rating of the dialysis facility	Num	8	The Linearized Score Of Rating Of The Dialysis Facility (STATE)
LINEARIZED_FACRATE_U	Linearized score of rating of the dialysis facility	Num	8	The Linearized Score Of Rating Of The Dialysis Facility (US)
STAR_RATING_FACRATE_F	Star rating of the dialysis facility	Num	8	The Star Ratings Of The Dialysis Facility (FACILITY)
COMPLETED_SURVEYS_F	Total number of completed interviews from the Fall and Spring Surveys	Num	8	The Total # Of Completed Surveys Across The Two Reported Survey Periods (FACILITY)
COMPLETED_SURVEYS_S	Total number of completed interviews from the Fall and Spring Surveys	Num	8	The Total # Of Completed Surveys Across The Two Reported Survey Periods (STATE)
COMPLETED_SURVEYS_U	Total number of completed interviews from the Fall and Spring Surveys	Num	8	The Total # Of Completed Surveys Across The Two Reported Survey Periods (US)

Variable Name	Variable Label	Type	Max. Length	Description
OVERALL_STAR_ RATING_F	ICH CAHPS Survey of patients' experiences star rating	Num	8	The ICH CAHPS Survey Of Patients' Experiences Star Rating (FACILITY)
RESPONSE_RATE_F	Survey response rate	Num	8	The ICH CAHPS Survey Response Rate For The Facility
RESPONSE_RATE_S	Survey response rate	Num	8	The ICH CAHPS Survey Response Rate For The State
RESPONSE_RATE_U	Survey response rate	Num	8	The ICH CAHPS Survey Response Rate For The Nation

Table 3: Standardized Transfusion Rate (STrR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_STrR	STrR Date	Char	19	The Time Period For Patient Transfusion Summary (STrR)
PTTRAN_C	Patient Transfusion data availability Code	Char	3	Whether The Facility Had Sufficient Transfusion Data Available Or The Reason For Why The Data Is Not Available
DFCSTrRTEXT	Patient Transfusion category text	Char	20	Patient Transfusion Category (Better, Worse Or As Expected)
PATSTR_F	Number of patients included in transfusion summary	Num	8	The Number Of Patients Included In The Facility's Transfusion Summary (FACILITY)
STRR_RATE_F	Transfusion Rate (FACILITY)	Num	8	The Facility's Transfusion Rate Per 100 Patient-Years
STRR_RATE_UCI_F	Transfusion Rate: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Transfusion Rate Per 100 Patient-Years
STRR_RATE_LCI_F	Transfusion Rate: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Transfusion Rate Per 100 Patient-Years
STRR_RATE_U	Transfusion Rate (US)	Num	8	The National Transfusion Rate Per 100 Patient-Years
PTSTRS1	Transfusions- Better than expected (STATE)	Num	8	The Number Of Facilities In The State With Patient Transfusions Categorized As

Variable Name	Variable Label	Type	Max. Length	Description
				"Better Than Expected" (STATE)
PTSTRS2	Transfusions- As expected (STATE)	Num	8	The Number Of Facilities In The State With Patient Transfusions Categorized "As Expected" (STATE)
PTSTRS3	Transfusions- Worse than expected (STATE)	Num	8	The Number Of Facilities In The State With Patient Transfusions Categorized As "Worse Than Expected" (STATE)
PTSTRU1	Transfusions- Better than expected (US)	Num	8	The Number Of Facilities In The Nation With Patient Transfusions Categorized As "Better Than Expected" (US)
PTSTRU2	Transfusions- As expected (US)	Num	8	The Number Of Facilities In The Nation With Patient Transfusions Categorized As "As Expected" (US)
PTSTRU3	Transfusions- Worse than expected (US)	Num	8	The Number Of Facilities In The Nation With Patient Transfusions Categorized As "Worse Than Expected" (US)

Table 4: Standardized Infection Ratio (SIR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SIR	SIR Date	Char	19	The Time Period For Patient Infection Summary (SIR)
SIR_C	Patient Infection data availability Code	Char	3	Whether The Facility Had Sufficient Infection Data Available Or The Reason For Why The Data Is Not Available
DFCSIRTEXT	Patient Infection category text	Char	20	Patient Infection Category (Better, Worse Or As Expected)
SIR_F	Standard Infection Ratio	Num	8	The Facility's Standardized Infection Ratio (FACILITY)
SIR_UCI_F	SIR: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Standardized Infection Ratio (SIR)
SIR_LCI_F	SIR: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Standardized Infection Ratio (SIR)

Variable Name	Variable Label	Type	Max. Length	Description
PTSIRS1	Infection- Better than expected (STATE)	Num	8	The # Of Facilities In The State With Patient Transfusions Categorized As “Better Than Expected” (STATE)
PTSIRS2	Infection- As expected (STATE)	Num	8	The # Of Facilities In The State With Patient Infection Categorized As “As Expected” (STATE)
PTSIRS3	Infection- Worse than expected (STATE)	Num	8	The # Of Facilities In The State With Patient Infection Categorized As “Worse Than Expected” (STATE)
PTSIRU1	Infection- Better than expected (US)	Num	8	The # Of Facilities In The Nation With Patient Infection Categorized As “Better Than Expected” (US)
PTSIRU2	Infection- As expected (US)	Num	8	The # Of Facilities In The Nation With Patient Infection Categorized As “As Expected” (US)
PTSIRU3	Infection- Worse than expected (US)	Num	8	The # Of Facilities In The Nation With Patient Infection Categorized As “Worse Than Expected” (US)

Table 5: Dialysis Adequacy (Kt/V)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For EQRS Based Measures
HDKTV12_C	Adult HD Kt/V data availability code	Char	3	Whether The Facility Had Sufficient Adult Hemodialysis Kt/V Greater Than Or Equal To 1.2 Data Available Or The Reason For Why The Data Is Not Available
CWHD_KTVpats_f	Number of adult HD patients with Kt/V data	Num	8	The # Of Adult Hemodialysis Patients Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY)
CWHD_KTVpm_f	Number of adult HD patient-months with Kt/V data	Num	8	The # Of Adult Hemodialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY)

Variable Name	Variable Label	Type	Max. Length	Description
CWHD_KTVge12_f	Percentage of adult HD Patients with Kt/V >=1.2	Num	8	The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (FACILITY)
CWHD_KTVge12_s	Percentage of adult HD patients with Kt/V>=1.2	Num	8	The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (STATE)
CWHD_KTVge12_u	Percentage Of Adult HD Patients With Kt/V>=1.2	Num	8	The % Of Adult Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (US)
PDKTV17_C	Adult PD Kt/V Data Availability Code	Char	3	Whether The Facility Had Sufficient Adult Peritoneal Dialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available
CWPD_KTVpats_f	Number Of Adult PD Patients With Kt/V Data	Num	8	The # Of Adult Peritoneal Dialysis Patients Included In Kt/V Greater Than Or Equal To 1.7 Summary (FACILITY)
CWPD_KTVpm_f	Number Of Adult PD Patient-Months With Kt/V Data	Num	8	The # Of Adult Peritoneal Dialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.7 Summary (FACILITY)
CWPD_KTVge17_f	Percentage Of Adult PD Patients With Kt/V>=1.7	Num	8	The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.7 (FACILITY)
CWPD_KTVge17_s	Percentage Of Adult PD Patients With Kt/V>=1.7	Num	8	The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.7 (STATE)
CWPD_KTVge17_u	Percentage Of Adult PD Patients With Kt/V>=1.7	Num	8	The % Of Adult Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.7 (US)
PHDKTV12_C	Pediatric HD Kt/V Data Availability Code	Char	3	Whether The Facility Had Sufficient Pediatric Hemodialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available

Variable Name	Variable Label	Type	Max. Length	Description
p_CWHD_KTVpats_f	Number Of Pediatric HD Patients With Kt/V Data	Num	8	The # Of Pediatric Hemodialysis Patients Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY)
p_CWHD_KTVpm_f	Number Of Pediatric HD Patient-Months With Kt/V Data	Num	8	The # Of Pediatric Hemodialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.2 Summary, Rolling Year (FACILITY)
p_CWHD_KTVge12_f	Percentage Of Pediatric HD Patients With Kt/V>=1.2	Num	8	The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (FACILITY)
p_CWHD_KTVge12_s	Percentage Of Pediatric HD Patients With Kt/V>=1.2	Num	8	The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2 (STATE)
p_CWHD_KTVge12_u	Percentage Of Pediatric HD Patients With Kt/V>=1.2	Num	8	The % Of Pediatric Hemodialysis Patients With Kt/V Greater Than Or Equal To 1.2, Rolling Year (US)
PPDKTV18_C	Pediatric PD Kt/V Data Availability Code	Char	3	Whether The Facility Had Sufficient Pediatric Peritoneal Dialysis Kt/V Data Available Or The Reason For Why The Data Is Not Available
p_CWPD_KTVpats_f	Number Of Pediatric PD Patients With Kt/V Data	Num	8	The # Of Pediatric Peritoneal Dialysis Patients Included In Kt/V Greater Than Or Equal To 1.8 Summary (FACILITY)
p_CWPD_KTVpm_f	Number Of Pediatric PD Patient-months With Kt/V Data	Num	8	The # Of Pediatric Peritoneal Dialysis Patient-months Included In Kt/V Greater Than Or Equal To 1.8 Summary (FACILITY)
p_CWPD_KTVge18_f	Percentage Of Pediatric PD Patients With Kt/V>=1.8	Num	8	The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (FACILITY)

Variable Name	Variable Label	Type	Max. Length	Description
p_CWPD_KTVge18_s	Percentage Of Pediatric PD Patients With Kt/V>=1.8	Num	8	The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (STATE)
p_CWPD_KTVge18_u	Percentage Of Pediatric PD Patients With Kt/V>=1.8	Num	8	The % Of Pediatric Peritoneal Dialysis Patients With Kt/V Greater Than Or Equal To 1.8 (US)

Table 6: nPCR

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For EQRS Based Measures
P_NPCR_PAT_F	Number Of Patients In nPCR Summary	Num	8	The # Of Patients Included In The Facility's nPCR Summary, Rolling Year (FACILITY)
P_NPCR_PM_F	Number Of Patient-Months In nPCR Summary	Num	8	The # Of Patient-months Included In The Facility's nPCR Summary, Rolling Year (FACILITY)
PNPCR_C	nPCR Data Availability Code	Char	3	Whether The Facility Had Sufficient nPCR Data Available Or The Reason For Why The Data Is Not Available
P_NPCR_NUM_F	Percentage Of Pediatric HD Patients With nPCR	Num	8	The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (FACILITY)
P_NPCR_NUM_S	Percentage Of Pediatric HD Patients With nPCR In Use	Num	8	The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (STATE)
P_NPCR_NUM_U	Percentage Of Pediatric HD Patients With nPCR	Num	8	The % Of Pediatric Hemodialysis Patients With nPCR, Rolling Year (US)

Table 7: Vascular Access: Standardized Fistula Rate (SFR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For Patient Fistula Rate Summary

Variable Name	Variable Label	Type	Max. Length	Description
PTFIST_C	Fistula Data Availability Code	Char	3	Whether The Facility Had Sufficient Patient Fistula Data Available Or The Reason For Why The Data Is Not Available
DFCSFRTEXT	Fistula Category Text	Char	20	Patient Fistula Category (Better, Worse, Or As Expected)
SFRPATS_F	Number Of Patients Included In Fistula Summary	Num	8	The # Of Patients Included In The Facility's Fistula Summary
SFR_F	Fistula Rate (FACILITY)	Num	8	The Facility's Fistula Rate As A % Of Patient-months
SFRUCL_F	Fistula Rate: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Fistula Rate As A Percentage Of Patient-months.
SFRLCL_F	Fistula Rate: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Fistula Rate As A Percentage Of Patient-months
SFR_U	Fistula Rate (US)	Num	8	The National Fistula Rate Per 100 Patient-months
PTSFRS1	Fistula Rate - Better Than Expected (STATE)	Num	8	The # Of Facilities In The State With Fistula In Use Categorized As "Better Than Expected" (STATE)
PTSFRS2	Fistula Rate - As Expected (STATE)	Num	8	The # Of Facilities In The State With Fistula In Use Categorized As "As Expected" (STATE)
PTSFRS3	Fistula Rate - Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Fistula In Use Categorized As "Worse Than Expected" (STATE)
PTSFRU1	Fistula Rate - Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Fistula In Use Categorized As "Better Than Expected" (US)
PTSFRU2	Fistula Rate - As Expected (US)	Num	8	The # Of Facilities In The Nation With Fistula In Use Categorized As "As Expected" (US)
PTSFRU3	Fistula Rate - Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Fistula In Use Categorized As "Worse Than Expected" (US)

Table 8: Vascular Access: Long Term Catheter Rate

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For EQRS Based Measures
LTCPATS_F	Number Of Patients In Long Term Catheter Summary	Num	8	The # Of Patients Included In The Facility's Long Term Catheter Summary, Rolling Year (FACILITY)
LTCPM_F	Number Of Patient-Months In Long Term Catheter Summary	Num	8	The # Of Patient-months Included In The Facility's Long Term Catheter Summary, Rolling Year (FACILITY)
LTC_C	Long Term Catheter Data Availability Code	Char	3	Whether The Facility Had Sufficient Long Term Catheter Data Available Or The Reason For Why The Data Is Not Available
LTC_F	Percentage Of Adult Patients With Long Term Catheter In Use	Num	8	The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (FACILITY)
LTC_S	Percentage Of Adult Patients With Long Term Catheter In Use	Num	8	The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (STATE)
LTC_U	Percentage Of Adult Patients With Long Term Catheter In Use	Num	8	The % Of Adult Patients With Long Term Catheter In Use, Rolling Year (US)

Table 9: Mineral and Bone Disorder

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For EQRS Based Measures
HYPERCALPATS_F	Number Of Patients In Hypercalcemia Summary	Num	8	The # Of Patients Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY)
HYPERCALPM_F	Number Of Patient-months In	Num	8	The # Of Patient-months Included In The Facility's Hypercalcemia Summary, Rolling Year (FACILITY)

Variable Name	Variable Label	Type	Max. Length	Description
	Hypercalcemia Summary			
HYPERCAL_C	Hypercalcemia Data Availability Code	Char	3	Whether The Facility Had Sufficient Hypercalcemia Data Available Or The Reason For Why The Data Is Not Available
HYPERCAL_F	Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL)	Num	8	The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (FACILITY)
HYPERCAL_S	Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL)	Num	8	The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (STATE)
HYPERCAL_U	Percentage Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 Mg/dL)	Num	8	The % Of Adult Patients With Hypercalcemia (Serum Calcium Greater Than 10.2 mg/dL), Rolling Year (US).
SERUMPHOSPATS_F	Number Of Patients In Serum Phosphorus Summary	Num	8	The # Of Patients Included In The Facility's Serum Phosphorus Summary (FACILITY)
SERUMPHOSPM_F	Number Of Patient-months In Serum Phosphorus Summary	Num	8	The # Of Patient-months Included In The Facility's Serum Phosphorus Summary, Rolling Year (FACILITY)
SERUMPHOS_C	Serum Phosphorus Data Availability Code	Char	3	Whether The Facility Had Sufficient Serum Phosphorus Data Available Or The Reason For Why The Data Is Not Available
SERUMPHOS1_F	Percentage Of Adult Patients With Serum	Num	8	The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (FACILITY)

Variable Name	Variable Label	Type	Max. Length	Description
	Phosphorus Less Than 3.5 Mg/dL			
SERUMPHOS2_F	Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (FACILITY)
SERUMPHOS3_F	Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (FACILITY)
SERUMPHOS4_F	Percentage Of Adult Patients With Serum Phosphorus Between 5.6-7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 5.6-7.0 mg/dL, Rolling Year (FACILITY)
SERUMPHOS5_F	Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (FACILITY)
SERUMPHOS1_S	Percentage Of Adult Patients With Serum Phosphorus Less Than 3.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (STATE)
SERUMPHOS2_S	Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (STATE)
SERUMPHOS3_S	Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
SERUMPHOS4_S	Percentage Of Adult Patients With Serum Phosphorus Between 5.6-7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 5.6-7.0 mg/dL, Rolling Year (STATE)
SERUMPHOS5_S	Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (STATE)
SERUMPHOS1_U	Percentage Of Adult Patients With Serum Phosphorus Less Than 3.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Less Than 3.5 mg/dL, Rolling Year (US)
SERUMPHOS2_U	Percentage Of Adult Patients With Serum Phosphorus Between 3.5-4.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 3.5-4.5 mg/dL, Rolling Year (US)
SERUMPHOS3_U	Percentage Of Adult Patients With Serum Phosphorus Between 4.6-5.5 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 4.6-5.5 mg/dL, Rolling Year (US)
SERUMPHOS4_U	Percentage Of Adult Patients With Serum Phosphorus Between 5.6-7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Between 5.6-7.0 mg/dL, Rolling Year (US)
SERUMPHOS5_U	Percentage Of Adult Patients With Serum Phosphorus Greater Than 7.0 Mg/dL	Num	8	The % Of Adult Patients With Serum Phosphorus Greater Than 7.0 mg/dL, Rolling Year (US)

Table 10: Standardized Hospitalization Rate (SHR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SHR	SHR Date	Char	19	The Time Period For Patient Hospitalization Summary
PTHOSP_C	Patient Hospitalization Data Availability Code	Char	3	Whether The Facility Had Sufficient Hospitalization Data Available Or The Reason For Why The Data Is Not Available
DFCHOSPTEXT	Patient Hospitalization Category Text	Char	20	Patient Hospitalization Category (Better, Worse, Or As Expected)
RDSHY4_F	Number Of Patients Included In Hospitalization Summary	Num	8	The # Of Patients Included In The Facility's Hospitalization Summary
SHR_RATE_F	Hospitalization Rate (FACILITY)	Num	8	The Facility's Hospitalization Rate Per 100 Patient-years
SHR_RATE_UCI_F	Hospitalization Rate: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Hospitalization Rate Per 100 Patient-years
SHR_RATE_LCI_F	Hospitalization Rate: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Hospitalization Rate Per 100 Patient-years
OBHTRY4_U	Hospitalization Rate (US)	Num	8	The National Hospitalization Rate Per 100 Patient-years
PTHOSPS1	Hospitalizations-Better Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospitalizations Categorized As "Better Than Expected" (STATE)
PTHOSPS2	Hospitalizations-As Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospitalizations Categorized As "As Expected" (STATE)
PTHOSPS3	Hospitalizations-Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospitalizations Categorized As "Worse Than Expected" (STATE)
PTHOSPU1	Hospitalizations-Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "Better Than Expected" (US)

Variable Name	Variable Label	Type	Max. Length	Description
PTHOSPU2	Hospitalizations-As Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "As Expected" (US)
PTHOSPU3	Hospitalizations-Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospitalizations Categorized As "Worse Than Expected" (US)

Table 11: Standardized Hospital Readmission Rate (SRR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SRR	SRR Date	Char	19	The Time Period For Patient Readmission Summary
PTREAD_C	Patient Hospital Readmission Data Availability Code	Char	3	Whether The Facility Had Sufficient Readmission Data Available Or The Reason For Why The Data Is Not Available
DFCSRRTEXT	Patient Hospital Readmission Category Text	Char	20	Patient Readmission Category (Better, Worse, Or As Expected)
INDEXY4_f	Number Of Hospitalizations Included In Hospital Readmission Summary	Num	8	The # Of Index Discharges Included In The Facility's Readmission Summary
SRR_RATE_F	Readmission Rate (FACILITY)	Num	8	The Facility's Readmission Rate As A % Of Hospital Discharges
SRR_RATE_UCI_F	Readmission Rate: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Readmission Rate As A % Of Hospital Discharges
SRR_RATE_LCI_F	Readmission Rate: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Readmission Rate As A % Of Hospital Discharges
SRR_US_RATE	Readmission Rate (US)	Num	8	The National Readmission Rate As A % Of Hospital Discharges
PTSRRS1	Hospital Readmission - Better Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospital Readmission Categorized As "Better Than Expected" (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
PTSRRS2	Hospital Readmission - As Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospital Readmission Categorized As “As Expected” (STATE)
PTSRRS3	Hospital Readmission - Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Hospital Readmission Categorized As “Worse Than Expected” (STATE)
PTSRRU1	Hospital Readmission - Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “Better Than Expected” (US)
PTSRRU2	Hospital Readmission - As Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “As Expected” (US)
PTSRRU3	Hospital Readmission - Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Hospital Readmission Categorized As “Worse Than Expected” (US)

Table 12: Standardized Mortality Rate (SMR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SMR	SMR Date	Char	19	The Data Collection Period For Patient Survival Summary
PTSURV_C	Patient Survival Data Availability Code	Char	3	Whether The Facility Had Sufficient Patient Survival Data Available Or The Reason For Why The Data Is Not Available
DFCMORTTEXT	Patient Survival Category Text	Char	20	Patient Survival Category (Better, Worse, Or As Expected)
RDSMZ_F	Number Of Patients Included In Survival Summary	Num	8	The # Of Patients Included In The Facility’s Survival Summary
SMR_RATE_F	Mortality Rate (FACILITY)	Num	8	The Facility’s Mortality Rate Per 100 Patient-years

Variable Name	Variable Label	Type	Max. Length	Description
SMR_RATE_UCI_F	Mortality Rate: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) For Mortality Rate Per 100 Patient-years
SMR_RATE_LCI_F	Mortality Rate: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) For Mortality Rate Per 100 Patient-years
OBDRZ_U	Mortality Rate (US)	Num	8	The National Mortality Rate Per 100 Patient-years
PTSURVS1	Survival- Better Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Deaths Categorized As “Better Than Expected” (STATE)
PTSURVS2	Survival- As Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Deaths Categorized As “As Expected” (STATE)
PTSURVS3	Survival- Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Patient Deaths Categorized As “Worse Than Expected” (STATE)
PTSURVU1	Survival- Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Deaths Categorized As “Better Than Expected” (US)
PTSURVU2	Survival- As Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Deaths Categorized As “As Expected” (US)
PTSURVU3	Survival- Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Patient Deaths Categorized As “Worse Than Expected” (US)

Table 13: First Year Standardized Kidney Transplant Waitlist Ratio (FYSWR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SWR	SWR DATE	Char	19	The Data Collection Period For Patient Transplant Waitlist Summary
DFCSWRTEXT	SWR Category Text	Char	20	Patient Transplant Waitlist Category (Better, Worse, Or As Expected)
PTSWR_C	Patient Transplant	Char	3	Whether The Facility Had Sufficient Patient Transplant Waitlist Data

Variable Name	Variable Label	Type	Max. Length	Description
	Waitlist Data Availability Code			Available Or The Reason For Why The Data Is Not Available
SWR_CHIZ_F	95% C.I. (Upper Limit) For SWR	Num	8	The Upper Confidence Limit (97.5%) For Transplant Waitlist Ratio
SWR_CLOZ_F	95% C.I. (Lower Limit) For SWR	Num	8	The Lower Confidence Limit (2.5%) For Transplant Waitlist Ratio
SWR_PTZ_F	Number Of Patients In This Facility For SWR	Num	8	The Number Of Patients In This Facility For First Year Standardized Kidney Transplant Waitlist Ratio
SWRZ_F	Standardized First Kidney Transplant Waitlist Ratio	Num	8	Facility First Year Standardized Kidney Transplant Waitlist Ratio
SWRZ_U	Standardized First Kidney Transplant Waitlist Ratio (US)	Num	8	National First Year Standardized Kidney Transplant Waitlist Ratio
PTSWRS1	Incident Patients Transplant Waitlisting-Better Than Expected (STATE)	Num	8	The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “Better Than Expected” (STATE)
PTSWRS2	Incident Patients Transplant Waitlisting - As Expected (STATE)	Num	8	The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “As Expected” (STATE)
PTSWRS3	Incident Patients Transplant Waitlisting - Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Incident Patient Waitlisting Categorized As “Worse Than Expected” (STATE)
PTSWRU1	Incident Patients Transplant Waitlisting - Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “Better Than Expected” (US)

Variable Name	Variable Label	Type	Max. Length	Description
PTSWRU2	Incident Patients Transplant Waitlisting - As Expected (US)	Num	8	The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “As Expected” (US)
PTSWRU3	Incident Patients Transplant Waitlisting - Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Incident Patient Waitlisting Categorized As “Worse Than Expected” (US)

Table 14: Percentage of Prevalent Patients Waitlisted for Kidney Transplant (PPPW)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_EQRS	EQRS Date	Char	19	The Data Collection Period For EQRS Based Measures.
DFCPPPWTEXT	PPPW Category Text	Char	20	Prevalent Patient Transplant Waitlist Category (Better, Worse, Or As Expected)
PTPPPW_C	Patient Prevalent Transplant Waitlist Data Availability Code	Char	3	Whether The Facility Had Sufficient Prevalent Patient Transplant Waitlist Data Available Or The Reason For Why The Data Is Not Available
PPPW_CHI_F	95% C.I. (Upper Limit) For PPPW	Num	8	The Upper Confidence Limit (97.5%) For Prevalent Transplant Waitlist Percentage
PPPW_CLO_F	95% C.I. (Lower Limit) For PPPW	Num	8	The Lower Confidence Limit (2.5%) For Prevalent Transplant Waitlist Percentage
PPPW_PT_F	Number Of Patients For PPPW	Num	8	The # Of Patients For PPPW
PPPW_F	Percentage Of Prevalent Patients Waitlisted	Num	8	% Of Prevalent Patients Waitlisted for Kidney Transplant (FACILITY)
PPPW_U	Percentage Of Prevalent Patients Waitlisted (US)	Num	8	% Of Prevalent Patients Waitlisted for Kidney Transplant (US)
PTPPPWS1	Prevalent Patients Transplant Waitlisting- Better	Num	8	The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “Better Than Expected” (STATE)

Variable Name	Variable Label	Type	Max. Length	Description
	Than Expected (STATE)			
PTPPPWS2	Prevalent Patients Transplant Waitlisting - As Expected (STATE)	Num	8	The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “As Expected” (STATE)
PTPPPWS3	Prevalent Patients Transplant Waitlisting - Worse Than Expected (STATE)	Num	8	The # Of Facilities In The State With Prevalent Patient Waitlisting Categorized As “Worse Than Expected” (STATE)
PTPPPWU1	Prevalent Patients Transplant Waitlisting - Better Than Expected (US)	Num	8	The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “Better Than Expected” (US)
PTPPPWU2	Prevalent Patients Transplant Waitlisting - As Expected (US)	Num	8	The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “As Expected” (US)
PTPPPWU3	Prevalent Patients Transplant Waitlisting - Worse Than Expected (US)	Num	8	The # Of Facilities In The Nation With Prevalent Patient Waitlisting Categorized As “Worse Than Expected” (US)

Table 15: Standardized Emergency Department Encounter Ratio (SEDR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SEDR	SEDR Date	Char	19	The Time Period for SEDR Summary
PTSEDR_C	SEDR Data Availability Code	Char	3	Whether the Facility Had Sufficient ED Data Available or the Reason for Why the Data is Not Available
DFCSEDRTEXT	SEDR Category Text	Char	20	SEDR Category (Better, Worse, Or As Expected)
SEDRY4_F	Number Of Patients Included In SEDR Summary	Num	8	The # Of Patients Included In The Facility’s SEDR Summary

Variable Name	Variable Label	Type	Max. Length	Description
SEDRY4_F	Standardized ED Ratio (FACILITY)	Num	8	The Facility's Standardized Emergency Dept. Ratio
CHICHEDY4_F	SEDR: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) for the Standardized Emergency Dept. Ratio
CLOCHEDY4_F	SEDR: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) for the Standardized Emergency Dept. Ratio
SEDRY4_U	Standardized ED Ratio (US)	Num	8	The National Standardized Emergency Dept. Ratio
PTSEDRS1	Standardized ED Ratio - Better Than Expected (STATE)	Num	8	The # of Facilities in the State with SEDR Categorized as "Better Than Expected" (STATE)
PTSEDRS2	Standardized ED Ratio - As Expected (STATE)	Num	8	The # of Facilities in the State with SEDR Categorized as "As Expected" (STATE)
PTSEDRS3	Standardized ED Ratio - Worse Than Expected (STATE)	Num	8	The # of Facilities in the State with SEDR Categorized as "Worse Than Expected" (STATE)
PTSEDRU1	Standardized ED Ratio - Better Than Expected (US)	Num	8	The # of Facilities in The Nation with SEDR Categorized as "Better Than Expected" (US)
PTSEDRU2	Standardized ED Ratio - As Expected (US)	Num	8	The # of Facilities in The Nation with SEDR Categorized as "As Expected" (US)
PTSEDRU3	Standardized ED Ratio - Worse Than Expected (US)	Num	8	The # of Facilities in The Nation with SEDR Categorized as "Worse Than Expected" (US)

Table 16: Standardized Modality Switch Ratio (SMoSR)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_SMSR	YEARS Modality Switch BASED UPON	Char	19	The Time Period for SMoSR Summary
PTSMSR_C	SMoSR Data Availability Code	Char	3	Whether the Facility Had Sufficient Modality Data

Variable Name	Variable Label	Type	Max. Length	Description
				Available or the Reason for Why the Data is Not Available
DFCSMSRTEXT	SMoSR: Classification Category (FACILITY)	Char	20	SMoSR Category (Better, Worse, Or As Expected)
PATSMSR_F	SMoSR: n of Eligible patients (FACILITY)	Num	8	The # Of Patients Included In The Facility's SMoSR Summary
SMSR_F	SMoSR: Standardized Modality Switch Ratio (FACILITY)	Num	8	The Facility's Standardized Modality Switch Ratio
CHISMSR_F	SMoSR: Upper Confidence Limit (FACILITY)	Num	8	The Upper Confidence Limit (97.5%) for the Standardized Modality Switch Ratio
CLOSMSR_F	SMoSR: Lower Confidence Limit (FACILITY)	Num	8	The Lower Confidence Limit (2.5%) for the Standardized Modality Swtich Ratio
SMSR_U	SMoSR: Standardized Modality Switch Ratio (US)	Num	8	The National Standardized Modality Switch Ratio
PTSMSRS1	Standardized Modality Switch Ratio - Better Than Expected (STATE)	Num	8	The # of Facilities in the State with SMoSR Categorized as "Better Than Expected" (STATE)
PTSSMRS2	Standardized Modality Switch Ratio - As Expected (STATE)	Num	8	The # of Facilities in the State with SMoSR Categorized as "As Expected" (STATE)
PTSSMRS3	Standardized Modality Switch Ratio - Worse Than Expected (STATE)	Num	8	The # of Facilities in the State with SMoSR Categorized as "Worse Than Expected" (STATE)
PTSMSRU1	Standardized Modality Switch Ratio - Better Than Expected (US)	Num	8	The # of Facilities in The Nation with SMoSR Categorized as "Better Than Expected" (US)
PTSMSRU2	Standardized Modality Switch Ratio - As Expected (US)	Num	8	The # of Facilities in The Nation with SMoSR Categorized as "As Expected" (US)
PTSMSRU3	Standardized Modality Switch Ratio - Worse Than Expected (US)	Num	8	The # of Facilities in The Nation with SMoSR Categorized as "Worse Than Expected" (US)

Table 17: Standardized Emergency Department Encounter Ratio Occurring within 30 Days of Hospital Discharge (ED30)

Variable Name	Variable Label	Type	Max. Length	Description
DATE_ED	ED30 Date	Char	19	The Time Period For ED30 Summary
PTED_C	ED30 Data Availability Code	Char	3	Whether the Facility had Sufficient ED Data Available or the Reason for Why the Data is Not Available
DFCEDTEXT	ED30 Category Text	Char	20	ED30 Category (Better, Worse, Or As Expected)
ED30INDEXY4_f	Number of Hospitalization Discharges Included in ED30 Summary	Num	8	The # of Index Discharges Included in the Facility's ED30 Summary
ED30Y4_F	Standardized ED Ratio Occurring within 30 Days of Hospital Discharge (FACILITY)	Num	8	The Facility's Standardized ED Ratio Occurring within 30 Days of Hospital Discharge
ED30UCLY4_F	ED30: Upper Confidence Limit (97.5%)	Num	8	The Upper Confidence Limit (97.5%) for Standardized ED Ratio Occurring within 30 Days of Hospital Discharge
ED30LCLY4_F	ED30: Lower Confidence Limit (2.5%)	Num	8	The Lower Confidence Limit (2.5%) for Standardized ED Ratio Occurring within 30 Days of Hospital Discharge
ED30Y4_U	Standardized ED Ratio Occurring within 30 Days of Hospital Discharge (US)	Num	8	The National Standardized ED Ratio Occurring within 30 Days of Hospital Discharge
PTEDS1	ED30 - Better Than Expected (STATE)	Num	8	The # of Facilities in the State with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "Better Than Expected" (STATE)
PTEDS2	ED30 - As Expected (STATE)	Num	8	The # of Facilities in the State with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "As Expected" (STATE)
PTEDS3	ED30 - Worse Than Expected (STATE)	Num	8	The # of Facilities in the State with Standardized ED Ratio Occurring

Variable Name	Variable Label	Type	Max. Length	Description
				within 30 Days of Hospital Discharge Categorized As "Worse Than Expected" (STATE)
PTEDU1	ED30 - Better Than Expected (US)	Num	8	The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "Better Than Expected" (US)
PTEDU2	ED30 - As Expected (US)	Num	8	The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "As Expected" (US)
PTEDU3	ED30 - Worse Than Expected (US)	Num	8	The # of Facilities in The Nation with Standardized ED Ratio Occurring within 30 Days of Hospital Discharge Categorized As "Worse Than Expected" (US)

Table 18: Healthcare Personnel COVID-19 Vaccination

Variable Name	Variable Label	Type	Max. Length	Description
DATE_VAX	HCP Vaccination Data Collection Dates	Char	19	The Data Collection Period For COVID-19 Vaccination Adherence Measure
VAX_C	HCP Vaccination Data Availability Code	Char	3	Whether The Facility Had Sufficient HCP Vaccination Data Available Or The Reason For Why The Data Is Not Available
VAX_F	Healthcare worker COVID-19 vaccination adherence percentage	Num	8	The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (FACILITY)
VAX_S	Healthcare worker COVID-19 vaccination adherence percentage	Num	8	The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (STATE)
VAX_U	Healthcare worker COVID-19 vaccination adherence percentage	Num	8	The % Of Healthcare Personnel Adherent With COVID-19 Vaccination (US)

Table 19: Hemoglobin

Variable Name	Variable Label	Type	Max. Length	Description
DATE_CLAIMS	Claims Date	Char	19	The Data Collection Period For Claims-Based Summaries
HGBRD_F	Number Of Dialysis Patients With Hgb Data	Num	8	The # Of Patients Included In The Hemoglobin (Hgb) Greater Than 12.0 g/dL Summary, Rolling Year (FACILITY)
HGBL10_C	HGB<10 Data Availability Code	Char	3	Whether The Facility Had Sufficient Hemoglobin (Hgb) Data Available Or The Reason For Why The Data Is Not Available
HGBL10_F	Percentage Of Medicare Patients With Hgb<10 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (FACILITY)
HGBL10_S	Percentage Of Patients With Hgb<10 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (STATE)
HGBL10_U	Percentage Of Patients With Hgb<10 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Less Than 10.0 g/dL, Rolling Year (US)
HGBG12_C	Hgb > 12 Data Availability Code	Char	3	Whether The Facility Had Sufficient Hemoglobin (Hgb) Data Available Or The Reason For Why The Data Is Not Available
HGBG12_F	Percentage of Medicare patients with Hgb>12 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (FACILITY)
HGBG12_S	Percentage of patients with Hgb>12 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (STATE)
HGBG12_U	Percentage of patients with Hgb>12 g/dL	Num	8	The % Of Patients Who Had Average Hemoglobin (Hgb) Greater Than 12.0 g/dL, Rolling Year (US)

Table 20: Data Availability Codes

Code “001” indicates data is available and therefore there is not a footnote associated with this data availability code.

	Data Availability Code	Footnote Number	Footnote Text	Measure
Data Available	"001"	n/a	n/a	All Measures
Data Not Available	“101”	1	Too few completed survey responses to report.	ICH CAHPS Measures
Data Not Available	“102”	2	Survey data not available for this reporting period.	ICH CAHPS Measures
Data Not Available	“103”	3	The survey was not administered because the facility did not serve enough survey-eligible patients.	ICH CAHPS Measures
Data Not Available	"199"	4	Not enough patients to report on this measure. Call the dialysis center to discuss this measure.	All Measures
Data Not Available	"201"	5	Data not reported. Call the dialysis center to discuss this quality measure.	All Measures
Data Not Available	"255"	6	Medicare determined that the percentage reported was not accurate.	All Measures
Data Not Available	"256”	7	The dialysis center does not provide hemodialysis during the reporting period.	Vascular Access Measures/Adult HD Kt/V
Data Not Available	“257”	8	The dialysis center does not provide peritoneal dialysis during the reporting period.	Adult PD Kt/V
Data Not Available	“258”	9	The dialysis center was not open long enough to supply sufficient measure data.	All Measures
Data Not Available	“259”	10	The dialysis center does not provide hemodialysis and/or peritoneal dialysis to pediatric patients during the reporting period.	All Pediatric Measures
Data Not Available	“260”	11	Not enough quality measure data to calculate a star rating.	Star Rating
Data Not Available	“261”	12	Medicare determined that at least one measure included in the star rating calculation was not accurate for this dialysis center.	Star Rating
Data Not Available	“270”	13	Data suppressed by Medicare. Dialysis center was affected by a natural disaster during the partial or entire reporting period.	All Measures and Star Rating
Data Not Available	“280”	14	This measure isn’t available for this provider because of factors outside their	All Measures

	Data Availability Code	Footnote Number	Footnote Text	Measure
			control. This doesn't reflect their performance or the quality of care they provided during this period.	
Data Not Available	"281"	15	Dialysis Facility Compare (DFC) Star ratings aren't available for this provider because of factors outside their control. This doesn't reflect their performance or the quality of care they provided during this period.	Star Rating

DATA DICTIONARY FOR END-STAGE RENAL DISEASE QUALITY INCENTIVE PROGRAM (ESRD QIP)

Refresh Date: January 2026

This document provides the variable name, type, length, and description for each column included in the downloadable database available on the CMS Provider Data Catalog for Dialysis Facilities website (https://data.cms.gov/provider-data/search?theme=Dialysis%20facilities).

The measures are calculated using the methodology described in the CMS ESRD Measures Manual for the 2024 Performance Period version 9.1. It is available for download from the "Measuring Quality" tab of the CMS website (https://www.cms.gov/medicare/quality/end-stage-renal-disease-esrd-quality-incentive-program/measuring-quality).

Table 1: Kt/V Dialysis Adequacy Comprehensive Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Rate	Char	10	The facility Kt/V measure rate in achievement period
Kt/V Measure Score	Char	10	The facility Kt/V measure score
Kt/V Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average Kt/V Measure Score	Num	8	State average Kt/V measure score
National Average Kt/V Measure Score	Num	8	National average Kt/V measure score

Table 2: Standardized Hospital Ratio (SHR) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility

Variable Name	Type	Max Length	Description
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Ratio	Char	10	The facility Standardized Hospitalization Ratio (SHR) measure ratio (displayed as rate) in achievement period
SHR Measure Score	Char	10	The facility SHR measure score
SHR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average SHR Measure Score	Num	8	State average SHR measure score
National Average SHR Measure Score	Num	8	National average SHR measure score

Table 3: Standardized Readmission Ratio (SRR) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Ratio	Char	10	The facility Standardized Readmission Ratio (SRR) measure ratio (displayed as rate) in achievement period
SRR Measure Score	Char	10	The facility SRR measure score
SRR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average SRR Measure Score	Num	8	State average SRR measure score
National Average SRR Measure Score	Num	8	National average SRR measure score

Table 4: Standardized Transfusion Ratio (STrR) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Ratio	Char	10	The facility Standardized Transfusion Ratio (STrR) measure ratio (displayed as rate) in achievement period
STrR Measure Score	Char	10	The facility STrR measure score
STrR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average STRR Measure Score	Num	8	State average STrR measure score
National Average STRR Measure Score	Num	8	National average STrR measure score

Table 5: Percentage of Prevalent Patients Waitlisted (PPPW) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility

Variable Name	Type	Max Length	Description
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Rate	Char	10	The facility Percentage of Prevalent Patients Waitlisted (PPPW) measure rate in achievement period
PPPW Measure Score	Char	10	The facility PPPW measure score
PPPW Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average PPPW Measure Score	Num	8	State average PPPW measure score
National Average PPPW Measure Score	Num	8	National average PPPW measure score

Table 6: NHSN Bloodstream Infection (BSI) in Hemodialysis Patients aMeasure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the Network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Ratio	Char	10	The facility NHSN Bloodstream Infection (BSI) measure rate in achievement period
NHSN BSI Measure Score	Char	10	The facility NHSN BSI measure score
NHSN BSI Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average NHSN BSI Measure Score	Num	8	State average NHSN BSI measure score
National Average NHSN BSI Measure Score	Num	8	National average NHSN BSI measure score

Table 7: Vascular Access Type (VAT) Catheter Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Catheter Rate Achievement Measure Rate	Char	10	The facility Catheter measure rate in achievement period
Catheter Rate Measure Score	Char	10	The facility Catheter measure score
Catheter Rate Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average VAT Catheter Rate Measure Score	Num	8	State average Catheter measure score
National Average VAT Catheter Rate Measure Score	Num	8	National average Catheter measure score

Table 8: Hypercalcemia Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility

Variable Name	Type	Max Length	Description
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
Hypercalcemia Measure Score	Char	10	The facility Hypercalcemia measure score
Hypercalcemia Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average Hypercalcemia Measure Score	Num	8	State average Hypercalcemia measure score
National Average Hypercalcemia Measure Score	Num	8	National average Hypercalcemia measure score

Table 9: Clinical Depression Screening and Follow-Up Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
Achievement Measure Rate	Char	10	The facility Clinical Depression Screening and Follow-up measure rate in achievement period

Variable Name	Type	Max Length	Description
Clinical Depression Screening and Follow-up Measure Score	Char	10	The facility Clinical Depression Screening and Follow-up measure score
Clinical Depression Screening and Follow-up Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average Clinical Depression Screening and Follow-up Measure Score	Num	8	State average Clinical Depression Screening and Follow-up measure score
National Average Clinical Depression Screening and Follow-up Measure Score	Num	8	National average Clinical Depression Screening and Follow-up measure score

Table 10: NHSN Dialysis Event (DE) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
NHSN DE Measure Score	Char	10	The facility NHSN Dialysis Event (DE) measure score
NHSN DE Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average NHSN DE Measure Score	Num	8	State average NHSN DE measure score
National Average NHSN DE Measure Score	Num	8	National average NHSN DE measure score

Table 11: Medication Reconciliation (MedRec) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
MedRec Measure Score	Char	10	The facility Medication Reconciliation measure score
MedRec Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average MedRec Measure Score	Num	8	State average Medication Reconciliation Measure score
National Average MedRec Measure Score	Num	8	National average Medication Reconciliation measure score

Table 12: NHSN COVID-19 Healthcare Personnel (HCP) Vaccination Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name

Variable Name	Type	Max Length	Description
COVID-19 HCP Measure Score	Char	10	The facility NHSN COVID-19 Healthcare Personnel (HCP) Vaccination measure score
COVID-19 HCP Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average COVID-19 HCP Measure Score	Num	8	State average NHSN COVID-19 HCP Vaccination measure score
National Average COVID-19 HCP Measure Score	Num	8	National average NHSN COVID-19 HCP Vaccination measure score

Table 13: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
Neph Comm and Caring Achievement Measure Rate	Char	10	Nephrologist Communication and Caring achievement measure rate
Neph Comm and Caring Measure Score	Char	10	Nephrologist Communication and Caring measure score
State Average Neph Comm and Caring Measure Score	Num	8	State average Nephrologist Communication and Caring measure score
National Average Neph Comm and Caring Measure Score	Num	8	National average Nephrologist Communication and Caring measure score
Quality of Dialysis Care and Ops Achievement Measure Rate	Char	10	Quality of Dialysis Care and Operations achievement measure rate
Quality of Dialysis Care and Ops Measure Score	Char	10	Quality of Dialysis Care and Operations measure score

Variable Name	Type	Max Length	Description
State Average Quality of Dialysis Care and Ops Measure Score	Num	8	State average Quality of Dialysis Care and Operations measure score
National Average Quality of Dialysis Care and Ops Measure Score	Num	8	National average Quality of Dialysis Care and Operations measure score
Providing Info to Patients Achievement Measure Rate	Char	10	Providing Information to Patients achievement measure rate
Providing Info to Patients Measure Score	Char	10	Providing Information to Patients measure score
State Average Providing Info to Patients Measure Score	Num	8	State average Providing Information to Patients measure score
National Average Providing Info to Patients Measure Score	Num	8	National average Providing Information to Patients measure score
Overall Rating of Neph Achievement Measure Rate	Char	10	Overall Rating of Nephrologist achievement measure rate
Overall Rating of Neph Measure Score	Char	10	Overall Rating of Nephrologist measure score
State Average Overall Rating of Neph Measure Score	Num	8	State average Overall Rating of Nephrologist measure score
National Average Overall Rating of Neph Measure Score	Num	8	National average Overall Rating of Nephrologist measure score
Overall Rating of Dialysis Staff Achievement Measure Rate	Char	10	Overall Rating of Dialysis Staff achievement measure rate
Overall Rating of Dialysis Staff Measure Score	Char	10	Overall Rating of Dialysis Staff measure score
State Average Overall Rating of Dialysis Staff Measure Score	Num	8	State average Overall Rating of Dialysis Staff measure score
National Average Overall Rating of Dialysis Staff Measure Score	Num	8	National average Overall Rating of Dialysis Staff measure score
Overall Rating of Dialysis Facility Achievement Measure Rate	Char	10	Overall Rating of Dialysis Facility achievement measure rate
Overall Rating of Dialysis Facility Measure Score	Char	10	Overall Rating of Dialysis Facility measure score
State Average Overall Rating of Dialysis Facility Measure Score	Num	8	State average Overall Rating of Dialysis Facility measure score

Variable Name	Type	Max Length	Description
National Average Overall Rating of Dialysis Facility Measure Score	Num	8	National average Overall Rating of Dialysis Facility measure score
ICH CAHPS Measure Score	Char	10	The facility ICH CAHPS measure score
ICH CAHPS Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average ICH CAHPS Measure Score	Num	8	State average ICH CAHPS measure score
National Average ICH CAHPS Measure Score	Num	8	National average ICH CAHPS measure score

Table 14: Facility Commitment to Health Equity (FCHE) Measure Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Measure Name	Char	20	The measure name
FCHE Measure Score	Char	10	The Facility Commitment to Health Equity (FCHE) Vaccination measure score
FCHE Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
State Average FCHE Measure Score	Num	8	State average FCHE measure score
National Average FCHE Measure Score	Num	8	National average FCHE measure score

Table 15: Total Performance Score Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Total Performance Score	Char	10	Total performance score
State Average Total Performance Score	Num	8	State average total performance score
National Average Total Performance Score	Num	8	National average total performance score
Payment Reduction Percentage	Char	6	Payment reduction percentage

Table 16: Complete QIP Table Variables

Variable Name	Type	Max Length	Description
Facility Name	Char	100	The name of the facility
CMS Certification Number (CCN)	Char	6	The numeric code used to identify the provider
Alternate CCN	Char	6	The alternate numeric code used to identify the provider
Address	Char	60	The address that corresponds to the facility
City	Char	30	The name of the city that corresponds to the facility
State	Char	2	The alphabetic postal code used to identify the state that corresponds to the facility
Zip Code	Char	5	The full postal zip code that corresponds to the facility
Network	Char	2	The numeric code for the network in which facility participates
Long-term Catheter Measure Score	Char	10	Long-term Catheter measure score
Long-term Catheter Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score

Variable Name	Type	Max Length	Description
Long-term Catheter Achievement Measure Rate	Char	10	Long-term Catheter achievement measure rate
Number of Patients Included in Long-term Catheter Measure Score Achievement Period	Char	10	Number of patients included in Long-term Catheter measure score achievement period
Long-term Catheter Achievement Period Numerator	Char	10	Long-term Catheter achievement period numerator
Long-term Catheter Achievement Period Denominator	Char	10	Long-term Catheter achievement period denominator
Long-term Catheter Improvement Measure Rate	Char	10	Long-term Catheter improvement measure rate
Long-term Catheter Improvement Period Numerator	Char	10	Long-term Catheter improvement period numerator
Long-term Catheter Improvement Period Denominator	Char	10	Long-term Catheter improvement period denominator
Long-term Catheter Measure Score Applied	Char	20	The period of performance that was applied to Long-term Catheter measure score
National Average Long-term Catheter Measure Score	Num	8	National average Long-term Catheter measure score
Kt/V Comprehensive Measure Score	Char	10	Kt/V Comprehensive measure score
Kt/V Comprehensive Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
Kt/V Comprehensive Achievement Measure Rate	Char	10	Kt/V Comprehensive achievement measure rate
Number of Patients Included in Kt/V Comprehensive Measure Score Achievement Period	Char	10	Number of patients included in Kt/V Comprehensive measure score achievement period
Kt/V Comprehensive Achievement Period Numerator	Char	10	Kt/V Comprehensive achievement period numerator
Kt/V Comprehensive Achievement Period Denominator	Char	10	Kt/V Comprehensive achievement period denominator

Variable Name	Type	Max Length	Description
Kt/V Comprehensive Improvement Measure Rate	Char	10	Kt/V Comprehensive improvement measure rate
Kt/V Comprehensive Improvement Period Numerator	Char	10	Kt/V Comprehensive improvement period numerator
Kt/V Comprehensive Improvement Period Denominator	Char	10	Kt/V Comprehensive improvement period denominator
Kt/V Comprehensive Measure Score Applied	Char	20	The period of performance that was applied to Kt/V Comprehensive measure score
National Average Kt/V Comprehensive Measure Score	Num	8	National average Kt/V Comprehensive measure score
Hypercalcemia Measure Score	Char	10	Hypercalcemia measure score
Hypercalcemia Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
National Average Hypercalcemia Measure Score	Num	8	National average Hypercalcemia measure score
NHSN BSI Measure Score	Char	10	NHSN BSI measure score
NHSN BSI Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
NHSN BSI Achievement Measure Ratio	Char	10	NHSN BSI achievement measure ratio
Number of Patients Included in NHSN BSI Measure Score Achievement Period	Char	10	Number of patients included in NHSN BSI measure score achievement period
NHSN BSI Achievement Period Observed Event Number	Char	10	NHSN BSI achievement period observed event number
NHSN BSI Achievement Period Expected Event Number	Char	10	NHSN BSI achievement period expected event number
NHSN BSI Improvement Measure Ratio	Char	10	NHSN BSI improvement measure ratio
NHSN BSI Improvement Period Observed Event Number	Char	10	NHSN BSI improvement period observed event number
NHSN BSI Improvement Period Expected Event Number	Char	10	NHSN BSI improvement period expected event number

Variable Name	Type	Max Length	Description
NHSN BSI Measure Score Applied	Char	20	The period of performance that applied to NHSN BSI measure score
National Average NHSN BSI Measure Score	Num	8	National average NHSN Bloodstream Infection measure score
NHSN Dialysis Event Reporting Measure Score	Char	10	NHSN Dialysis Event reporting measure score
NHSN Dialysis Event Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
NHSN Dialysis Event Reporting Number of Months Reported	Char	10	NHSN Dialysis Event reporting number of months reported
ICH CAHPS Measure Score	Char	10	ICH CAHPS measure score
ICH CAHPS Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
ICH CAHPS Achievement Period Count of Completed Surveys	Char	5	ICH CAHPS achievement period count of completed surveys
ICH CAHPS Improvement Period Count of Completed Surveys	Char	5	ICH CAHPS improvement period count of completed surveys
ICH CAHPS Measure Score Applied	Char	20	The period of performance that applied to ICH CAHPS Measure Score
National Average ICH CAHPS Measure Score	Num	8	National average ICH CAHPS measure score
ICH CAHPS Neph Comm and Caring Achievement Rate	Char	10	ICH CAHPS Nephrology Communication and Caring achievement rate
ICH CAHPS Neph Comm and Caring Improvement Rate	Char	10	ICH CAHPS Nephrology Communication and Caring improvement rate
ICH CAHPS Neph Comm and Caring Measure Score Applied	Char	20	The period of performance that applied to ICH CAHPS Nephrology Communication and Caring measure
ICH CAHPS Quality of Dialysis Care and Ops Achievement Rate	Char	10	ICH CAHPS Quality of Dialysis Care and Operations achievement rate
ICH CAHPS Quality of Dialysis Care and Ops Improvement Rate	Char	10	ICH CAHPS Quality of Dialysis Care and Operations improvement rate
ICH CAHPS Quality of Dialysis Care and Ops Measure Score Applied	Char	20	The period of performance that applied to ICH CAHPS Quality of Dialysis Care and Operations measure

Variable Name	Type	Max Length	Description
ICH CAHPS Providing Info to Patients Achievement Rate	Char	10	ICH CAHPS Providing Information to Patients achievement rate
ICH CAHPS Providing Info to Patients Improvement Rate	Char	10	ICH CAHPS Providing Information to Patients improvement rate
ICH CAHPS Providing Info to Patients Measure Score Applied	Char	20	The period of performance that was applied to ICH CAHPS Providing Information to Patients measure
ICH CAHPS Overall Rating of Neph Achievement Rate	Char	10	ICH CAHPS Overall Rating of Nephrologist achievement rate
ICH CAHPS Overall Rating of Neph Improvement Rate	Char	10	ICH CAHPS Overall Rating of Nephrologist improvement rate
ICH CAHPS Overall Rating of Neph Measure Score Applied	Char	20	The period of performance that was applied to ICH CAHPS Overall Rating of Nephrologist measure
ICH CAHPS Overall Rating of Dialysis Staff Achievement Rate	Char	10	ICH CAHPS Overall Rating of Dialysis Staff achievement rate
ICH CAHPS Overall Rating of Dialysis Staff Improvement Rate	Char	10	ICH CAHPS Overall Rating of Dialysis Staff improvement rate
ICH CAHPS Overall Rating of Dialysis Staff Measure Score Applied	Char	20	The period of performance that was applied to ICH CAHPS Overall Rating of Dialysis Staff measure
ICH CAHPS Overall Rating of Dialysis Facility Achievement Rate	Char	10	ICH CAHPS Overall Rating of Dialysis Facility achievement rate
ICH CAHPS Overall Rating of Dialysis Facility Improvement Rate	Char	10	ICH CAHPS Overall Rating of Dialysis Facility improvement rate
ICH CAHPS Overall Rating of Dialysis Facility Measure Score Applied	Char	20	The period of performance that was applied to ICH CAHPS Overall Rating of Dialysis Facility measure
Standardized Readmission Ratio (SRR) Measure Score	Char	10	Standardized readmission ratio (SRR) measure score
SRR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
SRR Achievement Measure Ratio	Char	10	SRR achievement measure ratio
Number of Index Discharges in SRR Achievement Period	Char	10	Number of index discharges in SRR achievement period
SRR Achievement Period Numerator	Char	10	SRR achievement period numerator

Variable Name	Type	Max Length	Description
SRR Achievement Period Denominator	Char	10	SRR achievement period denominator
SRR Improvement Measure Ratio	Char	10	SRR improvement measure ratio
SRR Improvement Period Numerator	Char	10	SRR improvement period numerator
SRR Improvement Period Denominator	Char	10	SRR improvement period denominator
SRR Measure Score Applied	Char	20	The period of performance that was applied to SRR measure
National Average SRR Measure Score	Num	8	National average SRR measure score
Standardized Transfusion Ratio (STrR) Measure Score	Char	10	Standardized Transfusion Ratio (STrR) measure score
STrR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
STrR Achievement Measure Ratio	Char	10	STrR achievement measure ratio
Number of Patient-Years at Risk in STrR Achievement Period	Char	10	Number of patient-years at risk in STrR achievement period
STrR Achievement Period Numerator	Char	10	STrR achievement period numerator
STrR Achievement Period Denominator	Char	10	STrR achievement period denominator
STrR Improvement Measure Ratio	Char	10	STrR improvement measure ratio
STrR Improvement Period Numerator	Char	10	STrR improvement period numerator
STrR Improvement Period Denominator	Char	10	STrR improvement period denominator
STrR Measure Score Applied	Char	20	The period of performance that was applied to STrR measure
National Average STrR Measure Score	Num	8	National average STrR measure score
Standardized Hospitalization Ratio (SHR) Measure Score	Char	10	Standardized Hospitalization Ratio (SHR) measure score
SHR Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
SHR Achievement Measure Ratio	Char	10	SHR achievement measure ratio
Number of Patient-Years at Risk in SHR Achievement Period	Char	10	Number of patient-years at risk in SHR achievement period

Variable Name	Type	Max Length	Description
SHR Achievement Period Numerator	Char	10	SHR achievement period numerator
SHR Improvement Measure Ratio	Char	10	SHR achievement period denominator
SHR Achievement Period Denominator	Char	10	SHR improvement measure ratio
SHR Improvement Period Numerator	Char	10	SHR improvement period numerator
SHR Improvement Period Denominator	Char	10	SHR improvement period denominator
SHR Measure Score Applied	Char	20	The period of performance that was applied to SHR measure
National Average SHR Measure Score	Num	8	National average SHR measure score
Clinical Depression Screening and Follow-up Improvement Period Numerator	Char	10	Clinical Depression Screening and Follow-up measure improvement period numerator
Clinical Depression Screening and Follow-up Improvement Period Denominator	Char	10	Clinical Depression Screening and Follow-up measure improvement period denominator
Clinical Depression Screening and Follow-up Achievement Period Denominator	Char	10	Clinical Depression Screening and Follow-up measure achievement period denominator
Clinical Depression Screening and Follow-up Achievement Period Numerator	Char	10	Clinical Depression Screening and Follow-up measure achievement period numerator
Clinical Depression Screening and Follow-up Improvement Measure Rate	Char	10	Clinical Depression Screening and Follow-up measure improvement Measure Rate
Clinical Depression Screening and Follow-up Achievement Measure Rate	Char	10	Clinical Depression Screening and Follow-up measure achievement Measure Rate
Clinical Depression Screening and Follow-up Measure Score	Char	10	Clinical Depression Screening and Follow-up measure score
Clinical Depression Screening and Follow-up Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score

Variable Name	Type	Max Length	Description
Clinical Depression Screening and Follow-up Measure Score Applied	Char	20	The period of performance that was applied to Clinical Depression measure
National Average Clinical Depression Measure Score	Num	8	National average Clinical Depression Screening and Follow-up measure score
COVID-19 HCP Measure Score	Char	10	The facility NHSN COVID-19 HCP Vaccination measure score
COVID-19 HCP Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
National Average COVID-19 HCP Measure Score	Num	8	National average NHSN COVID-19 HCP Vaccination measure score
MedRec Measure Score	Char	10	Medication Reconciliation measure score
MedRec Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
National Average MedRec Measure Score	Num	8	National average Medication Reconciliation measure score
PPPW Achievement Period Numerator	Char	10	PPPW achievement period numerator
PPPW Achievement Period Denominator	Char	10	PPPW achievement period denominator
PPPW Improvement Period Numerator	Char	10	PPPW improvement period numerator
PPPW Improvement Period Denominator	Char	10	PPPW improvement period denominator
PPPW Improvement Measure Rate	Char	10	PPPW improvement measure rate
PPPW Achievement Measure Rate	Char	10	PPPW achievement measure rate
PPPW Measure Score	Char	10	PPPW measure score
PPPW Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
National Average PPPW Measure Score	Num	8	National average PPPW measure score
FCHE Measure Score	Char	10	Facility Commitment to Health Equity (FCHE) measure score
FCHE Reason for No Score (See Footnotes File)	Char	3	The numeric code used to identify the reason for No Score
FCHE Number of Domains Reported	Char	10	The number of Domains reported for Facility Commitment to Health Equity measure
National Average FCHE Measure Score	Num	8	National average FCHE measure score
Total Performance Score	Char	10	Total performance score
PY2026 Payment Reduction Percentage	Num	8	Payment Year 2026 payment reduction percentage

Variable Name	Type	Max Length	Description
CMS Certification Date	Char	12	CMS certification date
Ownership as of December 31, 2024	Char	100	The facility's ownership as of December 31, 2024
Date of Ownership Record Update	Char	12	Date facility ownership record was updated

Table 17: Footnote Table Variables

Variable Name	Type	Max Length	Description
Footnote	Num	8	The numeric code used to identify the reason for No Score
Reason for No Score	Char	200	The description of the reason for No Score