

## CMS 2010 Basic Stand Alone (BSA)

### Home Health Agency (HHA) Beneficiary Public Use File (PUF)

#### Data Dictionary and Codebook

This is a beneficiary-level file in which the beneficiaries with identical information (i.e., same values for all variables of the PUF) are presented together in one record. The frequencies below are weighted by the **BENE\_CNT** variable. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

#### **BENE\_SEX\_IDENT\_CD**

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	47,605	34.935
2	Female	88,664	65.065

Note: Percentages may not add up to 100% due to rounding.

#### **BENE\_AGE\_CAT\_CD**

This categorical variable is based on the beneficiary's age at the end of the reference year (2010). All beneficiaries in this file were alive by the end of the reference year (2010).

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Under 65	17,619	12.930
2	65 - 69	14,166	10.396
3	70 - 74	18,449	13.539
4	75 - 79	21,881	16.057
5	80 - 84	25,554	18.753
6	85 & Older	38,600	28.326

Note: Percentages may not add up to 100% due to rounding.

### HHA\_ADM\_CD

HHA\_ADM\_CD is a categorical variable describing the number of home health agency admissions for the beneficiary. It can take two values: (1) one admission and (2) two or more admissions.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	One admission	105,046	77.087
2	Two or more admissions	31,223	22.913

Note: Percentages may not add up to 100% due to rounding.

### HHA\_THER\_VST\_CD

This is a categorical variable describing the number of therapy visits (including physical therapy, occupational therapy, and speech-language pathology services) for the beneficiary. The number of visits is categorized into four: (0) 0 visit, (1) 1 - 13 visits, (2) 14 - 19 visits, and (3) 20 or more visits. The revenue center codes that are used to calculate the number of therapy visits are 0420, 0421, 0422, 0423, 0424, 0429, 0430, 0431, 0432, 0433, 0434, 0439, 0440, 0441, 0442, 0443, 0444, and 0449.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	0 day	35,877	26.328
1	1 - 13 days	57,908	42.495
2	14 - 19 days	15,754	11.561
3	20 or more days	26,730	19.616

Note: Percentages may not add up to 100% due to rounding.

### HHA\_SNC\_VST\_CD

This is a categorical variable describing the number of skilled nursing care visits for the beneficiary. The number of visits is categorized into four: (0) 0 visit, (1) 1 - 13 visits, (2) 14 - 19 visits, and (3) 20 or more visits. The revenue center codes that are used to calculate the number of skilled nursing care visits are 0550, 0551, 0552, and 0559.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	0 day	11,739	8.615
1	1 - 13 days	75,121	55.127
2	14 - 19 days	13,044	9.572
3	20 or more days	36,365	26.686

Note: Percentages may not add up to 100% due to rounding.

### HHA\_HHA\_VST\_CD

This is a categorical variable describing the number of home health aide visits for the beneficiary. The Revenue Center Codes that are used to calculate the number of skilled nursing care visits are 0570, 0571, 0572, and 0579. The number of visits is categorized into four: (1) 0, (2) 1 – 13 visits, (3) 14 – 19 visits, and (4) 20 or more visits.

Variable Value	Formatted Value	Frequency	Frequency (%)
0	0 day	108,437	79.576
1	1 - 13 days	15,215	11.165
2	14 - 19 days	2,623	1.925
3	20 or more days	9,994	7.334

Note: Percentages may not add up to 100% due to rounding.

### HHA\_PMT\_AMT

This variable contains total payments made by Medicare for all of the home health agency claims of the beneficiary. The payment amount that is used in the calculation is the sum of all the payments made from the Medicare trust fund for the services covered for the beneficiary (CLM\_PMT\_AMT) in the Medicare Home Health Agency claims file. The values are provided after rounding. Refer to Table 3 in the General Documentation for rounding rules.

Variable Value <sup>(1)</sup> (\$)	Frequency	Frequency (%)
0	32	0.023
100	109	0.080
200	1,403	1.030
300	1,568	1.151

<b>Variable Value<sup>(1)</sup> (\$)</b>	<b>Frequency</b>	<b>Frequency (%)</b>
400	1,898	1.393
500	2,011	1.476
600	1,026	0.753
700	345	0.253
800	147	0.108
900	102	0.075
1,000	868	0.637
1,500	8,709	6.391
2,000	14,715	10.798
2,500	12,975	9.522
3,000	10,030	7.360
3,500	9,024	6.622
4,000	7,733	5.675
4,500	6,498	4.769
5,000	7,731	5.673
6,000	7,660	5.621
7,000	6,916	5.075
8,000	5,288	3.881
9,000	4,283	3.143
10,000	4,034	2.960
11,000	3,319	2.436
12,000	2,971	2.180
13,000	2,542	1.865
14,000	2,154	1.581
15,000	1,794	1.317
16,000	1,434	1.052
17,000	1,218	0.894
18,000	888	0.652
19,000	773	0.567
20,000	1,761	1.292
25,000	1,435	1.053
30,000	558	0.409
35,000	202	0.148
40,000	74	0.054
45,000	26	0.019

<b>Variable Value<sup>(1)</sup> (\$)</b>	<b>Frequency</b>	<b>Frequency (%)</b>
50,000	7	0.005
55,000	7	0.005
60,000	1	0.001

Note: Percentages may not add up to 100% due to rounding.

(1) Note that a payment amount between \$0 and \$49.99 is rounded to \$0 according to the rounding rules. Hence, the corresponding value for \$1,00 in the PUF is a value between \$50 and \$149.99 in the initial 5% sample file.

### **BENE\_CNT**

This variable contains the number of beneficiaries that share the same characteristics (i.e., all remaining variables of the PUF: gender, age category, admissions category, categories for therapy, skilled nursing care, and home health aid services, and payment amount) in the PUF. The sum of this variable (136,269) is the total number of beneficiaries in the PUF.