

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Count of Beneficiaries	Count of Medicare fee-for-service beneficiaries	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Average Age	Average age of Medicare fee-for-service beneficiaries	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Female	Percent of Medicare fee-for-service beneficiaries who are female	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Male	Percent of Medicare fee-for-service beneficiaries who are male	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Non-Hispanic White	Percent of Medicare fee-for-service beneficiaries who are non-Hispanic White	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent African American	Percent of Medicare fee-for-service beneficiaries who are African American	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Hispanic	Percent of Medicare fee-for-service beneficiaries who are Hispanic	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Other Unknown	Percent of Medicare fee-for-service beneficiaries who are other race/ethnicity or whose race/ethnicity is unknown	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Eligible for Medicaid	Percent of Medicare fee-for-service beneficiaries who are eligible for Medicaid for at least one month in the year	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Average HCC Score	Average Hierarchical Condition Code (HCC) Score	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries who have had a heart attack	Count of Medicare beneficiaries who had a heart attack	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries who have had a heart attack	Percent of Medicare beneficiaries who had a heart attack	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with atrial fibrillation	Count of Medicare beneficiaries with atrial fibrillation	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with atrial fibrillation	Percent of Medicare beneficiaries with atrial fibrillation	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with chronic kidney disease	Count of Medicare beneficiaries with chronic kidney disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with chronic kidney disease	Percent of Medicare beneficiaries with chronic kidney disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with chronic obstructive pulmonary disease	Count of Medicare beneficiaries with chronic obstructive pulmonary disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with chronic obstructive pulmonary disease	Percent of Medicare beneficiaries with chronic obstructive pulmonary disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with depression	Count of Medicare beneficiaries with depression	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with depression	Percent of Medicare beneficiaries with depression	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with diabetes	Count of Medicare beneficiaries with diabetes	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with diabetes	Percent of Medicare beneficiaries with diabetes	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with heart failure	Count of Medicare beneficiaries with heart failure	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with heart failure	Percent of Medicare beneficiaries with heart failure	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with ischemic heart disease	Count of Medicare beneficiaries with ischemic heart disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent Medicare beneficiaries with ischemic heart disease	Percent Medicare beneficiaries with ischemic heart disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with breast cancer	Count of Medicare beneficiaries with breast cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with breast cancer	Percent of Medicare beneficiaries with breast cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with colorectal cancer	Count of Medicare beneficiaries with colorectal cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with colorectal cancer	Percent of Medicare beneficiaries with colorectal cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with lung cancer	Count of Medicare beneficiaries with lung cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Percent of Medicare beneficiaries with lung cancer	Percent of Medicare beneficiaries with lung cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with prostate cancer	Count of Medicare beneficiaries with prostate cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with prostate cancer	Percent of Medicare beneficiaries with prostate cancer	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with asthma	Count of Medicare beneficiaries with asthma	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with asthma	Percent of Medicare beneficiaries with asthma	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with hypertension	Count of Medicare beneficiaries with hypertension	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with hypertension	Percent of Medicare beneficiaries with hypertension	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with high cholesterol	Count of Medicare beneficiaries with high cholesterol	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with high cholesterol	Percent of Medicare beneficiaries with high cholesterol	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with arthritis	Count of Medicare beneficiaries with arthritis	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with arthritis	Percent of Medicare beneficiaries with arthritis	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with osteoporosis	Count of Medicare beneficiaries with osteoporosis	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with osteoporosis	Percent of Medicare beneficiaries with osteoporosis	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with Alzheimer's and related disorders	Count of Medicare beneficiaries with Alzheimer's disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with Alzheimer's and related disorders	Percent of Medicare beneficiaries with Alzheimer's disease	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Count of Medicare beneficiaries with stroke	Count of Medicare beneficiaries with stroke	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Percent of Medicare beneficiaries with stroke	Percent of Medicare beneficiaries with stroke	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Total Actual Costs	Actual Medicare total costs	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Total Standardized Costs	Standardized Medicare total costs	(*) = Suppressed where count of beneficiaries < 30 (.) = Missing
Total Standardized Risk-Adjusted Costs	Standardized, Risk-Adjusted Medicare total costs	(*) = Suppressed where count of users < 30 (.) = Missing
Actual Per Capita Costs	Actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Standardized Per Capita Costs	Standardized per capita Medicare Costs	(*) = Suppressed where count of users < 30 (.) = Missing
Standardized Risk-Adjusted Per Capita Costs	Standardized, Risk-Adjusted per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Actual Costs	Hospital inpatient (IP) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Actual Costs as % of Total Actual Costs	Hospital inpatient (IP) actual costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Per Capita Actual Costs	Hospital inpatient (IP) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Per User Actual Costs	Hospital inpatient (IP) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Standardized Costs	Hospital inpatient (IP) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Standardized Costs as % of Total Standardized Costs	Hospital inpatient (IP) standardized costs as a percent of total standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Per Capita Standardized Costs	Hospital inpatient (IP) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Per User Standardized Costs	Hospital inpatient (IP) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
IP Users (with a covered stay)	Number of beneficiaries using hospital inpatient (IP) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
% of Beneficiaries Using IP	Percent of beneficiaries using hospital inpatient (IP) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
IP Covered Stays Per 1000 Beneficiaries	Hospital inpatient (IP) covered admissions per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
IP Covered Days Per 1000 Beneficiaries	Hospital inpatient (IP) covered days per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Actual Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Actual Costs as % of Total Actual Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) actual costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Per Capita Actual Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Per User Actual Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Standardized Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Standardized Costs as % of Total Standardized Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) standardized costs as a percent of total standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Per Capita Standardized Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Per User Standardized Costs	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: LTCH/IRF Users (with a covered stay)	Number of beneficiaries using long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: LTCH/IRF	Percent of beneficiaries using long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Covered Stays Per 1000 Beneficiaries	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) covered stays per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: LTCH/IRF Covered Days Per 1000 Beneficiaries	Long term care hospital (LTCH) and inpatient rehabilitation facility (IRF) covered days per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Actual Costs	Skilled nursing facility (SNF) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Actual Costs as % of Total Actual Costs	Skilled nursing facility (SNF) actual costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Per Capita Actual Costs	Skilled nursing facility (SNF) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Per User Actual Costs	Skilled nursing facility (SNF) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Standardized Costs	Skilled nursing facility (SNF) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Standardized Costs as % of Total Standardized Costs	Skilled nursing facility (SNF) standardized costs as a percent of total standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Per Capita Standardized Costs	Skilled nursing facility (SNF) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Per User Standardized Costs	Skilled nursing facility (SNF) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: SNF Users (with a covered stay)	Number of beneficiaries using skilled nursing facility (SNF) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
% of Beneficiaries Using PAC: SNF	Percent of beneficiaries using skilled nursing facility (SNF) services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Covered Stays Per 1000 Beneficiaries	Skilled nursing facility (SNF) covered stays per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: SNF Covered Days Per 1000 Beneficiaries	Skilled nursing facility (SNF) covered days per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Actual Costs	Home health (HH) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Actual Costs as % of Total Actual Costs	Home health (HH) actual costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Per Capita Actual Costs	Home health (HH) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Per User Actual Costs	Home health (HH) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Standardized Costs	Home health (HH) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Standardized Costs as % of Total Standardized Costs	Home health (HH) standardized costs as a percent of total standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Per Capita Standardized Costs	Home health (HH) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Per User Standardized Costs	Home health (HH) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# PAC: HH Users	Number of beneficiaries using home health (HH) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using PAC: HH	Percent of beneficiaries using home health (HH) services	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Episodes Per 1000 Beneficiaries	Home health (HH) episodes per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
PAC: HH Visits Per 1000 Beneficiaries	Home health (HH) visits per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Actual Costs	Hospice actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Actual Costs as % of Total Actual Costs	Hospice actual costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Per Capita Actual Costs	Hospice actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Per User Actual Costs	Hospice actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Standardized Costs	Hospice standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Standardized Costs as % of Total Standardized Costs	Hospice standardized costs as a percent of total standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Per Capita Standardized Costs	Hospice standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Per User Standardized Costs	Hospice standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# Hospice Users (with a covered stay)	Number of beneficiaries using hospice services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Hospice	Percent of beneficiaries using hospice services with at least one covered stay	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Covered Stays Per 1000 Beneficiaries	Hospice covered stays per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Hospice Covered Days Per 1000 Beneficiaries	Hospice covered days per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
OP Actual Costs	Hospital outpatient (OP) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
OP Actual Costs as % of Total Actual Costs	Hospital outpatient (OP) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
OP Per Capita Actual Costs	Hospital outpatient (OP) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
OP Per User Actual Costs	Hospital outpatient (OP) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
OP Standardized Costs	Hospital outpatient (OP) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
OP Standardized Costs as % of Total Standardized Costs	Hospital outpatient (OP) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
OP Per Capita Standardized Costs	Hospital outpatient (OP) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
OP Per User Standardized Costs	Hospital outpatient (OP) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# OP Users	Number of beneficiaries using hospital outpatient (OP) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using OP	Percent of beneficiaries using hospital outpatient (OP) services	(*) = Suppressed where count of users < 30 (.) = Missing
OP Visits Per 1000 Beneficiaries	Hospital outpatient (OP) visits per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Actual Costs	Federally qualified health center (FQHC) / rural health center (RHC) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Actual Costs as % of Total Actual Costs	Federally qualified health center (FQHC) / rural health center (RHC) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Per Capita Actual Costs	Federally qualified health center (FQHC) / rural health center (RHC) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Per User Actual Costs	Federally qualified health center (FQHC) / rural health center (RHC) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Standardized Costs	Federally qualified health center (FQHC) / rural health center (RHC) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Standardized Costs as % of Total Standardized Costs	Federally qualified health center (FQHC) / rural health center (RHC) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Per Capita Standardized Costs	Federally qualified health center (FQHC) / rural health center (RHC) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Per User Standardized Costs	Federally qualified health center (FQHC) / rural health center (RHC) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# FQHC/RHC Users	Number of beneficiaries using federally qualified health center (FQHC) / rural health center (RHC) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using FQHC/RHC	Percent of beneficiaries using federally qualified health center (FQHC) / rural health center (RHC) services	(*) = Suppressed where count of users < 30 (.) = Missing
FQHC/RHC Visits Per 1000 Beneficiaries	Federally qualified health center (FQHC) / rural health center (RHC) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Actual Costs	Ambulatory Surgery Center (ASC) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Actual Costs as % of Total Actual Costs	Ambulatory Surgery Center (ASC) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Per Capita Actual Costs	Ambulatory Surgery Center (ASC) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Per User Actual Costs	Ambulatory Surgery Center (ASC) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Standardized Costs	Ambulatory Surgery Center (ASC) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Standardized Costs as % of Total Standardized Costs	Ambulatory Surgery Center (ASC) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Per Capita Standardized Costs	Ambulatory Surgery Center (ASC) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Per User Standardized Costs	Ambulatory Surgery Center (ASC) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# ASC Users	Number of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
% of Beneficiaries Using ASC	Percent of beneficiaries using Ambulatory Surgery Center (ASC) services	(*) = Suppressed where count of users < 30 (.) = Missing
ASC Events Per 1000 Beneficiaries	Ambulatory Surgery Center (ASC) service events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Actual Costs	Evaluation and management (E&M) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Actual Costs as % of Total Actual Costs	Evaluation and management (E&M) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Per Capita Actual Costs	Evaluation and management (E&M) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Per User Actual Costs	Evaluation and management (E&M) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Standardized Costs	Evaluation and management (E&M) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Standardized Costs as % of Total Standardized Costs	Evaluation and management (E&M) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Per Capita Standardized Costs	Evaluation and management (E&M) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Per User Standardized Costs	Evaluation and management (E&M) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# E&M Users	Number of beneficiaries using evaluation and management (E&M) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using E&M	Percent of beneficiaries using evaluation and management (E&M) services	(*) = Suppressed where count of users < 30 (.) = Missing
E&M Events Per 1000 Beneficiaries	Evaluation and management (E&M) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Actual Costs	Procedure actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Actual Costs as % of Total Actual Costs	Procedure actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Per Capita Actual Costs	Procedure actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Per User Actual Costs	Procedure actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Standardized Costs	Procedure standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Standardized Costs as % of Total Standardized Costs	Procedure standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Per Capita Standardized Costs	Procedure standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Per User Standardized Costs	Procedure standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# Procedures Users	Number of beneficiaries using procedure services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Procedures	Percent of beneficiaries using procedure services	(*) = Suppressed where count of users < 30 (.) = Missing
Procedures Events Per 1000 Beneficiaries	Procedure events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Actual Costs	Imaging actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Actual Costs as % of Total Actual Costs	Imaging actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Per Capita Actual Costs	Imaging actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Per User Actual Costs	Imaging actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Standardized Costs	Imaging standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Standardized Costs as % of Total Standardized Costs	Imaging standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Per Capita Standardized Costs	Imaging standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Per User Standardized Costs	Imaging standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
# Imaging Users	Number of beneficiaries using imaging services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Imaging	Percent of beneficiaries using imaging services	(*) = Suppressed where count of users < 30 (.) = Missing
Imaging Events Per 1000 Beneficiaries	Imaging events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
DME Actual Costs	Durable medical equipment (DME) actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Actual Costs as % of Total Actual Costs	Durable medical equipment (DME) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Per Capita Actual Costs	Durable medical equipment (DME) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Per User Actual Costs	Durable medical equipment (DME) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Standardized Costs	Durable medical equipment (DME) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Standardized Costs as % of Total Standardized Costs	Durable medical equipment (DME) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
DME Per Capita Standardized Costs	Durable medical equipment (DME) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
DME Per User Standardized Costs	Durable medical equipment (DME) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# DME Users	Number of beneficiaries using durable medical equipment (DME) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using DME	Percent of beneficiaries using durable medical equipment (DME) services	(*) = Suppressed where count of users < 30 (.) = Missing
DME Events Per 1000 Beneficiaries	Durable medical equipment (DME) events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Actual Costs	Tests actual Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Actual Costs as % of Total Actual Costs	Tests actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Per Capita Actual Costs	Tests actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Per User Actual Costs	Tests actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Standardized Costs	Tests standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Standardized Costs as % of Total Standardized Costs	Tests standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Per Capita Standardized Costs	Tests standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Per User Standardized Costs	Tests standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# Tests Users	Number of beneficiaries using tests services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Tests	Percent of beneficiaries using tests services	(*) = Suppressed where count of users < 30 (.) = Missing
Tests Events Per 1000 Beneficiaries	Tests events per 1000 Medicare beneficiaries	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Actual Costs	Part B drug actual Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Actual Costs as % of Total Actual Costs	Part B drug actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Per Capita Actual Costs	Part B drug actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Per User Actual Costs	Part B drug actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Standardized Costs	Part B drug standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Standardized Costs as % of Total Standardized Costs	Part B drug standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Part B Drugs Per Capita Standardized Costs	Part B drug standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Part B Drugs Per User Standardized Costs	Part B drug standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# Part B Drugs Users	Number of beneficiaries using Part B drug services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Part B Drugs	Percent of beneficiaries using Part B drug services	(*) = Suppressed where count of users < 30 (.) = Missing
Other Actual Costs	Part B other (Other) actual Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Other Actual Costs as % of Total Actual Costs	Part B other (Other) actual Medicare costs as a percent of total actual Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Other Per Capita Actual Costs	Part B other (Other) actual per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Other Per User Actual Costs	Part B other (Other) actual per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Other Standardized Costs	Part B other (Other) standardized Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Other Standardized Costs as % of Total Standardized Costs	Part B other (Other) standardized Medicare costs as a percentage of total standardized Medicare cost	(*) = Suppressed where count of users < 30 (.) = Missing
Other Per Capita Standardized Costs	Part B other (Other) standardized per capita Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
Other Per User Standardized Costs	Part B other (Other) standardized per user Medicare costs	(*) = Suppressed where count of users < 30 (.) = Missing
# Other Users	Number of beneficiaries using Part B other (Other) services	(*) = Suppressed where count of users < 30 (.) = Missing
% of Beneficiaries Using Other	Percent of beneficiaries using Part B other (Other) services	(*) = Suppressed where count of users < 30 (.) = Missing
Number of Acute Hospital Readmissions	Total count of inpatient readmissions within 30 days of an acute hospital stay during reference period	(*) = Suppressed where count < 30 (.) = Missing
Hospital Readmission Rate	Percent of inpatient readmissions within 30 days of an acute hospital stay during reference period	(*) = Suppressed where count < 30 (.) = Missing
Emergency Department Visits	Total count of inpatient or hospital outpatient emergency department visits	(*) = Suppressed where count < 30 (.) = Missing
Emergency Department Visits per 1,000 Beneficiaries	Rate per 1000 beneficiaries of inpatient or hospital outpatient emergency department visits	(*) = Suppressed where count < 30 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 3: Hospital admissions for diabetes long term complications for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 3: Hospital admissions for diabetes long term complications for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI03 Diabetes LT Complication Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 3: Hospital admissions for diabetes long term complications for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 40-65)	Prevention Quality Indicator (PQI) 5: Hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma for Medicare beneficiaries ages 40 - 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 5: Hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI05 COPD or Asthma in Older Adults Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 5: Hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing



State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
PQI07 Hypertension Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 7: Hospital admissions for hypertension for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI07 Hypertension Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 7: Hospital admissions for hypertension for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI07 Hypertension Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 7: Hospital admissions for hypertension for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI08 CHF Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 8: Hospital admissions for congestive heart failure (CHF) in Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI08 CHF Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 8: Hospital admissions for congestive heart failure (CHF) in Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI08 CHF Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 8: Congestive heart failure (CHF) for beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI10 Dehydration Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 10: Hospital admissions for dehydration for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI10 Dehydration Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 10: Hospital admissions for dehydration for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI10 Dehydration Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 10: Hospital admissions for dehydration for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 11: Hospital admissions for bacterial pneumonia for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 11: Hospital admissions for bacterial pneumonia for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI11 Bacterial Pneumonia Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 11: Hospital admissions for bacterial pneumonia for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI12 UTI Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary tract infections (UTI) for Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI12 UTI Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 12: Hospital admissions for Urinary tract infections (UTI) for Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI12 UTI Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 12: Hospital admissions for urinary tract infections (UTI) for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI15 Asthma in Younger Adults Admission Rate (age < 40)	Prevention Quality Indicator (PQI) 15: Hospital admission for asthma in younger adults for Medicare beneficiaries ages less than 40 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age < 65)	Prevention Quality Indicator (PQI) 16: Lower extremity amputation of Medicare beneficiaries ages less than 65 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
PQI16 Lower Extremity Amputation Admission Rate (age 65-74)	Prevention Quality Indicator (PQI) 16: Lower extremity amputation of Medicare beneficiaries ages 65-74 per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
PQI16 Lower Extremity Amputation Admission Rate (age 75+)	Prevention Quality Indicator (PQI) 16: Hospital admissions for lower extremity amputation for Medicare beneficiaries ages 75 and older per 100,000 beneficiaries	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients given aspirin at hospital arrival	Heart attack patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with aspirin prescribed at hospital discharge	Heart attack patients without aspirin contraindications who were prescribed aspirin at hospital discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients prescribed ACE inhibitor or AR blocker at hospital discharge	Heart attack patients with left ventricular dysfunction and without contraindications to both angiotensin converting enzyme inhibitors and angiotensin receptor blockers who were prescribed an angiotensin converting enzyme inhibitor or angiotensin receptor blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with smoking cessation counseling during hospital stay	Heart attack patients with a history of smoking cigarettes who were given smoking cessation counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with beta blocker prescribed at hospital discharge	Heart attack patients without beta blocker contraindications who were prescribed a beta blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with fibrinolytic received within 30 minutes of hospital arrival	Heart attack patients who received fibrinolytic therapy during hospitalization within 30 minutes of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart attack patients with percutaneous coronary intervention within 90 minutes of hospital arrival	Heart attack patients who received percutaneous coronary intervention during hospitalization within 90 minutes of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients with discharge instructions	Heart failure patients discharged home with written instructions or educational material addressing all of the following: activity, diet, medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients with evaluation of left ventricular systolic function	Heart failure patients with documentation in the hospital record that left ventricular systolic function was evaluated before, during hospitalization, or is planned for after discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients prescribed ACE inhibitor or AR blocker at hospital discharge	Heart failure patients with left ventricular systolic dysfunction and without contraindications to both angiotensin converting enzyme inhibitors and angiotensin receptor blockers who were prescribed an angiotensin converting enzyme inhibitor or angiotensin receptor blocker at discharge	(*) = Suppressed where count < 30 (.) = Missing
Heart failure patients with smoking cessation counseling	Heart failure patients with a history of smoking cigarettes who were given smoking cessation counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with pneumococcal vaccination	Pneumonia patients who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with appropriate initial antibiotic selection for CAP in immunocompetent patients	Pneumonia patients with appropriate antibiotic selection for community-acquired pneumonia in immunocompetent patients	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with blood cultures in ED before antibiotic administered	Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics	(*) = Suppressed where count < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Pneumonia patients with influenza vaccination	Pneumonia patients discharged during October, November, December, January, February, or March who were screened for influenza vaccine status and were vaccinated prior to discharge, if indicated	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with smoking cessation counseling	Pneumonia patients with a history of smoking cigarettes who were given smoking cessation advice or counseling during hospital stay	(*) = Suppressed where count < 30 (.) = Missing
Pneumonia patients with initial antibiotic received within 6 hours of hospital arrival	Pneumonia patients with initial antibiotic received within 6 hours of hospital arrival	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with prophylactic antibiotic received within one hour prior to surgery incision	Surgery patients with prophylactic antibiotic received within one hour prior to surgery incision	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with appropriate prophylactic antibiotic selection	Surgery patients with appropriate prophylactic antibiotic selection consistent with current guidelines	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with prophylactic antibiotics discontinued within 24 hours after surgery end time	Surgery patients with prophylactic antibiotics discontinued within 24 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose	Cardiac surgery patients with controlled 6 A.M. postoperative blood glucose on post-operative day 1 and post-operative day 2	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with appropriate hair removal	Surgery patients with appropriate hair removal (i.e., no hair removal, hair removal with clippers, or hair removal with depilatory)	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients with recommended VTE prophylaxis ordered	Surgery patients with recommended venous thromboembolism prophylaxis ordered any time from hospital arrival to 48 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Surgery patients who received appropriate VTE prophylaxis between 24 hours prior to surgery and 24 hours after surgery	Surgery patients who received appropriate venous thromboembolism prophylaxis between 24 hours prior to surgery and 24 hours after surgery end time	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for heart attack patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart attack	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for heart failure patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart failure	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day readmission rates for pneumonia patients	Hospital-specific, risk-standardized, all-cause 30-day mortality (defined as death from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of pneumonia	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day death (mortality) rates for heart attack patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart attack	(*) = Suppressed where count < 30 (.) = Missing
Hospital 30-day death (mortality) rates for heart failure patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of heart failure	(*) = Suppressed where count < 30 (.) = Missing

State/County Level Demographic, Cost, Utilization, and Quality Data		
Documentation		
Short Name	Long Name	Suppressed or Missing Values
Hospital 30-day death (mortality) rates for pneumonia patients	Hospital-specific, risk-standardized, all-cause 30-day readmission (defined as readmission from any cause within 30 days after the index admission date) for patients discharged from the hospital with a principal diagnosis of pneumonia	(*) = Suppressed where count < 30 (.) = Missing