

CMS 2010 Institutional Provider and Beneficiary Summary

Public Use File (PUF) Data Dictionary and Codebook

The *CMS 2010 Institutional Provider and Beneficiary Summary (IPBS) PUF* is an aggregated file in which each record is an institutional provider. The source data are from the CMS Chronic Conditions Warehouse (CCW) which contains 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data for 2010.

For complete information regarding data in the CCW, visit <http://ccwdata.org/index.php>. Also, see the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

PROVIDER_ID

This field provides the unique ID for the institutional facility. This variable is the CCW claim variable PRVDR_NUM.

HRR_PROV

This field indicates the description of the hospital referral region (HRR) where the provider is located. It is the hospital service area containing the referral hospital or hospitals most often used by residents of the region. This variable is derived by matching the CCW claim variable PRVDR_ZIP to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute website: <http://www.dartmouthatlas.org/data/region/>.

There are 306 distinct HRR regions (including the two digit state abbreviation) in the file. A provider zip code that could not be matched against the Dartmouth Institute zip code crosswalk table is identified as 'XX – Unknown' in HRR_PROV.

FACILITY_TYPE

This field indicates the type of the institutional facility. It is derived by matching the CCW claim variable PRVDR_NUM with the Provider of Service (POS) file. For additional information on the POS file, visit http://www.cms.gov/NonIdentifiableDataFiles/04_ProviderofServicesFile.asp#TopOfPage.

BENE_CNT

This field indicates the number of beneficiaries utilizing the services of the provider.

DEATH_BENE_CNT

This field indicates the number of beneficiaries deceased within the year utilizing the services of the provider. It is derived by counting the number of unique deceased beneficiaries using the CCW enrollment variable BENE_DEATH_DT.

SEX_MALE_BENE_CNT

This field indicates the number of male beneficiaries utilizing the services of the provider. The CCW enrollment variable BENE_SEX_IDENT_CD is used in determining sex.

SEX_FEMALE_BENE_CNT

This field indicates the number of female beneficiaries utilizing the services of the provider. The CCW enrollment variable BENE_SEX_IDENT_CD is used in determining sex.

RACE_WHITE_BENE_CNT

This field indicates the number of non-Hispanic white beneficiaries utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

RACE_BLACK_BENE_CNT

This field indicates the number of non-Hispanic black beneficiaries utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

RACE_HISPN_BENE_CNT

This field indicates the number of Hispanic beneficiaries utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

RACE_API_BENE_CNT

This field indicates the number of Asian Pacific Islander beneficiaries utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

RACE_NATIND_BENE_CNT

This field indicates the number of Alaskan Native/American Indian beneficiaries utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

RACE_OTHER_BENE_CNT

This field indicates the number of beneficiaries with all other race/ethnicity utilizing the services of the provider. The CCW enrollment variable RTI_RACE_CD is used in determining race/ethnicity.

AGE_LESS_65_BENE_CNT

This field indicates the number of beneficiaries under the age of 65 years utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

AGE_65_69_BENE_CNT

This field indicates the number of beneficiaries between the ages of 65 and 69 utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

AGE_70_74_BENE_CNT

This field indicates the number of beneficiaries between the ages of 70 and 74 utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

AGE_75_79_BENE_CNT

This field indicates the number of beneficiaries between the ages of 75 and 79 utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

AGE_80_84_BENE_CNT

This field indicates the number of beneficiaries between the ages of 80 and 84 utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

AGE_OVER_84_BENE_CNT

This field indicates the number of beneficiaries over the age of 84 utilizing the services of the provider. The CCW enrollment variable BENE_BIRTH_DT and the last day of the calendar year are used in determining the beneficiary's age.

DUAL_BENE_CNT

This field indicates the number of dual eligible beneficiaries utilizing the services of the provider. This category includes beneficiaries entitled to both full and restricted Medicaid benefits. The CCW enrollment variable monthly DUAL_STUS_CD_&month is used in determining a beneficiary's dual status. A beneficiary is considered dual if the beneficiary has at least one month of either full or restricted state reported coverage during the calendar year.

NON_DUAL_BENE_CNT

This field indicates the number of non-dual eligible beneficiaries utilizing the services of the provider. The CCW enrollment variable monthly DUAL_STUS_CD_&month is used in determining a beneficiary's dual status. A beneficiary is considered non-dual if the beneficiary has zero months of full state reported coverage and zero months of restricted state reported coverage during the calendar year.

HRR_DIFF_BENE_CNT

This field indicates the number of beneficiaries where the HRR based on the residence of the beneficiary utilizing the services of the provider is different from the HRR based on the provider.

AFIB_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for atrial fibrillation and utilizing the services of the provider. The CCW chronic condition variable ATRIAL_FIB is used in determining beneficiaries meeting the chronic condition algorithm.

ALZRDSD_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for Alzheimers' broad classification including dementia and utilizing the services of the provider. The CCW chronic condition variable ALZH_DEMEN is used in determining beneficiaries meeting the chronic condition algorithm.

ALZ_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for Alzheimers' Disease and utilizing the services of the provider. The CCW chronic condition variable ALZH is used in determining beneficiaries meeting the chronic condition algorithm.

AMI_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for acute myocardial infarction (AMI) and utilizing the services of the provider. The CCW chronic condition variable AMI is used in determining beneficiaries meeting the chronic condition algorithm.

ANEMIA_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for anemia and utilizing the services of the provider. The CCW chronic condition variable ANEMIA is used in determining beneficiaries meeting the chronic condition algorithm.

ASTHMA_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for asthma and utilizing the services of the provider. The CCW chronic condition variable ASTHMA is used in determining beneficiaries meeting the chronic condition algorithm.

BRC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for breast cancer and utilizing the services of the provider. The CCW chronic condition variable CANCER_BREAST is used in determining beneficiaries meeting the chronic condition algorithm.

CAT_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for cataracts and utilizing the services of the provider. The CCW chronic condition variable CATARACT is used in determining beneficiaries meeting the chronic condition algorithm.

CHF_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for congestive heart failure (CHF) and utilizing the services of the provider. The CCW chronic condition variable CHF is used in determining beneficiaries meeting the chronic condition algorithm.

CKD_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for chronic kidney disease (CKD) and utilizing the services of the provider. The CCW chronic

condition variable CHRONICKIDNEY is used in determining beneficiaries meeting the chronic condition algorithm.

COPD_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for chronic obstructive pulmonary disease (COPD) and utilizing the services of the provider. The CCW chronic condition variable COPD is used in determining beneficiaries meeting the chronic condition algorithm.

CRC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for colorectal cancer and utilizing the services of the provider. The CCW chronic condition variable CANCER_COLORECTAL is used in determining beneficiaries meeting the chronic condition algorithm.

DEPR_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for depression and utilizing the services of the provider. The CCW chronic condition variable DEPRESSION is used in determining beneficiaries meeting the chronic condition algorithm.

DIAB_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for diabetes and utilizing the services of the provider. The CCW chronic condition variable DIABETES is used in determining beneficiaries meeting the chronic condition algorithm.

ENDC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for endometrial cancer and utilizing the services of the provider. The CCW chronic condition variable CANCER_ENDOMETRIAL is used in determining beneficiaries meeting the chronic condition algorithm.

GLCM_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for glaucoma and utilizing the services of the provider. The CCW chronic condition variable GLAUCOMA is used in determining beneficiaries meeting the chronic condition algorithm.

HFRAC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for hip fracture and utilizing the services of the provider. The CCW chronic condition variable HIP_FRACTURE is used in determining beneficiaries meeting the chronic condition algorithm.

HYPERL_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for hyperlipidemia and utilizing the services of the provider. The CCW chronic condition variable HYPERL is used in determining beneficiaries meeting the chronic condition algorithm.

HYPERP_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for benign prostatic hyperplasia and utilizing the services of the provider. The CCW chronic condition variable HYPERP is used in determining beneficiaries meeting the chronic condition algorithm.

HYPERT_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for hypertension and utilizing the services of the provider. The CCW chronic condition variable HYPERT is used in determining beneficiaries meeting the chronic condition algorithm.

HYPOTH_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for acquired hypothyroidism and utilizing the services of the provider. The CCW chronic condition variable HYPOTH is used in determining beneficiaries meeting the chronic condition algorithm.

IHD_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for ischemic heart disease (IHD) and utilizing the services of the provider. The CCW chronic condition variable ISCHEMICHEART is used in determining beneficiaries meeting the chronic condition algorithm.

LNGC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for lung cancer and utilizing the services of the provider. The CCW chronic condition variable CANCER_LUNG is used in determining beneficiaries meeting the chronic condition algorithm.

OST_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for osteoporosis and utilizing the services of the provider. The CCW chronic condition variable OSTEOPOROSIS is used in determining beneficiaries meeting the chronic condition algorithm.

PRC_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for prostate cancer and utilizing the services of the provider. The CCW chronic condition variable CANCER_PROSTATE is used in determining beneficiaries meeting the chronic condition algorithm.

RAOA_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for rheumatoid arthritis/osteoarthritis (RAOA) and utilizing the services of the provider. The CCW chronic condition variable RA_OA is used in determining beneficiaries meeting the chronic condition algorithm.

STRK_BENE_CNT

This field indicates the number of beneficiaries meeting the chronic condition algorithm for stroke/transient ischemic attack and utilizing the services of the provider. The CCW chronic condition variable STROKE_TIA is used in determining beneficiaries meeting the chronic condition algorithm.

HRR_BENE_DESC1

This field indicates the description of the highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

This variable is derived by matching the CCW enrollment variable BENE_ZIP_CD to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute <http://www.dartmouthatlas.org/data/region/>.

HRR_BENE_DESC2

This field indicates the description of the second highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

This variable is derived by matching the CCW enrollment variable BENE_ZIP_CD to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute <http://www.dartmouthatlas.org/data/region/>.

HRR_BENE_DESC3

This field indicates the description of the third highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

This variable is derived by matching the CCW enrollment variable BENE_ZIP_CD to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute <http://www.dartmouthatlas.org/data/region/>.

HRR_BENE_DESC4

This field indicates the description of the fourth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

This variable is derived by matching the CCW enrollment variable BENE_ZIP_CD to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute <http://www.dartmouthatlas.org/data/region/>.

HRR_BENE_DESC5

This field indicates the description of the fifth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

This variable is derived by matching the CCW enrollment variable BENE_ZIP_CD to the Dartmouth Institute zip code crosswalk table. For additional information, visit the Dartmouth Institute <http://www.dartmouthatlas.org/data/region/>.

HRR_BENE_CNT1

This field indicates the number of beneficiaries in the highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

HRR_BENE_CNT2

This field indicates the number of beneficiaries in the second highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

HRR_BENE_CNT3

This field indicates the number of beneficiaries in the third highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

HRR_BENE_CNT4

This field indicates the number of beneficiaries in the fourth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

HRR_BENE_CNT5

This field indicates the number of beneficiaries in the fifth highest ranked HRR based on the residence of beneficiaries utilizing the services of the provider.

TAPQ01_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for diabetes short term complications. See TAPQ1 for more information.

TAPQ01

This field indicates the total number of hospital admissions for diabetes short term complications. This variable is applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

TAPQ03_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for diabetes long term complications. See TAPQ3 for more information.

TAPQ03

This field indicates the total number of hospital admissions for diabetes long term complications. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ05_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for chronic obstructive pulmonary disease (COPD). See TAPQ5 for more information.

TAPQ05

This field indicates the total number of hospital admissions for chronic obstructive pulmonary disease (COPD). This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

TAPQ07_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for hypertension. See TAPQ7 for more information.

TAPQ07

This field indicates the total number of hospital admissions for hypertension. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

TAPQ08_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for congestive heart failure (CHF). See TAPQ8 for more information.

TAPQ08

This field indicates the total number of hospital admissions for congestive heart failure (CHF). This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations

for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

TAPQ10_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for dehydration. See TAPQ10 for more information.

TAPQ10

This field indicates the total number of hospital admissions for dehydration. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ11_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for pneumonia. See TAPQ11 for more information.

TAPQ11

This field indicates the total number of hospital admissions for pneumonia. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ12_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for urinary infection. See TAPQ12 for more information.

TAPQ12

This field indicates the total number of hospital admissions for urinary infection. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ13_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for angina. See TAPQ13 for more information.

TAPQ13

This field indicates the total number of hospital admissions for angina. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ14_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for diabetes uncontrolled. See TAPQ14 for more information.

TAPQ14

This field indicates the total number of hospital admissions for diabetes uncontrolled. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

TAPQ15_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for adult asthma. See TAPQ15 for more information.

TAPQ15

This field indicates the total number of hospital admissions for adult asthma. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

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TAPQ16_BENE_CNT

This field indicates the number of beneficiaries with hospital admissions for lower extremity amputation. See TAPQ16 for more information.

TAPQ16

This field indicates the total number of hospital admissions for lower extremity amputation. This variable is only applicable to beneficiaries who are continuously enrolled in FFS for both Parts A and B for the full calendar year or up until their time of death.

The Prevention Quality Indicator (PQI) software supplied by the Agency for Healthcare Research and Quality (AHRQ) is used for the purpose of measuring potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSC). For additional information, visit http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx

OER_BENE_CNT

This field indicates the number of beneficiaries with outpatient emergency department visits based on the CCW claim variable REV_CNTR values: '0450', '0451', '0452', '0456', '0459' within distinct REV_CNTR_DT.

OER

This field indicates the total number of outpatient emergency department visits. OER visits originate from the count of the CCW claim variable REV_CNTR values: '0450', '0451', '0452', '0456', '0459' within distinct REV_CNTR_DT.

IER_BENE_CNT

This field indicates the number of beneficiaries with inpatient emergency department visits based on the CCW claim variable REV_CNTR values: '0450', '0451', '0452', '0456', '0459' within distinct REV_CNTR_DT. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

IER

This field indicates the total number of inpatient emergency department visits. IER visits originate from the count of CCW claim variable REV_CNTR values: '0450', '0451', '0452', '0456', '0459' within distinct REV_CNTR_DT. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

COVERED_DAYS_BENE_CNT

This field indicates the number of beneficiaries with covered days of care based on the CCW claim variable CLM_UTLZTN_DAY_CNT. This field is not valid for Home Health Agencies and Outpatient care.

COVERED_DAYS

This field indicates the total number of covered days of care. Covered days originate from the CCW claim variable CLM_UTLZTN_DAY_CNT. This field is not valid for Home Health Agencies and Outpatient care.

COVERED_STAYS _BENE_CNT

This field indicates the number of beneficiaries with at least one covered day of care based on the CCW claim variable CLM_UTLZTN_DAY_CNT, CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT and PRVDR_NUM. This field is not valid for Home Health Agencies and Outpatient care.

COVERED_STAYS

This field indicates the total number of stays with at least one covered day of care. Covered days originate from the CCW claim variable CLM_UTLZTN_DAY_CNT, CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT and PRVDR_NUM. This field is not valid for Home Health Agencies and Outpatient care.

VISITS_BENE_CNT

This field indicates the number of beneficiaries with Home Health Agency visits or outpatient care visits. It originates from the CCW claim variable CLM_HHA_TOT_VISIT_CNT for HHA visits and from REV_CNTR_DT for outpatient care visits.

VISITS

This field indicates the total Home Health Agency visits or total number of visits for outpatient care. Visits originate from the CCW claim variable CLM_HHA_TOT_VISIT_CNT for HHA visits and from the count of distinct REV_CNTR_DT for outpatient care visits.

EPISODES_BENE_CNT

This field indicates the number of beneficiaries with Home Health Agency episodes. It originates from the CCW claim variable CLM_ID.

EPISODES

This field indicates the total Home Health Agency episodes of care. Home Health Agency episodes originate from the count of distinct claims using CCW claim variable distinct CLM_ID.

ADMITS_BENE_CNT

This field indicates the number of beneficiaries with acute admissions qualifying as an index admission. Index admissions originate from the grouping of claims into stays using CCW claim variables CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT, PRVDR_NUM and PTNT_DSCHRG_STUS_CD. An admission qualifies as an index admission if the discharge date is within the calendar year and the reason for discharge is not due to the death of the beneficiary or due to the beneficiary leaving the facility against medical advice. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

ADMITS

This field indicates the total acute admissions qualifying as an index admission. Index admissions originate from the grouping of claims into stays using CCW claim variables CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT, PRVDR_NUM and PTNT_DSCHRG_STUS_CD. An admission qualifies as an index admission if the discharge date is within the calendar year and the reason for discharge is not due to the death of the beneficiary or due to the beneficiary leaving the facility against medical advice. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

READMITS_BENE_CNT

This field indicates the number of beneficiaries with acute readmissions. Readmissions originate from the grouping of claims into stays using CCW claim variables CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT and PRVDR_NUM. An admission counts as a readmission if the first day of an admission is within 30 days of a discharge from an earlier index admission. Readmissions are counted for the full calendar year as well as January of the subsequent year. Readmissions are applied to the provider of the initial index admission. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

READMITS

This field indicates the total all cause acute readmissions. Readmissions originate from the grouping of claims into stays using CCW claim variables CLM_FROM_DT, CLM_THRU_DT, NCH_BENE_DSCHRG_DT and PRVDR_NUM. An admission counts as a readmission if the first day of an admission is within 30 days of a discharge from an earlier index admission. Readmissions are counted for the full calendar year as well as January of the subsequent year. Readmissions are applied to the provider of the initial index admission. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

READMITS_DIFF_PROV_BENE_CNT

This field indicates the number of beneficiaries with all cause acute readmissions to a different provider. It originates from aggregation of readmissions when the PRVDR_NUM from the index admission is different from the PRVDR_NUM of the readmission. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

READMITS_DIFF_PROV

This field indicates the total number of all cause acute readmissions to a different provider. It originates from aggregation of readmissions when the PRVDR_NUM from the index admission is different from the PRVDR_NUM of the readmission. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS).

ACTUAL_PMT

This field indicates the total amount of payment made from the Medicare trust fund for the services covered by the claims. Claim payment amounts originate from the CCW claim variable

CLM_PMT_AMT. For inpatient (acute, psychiatric, rehabilitation) and long-term care (LTC) services, ACTUAL_PMT also includes PASS_THRU_COSTS described below.

STANDARD_PMT

This field indicates the total amount of adjusted or standardized payment made from the Medicare trust fund for the services covered by the claims. Standard payment amounts originate from an adjusted CCW claim variable CLM_PMT_AMT. The CLM_PMT_AMT includes adjustments to account for local wages or input prices, and extra payments that Medicare makes to advance other program goals, such as compensating certain hospitals for the cost of training doctors. The STANDARD_PMT is an estimate of what Medicare would have paid for each claim without those adjustments.

OUTLIER_APPRVD_PMT

This field indicates the total amount of the outlier portion of the Prospective Payment System (PPS) payment for capital. Outlier approved payment amounts originate from the CCW claim variable CLM_PPS_CPTL_OUTLIER_AMT. This field is valid for Inpatient (acute, psychiatric, rehabilitation) and long-term care (LTC).

READMIT_PMT

This field indicates the total standardized Medicare costs associated with all cause acute readmissions. Standardized payments associated with readmissions are applied to the provider of the initial index admission even though the payments reflect the standardized payments to the readmitting provider. The readmitting provider may or may not be the same provider associated with the initial index admission. This field is valid only for Critical Access Hospital (CAH) and services covered by acute care Inpatient Prospective Payment System (IPPS). See STANDARD_PMT, ADMITS, and READMITS.

COINSURANCE

This field indicates the total amount of money the beneficiary is liable for coinsurance on the institutional claim. Coinsurance amounts originate from the CCW claim variable NCH_BENE_PTA_COINSRNC_LBLTY_AM for inpatient and SNF services, and NCH_BENE_PTB_COINSRNC_LBLTY_AM for outpatient services. This field is not valid for Home Health Agency and Hospice care.

DEDUCTIBLE

This field indicates the total amount of the deductible that the beneficiary is responsible to pay for services, as originally submitted on the institutional claim. Deductible amounts originate from the CCW claim variable NCH_BENE_IP_DDCTBL_AMT for inpatient services and the

NCH_BENE_PTB_DDCTBL_AMT for outpatient services. This field is not valid for Home Health Agency, Hospice, and Skilled Nursing Facility care.

PASS_THRU_COSTS

This field indicates the total amount of established reimbursable costs for the current year divided by the estimated Medicare days for the current year. Pass through costs originate from the CCW claim variable CLM_PASS_THRU_PER_DIEM_AMT. This field is valid for Inpatient (acute, psychiatric, rehabilitation) and long-term care (LTC).

AVG_SCORE

This field indicates the average hierarchical condition category (HCC) risk score among beneficiaries utilizing the services of the provider. The overall average risk score among beneficiaries utilizing the services of providers in the 2010 IPBS PUF is 1.297. The overall average risk score for beneficiaries enrolled in the Medicare program at any point during the service year is 1.095. Risk scores are determined from the CCW hierarchical condition category variable HCC_SCORE. For additional information on the CMS HCC risk score model, visit https://www.cms.gov/MedicareAdvtgSpecRateStats/06a_Risk_adjustment_prior.asp

AVG_LTI_MONTHS_BENE_CNT

This field indicates the number of beneficiaries utilizing services of the long term institution.

AVG_LTI_MONTHS

This field indicates the average number of months in a long term institution among beneficiaries utilizing the services of the provider. Number of months in a long term institution is determined using the CCW hierarchical condition variable LTI.