2014-2024 Original Medicare Geographic Variation by National, State & County Data Dictionary

Term Name	Variable Name	Definition
Year	YEAR	Year
Geographic Level	BENE_GEO_LVL	National, State or County
State or County	BENE_GEO_DESC	Name of State or County
State and County FIPS Code	BENE_GEO_CD	State/County FIPS Code
Age Level	BENE_AGE_LVL	All Beneficiaries, Beneficiaries under 65, or Beneficiaries 65 or older
Total Medicare Beneficiaries	BENES_TOTAL_CNT	Total count of Medicare beneficiaries. Includes beneficiaries who had both Part A and Part B coverage and were enrolled in a Medicare Advantage (MA) program at any point during the year, and beneficiaries with only Part A coverage or only Part B coverage at any point during the year.
Beneficiaries with Part A and Part B	BENES_WTH_PTAPTB_CNT	Count of Medicare beneficiaries who had both Part A and Part B coverage for all Medicare entitled months. New enrollees and beneficiaries that died during the year are included as long as they met the above criteria.
Original Medicare (OM) Beneficiaries*	BENES_OM_CNT	Count of Medicare beneficiaries who were enrolled in Part A and Part B, as well as Original Medicare coverage for all Medicare entitled months. New enrollees and beneficiaries that died during the year are included as long as they met the above criteria.
MA Beneficiaries	BENES_MA_CNT	Count of beneficiaries who were enrolled in a Medicare Advantage (MA) program throughout the year. New enrollees and beneficiaries that died during the year are included.
MA Participation Rate	MA_PRTCPTN_RATE	Percentage of beneficiaries who were enrolled in a Medicare Advantage (MA) program throughout the year. New enrollees and beneficiaries that died during the year are included.
Average Age	BENE_AVG_AGE	Average age of Original Medicare beneficiaries.
Percent Female	BENE_FEML_PCT	Percentage of Original Medicare beneficiaries who are female.
Percent Male	BENE_MALE_PCT	Percentage of Original Medicare beneficiaries who are male.
Percent Non-Hispanic White	BENE_RACE_WHT_PCT	Percentage of Original Medicare beneficiaries who are Non-Hispanic White.
Percent African American	BENE_RACE_BLACK_PCT	Percentage of Original Medicare beneficiaries who are African American.
Percent Hispanic	BENE_RACE_HSPNC_PCT	Percentage of Original Medicare beneficiaries who are Hispanic.
Percent Other/Unknown	BENE_RACE_OTHR_PCT	Percentage of Original Medicare beneficiaries whose race/ethnicity is other or unknown.
Percent Eligible for Medicaid**	BENE_DUAL_PCT	Percentage of Original Medicare beneficiaries who are eligible for Medicaid for at least one month in the year.
Total Actual Medicare Payment	TOT_MDCR_PYMT_AMT	Total actual Medicare payment for beneficiaries who had both Part A and Part B as well as Original Medicare coverage for all Medicare entitled months.
Total Standardized Medicare Payment	TOT_MDCR_STDZD_PYMT_AMT	Total Medicare payment for Original Medicare beneficiaries, adjusted for geographic differences in payment rates.
Actual Per Capita Medicare Payment	TOT_MDCR_PYMT_PC	Actual per capita Original Medicare payment for beneficiaries.

Standardized Per Capita Medicare Payment	TOT_MDCR_STDZD_PYMT_PC	Actual per capita Original Medicare payment for beneficiaries, adjusted for geographic differences in payment rates.
IP Actual Medicare Payment	IP_MDCR_PYMT_AMT	Actual Original Medicare payment for Hospital Inpatient services, which are comprised of Inpatient Prospective Payment System (IPPS), Critical Access Hospitals (CAH), Inpatient Psychiatric Facility (IPF) services, and other inpatient Part A services.
IP Actual Medicare Payment as % of Total Actual Medicare Payment	IP_MDCR_PYMT_PCT	Actual Original Medicare payment for Hospital Inpatient services as a percent of total actual Original Medicare payment.
IP Per Capita Actual Medicare Payment	IP_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Hospital Inpatient services.
IP Per User Actual Medicare Payment	IP_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Hospital Inpatient services.
IP Standardized Medicare Payment	IP_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Hospital Inpatient services, adjusted for geographic differences in payment rates.
IP Standardized Medicare Payment as % of Total Standardized Medicare Payment	IP_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Hospital Inpatient services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
IP Per Capita Standardized Medicare Payment	IP_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Hospital Inpatient services, adjusted for geographic differences in payment rates.
IP Per User Standardized Medicare Payment	IP_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Hospital Inpatient services, adjusted for geographic differences in payment rates.
IP Users (with a covered stay)	BENES_IP_CVRD_STAY_CNT	Number of Original Medicare beneficiaries using Hospital Inpatient services with at least one covered stay.
% of Beneficiaries Using IP	BENES_IP_PCT	Percentage of Original Medicare beneficiaries using Hospital Inpatient services with at least one covered stay.
IP Covered Stays Per 1,000 Beneficiaries	IP_CVRD_STAYS_PER_1000_BENES	Number of Hospital Inpatient covered stays per 1,000 OM beneficiaries.
IP Covered Days Per 1,000 Beneficiaries	IP_CVRD_DAYS_PER_1000_BENES	Number of Hospital Inpatient covered days per 1,000 OM beneficiaries.
Number of All-Cause Hospital Readmissions	ACUTE_HOSP_READMSN_CNT	Total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period, where the reference period refers to an inpatient hospital stay during the calendar year, regardless of whether the readmission was planned or unplanned.
All-Cause Hospital 30-Day Readmission Rate	ACUTE_HOSP_READMSN_PCT	Percentage of inpatient readmissions within 30 days of an acute hospital stay during the reference period, regardless of whether the readmission was planned or unplanned.
Emergency Room (ER) Visits	BENES_ER_VISITS_CNT	Total count of inpatient or hospital outpatient Emergency Room (ER) visits.
Emergency Room (ER) Visits per 1,000 Beneficiaries	ER_VISITS_PER_1000_BENES	Number of inpatient or hospital outpatient Emergency Room (ER) visits per 1,000 OM beneficiaries.
% of Beneficiaries with an ER Visit	BENES_ER_VISITS_PCT	Percentage of Original Medicare beneficiaries who had at least one Emergency Room (ER) visit during the year.

OP Actual Medicare Payment	OP_MDCR_PYMT_AMT	Actual Original Medicare payment for Hospital Outpatient department services, which are comprised of hospitals reimbursed under the Outpatient Prospective Payment System (OPPS) and Critical Access Hospital (CAH) outpatient department services.
OP Actual Medicare Payment as % of Total Actual Medicare Payment	OP_MDCR_PYMT_PCT	Actual Original Medicare payment for Hospital Outpatient department services, as a percentage of total actual Original Medicare payment.
OP Per Capita Actual Medicare Payment	OP_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Hospital Outpatient department services.
OP Per User Actual Medicare Payment	OP_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Hospital Outpatient department services.
OP Standardized Medicare Payment	OP_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Hospital Outpatient department services, adjusted for geographic differences in payment rates.
OP Standardized Medicare Payment as % of Total Standardized Medicare Payment	OP_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Hospital Outpatient department services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
OP Per Capita Standardized Medicare Payment	OP_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Hospital Outpatient department services, adjusted for geographic differences in payment rates.
OP Per User Standardized Medicare Payment	OP_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Hospital Outpatient department services, adjusted for geographic differences in payment rates.
# OP Users	BENES_OP_CNT	Number of Original Medicare beneficiaries using Hospital Outpatient department services.
% of Beneficiaries Using OP	BENES_OP_PCT	Percentage of Original Medicare beneficiaries using Hospital Outpatient department services.
OP Visits Per 1,000 Beneficiaries	OP_VISITS_PER_1000_BENES	Number of Hospital Outpatient department visits per 1,000 OM beneficiaries.
ASC Actual Medicare Payment	ASC_MDCR_PYMT_AMT	Actual Original Medicare payment for Ambulatory Surgery Center (ASC) services.
ASC Actual Medicare Payment as % of Total Actual Medicare Payment	ASC_MDCR_PYMT_PCT	Actual Original Medicare payment for Ambulatory Surgery Center (ASC) services, as a percentage of total actual Original Medicare payment.
ASC Per Capita Actual Medicare Payment	ASC_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Ambulatory Surgery Center (ASC) services.
ASC Per User Actual Medicare Payment	ASC_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Ambulatory Surgery Center (ASC) services.
ASC Standardized Medicare Payment	ASC_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Ambulatory Surgery Center (ASC) services, adjusted for geographic differences in payment rates.
ASC Standardized Medicare Payment as % of Total Standardized Medicare Payment	ASC_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Ambulatory Surgery Center (ASC) services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
ASC Per Capita Standardized Medicare Payment	ASC_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Ambulatory Surgery Center (ASC) services, adjusted for geographic differences in payment rates.
ASC Per User Standardized Medicare Payment	ASC_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Ambulatory Surgery Center (ASC) services, adjusted for geographic differences in payment rates.
# ASC Users	BENES_ASC_CNT	Number of Original Medicare beneficiaries using Ambulatory Surgery Center (ASC) services.

% of Beneficiaries Using ASC	BENES_ASC_PCT	Percentage of Original Medicare beneficiaries using Ambulatory Surgery Center (ASC) services.
ASC Events Per 1,000 Beneficiaries	ASC_EVENTS_PER_1000_BENES	Number of Ambulatory Surgery Center (ASC) events per 1,000 OM beneficiaries.
SNF Actual Medicare Payment	SNF_MDCR_PYMT_AMT	Actual Original Medicare payment for Post-acute care Skilled Nursing Facility (SNF) services.
SNF Actual Medicare Payment as % of Total Actual Medicare Payment	SNF_MDCR_PYMT_PCT	Actual Original Medicare payment for Skilled Nursing Facility (SNF) services as a percent of total actual Original Medicare payment.
SNF Per Capita Actual Medicare Payment	SNF_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Skilled Nursing Facility (SNF) services.
SNF Per User Actual Medicare Payment	SNF_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Skilled Nursing Facility (SNF) services.
SNF Standardized Medicare Payment	SNF_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Skilled Nursing Facility (SNF) services, adjusted for geographic differences in payment rates.
SNF Standardized Medicare Payment as % of Total Standardized Medicare Payment	SNF_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Skilled Nursing Facility (SNF) services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
SNF Per Capita Standardized Medicare Payment	SNF_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Skilled Nursing Facility (SNF) services, adjusted for geographic differences in payment rates.
SNF Per User Standardized Medicare Payment	SNF_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Skilled Nursing Facility (SNF) services, adjusted for geographic differences in payment rates.
# SNF Users (with a covered stay)	BENES_SNF_CNT	Number of Original Medicare beneficiaries using Skilled Nursing Facility (SNF) services with at least one covered stay.
% of Beneficiaries Using SNF	BENES_SNF_PCT	Percentage of Original Medicare beneficiaries using Skilled Nursing Facility (SNF) services with at least one covered stay.
SNF Covered Stays Per 1,000 Beneficiaries	SNF_CVRD_STAYS_PER_1000_BENES	Number of Skilled Nursing Facility (SNF) covered stays per 1,000 OM beneficiaries.
SNF Covered Days Per 1,000 Beneficiaries	SNF_CVRD_DAYS_PER_1000_BENES	Number of Skilled Nursing Facility (SNF) covered days per 1,000 OM beneficiaries.
IRF Actual Medicare Payment	IRF_MDCR_PYMT_AMT	Actual Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services.
IRF Actual Medicare Payment as % of Total Actual Medicare Payment	IRF_MDCR_PYMT_PCT	Actual Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services as a percent of total actual Original Medicare payment.
IRF Per Capita Actual Medicare Payment	IRF_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services.
IRF Per User Actual Medicare Payment	IRF_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services.
IRF Standardized Medicare Payment	IRF_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services, adjusted for geographic differences in payment rates.
IRF Standardized Medicare Payment as % of Total Standardized Medicare Payment	IRF_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
IRF Per Capita Standardized Medicare Payment	IRF_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services, adjusted for geographic differences in payment rates.
IRF Per User Standardized Medicare Payment	IRF_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Inpatient Rehabilitation Facility (IRF) services, adjusted for geographic differences in payment rates.

# IRF Users (with a covered stay)	BENES_IRF_CNT	Number of Original Medicare beneficiaries using Inpatient Rehabilitation Facility (IRF) services with at least one covered stay.
% of Beneficiaries Using IRF	BENES_IRF_PCT	Percentage of Original Medicare beneficiaries using Inpatient Rehabilitation Facility (IRF) services with at least one covered stay.
IRF Covered Stays Per 1,000 Beneficiaries	IRF_CVRD_STAYS_PER_1000_BENES	Number of Inpatient Rehabilitation Facility (IRF) covered stays per 1,000 OM beneficiaries.
IRF Covered Days Per 1,000 Beneficiaries	IRF_CVRD_DAYS_PER_1000_BENES	Number of Inpatient Rehabilitation Facility (IRF) covered days per 1,000 OM beneficiaries.
LTCH Actual Medicare Payment	LTCH_MDCR_PYMT_AMT	Actual Original Medicare payment for Long-Term Care Hospital (LTCH) services.
LTCH Actual Medicare Payment as % of Total Actual Medicare Payment	LTCH_MDCR_PYMT_PCT	Actual Original Medicare payment for Long-Term Care Hospital (LTCH) services as a percent of total actual Medicare payment.
LTCH Per Capita Actual Medicare Payment	LTCH_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Long-Term Care Hospital (LTCH) services.
LTCH Per User Actual Medicare Payment	LTCH_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Long-Term Care Hospital (LTCH) services.
LTCH Standardized Medicare Payment	LTCH_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Long-Term Care Hospital (LTCH) services, adjusted for geographic differences in payment rates.
LTCH Standardized Medicare Payment as % of Total Standardized Medicare Payment	LTCH_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Long-Term Care Hospital (LTCH) services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
LTCH Per Capita Standardized Medicare Payment	LTCH_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Long-Term Care Hospital (LTCH) services, adjusted for geographic differences in payment rates.
LTCH Per User Standardized Medicare Payment	LTCH_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Long-Term Care Hospital (LTCH) services, adjusted for geographic differences in payment rates.
LTCH Users (with a covered stay)	BENES_LTCH_CNT	Number of Original Medicare beneficiaries using Long-Term Care Hospital (LTCH) services with at least one covered stay.
% of Beneficiaries Using LTCH	BENES_LTCH_PCT	Percentage of Original Medicare beneficiaries using Long-Term Care Hospital (LTCH) services with at least one covered stay.
LTCH Covered Stays Per 1,000 Beneficiaries	LTCH_CVRD_STAYS_PER_1000_BENES	Number of Long-Term Care Hospital (LTCH) covered stays per 1,000 OM beneficiaries.
LTCH Covered Days Per 1,000 Beneficiaries	LTCH_CVRD_DAYS_PER_1000_BENES	Number of Long-Term Care Hospital (LTCH) covered days per 1,000 OM beneficiaries.
HH Actual Medicare Payment	HH_MDCR_PYMT_AMT	Actual Original Medicare payment for Home Health services.
HH Actual Medicare Payment as % of Total Actual Medicare Payment	HH_MDCR_PYMT_PCT	Actual Original Medicare payment for Home Health services, as a percentage of total actual Original Medicare payment.
HH Per Capita Actual Medicare Payment	HH_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Home Health services.
HH Per User Actual Medicare Payment	HH_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Home Health services.
HH Standardized Medicare Payment	HH_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Home Health services, adjusted for geographic differences in payment rates.
HH Standardized Medicare Payment as % of Total Standardized Medicare Payment	HH_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Home Health services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.

HH Per Capita Standardized Medicare Payment	HH_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Home Health services, adjusted for geographic differences in payment rates.
HH Per User Standardized Medicare Payment	HH_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Home Health services, adjusted for geographic differences in payment rates.
# HH Users	BENES_HH_CNT	Number of Original Medicare beneficiaries using Home Health services.
% of Beneficiaries Using HH	BENES_HH_PCT	Percentage of Original Medicare beneficiaries using Home Health services.
HH Episodes Per 1,000 Beneficiaries	HH_EPISODES_PER_1000_BENES	Number of Home Health episodes per 1,000 OM beneficiaries.
HH Visits Per 1,000 Beneficiaries	HH_VISITS_PER_1000_BENES	Number of Home Health visits per 1,000 OM beneficiaries.
Hospice Actual Medicare Payment	HOSPC_MDCR_PYMT_AMT	Actual Original Medicare payment for Hospice services.
Hospice Actual Medicare Payment as % of Total Actual Medicare Payment	HOSPC_MDCR_PYMT_PCT	Actual Original Medicare payment for Hospice services as a percent of total actual Original Medicare payment.
Hospice Per Capita Actual Medicare Payment	HOSPC_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Hospice services.
Hospice Per User Actual Medicare Payment	HOSPC_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Hospice services.
Hospice Standardized Medicare Payment	HOSPC_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Hospice services, adjusted for geographic differences in payment rates.
Hospice Standardized Medicare Payment as % of Total Standardized Medicare Payment	HOSPC_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Hospice services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
Hospice Per Capita Standardized Medicare Payment	HOSPC_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Hospice services, adjusted for geographic differences in payment rates.
Hospice Per User Standardized Medicare Payment	HOSPC_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Hospice services, adjusted for geographic differences in payment rates.
# Hospice Users (with a covered stay)	BENES_HOSPC_CNT	Number of Original Medicare beneficiaries using Hospice services with at least one covered stay.
% of Beneficiaries Using Hospice	BENES_HOSPC_PCT	Percentage of Original Medicare beneficiaries using Hospice services with at least one covered stay.
Hospice Covered Stays Per 1,000 Beneficiaries	HOSPC_CVRD_STAYS_PER_1000_BENES	Number of Hospice covered stays per 1,000 OM beneficiaries.
Hospice Covered Days Per 1,000 Beneficiaries	HOSPC_CVRD_DAYS_PER_1000_BENES	Number of Hospice covered days per 1,000 OM beneficiaries.
E&M Actual Medicare Payment	EM_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Evaluation and Management (E&M) category, as defined by RBCS.
E&M Actual Medicare Payment as % of Total Actual Medicare Payment	EM_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Evaluation and Management (E&M) category as defined by RBCS, as a percentage of total actual Original Medicare payment.
E&M Per Capita Actual Medicare Payment	EM_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Evaluation and Management (E&M) category, as defined by RBCS.
E&M Per User Actual Medicare Payment	EM_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Evaluation and Management (E&M) category, as defined by RBCS.

E&M Standardized Medicare Payment	EM_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Evaluation and Management (E&M) category as defined by RBCS, adjusted for geographic differences in payment rates.
E&M Standardized Medicare Payment as % of Total Standardized Medicare Payment	EM_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Evaluation and Management (E&M) category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
E&M Per Capita Standardized Medicare Payment	EM_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Evaluation and Management (E&M) category as defined by RBCS, adjusted for geographic differences in payment rates.
E&M Per User Standardized Medicare Payment	EM_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Evaluation and Management (E&M) category as defined by RBCS, adjusted for geographic differences in payment rates.
# E&M Users	BENES_EM_CNT	Number of Original Medicare beneficiaries using services in the Evaluation and Management (E&M) category, as defined by RBCS.
% of Beneficiaries Using E&M	BENES_EM_PCT	Percentage of Original Medicare beneficiaries using services in the Evaluation and Management (E&M) category, as defined by RBCS.
E&M Events Per 1,000 Beneficiaries	EM_EVNTS_PER_1000_BENES	Number of events in the Evaluation and Management (E&M) category as defined by RBCS, per 1,000 OM beneficiaries.
Procedures Actual Medicare Payment	PRCDRS_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Procedures category, as defined by RBCS.
Procedures Actual Medicare Payment as % of Total Actual Medicare Payment	PRCDRS_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Procedures category as defined by RBCS, as a percentage of total actual Original Medicare payment.
Procedures Per Capita Actual Medicare Payment	PRCDRS_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Procedures category, as defined by RBCS.
Procedures Per User Actual Medicare Payment	PRCDRS_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Procedures category, as defined by RBCS.
Procedures Standardized Medicare Payment	PRCDRS_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Procedures category as defined by RBCS, adjusted for geographic differences in payment rates.
Procedures Standardized Medicare Payment as % of Total Standardized Medicare Payment	PRCDRS_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Procedures category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
Procedures Per Capita Standardized Medicare Payment	PRCDRS_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Procedures category as defined by RBCS, adjusted for geographic differences in payment rates.
Procedures Per User Standardized Medicare Payment	PRCDRS_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Procedures category as defined by RBCS, adjusted for geographic differences in payment rates.
# Procedure Users	BENES_PRCDRS_CNT	Number of Original Medicare beneficiaries using services in the Procedures category, as defined by RBCS.

% of Beneficiaries Using Procedures	BENES_PRCDRS_PCT	Percentage of Original Medicare beneficiaries using services in the Procedures category, as defined by RBCS.
Procedure Events Per 1,000 Beneficiaries	PRCDR_EVNTS_PER_1000_BENES	Number of events in the Procedures category as defined by RBCS, per 1,000 OM beneficiaries.
Tests Actual Medicare Payment	TESTS_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Tests category, as defined by RBCS.
Tests Actual Medicare Payment as % of Total Actual Medicare Payment	TESTS_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Tests category as defined by RBCS, as a percentage of total actual Original Medicare payment.
Tests Per Capita Actual Medicare Payment	TESTS_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Tests category, as defined by RBCS.
Tests Per User Actual Medicare Payment	TESTS_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Tests category, as defined by RBCS.
Tests Standardized Medicare Payment	TESTS_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Tests category as defined by RBCS, adjusted for geographic differences in payment rates.
Tests Standardized Medicare Payment as % of Total Standardized Medicare Payment	TESTS_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Tests category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
Tests Per Capita Standardized Medicare Payment	TESTS_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Tests category as defined by RBCS, adjusted for geographic differences in payment rates.
Tests Per User Standardized Medicare Payment	TESTS_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Tests category as defined by RBCS, adjusted for geographic differences in payment rates.
# Test Users	BENES_TESTS_CNT	Number of Original Medicare beneficiaries using services in the Tests category, as defined by RBCS.
% of Beneficiaries Using Tests	BENES_TESTS_PCT	Percentage of Original Medicare beneficiaries using services in the Tests category, as defined by RBCS.
Test Events Per 1,000 Beneficiaries	TESTS_EVNTS_PER_1000_BENES	Number of events in the Tests category as defined by RBCS, per 1,000 OM beneficiaries.
Imaging Actual Medicare Payment	IMGNG_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Imaging category, as defined by RBCS.
Imaging Actual Medicare Payment as % of Total Actual Medicare Payment	IMGNG_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Imaging category as defined by RBCS, as a percentage of total actual Original Medicare payment.
Imaging Per Capita Actual Medicare Payment	IMGNG_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Imaging category, as defined by RBCS.
Imaging Per User Actual Medicare Payment	IMGNG_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Imaging category, as defined by RBCS.
Imaging Standardized Medicare Payment	IMGNG_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Imaging category as defined by RBCS, adjusted for geographic differences in payment rates.

Imaging Standardized Medicare Payment as % of Total Standardized Medicare Payment	IMGNG_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Imaging category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
Imaging Per Capita Standardized Medicare Payment	IMGNG_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Imaging category as defined by RBCS, adjusted for geographic differences in payment rates.
Imaging Per User Standardized Medicare Payment	IMGNG_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Imaging category as defined by RBCS, adjusted for geographic differences in payment rates.
# Imaging Users	BENES_IMGNG_CNT	Number of Original Medicare beneficiaries using services in the Imaging category, as defined by RBCS.
% of Beneficiaries Using Imaging	BENES_IMGNG_PCT	Percentage of Original Medicare beneficiaries using services in the Imaging category, as defined by RBCS.
Imaging Events Per 1,000 Beneficiaries	IMGNG_EVNTS_PER_1000_BENES	Number of events in the Imaging category as defined by RBCS, per 1,000 OM beneficiaries.
DME Actual Medicare Payment	DME_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Durable Medical Equipment (DME) category, as defined by RBCS.
DME Actual Medicare Payment as % of Total Actual Medicare Payment	DME_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Durable Medical Equipment (DME) category as defined by RBCS, as a percentage of total actual Original Medicare payment.
DME Per Capita Actual Medicare Payment	DME_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Durable Medical Equipment (DME) category, as defined by RBCS.
DME Per User Actual Medicare Payment	DME_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Durable Medical Equipment (DME) category, as defined by RBCS.
DME Standardized Medicare Payment	DME_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Durable Medical Equipment (DME) category as defined by RBCS, adjusted for geographic differences in payment rates.
DME Standardized Medicare Payment as % of Total Standardized Medicare Payment	DME_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Durable Medical Equipment (DME) category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
DME Per Capita Standardized Medicare Payment	DME_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Durable Medical Equipment (DME) category as defined by RBCS, adjusted for geographic differences in payment rates.
DME Per User Standardized Medicare Payment	DME_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Durable Medical Equipment (DME) category as defined by RBCS, adjusted for geographic differences in payment rates.
# DME Users	BENES_DME_CNT	Number of Original Medicare beneficiaries using services in the Durable Medical Equipment (DME) category, as defined by RBCS.
% of Beneficiaries Using DME	BENES_DME_PCT	Percentage of Original Medicare beneficiaries using services in the Durable Medical Equipment (DME) category, as defined by RBCS.
DME Events Per 1,000 Beneficiaries	DME_EVNTS_PER_1000_BENES	Number of events in the Durable Medical Equipment (DME) category as defined by RBCS, per 1,000 OM beneficiaries.

Outpatient Dialysis Facility Actual Medicare Payment	OP_DLYS_MDCR_PYMT_AMT	Actual Original Medicare payment for Outpatient Dialysis Facility services.
Outpatient Dialysis Facility Actual Medicare Payment as % of Total Actual Medicare Payment	OP_DLYS_MDCR_PYMT_PCT	Actual Original Medicare payment for Outpatient Dialysis Facility services, as a percentage of total actual Medicare payment.
Outpatient Dialysis Facility Per Capita Actual Medicare Payment	OP_DLYS_MDCR_PYMT_PC	Actual per capita Original Medicare payment for Outpatient Dialysis Facility services.
Outpatient Dialysis Facility Per User Actual Medicare Payment	OP_DLYS_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for Outpatient Dialysis Facility services.
Outpatient Dialysis Facility Standardized Medicare Payment	OP_DLYS_MDCR_STDZD_PYMT_AMT	Original Medicare payment for Outpatient Dialysis Facility services, adjusted for geographic differences in payment rates.
Outpatient Dialysis Facility Standardized Medicare Payment as % of Total Standardized Medicare Payment	OP_DLYS_MDCR_STDZD_PYMT_PCT	Original Medicare payment for Outpatient Dialysis Facility services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
Outpatient Dialysis Facility Per Capita Standardized Medicare Payment	OP_DLYS_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for Outpatient Dialysis Facility services, adjusted for geographic differences in payment rates.
Outpatient Dialysis Facility Per User Standardized Medicare Payment	OP_DLYS_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for Outpatient Dialysis Facility services, adjusted for geographic differences in payment rates.
# Outpatient Dialysis Facility Users	BENES_OP_DLYS_CNT	Number of Original Medicare beneficiaries using Outpatient Dialysis Facility services.
% of Beneficiaries Using Outpatient Dialysis Facility	BENES_OP_DLYS_PCT	Percentage of Original Medicare beneficiaries using Outpatient Dialysis Facility services.
Outpatient Dialysis Facility Visits Per 1,000 Beneficiaries	OP_DLYS_VISITS_PER_1000_BENES	Number of Outpatient Dialysis Facility visits per 1,000 OM beneficiaries.
FQHC/RHC Actual Medicare Payment	FQHC_RHC_MDCR_PYMT_AMT	Actual Original Medicare payment for Federally Qualified Health Center (FQHC) / Rural Health Center (RHC) services.
FQHC/RHC Actual Medicare Payment as % of Total Actual Medicare Payment	FQHC_RHC_MDCR_PYMT_PCT	Actual Original Medicare payment for FQHC/RHC services, as a percentage of total actual Medicare payment.
FQHC/RHC Per Capita Actual Medicare Payment	FQHC_RHC_MDCR_PYMT_PC	Actual per capita Original Medicare payment for FQHC/RHC services.
FQHC/RHC Per User Actual Medicare Payment	FQHC_RHC_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for FQHC/RHC services.
FQHC/RHC Standardized Medicare Payment	FQHC_RHC_MDCR_STDZD_PYMT_AMT	Original Medicare payment for FQHC/RHC services, adjusted for geographic differences in payment rates.
FQHC/RHC Standardized Medicare Payment as % of Total Standardized Medicare Payment	FQHC_RHC_MDCR_STDZD_PYMT_PCT	Original Medicare payment for FQHC/RHC services as a percentage of total Original Medicare payment, adjusted for geographic differences in payment rates.
FQHC/RHC Per Capita Standardized Medicare Payment	FQHC_RHC_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for FQHC/RHC services, adjusted for geographic differences in payment rates.
FQHC/RHC Per User Standardized Medicare Payment	FQHC_RHC_MDCR_STDZD_PYMT_PU	Per user Original Medicare payment for FQHC/RHC services, adjusted for geographic differences in payment rates.
# FQHC/RHC Users	BENES_FQHC_RHC_CNT	Number of Original Medicare beneficiaries using FQHC/RHC services.
% of Beneficiaries Using FQHC/RHC	BENES_FQHC_RHC_PCT	Percentage of Original Medicare beneficiaries using FQHC/RHC services.
FQHC/RHC Visits Per 1,000 Beneficiaries	FQHC_RHC_VISITS_PER_1000_BENES	Number of FQHC/RHC visits per 1,000 OM beneficiaries.
Ambulance Actual Medicare Payment	AMBLNC_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Ambulance category, as defined by RBCS.

Ambulance Actual Medicare Payment as % of Total Actual Medicare Payment	AMBLNC_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Ambulance category as defined by RBCS, as a percentage of total actual Original Medicare payment.
Ambulance Per Capita Actual Medicare Payment	AMBLNC_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Ambulance category, as defined by RBCS.
Ambulance Per User Actual Medicare Payment	AMBLNC_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Ambulance category, as defined by RBCS.
Ambulance Standardized Medicare Payment	AMBLNC_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Ambulance category as defined by RBCS, adjusted for geographic differences in payment rates.
Ambulance Standardized Medicare Payment as % of Total Standardized Medicare Payment	AMBLNC_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Ambulance category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
Ambulance Per Capita Standardized Medicare Payment	AMBLNC_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Ambulance category as defined by RBCS, adjusted for geographic differences in payment rates.
Ambulance Per User Standardized Medicare Payment	AMBLNC_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Ambulance category as defined by RBCS, adjusted for geographic differences in payment rates.
# Ambulance Users	BENES_AMBLNC_CNT	Number of Original Medicare beneficiaries using services in the Ambulance category, as defined by RBCS.
% of Beneficiaries Using Ambulance	BENES_AMBLNC_PCT	Percentage of Original Medicare beneficiaries using services in the Ambulance category, as defined by RBCS.
Ambulance Events Per 1,000 Beneficiaries	AMBLNC_EVNTS_PER_1000_BENES	Number of events in the Ambulance category as defined by RBCS, per 1,000 OM beneficiaries.
Treatments Actual Medicare Payment	TRTMNTS_MDCR_PYMT_AMT	Actual Original Medicare payment for services in the Treatments category, as defined by RBCS.
Treatments Actual Medicare Payment as % of Total Actual Medicare Payment	TRTMNTS_MDCR_PYMT_PCT	Actual Original Medicare payment for services in the Treatments category as defined by RBCS, as a percentage of total actual Original Medicare payment.
Treatments Per Capita Actual Medicare Payment	TRTMNTS_MDCR_PYMT_PC	Actual per capita Original Medicare payment for services in the Treatments category, as defined by RBCS.
Treatments Per User Actual Medicare Payment	TRTMNTS_MDCR_PYMT_PER_USER	Actual per user Original Medicare payment for services in the Treatments category, as defined by RBCS.
Treatments Standardized Medicare Payment	TRTMNTS_MDCR_STDZD_PYMT_AMT	Original Medicare payment for services in the Treatments category as defined by RBCS, adjusted for geographic differences in payment rates.
Treatments Standardized Medicare Payment as % of Total Standardized Medicare Payment	TRTMNTS_MDCR_STDZD_PYMT_PCT	Original Medicare payment for services in the Treatments category as defined by RBCS, as a percentage of total Original Medicare payment adjusted for geographic differences in payment rates.
Treatments Per Capita Standardized Medicare Payment	TRTMNTS_MDCR_STDZD_PYMT_PC	Per capita Original Medicare payment for services in the Treatments category as defined by RBCS, adjusted for geographic differences in payment rates.

Treatments Per User Standardized Medicare Payment	TRTMNTS_MDCR_STDZD_PYMT_PER_USER	Per user Original Medicare payment for services in the Treatments category as defined by RBCS, adjusted for geographic differences in payment rates.
# Treatments Users	BENES_TRTMNTS_CNT	Number of Original Medicare beneficiaries using services in the Treatments category, as defined by RBCS.
% of Beneficiaries Using Treatments	BENES_TRTMNTS_PCT	Percentage of Original Medicare beneficiaries using services in the Treatments category, as defined by RBCS.
Treatments Events Per 1,000 Beneficiaries	TRTMNTS_EVNTS_PER_1000_BENES	Number of events in the Treatments category as defined by RBCS, per 1,000 OM beneficiaries.
Other Services Actual Medicare Payment	PTB_OTHR_SRVCS_MDCR_PYMT_AMT	Actual Original Medicare payment for Other Part B services.
Other Services Standardized Medicare Payment	PTB_OTHR_SRVCS_MDCR_STDZD_PYMT	Original Medicare payment for Other Part B services, adjusted for geographic differences in payment rates.
Total Population Based Payment Reduction Medicare Payment***	TOT_PBPMT_RDCTN_AMT	Total Population-Based Payment (PBP) Reduction payment for Original Medicare beneficiaries.
Total Population Based Payment Reduction Per Capita Medicare Payment***	TOT_PBPMT_RDCTN_PCC	Per capita Population-Based Payment (PBP) Reduction payment for Original Medicare beneficiaries.
PQI03 Diabetes LT Complication Admission Rate (age < 65)	PQI03_DBTS_AGE_LT_65	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.
PQI03 Diabetes LT Complication Admission Rate (age 65-74)	PQI03_DBTS_AGE_65_74	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI03 Diabetes LT Complication Admission Rate (age 75+)	PQI03_DBTS_AGE_GE_75	Prevention Quality Indicator (PQI) 3: Hospital admissions for Diabetes Long-Term complications for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI05 COPD or Asthma in Older Adults Admission Rate (age 40-64)	PQI05_COPD_ASTHMA_AGE_40_64	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Original Medicare beneficiaries ages 40-64 per 100,000 OM beneficiaries.
PQI05 COPD or Asthma in Older Adults Admission Rate (age 65-74)	PQI05_COPD_ASTHMA_AGE_65_74	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI05 COPD or Asthma in Older Adults Admission Rate (age 75+)	PQI05_COPD_ASTHMA_AGE_GE_75	Prevention Quality Indicator (PQI) 5: Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI07 Hypertension Admission Rate (age < 65)	PQI07_HYPRTNSN_AGE_LT_65	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.

PQI07 Hypertension Admission Rate (age 65-74)	PQI07_HYPRTNSN_AGE_65_74	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI07 Hypertension Admission Rate (age 75+)	PQI07_HYPRTNSN_AGE_GE_75	Prevention Quality Indicator (PQI) 7: Hospital admissions for Hypertension for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI08 CHF Admission Rate (age < 65)	PQI08_CHF_AGE_LT_65	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.
PQI08 CHF Admission Rate (age 65-74)	PQI08_CHF_AGE_65_74	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI08 CHF Admission Rate (age 75+)	PQI08_CHF_AGE_GE_75	Prevention Quality Indicator (PQI) 8: Hospital admissions for Congestive Heart Failure (CHF) in Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI11 Bacterial Pneumonia Admission Rate (age < 65)	PQI11_BCTRL_PNA_AGE_LT_65	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.
PQI11 Bacterial Pneumonia Admission Rate (age 65-74)	PQI11_BCTRL_PNA_AGE_65_74	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI11 Bacterial Pneumonia Admission Rate (age 75+)	PQI11_BCTRL_PNA_AGE_GE_75	Prevention Quality Indicator (PQI) 11: Hospital admissions for Bacterial Pneumonia for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI12 UTI Admission Rate (age < 65)	PQI12_UTI_AGE_LT_65	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.
PQI12 UTI Admission Rate (age 65-74)	PQI12_UTI_AGE_65_74	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI12 UTI Admission Rate (age 75+)	PQI12_UTI_AGE_GE_75	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary Tract Infections (UTI) for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.
PQI15 Asthma in Younger Adults Admission Rate (age < 40)	PQI15_ASTHMA_AGE_LT_40	Prevention Quality Indicator (PQI) 15: Hospital admissions for Asthma for Original Medicare beneficiaries ages less than 40 per 100,000 OM beneficiaries.
PQI16 Lower Extremity Amputation Admission Rate (age < 65)	PQI16_LWRXTRMTY_AMPUTN_AGE_LT_65	Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation of Original Medicare beneficiaries ages less than 65 per 100,000 OM beneficiaries.
PQI16 Lower Extremity Amputation Admission Rate (age 65-74)	PQI16_LWRXTRMTY_AMPUTN_AGE_65_74	Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation of Original Medicare beneficiaries ages 65-74 per 100,000 OM beneficiaries.
PQI16 Lower Extremity Amputation Admission Rate (age 75+)	PQI16_LWRXTRMTY_AMPUTN_AGE_GE_75	Prevention Quality Indicator (PQI) 16: Hospital admissions for Lower Extremity Amputation for Original Medicare beneficiaries ages 75 and older per 100,000 OM beneficiaries.

Notes:

All variables are suppressed where the count of beneficiaries or count of users is less than 11. Suppressed variables are marked with "*".

*Original Medicare (OM) refers to the traditional Medicare Fee-for-Service (FFS) program covering Part A and Part B.

**Data is suppressed for Puerto Rico, the Virgin Islands, and all other U.S. territories.

***Data is only available for 2017-2024.

List of Acronyms:

ASC - Ambulatory Surgery Center
CHF - Congestive Heart Failure
COPD - Chronic Obstructive Pulmonary Disease
DME - Durable Medical Equipment
E&M - Evaluation and Management
ED - Emergency Department
FFS - Fee-for-Service
FQHC - Federally Qualified Health Center
HH - Home Health
IP - Inpatient
IRF - Inpatient Rehabilitation Facility
LTCH - Long-Term Care Hospital
MA - Medicare Advantage
OM - Original Medicare
OP - Outpatient
PAC - Post-Acute Care
PQI - Prevention Quality Indicator
RHC - Rural Health Center
SNF - Skilled Nursing Facility
UTI - Urinary Tract Infection