

## Medicare Post-Acute Care Utilization - HH Supplemental Data Dictionary

| Variable Name               | Term Name                                           | Definition                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YEAR                        | Year                                                | The year of data.                                                                                                                                                                                                                                                                                                                                                                                             |
| YEAR_TYPE                   | Year Type                                           | Identifies if the data is for calendar year (CY) or fiscal year (FY).                                                                                                                                                                                                                                                                                                                                         |
| SMRY_CTGRY                  | Summary Category                                    | Identifies if the data is at the national, state, or provider level.                                                                                                                                                                                                                                                                                                                                          |
| SRVC_CTGRY                  | Service Category                                    | Identifies the PAC setting: HH, hospice, SNF, IRF, or LTCH.                                                                                                                                                                                                                                                                                                                                                   |
| STATE                       | State                                               | The state where the provider is located, as reported in Provider of Services file. The fifty U.S. states, the District of Columbia, and Puerto Rico are reported by their postal abbreviation. Note for national level, no state is reported.                                                                                                                                                                 |
| PRVDR_ID                    | Provider ID                                         | The 6-digit CCN for the provider.                                                                                                                                                                                                                                                                                                                                                                             |
| PRVDR_NAME                  | Facility Name                                       | The provider name, as reported in the Provider of Services file.                                                                                                                                                                                                                                                                                                                                              |
| PRVDR_CITY                  | City                                                | The city where the provider is located, as reported in the Provider of Services file.                                                                                                                                                                                                                                                                                                                         |
| PRVDR_ZIP                   | ZIP                                                 | The provider's ZIP code, as reported in the Provider of Services file. Note, for state and national levels, ZIP code is not reported.                                                                                                                                                                                                                                                                         |
| GRPNG                       | Grouping                                            | The 5-character HIPPS.                                                                                                                                                                                                                                                                                                                                                                                        |
| GRPNG_DESC                  | Grouping Description                                | The description of the first 4-characters of the HIPPS code (note: even though the GRPNG variable includes 5 characters).                                                                                                                                                                                                                                                                                     |
| BENE_DSTNCT_CNT             | Distinct Beneficiaries                              | Number of unique Medicare beneficiaries with at least one paid claim in the calendar or fiscal year.                                                                                                                                                                                                                                                                                                          |
| TOT_EPSD_STAY_CNT           | Total Count of Episodes or Periods                  | This is the count of 30-day episodes.                                                                                                                                                                                                                                                                                                                                                                         |
| TOT_SRVC_DAYS               | Days of Service                                     | Total count of covered days delivered by a provider in the CY.                                                                                                                                                                                                                                                                                                                                                |
| AVG_CHRG_PER_BENE           | Average Charge Per Beneficiary                      | Average of the Total Charge Amount per beneficiary. The Total Charge Amount is the total charges submitted by the provider.                                                                                                                                                                                                                                                                                   |
| AVG_ALOWD_AMT_PER_BENE      | Average Allowed Amount Per Beneficiary              | Average of the Medicare Allowed Amount per beneficiary. Typically, the Medicare Allowed Amount is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying; however, for Home Health, there is no cost sharing and the allowed amount is the same as Medicare payment amount. |
| AVG_PYMT_AMT_PER_BENE       | Average Payment Amount Per Beneficiary              | Average of the Total Medicare Payment Amount per beneficiary. The Total Medicare Payment Amount is the total amount that Medicare paid after deductible and coinsurance amounts have been deducted.                                                                                                                                                                                                           |
| AVG_STDZD_PYMT_AMT_PER_BENE | Average Standardized Payment Amount Per Beneficiary | Average of the Total Medicare Standardized Payment Amount per beneficiary. The Medicare Standardized Payment Amount is the total amount that Medicare paid adjusted for geographic differences in payment rates.                                                                                                                                                                                              |

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|-----------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AVG_CHRG_PER_EPSD           | Average Charge Per Episode                      | Average of the Total Charge Amount per Episode. The Total Charge Amount is the total charges submitted by the provider. This only applies to the HH Provider by HHRG supplemental file.                                                                                                                                                                                                               |
| AVG_ALOWD_AMT_PER_EPSD      | Average Allowed Amount Per Episode              | There is no cost sharing for Home Health; therefore, allowed amount is the same as Medicare payment amount.                                                                                                                                                                                                                                                                                           |
| AVG_PYMT_AMT_PER_EPSD       | Average Payment Amount Per Episode              | Average of the Total Medicare Payment Amount per Episode. The Total Medicare Payment Amount is the total amount that Medicare paid after deductible and coinsurance amounts have been deducted. This only applies to the HH Provider by HHRG supplemental file.                                                                                                                                       |
| AVG_STDZD_PYMT_AMT_PER_EPSD | Average Standardized Payment Amount Per Episode | Average of the Total Medicare Standardized Payment Amount per Episode. The Medicare Standardized Payment Amount is the total amount that Medicare paid adjusted for geographic differences in payment rates. This only applies to the HH Provider by HHRG supplemental file.                                                                                                                          |
| AVG_CHRG_PER_DAY            | Average Charge Per Day                          | Average of the Total Charge Amount per Day. The Total Charge Amount is the total charges submitted by the provider.                                                                                                                                                                                                                                                                                   |
| AVG_ALOWD_AMT_PER_DAY       | Average Allowed Amount Per Day                  | Average of the Medicare Allowed Amount per Day. Typically, the Medicare Allowed Amount is the sum of the amount Medicare pays, the deductible and coinsurance amounts that the beneficiary is responsible for paying, and any amounts that a third party is responsible for paying; however, for Home Health, there is no cost sharing and the allowed amount is the same as Medicare payment amount. |
| AVG_PYMT_AMT_PER_DAY        | Average Payment Amount Per Day                  | Average of the Total Medicare Payment Amount per Day. The Total Medicare Payment Amount is the total amount that Medicare paid after deductible and coinsurance amounts have been deducted.                                                                                                                                                                                                           |
| AVG_STDZD_PYMT_AMT_PER_DAY  | Average Standardized Payment Amount Per Day     | Average of the Total Medicare Standardized Payment Amount per Day. The Medicare Standardized Payment Amount is the total amount that Medicare paid adjusted for geographic differences in payment rates.                                                                                                                                                                                              |
| PT_VISITS_CNT               | Physical Therapy Visit Count                    | Number of physical therapy visits provided by the home health agency; visits identified using revenue codes 0420 to 0429.                                                                                                                                                                                                                                                                             |
| OT_VISITS_CNT               | Occupational Therapy Visit Count                | Number of occupational therapy visits provided by the home health agency; visits identified using revenue codes 0430 to 0439.                                                                                                                                                                                                                                                                         |
| SLP_VISITS_CNT              | Speech Language Pathology Visit Count           | Number of speech language pathology visits provided by the home health agency; visits identified using revenue codes 0440 to 0449.                                                                                                                                                                                                                                                                    |

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| Variable Name             | Term Name                                                                                  | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CASEMIX_SRC_TMNG          | Casemix Groupings for Admission Source and Timing                                          | Home Health Casemix Groupings for Admission Source and Timing associated with a GRPNG. Admission Source and Timing groupings include (a) Community Early (CMNTY_ERLY), (b) Institutional Early (INST_ERLY), (c) Community Late (CMNTY_LTE), and (d) Institutional Late (INST_LTE). A Health Insurance Prospective Payment System (HIPPS) code represents a set of patient characteristics or case-mix on which payment determinations are made. The first position of the HIPPS code represents the referral source and period timing on a home health claim. Community Early claims are identified with a HIPPS first position of "1". Institutional Early claims are identified with a HIPPS first position of "2". Community Late claims are identified with a HIPPS first position of "3". Institutional Late claims are identified with a HIPPS first position of "4". |
| CASEMIX_SRC_TMNG_EPSD_PCT | Percent (%) of Episodes for Admission Source and Timing Casemix Grouping                   | Percent of Home-Health episodes with a particular Admission Source and Timing Casemix grouping. See CASEMIX_SRC_TIMING for descriptions of the Admission Source and Timing groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CASEMIX_CMRRBDTY          | Casemix Groupings for Clinical Group and Functional Level                                  | Home Health Clinical Group and Functional Level associated with a GRPNG. Clinical Group and Functional Levels include (a) No Comorbidity Adjustment (NO), (b) Low Comorbidity Adjustment (LOW), and (c) High Comorbidity Adjustment (HIGH). A Health Insurance Prospective Payment System (HIPPS) code represents a set of patient characteristics or case-mix on which payment determinations are made. The fourth position of the HIPPS code represents the adjustment due to comorbid diagnoses submitted as secondary diagnoses on a home health claim. No Adjustment is indicated by a HIPPS fourth position of "1". Low Adjustment is indicated by a HIPPS fourth position of "2", and High Adjustment is indicated by a HIPPS fourth position of "3".                                                                                                                |
| CASEMIX_CMRRBDTY_EPSD_PCT | Percent (%) of Total Service Days for Clinical Group and Functional Level Casemix Grouping | Percent of Home-Health episodes with a particular Clinical Group and Functional Level Casemix grouping. See CASEMIX_CMRRBDTY for descriptions of the Clinical Group and Functional Level groups.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |