

# **Data Dictionary for Quarterly Dialysis Facility Compare**

**Release Date: July 2017**

This document provides the variable name, variable type, maximum length and a description for each column included in the downloadable databases available on the Dialysis Facility Compare (DFC) website. The measures are obtained using the methodology described in the *Guide to the Dialysis Facility Compare Report* available for download from the Methodology tab of the Dialysis Data website

(<https://dialysisdata.org/sites/default/files/content/Methodology/DFCReportGuide.pdf>). For each quality measure (Tables 2-9), a variable indicating the time period, patient count and data availability code (Table 10) are provided. Updates to the data dictionary are listed on page 2.

## Updates to Data Dictionary

| DATE           | REVISIONS   |
|----------------|---|
| 4/29/2013      | Access, CSV, CSV (Revised) variable names added.  |
| 9/13/2013      | Added transfusion table (new Table 7)   |
| 6/20/2014      | Added 3 Star Rating variables to Table 1 (five_star, date_five_star and five_star_c)  |
| 7/1/2014       | Added 2 additional “Data Not Available” codes for Star Rating   |
| 9/12/2014      | Added readmissions table (new Table 8)  |
| 9/24/2014      | Removed URR variables from Table 2  |
| 12/5/2014      | Removed readmissions variables and reordered tables   |
| 1/9/2015       | Added readmissions table back in (Table 8)  |
| 6/22/2015      | Changed readmission variable names (INDEXY4_f, SRRY4_f, SRRUCLY4_f, SRRLCLY4_f) (Table 8)   |
| 9/2/2015       | Changed fistula measure description in Table 4 to “in use”  |
| 5/31/16-7/6/16 | Table 2: new table Survey of Patients’ Experiences, 6 measures<br>Table 4: facility level transfusion rate, upper and lower confidence intervals and US rate<br>Table 5: new table Standardized Infection Ratio<br>Table 6: new variables names for adult HD, adult PD, pediatric HD Kt/V measures, new pediatric PD Kt/V measure<br>Tables 9-11: facility level rates, confidence intervals and US rates added for hospitalization, readmission and deaths<br>Table 12: new data availability codes added for new measures |
| 8/22/2016      | Added DATE_CAHPS2 variable to reflect 2 <sup>nd</sup> data collection period for the ICH-CAHPS survey   |
| 10/26/2016     | Changed CAHPS variables from character to numerical, rounded standardized measure values to tenths place, added state and US SIR count variables PTSIRS1-PTSIRS3, PTSIRU1-PTSIRU3   |
| 12/21/16       | Removed variables response_rate_f and completed_surveys_f from Table 2  |

**Table 1: Facility Identification Variables**

| <b>Variable Name reported in the Access/CSV file</b> | <b>Variable Name reported in the CSV (Revised)</b> | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>  |
|--|--|-------------|--------------------|---|
| PROVNUM  | Provider Number                                    | Char        | 50                 | Lists the numeric code used to identify the provider listed.  |
| FACNAME  | Facility Name                                      | Char        | 80                 | Lists the name of the facility listed.  |
| PHYSTATE   | State  | Char        | 2                  | Lists the alphabetic postal code used to identify the state that corresponds to the facility listed.                |
| NETWORK  | Network  | Char        | 2                  | Lists the numeric code for the network in which facility participates.  |
| DATE_FIVE_STAR                                       | Five Star Date                                     | Char        | 19                 | Lists the data collection period for the five star rating.  |
| FIVE_STAR  | Five Star  | Char        | 1                  | Lists the 5-star rating for the facility.   |
| FIVE_STAR_C  | Five Star Data Availability Code                   | Char        | 3                  | Lists whether the facility had sufficient five star data available or the reason for why the data is not available. |
| PHYADDR1   | Address Line 1                                     | Char        | 60                 | Lists the first line of the address that corresponds to the facility listed.  |
| PHY ADDR2  | Address Line 2                                     | Char        | 60                 | Lists the second line of the address that corresponds to the facility listed.                                       |
| PHYCITY  | City   | Char        | 30                 | Lists the name of the city that corresponds to the  |

|           |                                      |                            |                 |   |
|-----------|--------------------------------------|----------------------------|-----------------|---|
|           |                                      |                            |                 | facility listed.  |
| PHYZIP    | Zip                                  | Char                       | 5               | Lists the full postal ZIP code that corresponds to the facility listed.               |
| PHYCOUNTY | County                               | Char                       | 60              | Lists the name of the county that corresponds to the facility listed.                 |
| PHONENUM  | Phone Number                         | Char                       | 14              | Lists the telephone number that corresponds to the facility listed.                   |
| OWNTYPE   | Profit or Non-Profit                 | Char                       | 50              | Indicates if the dialysis facility's operates as a for-profit or non-profit business. |
| CHAINYN   | Chain Owned                          | Char                       | 3               | Indicates whether or not the facility is owned or managed by a chain organization.    |
| CHAINNAM  | Chain Organization                   | Char                       | 50              | Lists the name of the chain organization if applicable.                               |
| SHIFT     | Late Shift                           | Bit (access)/text(CSV Rev) | 5 (CSV Revised) | Lists whether or not the facility has a shift starting at 5:00 p.m. or later.         |
| TOTSTAS   | # of Dialysis Stations               | int                        |                 | Indicates the total number of dialysis stations at the dialysis facility.             |
| HD        | Offers in-center hemodialysis        | Bit (access)/text(CSV Rev) | 5 (CSV Revised) | Indicates whether the facility offers in-center hemodialysis.                         |
| PD        | Offers in-center peritoneal dialysis | Bit (access)/text(CSV Rev) | 5 (CSV Revised) | Indicates whether the facility offers in-center peritoneal dialysis.                  |
| HOMEHD    | Offers home hemodialysis training.   | Bit (access)/text(CSV Rev) | 5 (CSV Revised) | Indicates whether the facility offers home hemodialysis                               |

|          |                                       |          |  |  |
|----------|---------------------------------------|----------|--|--|
|          |                                       |          |  | training.  |
| CERTDATE | Certification or Recertification Date | datetime |  | Lists the initial or recertification date for the facility listed. These facilities are certified if they pass inspection. Medicare or Medicaid only covers care provided by certified providers. Being certified is not the same as being accredited. |

**Table 2: Survey of Patients' Experiences**

| Variable Name reported in the Access/CSV file | CSV (Revised) Label Name   | Type | Max. Length | Description   |
|---|--|------|-------------|---|
| Date_CAHPs                                    | ICH-CAHPS date   | Char | 19          | Lists the data collection period for the earlier ICH-CAHPS survey   |
| Date_CAHPs2                                   | ICH-CAHPS date2  | Char | 19          | Lists the data collection period for the later ICH-CAHPS survey   |
| CAHPS_C                                       | ICH-CAHPS data availability code                                       | num  | 8           | Lists whether the facility had sufficient ICH-CAHPS data available or the reason for why the data is not available.   |
| NEPHCOMM_BOT_F                                | Lower box percent of patients-nephrologists' communication and caring  | num  | 8           | Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (FACILITY). |
| NEPHCOMM_MID_F                                | Middle box percent of patients-nephrologists' communication and caring | num  | 8           | Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (FACILITY).              |
| NEPHCOMM_TOP_F                                | Top box percent of patients-   | num  | 8           | Lists the percent of patients who reported "Always"-  |

|                |  |     |   |  |
|----------------|--|-----|---|--|
|                | nephrologists' communication and caring                                      |     |   | nephrologists' communication and caring (FACILITY).  |
| NEPHCOMM_BOT_S | Lower box percent of patients-nephrologists' communication and caring        | num | 8 | Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (STATE).           |
| NEPHCOMM_MID_S | Middle box percent of patients-nephrologists' communication and caring       | num | 8 | Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (STATE).                        |
| NEPHCOMM_TOP_S | Top box percent of patients-nephrologists' communication and caring          | num | 8 | Lists the percent of patients who reported "Always"-nephrologists' communication and caring (STATE).                         |
| NEPHCOMM_BOT_U | Lower box percent of patients-nephrologists' communication and caring        | num | 8 | Lists the percent of patients who reported "Sometimes" or "Never"-nephrologists' communication and caring (US).              |
| NEPHCOMM_MID_U | Middle box percent of patients-nephrologists' communication and caring       | num | 8 | Lists the percent of patients who reported "Usually"-nephrologists' communication and caring (US).                           |
| NEPHCOMM_TOP_U | Top box percent of patients-nephrologists' communication and caring          | num | 8 | Lists the percent of patients who reported "Always"-nephrologists' communication and caring (US).                            |
| QUALITY_BOT_F  | Lower box percent of patients-quality of dialysis center care and operations | num | 8 | Lists the percent of patients who reported "Sometimes" or "Never"-quality of dialysis center care and operations (FACILITY). |
| QUALITY_MID_F  | Middle box percent of patients-quality of dialysis center                    | num | 8 | Lists the percent of patients who reported "Usually"-quality of dialysis center care and operations (FACILITY).              |

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|---------------|--|-----|---|--|
|               | care and operations  |     |   |  |
| QUALITY_TOP_F | Top box percent of patients-quality of dialysis center care and operations     | num | 8 | Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (FACILITY).            |
| QUALITY_BOT_S | Lower box percent of patients-quality of dialysis center care and operations   | num | 8 | Lists the percent of patients who reported “Sometimes” or “Never”- quality of dialysis center care and operations (STATE). |
| QUALITY_MID_S | Middle box percent of patients- quality of dialysis center care and operations | num | 8 | Lists the percent of patients who reported “Usually”- quality of dialysis center care and operations (STATE).              |
| QUALITY_TOP_S | Top box percent of patients- quality of dialysis center care and operations    | num | 8 | Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (STATE).               |
| QUALITY_BOT_U | Lower box percent of patients- quality of dialysis center care and operations  | num | 8 | Lists the percent of patients who reported “Sometimes” or “Never”- quality of dialysis center care and operations (US).    |
| QUALITY_MID_U | Middle box percent of patients- quality of dialysis center care and operations | num | 8 | Lists the percent of patients who reported “Usually”- quality of dialysis center care and operations (US).                 |
| QUALITY_TOP_U | Top box percent of patients- quality of dialysis center care and operations    | num | 8 | Lists the percent of patients who reported “Always”- quality of dialysis center care and operations (US).                  |

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|----------------|---|-----|---|---|
| INFO_BOT_F     | Lower box percent of patients-providing information to patients | num | 8 | Lists the percent of patients who reported “No”- providing information to patients (FACILITY).  |
| INFO_TOP_F     | Top box percent of patients-providing information to patients   | num | 8 | Lists the percent of patients who reported “Yes”- providing information to patients (FACILITY).                                       |
| INFO_BOT_S     | Lower box percent of patients-providing information to patients | num | 8 | Lists the percent of patients who reported “No”- providing information to patients (STATE).   |
| INFO_TOP_S     | Top box percent of patients-providing information to patients   | num | 8 | Lists the percent of patients who reported “Yes”- providing information to patients (STATE).  |
| INFO_BOT_U     | Lower box percent of patients-providing information to patients | num | 8 | Lists the percent of patients who reported “No”- providing information to patients (US).  |
| INFO_TOP_U     | Top box percent of patients-providing information to patients   | num | 8 | Lists the percent of patients who reported “Yes”- providing information to patients (US).   |
| NEPHRATE_BOT_F | Lower box percent of patients-rating of the nephrologist        | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY). |
| NEPHRATE_MID_F | Middle box percent of patients- rating of the nephrologist      | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).     |
| NEPHRATE_TOP_F | Top box percent of patients- rating of the nephrologist         | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).    |



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| NEPHRATE_BOT_S  | Lower box percent of patients- rating of the nephrologist          | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (STATE).             |
| NEPHRATE_MID_S  | Middle box percent of patients- rating of the nephrologist         | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).                 |
| NEPHRATE_TOP_S  | Top box percent of patients- rating of the nephrologist            | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE).                |
| NEPHRATE_BOT_U  | Lower box percent of patients- rating of the nephrologist          | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US).                |
| NEPHRATE_MID_U  | Middle box percent of patients- rating of the nephrologist         | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).                    |
| NEPHRATE_TOP_U  | Top box percent of patients- rating of the nephrologist            | num | 8 | Lists the percent of patients who gave their nephrologist a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).                   |
| STAFFRATE_BOT_F | Lower box percent of patients-rating of the dialysis center staff  | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY). |
| STAFFRATE_MID_F | Middle box percent of patients-rating of the dialysis center staff | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).     |
| STAFFRATE_TOP_F | Top box percent of patients-rating of the dialysis center staff    | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).    |
| STAFFRATE_BOT_S | Lower box percent of patients-rating of                            | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on   |

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|                 | the dialysis center staff  |     |   | a scale of 0 (lowest) to 10 (highest) (STATE).   |
| STAFFRATE_MID_S | Middle box percent of patients-rating of the dialysis center staff | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).    |
| STAFFRATE_TOP_S | Top box percent of patients-rating of the dialysis center staff    | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE).   |
| STAFFRATE_BOT_U | Lower box percent of patients-rating of the dialysis center staff  | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US).   |
| STAFFRATE_MID_U | Middle box percent of patients-rating of the dialysis center staff | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).       |
| STAFFRATE_TOP_U | Top box percent of patients-rating of the dialysis center staff    | num | 8 | Lists the percent of patients who gave their dialysis center staff a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).      |
| FACRATE_BOT_F   | Lower box percent of patients-rating of the dialysis facility      | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (FACILITY). |
| FACRATE_MID_F   | Middle box percent of patients-rating of the dialysis facility     | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (FACILITY).     |
| FACRATE_TOP_F   | Top box percent of patients-rating of the dialysis facility        | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (FACILITY).    |
| FACRATE_BOT_S   | Lower box percent of patients-rating of the dialysis facility      | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (STATE).    |

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|---------------|--|-----|---|--|
| FACRATE_MID_S | Middle box percent of patients-rating of the dialysis facility | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (STATE).  |
| FACRATE_TOP_S | Top box percent of patients-rating of the dialysis facility    | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (STATE). |
| FACRATE_BOT_U | Lower box percent of patients-rating of dialysis facility      | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 6 or lower on a scale of 0 (lowest) to 10 (highest) (US). |
| FACRATE_MID_U | Middle box percent of patients-rating of the dialysis facility | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 7 or 8 on a scale of 0 (lowest) to 10 (highest) (US).     |
| FACRATE_TOP_U | Top box percent of patients-rating of the dialysis facility    | num | 8 | Lists the percent of patients who gave their dialysis facility a rating of 9 or 10 on a scale of 0 (lowest) to 10 (highest) (US).    |

**Table 3: Anemia Management**

| Variable Name reported in the Access/CSV file | CSV (Revised) Label Name                          | Type | Max. Length | Description  |
|---|---|------|-------------|--|
| Date_Claims                                   | Claims Date                                       | Char | 19          | Lists the data collection period for claims-based summaries.   |
| HGBRD_F                                       | Number of Dialysis Patients with Hgb data         | Num  | 8           | Lists the number of patients included in the hemoglobin (hgb) greater than 12.0 g/dL summary (FACILITY).                   |
| HGBL10_C                                      | HGB<10 data availability code                     | Char | 3           | Lists whether the facility had sufficient hemoglobin (hgb) data available or the reason for why the data is not available. |
| HGBL10_F                                      | Percentage of Medicare patients with Hgb <10 g/dL | Num  | 8           | Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (FACILITY).                          |
| HGBL10_S                                      | Percentage of patients with                       | Num  | 8           | Lists the percentage of patients who had average hemoglobin (hgb) less   |

|          |  |     |    |  |
|----------|--|-----|----|--|
|          | Hgb<10 g/dL                                      |     |    | than 10.0 g/dL.  |
| HgbL10_U | Percentage of patients with Hgb<10 g/dL          | Num | 8  | Lists the percentage of patients who had average hemoglobin (hgb) less than 10.0 g/dL (US).                                |
| HGBG12_C | Hgb > 12 data availability code                  | Num | 50 | Lists whether the facility had sufficient hemoglobin (hgb) data available or the reason for why the data is not available. |
| HGBG12_F | Percentage of Medicare patients with Hgb>12 g/dL | Num | 8  | Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (FACILITY).                       |
| HGBG12_S | Percentage of patients with Hgb>12 g/dL          | Num | 8  | Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (STATE).                          |
| HGBG12_U | Percentage of patients with Hgb>12 g/dL          | Num | 8  | Lists the percentage of patients who had average hemoglobin (hgb) greater than 12.0 g/dL (US).                             |

**Table 4: Transfusions: Transfusion Rate**

| <b>Variable Name reported in the Access/CSV file</b> | <b>CSV (Revised) Label Name</b>                    | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>  |
|--|--|-------------|--------------------|---|
| DATE_STrR  | STrR Date  | Char        | 19                 | Lists the time period for patient transfusion summary (STrR).   |
| PTTRAN_C   | Patient Transfusion data availability Code         | Char        | 3                  | Lists whether the facility had sufficient transfusion data available or the reason for why the data is not available. |
| DFCSTrRTEXT  | Patient Transfusion category text                  | Char        | 20                 | Patient transfusion category.   |
| PATSTR_F   | Number of patients included in transfusion summary | Num         | 8                  | Lists the number of patients included in the facility's transfusion summary (FACILITY).                               |
| STRR_RATE_F  | Transfusion Rate (Facility)                        | Num         | 8                  | Lists the facility's transfusion rate per 100 patient-years.  |
| STRR_RATE_U CI_F                                     | Transfusion Rate: Upper Confidence Limit (97.5%)   | Num         | 8                  | Lists the upper confident limit (97.5%) for transfusion rate per 100 patient-years.                                   |
| STRR_RATE_L CI_F                                     | Transfusion Rate: Lower Confidence Limit (2.5%)    | Num         | 8                  | Lists the lower confident limit (2.5%) for transfusion rate per 100 patient-years.                                    |
| STRR_RATE_U  | Transfusion Rate (US)                              | Num         | 8                  | Lists the national transfusion rate per 100 patient-years.  |

|         |  |     |   |  |
|---------|--|-----|---|--|
| PTSTRS1 | Transfusions-<br>Better than<br>expected (State) | Num | 8 | Lists the number of facilities in the State with patient transfusions categorized as “Better than expected” (STATE). |
| PTSTRS2 | Transfusions- As<br>expected (State)             | Num | 8 | Lists the number of facilities in the State with patient transfusions categorized as “As expected” (STATE).          |
| PTSTRS3 | Transfusions-<br>Worse than<br>expected (State)  | Num | 8 | Lists the number of facilities in the State with patient transfusions categorized as “Worse than expected” (STATE).  |
| PTSTRU1 | Transfusions-<br>Better than<br>expected (US)    | Num | 8 | Lists the number of facilities in the Nation with patient transfusions categorized as “Better than expected” (US).   |
| PTSTRU2 | Transfusions- As<br>expected (US)                | Num | 8 | Lists the number of facilities in the Nation with patient transfusions categorized as “As expected” (US).            |
| PTSTRU3 | Transfusions-<br>Worse than<br>expected (US)     | Num | 8 | Lists the number of facilities in the Nation with patient transfusions categorized as “Worse than expected” (US).    |

***Table 5: Infections: Standardized Infection Ratio (SIR)***

| <b>Variable Name<br/>reported in the<br/>Access/CSV file</b> | <b>CSV (Revised)<br/>Label Name</b>            | <b>Type</b> | <b>Max.<br/>Length</b> | <b>Description</b>  |
|--|--|-------------|------------------------|---|
| DATE_SIR   | SIR Date                                       | Char        | 19                     | Lists the time period for patient infection summary (SIR).  |
| SIR_C  | Patient Infection<br>data availability<br>Code | Char        | 50                     | Lists whether the facility had sufficient infection data available or the reason for why the data is not available. |
| DFCSIRTEXT   | Patient Infection<br>category text             | Char        | 20                     | Patient infection category.   |
| SIR_F  | Standard Infection<br>Ratio                    | Num         | 8                      | Lists the facility’s Standardized Infection Ratio (FACILITY).   |
| SIR_UCI_F  | SIR: Upper<br>Confidence Limit<br>(97.5%)      | Num         | 8                      | Lists the upper confident limit (97.5%) for Standardized Infection Ratio (SIR).                                     |
| SIR_LCI_F  | SIR: Lower<br>Confidence Limit<br>(2.5%)       | Num         | 8                      | Lists the lower confident limit (2.5%) for Standardized Infection Ratio (SIR).                                      |

|         |   |     |   |  |
|---------|---|-----|---|--|
| PTSIRS1 | Infection- Better than expected (State) | Num | 8 | Lists the number of facilities in the State with patient transfusions categorized as “Better than expected” (STATE). |
| PTSIRS2 | Infection- As expected (State)          | Num | 8 | Lists the number of facilities in the State with patient infection categorized as “As expected” (STATE).             |
| PTSIRS3 | Infection- Worse than expected (State)  | Num | 8 | Lists the number of facilities in the State with patient infection categorized as “Worse than expected” (STATE).     |
| PTSIRU1 | Infection- Better than expected (US)    | Num | 8 | Lists the number of facilities in the Nation with patient infection categorized as “Better than expected” (US).      |
| PTSIRU2 | Infection- As expected (US)             | Num | 8 | Lists the number of facilities in the Nation with patient infection categorized as “As expected” (US).               |
| PTSIRU3 | Infection- Worse than expected (US)     | Num | 8 | Lists the number of facilities in the Nation with patient infection categorized as “Worse than expected” (US).       |

**Table 6: Dialysis Adequacy**

| Variable Name reported in the Access/CSV file | CSV (Revised) Label Name                         | Type | Max. Length | Description   |
|---|--|------|-------------|---|
| Date_CW                                       | CROWNWeb Date                                    | Char | 19          | Lists the data collection period for CROWNWeb based measures.   |
| HDKTV12_C                                     | Adult HD Kt/V data availability code             | Char | 3           | Lists whether the facility had sufficient adult HD Kt/V data available or the reason for why the data is not available. |
| CWHD_KTVpats_f                                | Number of adult HD patients with KT/V data       | Num  | 8           | Lists the number of adult HD patients included in Kt/V greater than or equal to 1.2 summary (FACILITY).                 |
| CWHD_KTVpm_f                                  | Number of adult HD patient-months with Kt/V data | Num  | 8           | Lists the number of adult HD patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).           |

|                  |  |      |   |   |
|------------------|--|------|---|---|
| CWHD_KTVge12_f   | Percentage of adult HD Patients with Kt/V $\geq 1.2$ | Num  | 8 | Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (FACILITY).                                |
| CWHD_KTVge12_s   | Percentage of adult HD patients with Kt/V $\geq 1.2$ | Num  | 8 | Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (STATE).                                   |
| CWHD_KTVge12_u   | Percentage of adult HD patients with Kt/V $\geq 1.2$ | Num  | 8 | Lists the percentage of adult HD patients with Kt/V greater than or equal to 1.2 (US).                                      |
| PDKTV17_C        | Adult PD Kt/V data availability code                 | Char | 3 | Lists whether the facility had sufficient adult PD Kt/V data available or the reason for why the data is not available.     |
| CWPD_KTVpats_f   | Number of adult PD patients with KT/V data           | Num  | 8 | Lists the number of adult PD patients included in Kt/V greater than or equal to 1.7 summary (FACILITY).                     |
| CWPD_KTVpm_f     | Number of adult PD patient-months with Kt/V data     | Num  | 8 | Lists the number of adult PD patient-months included in Kt/V greater than or equal to 1.7 summary (FACILITY).               |
| CWPD_KTVge17_f   | Percentage of adult PD patients with Kt/V $\geq 1.7$ | Num  | 8 | Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (FACILITY).                                |
| CWPD_KTVge17_s   | Percentage of adult PD patients with Kt/V $\geq 1.7$ | Num  | 8 | Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (STATE).                                   |
| CWPD_KTVge17_u   | Percentage of adult PD patients with Kt/V $\geq 1.7$ | Num  | 8 | Lists the percentage of adult PD patients with Kt/V greater than or equal to 1.7 (US).                                      |
| PHDKTV12_C       | Pediatric HD Kt/V Data Availability Code             | Char | 3 | Lists whether the facility had sufficient Pediatric HD Kt/V data available or the reason for why the data is not available. |
| p_CWHD_KTVpats_f | Number of pediatric HD patients with Kt/V data       | Num  | 8 | Lists the number of pediatric HD patients included in Kt/V greater  |

|                  |  |      |   |   |
|------------------|--|------|---|---|
|                  |  |      |   | than or equal to 1.2 summary (FACILITY).  |
| p_CWHD_KTVpm_f   | Number of pediatric HD patient-months with Kt/V data     | Num  | 8 | Lists the number of pediatric HD patient-months included in Kt/V greater than or equal to 1.2 summary (FACILITY).           |
| p_CWHD_KTVge12_f | Percentage of pediatric HD patents with Kt/V $\geq$ 1.2  | Num  | 8 | Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (FACILITY).                            |
| p_CWHD_KTVge12_s | Percentage of pediatric HD patients with Kt/V $\geq$ 1.2 | Num  | 8 | Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (STATE).                               |
| p_CWHD_KTVge12_u | Percentage of pediatric HD patients with Kt/V $\geq$ 1.2 | Num  | 8 | Lists the percentage of pediatric HD patients with Kt/V greater than or equal to 1.2 (US).                                  |
| PPDKTV18_C       | Pediatric PD Kt/V Data Availability Code                 | Char | 3 | Lists whether the facility had sufficient pediatric PD Kt/V data available or the reason for why the data is not available. |
| p_CWPD_KTVpats_f | Number of pediatric PD patients with Kt/V data           | Num  | 8 | Lists the number of pediatric PD patients included in Kt/V greater than or equal to 1.8 summary (FACILITY).                 |
| p_CWPD_KTVpm_f   | Number of pediatric PD patient-months with Kt/V data     | Num  | 8 | Lists the number of pediatric PD patient months included in Kt/V greater than or equal to 1.8 summary (FACILITY).           |
| p_CWPD_KTVge18_f | Percentage of pediatric PD patents with Kt/V $\geq$ 1.8  | Num  | 8 | Lists the percentage of pediatric PD patients with Kt/V greater than or equal to 1.8 (FACILITY).                            |
| p_CWPD_KTVge18_s | Percentage of pediatric PD patients with Kt/V $\geq$ 1.8 | Num  | 8 | Lists the percentage of pediatric PD patients with Kt/V greater than or equal to 1.8 (STATE).                               |
| p_CWPD_KTVge18_u | Percentage of pediatric PD patients with Kt/V $\geq$ 1.8 | Num  | 8 | Lists the percentage of pediatric PD patients with Kt/V greater than or equal   |



|  |  |  |  |              |
|--|--|--|--|--------------|
|  |  |  |  | to 1.8 (US). |
|--|--|--|--|--------------|

**Table 7: Vascular Access (VA)**

| <b>Variable Name reported in the Access/CSV file</b> | <b>CSV (Revised) Label Name</b>   | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>   |
|--|---|-------------|--------------------|--|
| Date_Claims  | Claims Date   | Char        | 19                 | Lists the data collection period for claims-based summaries.   |
| VAHDPAT_F  | Number of Adult patients included in arterial venous fistula and catheter summaries       | num         | 8                  | Lists the number of Adult patients included in arterial venous fistula and catheter summaries (FACILITY).                          |
| VAHDPM_F   | Number of Adult patient-months included in arterial venous fistula and catheter summaries | num         | 8                  | Lists the number of Adult patient-months included in arterial venous fistula and catheter summaries (FACILITY).                    |
| VAVF_C   | Arteriovenous fistulae in use data availability code                                      | Char        | 3                  | Lists whether the facility had sufficient arterial venous fistula data available or the reason for why the data is not available.  |
| VAVF_F   | Percentage of patients with arteriovenous fistulae in use                                 | num         | 8                  | Lists the percentage of Adult patients who received treatment through an arterial venous fistula (FACILITY).                       |
| VAVF_S   | Percentage of patients with arteriovenous fistulae in use                                 | num         | 8                  | Lists the percentage of Adult patients who received treatment through an arterial venous fistula (STATE).                          |
| VAVF_U   | Percentage of patients with arteriovenous fistulae in use                                 | num         | 8                  | Lists the percentage of Adult patients who received treatment through an arterial venous fistula (US).                             |
| VCG90_C  | Vascular catheter data availability code  | num         | 8                  | Lists whether the facility had sufficient vascular catheter data available or the reason for why the data is not available.        |
| VCG90_F  | Percentage of patients with vascular catheter in use for 90 days                          | num         | 8                  | Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis |

|         |  |     |   |  |
|---------|--|-----|---|--|
|         | or longer  |     |   | treatments (FACILITY).   |
| VCG90_S | Percentage of patients with vascular catheter in use for 90 days or longer | num | 8 | Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (STATE). |
| VCG90_U | Percentage of patients with vascular catheter in use for 90 days or longer | num | 8 | Lists the percentage of Adult patients who had a catheter (tube) left in a vein longer than 90 days for their regular hemodialysis treatments (US).    |

**Table 8: Mineral and Bone Disorder (CROWNWeb)**

| Variable Name reported in the Access/CSV file | CSV (Revised) Label Name  | Type | Max. Length | Description   |
|---|---|------|-------------|---|
| Date_CW                                       | CROWNWeb Date   | Char | 19          | Lists the data collection period for CROWNWeb based measures.   |
| Hypercalpts_f                                 | Number of patients in hypercalcemia summary   | Num  | 8           | Lists the number of patients included in the facility's hypercalcemia summary (FACILITY).                               |
| Hypercalpm_f                                  | Number of patient-months in hypercalcemia summary                                       | Num  | 8           | Lists the number of patient-months included in the facility's hypercalcemia summary (FACILITY).                         |
| Hypercal_C                                    | Hypercalcemia Data Availability Code  | Char | 3           | Lists whether the facility had sufficient hypercalcemia data available or the reason for why the data is not available. |
| Hypercal_F                                    | Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL) | Num  | 8           | Lists the percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL) (FACILITY).           |
| Hypercal_S                                    | Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL) | Num  | 8           | Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (STATE).              |

|                 |   |      |   |  |
|-----------------|---|------|---|--|
| Hypercal_U      | Percentage of Adult patients with hypercalcemia (serum calcium greater than 10.2 mg/dL) | Num  | 8 | Lists the percentage of Adult patients with Hypercalcemia (serum calcium greater than 10.2 mg/dL) (US).                    |
| Serumphospats_F | Number of patients in Serum phosphorus summary.   | Num  | 8 | Lists the number of patients included in the facility's serum phosphorus summary (FACILITY).                               |
| Serumphospm_F   | Number of patient-months in Serum phosphorus summary.                                   | Num  | 8 | Lists the number of patient-months included in the facility's serum phosphorus summary (FACILITY).                         |
| Serumphos_C     | Serum phosphorus Data Availability Code.  | Char | 3 | Lists whether the facility had sufficient serum phosphorus data available or the reason for why the data is not available. |
| Serumphos1_F    | Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL                  | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (FACILITY).                               |
| Serumphos2_F    | Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL                | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (FACILITY).                             |
| Serumphos3_F    | Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL                | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (FACILITY).                             |
| Serumphos4_F    | Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL                | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (FACILITY).                             |
| Serumphos5_F    | Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL               | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (FACILITY).                            |
| Serumphos1_S    | Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL                  | Num  | 8 | Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (STATE).                                  |

|              |   |     |   |  |
|--------------|---|-----|---|--|
| Serumphos2_S | Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (STATE).  |
| Serumphos3_S | Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (STATE).  |
| Serumphos4_S | Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (STATE).  |
| Serumphos5_S | Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL | Num | 8 | Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (STATE). |
| Serumphos1_U | Percentage of Adult patients with serum phosphorus less than 3.5 mg/dL    | Num | 8 | Lists the percentage of Adult patients with serum phosphorus less than 3.5 mg/dL (US).       |
| Serumphos2_U | Percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 3.5-4.5 mg/dL (US).     |
| Serumphos3_U | Percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 4.6-5.5 mg/dL (US).     |
| Serumphos4_U | Percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL  | Num | 8 | Lists the percentage of Adult patients with serum phosphorus between 5.6-7.0 mg/dL (US).     |
| Serumphos5_U | Percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL | Num | 8 | Lists the percentage of Adult patients with serum phosphorus greater than 7.0 mg/dL (US).    |

**Table 9: Patient Hospitalization: Hospitalization Rate**

| <b>Variable Name reported in the Access/CSV file</b> | <b>CSV (Revised) Label Name</b>                        | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>  |
|--|--|-------------|--------------------|---|
| DATE_SHR   | SHR Date   | Char        | 19                 | Lists the time period for patient hospitalization summary .   |
| PTHOSP_C   | Patient Hospitalization data availability Code         | Char        | 3                  | Lists whether the facility had sufficient hospitalization data available or the reason for why the data is not available. |
| DFCHOSPTEXT  | Patient hospitalization category text                  | Char        | 20                 | Patient hospitalization category .  |
| RDSHY4_F   | Number of patients included in hospitalization summary | num         | 8                  | Lists the number of patients included in the facility's hospitalization summary .   |
| SHR_RATE_F   | Hospitalization Rate (Facility)                        | num         | 8                  | Lists the facility's hospitalization rate per 100 patient-years.  |
| SHR_RATE_UCI_F                                       | Hospitalization Rate: Upper Confidence Limit (97.5%)   | num         | 8                  | Lists the upper confident limit (97.5%) for hospitalization rate per 100 patient-years.                                   |
| SHR_RATE_LCI_F                                       | Hospitalization Rate: Lower Confidence Limit (2.5%)    | num         | 8                  | Lists the lower confident limit (2.5%) for hospitalization rate per 100 patient-years.                                    |
| OBHTRY4_U  | Hospitalization Rate (US)                              | num         | 8                  | Lists the national hospitalization rate per 100 patient-years.  |
| PTHOSPS1   | Hospitalizations- Better than expected (State)         | num         | 8                  | Lists the number of facilities in the State with patient hospitalizations categorized as “Better than expected” (STATE).  |
| PTHOSPS2   | Hospitalizations- As expected (State)                  | num         | 8                  | Lists the number of facilities in the State with patient hospitalizations categorized as “As expected” (STATE).           |
| PTHOSPS3   | Hospitalizations- Worse than expected (State)          | num         | 8                  | Lists the number of facilities in the State with patient hospitalizations categorized as “Worse than expected” (STATE).   |
| PTHOSPU1   | Hospitalizations- Better than expected (US)            | num         | 8                  | Lists the number of facilities in the Nation with patient hospitalizations categorized as “Better than expected” (US).    |

|          |  |     |   |   |
|----------|--|-----|---|---|
| PTHOSPU2 | Hospitalizations-<br>As expected (US)            | num | 8 | Lists the number of facilities in the Nation with patient hospitalizations categorized as “As expected” (US).         |
| PTHOSPU3 | Hospitalizations-<br>Worse than<br>expected (US) | num | 8 | Lists the number of facilities in the Nation with patient hospitalizations categorized as “Worse than expected” (US). |

**Table 10: Hospital Readmissions: Readmission Rate**

| <b>Variable Name reported in the Access/CSV file</b> | <b>CSV (Revised) Label Name</b>                                     | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>   |
|--|---|-------------|--------------------|--|
| DATE_SRR   | SRR Date  | Char        | 19                 | Lists the time period for patient readmission summary.   |
| PTREAD_C   | Patient Hospital Readmission data availability Code                 | Char        | 3                  | Lists whether the facility had sufficient readmission data available or the reason for why the data is not available.        |
| DFCSRRTXT  | Patient Hospital Readmission category text                          | Char        | 20                 | Patient readmission category.  |
| INDEXY4_f  | Number of hospitalizations included in hospital readmission summary | num         | 8                  | Lists the number of index discharges included in the facility’s readmission summary.   |
| SRR_RATE_F   | Readmission Rate (Facility)   | num         | 8                  | Lists the facility’s readmission rate as a percentage of hospital discharges.  |
| SRR_RATE_UCI_F                                       | Readmission Rate: Upper Confidence Limit (97.5%)                    | num         | 8                  | Lists the upper confident limit (97.5%) for readmission rate as a percentage of hospital discharges.                         |
| SRR_RATE_LCI_F                                       | Readmission Rate: Lower Confidence Limit (2.5%)                     | num         | 8                  | Lists the lower confident limit (2.5%) for readmission rate as a percentage of hospital discharges.                          |
| SRR_US_RATE  | Readmission Rate (US)   | num         | 8                  | Lists the national readmission rate as a percentage of hospital discharges.  |
| PTSRRS1  | Hospital Readmission - Better than expected (State)                 | num         | 8                  | Lists the number of facilities in the State with patient hospital readmission categorized as “Better than expected” (STATE). |

|         |  |     |   |   |
|---------|--|-----|---|---|
| PTSRRS2 | Hospital Readmission - As expected (State)         | num | 8 | Lists the number of facilities in the State with patient hospital readmission categorized as “As expected” (STATE).         |
| PTSRRS3 | Hospital Readmission - Worse than expected (State) | num | 8 | Lists the number of facilities in the State with patient hospital readmission categorized as “Worse than expected” (STATE). |
| PTSRRU1 | Hospital Readmission - Better than expected (US)   | num | 8 | Lists the number of facilities in the Nation with patient hospital readmission categorized as “Better than expected” (US).  |
| PTSRRU2 | Hospital Readmission - As expected (US)            | num | 8 | Lists the number of facilities in the Nation with patient hospital readmission categorized as “As expected” (US).           |
| PTSRRU3 | Hospital Readmission - Worse than expected (US)    | num | 8 | Lists the number of facilities in the Nation with patient hospital readmission categorized as “Worse than expected” (US).   |

**Table 11: Patient Survival: Mortality Rate**

| <b>Variable Name reported in the Access/CSV file</b> | <b>CSV (Revised) Label Name</b>                 | <b>Type</b> | <b>Max. Length</b> | <b>Description</b>   |
|--|---|-------------|--------------------|--|
| DATE_SMR   | SMR Date  | Char        | 19                 | Lists the data collection period for patient survival summary.   |
| PTSURV_C   | Patient Survival data availability code         | Char        | 3                  | Lists whether the facility had sufficient patient survival data available or the reason for why the data is not available. |
| DFCMORTTEXT  | Patient Survival Category Text                  | Char        | 20                 | Patient survival CATEGORY (Better, Worse or As Expected).  |
| RDSMZ_F  | Number of Patients included in survival summary | num         | 8                  | Lists the number of patients included in the facility’s survival summary.  |
| SMR_RATE_F   | Mortality Rate (Facility)                       | num         | 8                  | Lists the facility’s mortality rate per 100 patient-years.   |
| SMR_RATE_UCI_F                                       | Mortality Rate: Upper Confidence                | num         | 8                  | Lists the upper confident limit (97.5%) for mortality rate per 100   |

|                |   |     |   |  |
|----------------|---|-----|---|--|
|                | Limit (97.5%)                                 |     |   | patient-years.   |
| SMR_RATE_LCI_F | Mortality Rate: Lower Confidence Limit (2.5%) | num | 8 | Lists the lower confident limit (2.5%) for mortality rate per 100 patient-years.                               |
| OBDZ_U         | Mortality Rate (US)                           | num | 8 | Lists the national mortality rate per 100 patient-years.   |
| PTSURVS1       | Survival- Better than expected (State)        | num | 8 | Lists the number of facilities in the State with patient deaths categorized as “Better than expected” (STATE). |
| PTSURVS2       | Survival- As expected (State)                 | num | 8 | Lists the number of facilities in the State with patient deaths categorized as “As expected” (STATE).          |
| PTSURVS3       | Survival- Worse than expected (State)         | num | 8 | Lists the number of facilities in the State with patient deaths categorized as “Worse than expected” (STATE).  |
| PTSURVU1       | Survival- Better than expected (US)           | num | 8 | Lists the number of facilities in the Nation with patient deaths categorized as “Better than expected” (US).   |
| PTSURVU2       | Survival- As expected (US)                    | num | 8 | Lists the number of facilities in the Nation with patient deaths categorized as “As expected” (US).            |
| PTSURVU3       | Survival- Worse than expected (US)            | num | 8 | Lists the number of facilities in the Nation with patient deaths categorized as “Worse than expected” (US).    |

### **Table 12: Data Availability Codes**

Code “001” indicates data is available and therefore there is not a footnote associated with this data availability code.

|                           | <b>Data Availability Code</b> | <b>Footnote Number</b> | <b>Footnote Text</b>                                 | <b>Measure</b>     |
|---------------------------|-------------------------------|------------------------|--|--------------------|
| <b>Data Available</b>     | "001"                         | n/a                    | n/a  | All Measures       |
| <b>Data Not Available</b> | “101”                         | 1                      | Too few completed survey responses to report.        | ICH-CAHPS Measures |
| <b>Data Not Available</b> | “102”                         | 2                      | Survey data not available for this reporting period. | ICH-CAHPS          |



|                           |       |    |  |   |
|---------------------------|-------|----|--|---|
|                           |       |    |  | Measures                                |
| <b>Data Not Available</b> | "103" | 3  | The survey was not administered because the facility did not serve enough survey - eligible patients.                            | ICH-CAHPS Measures                      |
| <b>Data Not Available</b> | "199" | 4  | Not enough patients to report on this measure. Call the dialysis center to discuss this measure.                                 | All Measures                            |
| <b>Data Not Available</b> | "201" | 5  | Data not reported. Call the dialysis center to discuss this quality measure.   | All Measures                            |
| <b>Data Not Available</b> | "255" | 6  | Medicare determined that the percentage reported was not accurate.   | All Measures                            |
| <b>Data Not Available</b> | "256" | 7  | The dialysis center does not provide hemodialysis during the reporting period.   | Vascular Access Measures /Adult HD Kt/V |
| <b>Data Not Available</b> | "257" | 8  | The dialysis center does not provide peritoneal dialysis during the reporting period.  | Adult PD Kt/V                           |
| <b>Data Not Available</b> | "258" | 9  | The dialysis center was not open long enough to supply sufficient measure data.  | All Measures                            |
| <b>Data Not Available</b> | "259" | 10 | The dialysis center does not provide hemodialysis and/or peritoneal dialysis to pediatric patients during the reporting period.  | Pediatric HD Kt/V/Pediatric PD Kt/V     |
| <b>Data Not Available</b> | "260" | 11 | Not enough quality measure data to calculate a star rating.  | Star Rating                             |
| <b>Data Not Available</b> | "261" | 12 | Medicare determined that at least one measure included in the star rating calculation was not accurate for this dialysis center. | Star Rating                             |