Data Dictionary for Long-Term Care Hospital (LTCH) Compare

Version 2.1

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Version History

Version Number	Date	Details
2.1	June 2018	Update to footnote description
2.0	December 2017	Measures Added: - Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680, CMS ID: L002.01) - National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF # 1716, CMS ID: L013.01) - National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF # 1717, CMS ID: L014.01) - Influenza Vaccination Coverage Among Healthcare Personnel (NQF # 0431, CMS ID: L015.01) Features Added - Introduction - Document Purpose - Acronym Index - Measure Names and Reporting Cycles - Measure Dates - File Summary - National Data Measure Codes - Provider Data Measure Codes - Footnote Descriptions
1.01	September 2017	Updated Table 6 name
1.0	December 2016	Measures Added: - Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: L001.01) - National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: L006.01) - National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139, CMS ID: L007.01)

		- All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512, CMS ID: L008.01)

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Introduction

Long-Term Care Hospital (LTCH) Compare is a consumer-oriented website that provides information on the quality of care LTCHs are providing to their patients. This information can help consumers make informed decisions about health care. LTCH Compare allows consumers to select multiple hospitals and directly compare performance measure information. The Centers for Medicare & Medicaid Services (CMS) created the LTCH Compare website to better inform health care consumers about a hospital's quality of care. LTCH Compare provides data on over 400 LTCHs. LTCH Compare is part of an Administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making. More information about LTCH Compare can be found by visiting the CMS.gov website and performing a search for LTCH Compare. To access the LTCH Compare website, please visit www.medicare.gov/longtermcarehospitalcompare/.

LTCH Compare information is typically updated, or refreshed, each quarter in April, July, October, and December, however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See the Measure Descriptions and Reporting Cycles section of this Data Dictionary for additional information.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the LTCH Compare Data website. Archived data is available in the LTCH Compare Data Archive.

All Compare websites are publicly accessible. As works of the U.S. government, LTCH Compare data are in the public domain and permission is not required to reuse them. An attribution to the agency as the source is appreciated. Your materials, however, should not give the false impression of government endorsement of your commercial products or services.

Document Purpose

The purpose of this document is to provide a directory of material for use in the navigation of information contained within the LTCH Compare downloadable database. Table 2: Measure Names and Reporting Cycles in this data dictionary provides a full list of LTCH Compare measures contained in the downloadable data along with information about reporting cycles for each measure.

Table 1: Acronym Index

Acronym	Meaning
CAUTI	Catheter-associated urinary tract infections
CCN	CMS Certification Number
CDC	Centers for Disease Control and Prevention
CDI	Clostridium difficile Infection
CLABSI	Central line-associated bloodstream infections
CMS	Centers for Medicare & Medicaid Services
HAC	Healthcare-acquired conditions
HAI	Healthcare-associated infections
LTCH	Long-term care hospital
MRSA	Methicillin-resistant *Staphylococcus aureus*
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
SIR	Standardized infection ratio

Table 2: Measure Names and Reporting Cycles

Measure Code	Measure	Technical Measure Title	Reporting Cycle
L_001_01	Rate of pressure ulcers that are new or worsened	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: L001.01)	Collection period: 12 months. Refreshed quarterly.
L_002_01	Patients assessed and given influenza vaccination	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680, CMS ID: L002.01)	Collection period: 12 months. (July 1 through June 30; includes Influenza Vaccination Season from October 1 through March 31). Refreshed annually.
L_006_01	Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: L006.01)	Collection period: 12 months. Refreshed quarterly.
L_007_01	Central line-associated bloodstream infections (CLABSI)	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139, CMS ID: L007.01)	Collection period: 12 months. Refreshed quarterly.
L_013_01	Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716, CMS ID: L013.01)	Collection period: 12 months. Refreshed quarterly.
L_014_01	Clostridium difficile Infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: L014.01)	Collection period: 12 months. Refreshed quarterly.
L_015_01	Influenza Vaccination Coverage Among Healthcare Personnel	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: L015.01)	Collection period: 12 months. (July 1 through June 30; includes Influenza Vaccination Season from October 1 through March 31). Refreshed annually.
L_008_01	Rate of unplanned readmission after discharge from LTCH	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-	Collection period: 12 months. Refreshed annually.

		Term Care Hospitals (NQF #2512, CMS ID: L008.01)	

Table 3: Measure Dates

Below is a listing of the data collection periods displayed in each upcoming refresh. The data of patients discharged during the time periods are included.

Assessment-Based (LTCH-CARE) Measures

Measure	December 2017 Refresh	March 2018 Refresh	June 2018 Refresh
Rate of pressure ulcers that are new or worsened	January 1, 2016-December 31, 2016	April 1, 2016-March 31, 2017	July 1, 2016-June 30, 2017
Patients assessed and given influenza vaccination	July 1, 2015-June 30, 2016	July 1, 2015-June 30, 2016	July 1, 2015-June 30, 2016

National Healthcare Safety Network (NHSN)

Measure	December 2017 Refresh	March 2018 Refresh	June 2018 Refresh
Catheter-associated urinary tract infections (CAUTI)	January 1, 2016-December 31, 2016	April 1, 2016-March 31, 2017	July 1, 2016-June 30, 2017
Central line-associated bloodstream infections (CLABSI)	January 1, 2016-December 31, 2016	April 1, 2016-March 31, 2017	July 1, 2016-June 30, 2017
Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection	January 1, 2016-December 31, 2016	April 1, 2016-March 31, 2017	July 1, 2016-June 30, 2017
Clostridium difficile Infection (CDI)	January 1, 2016-December 31, 2016	April 1, 2016-March 31, 2017	July 1, 2016 June 30, 2017
Influenza Vaccination Coverage Among Healthcare Personnel	July 1, 2015-June 30, 2016	July 1, 2015-June 30, 2016	July 1, 2015-June 30, 2016

Claims-Based Measure

Measure	December 2017 Refresh	March 2018 Refresh	June 2018 Refresh
Rate of unplanned readmission after discharge from LTCH	January 1, 2014-December 31, 2015	January 1, 2014-December 31, 2015	January 1, 2014-December 31, 2015

Table 4: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable database. CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields. Since some data, such as provider numbers, contain leading zeroes, it is recommended that you open CSV files using text editor programs such as Notepad to copy or view CSV file content. The CSV column names and file names should mirror the datasets found on Data.Medicare.gov.

File Name Titles	Description
Long-Term Care Hospital - General Information.csv	A list of long-term care hospitals with information such as address, phone number, ownership data and more.
Long-Term Care Hospital - National data.csv	National data on the quality of patient care measures shown on Long-Term Care Hospital Compare.
Long-Term Care Hospital - Provider data.csv	A list of long-term care hospitals with data on the quality of patient care measures shown on Long-Term Care Hospital Compare
Long-Term Care Hospital - Revised Flat Files.pdf	Data dictionary
readme.txt	Information about viewing the data dictionary PDF file

Table 5: General Information Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. Note: Please add a leading zero for hospitals that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the hospital
Address Line 1	Character	The first line of the address of the hospital
Address Line 2	Character	The second line of the address of the hospital
City	Character	The name of the city where the hospital is located
State	Character	The two-character postal code used to identify the state where the hospital is located
Zip Code	Numeric	The five-digit postal zip code where the hospital is located. Note: Please add a leading zero for hospitals that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the hospital is located
Phone Number	Character	The ten-digit telephone number of the hospital. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number
CMS Region	Numeric	The CMS region where the hospital is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Variable Name	Variable Type	Description
		5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin 6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas 7 = Kansas City: Iowa, Kansas, Missouri, Nebraska 8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming 9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories 10 = Seattle: Alaska, Idaho, Oregon, Washington
Ownership Type	Character	Indicates the hospital's ownership type: For Profit, Non-profit, Government
Certification Date	Date	The initial Medicare certification or recertification date of the hospital
Total Number of Beds	Numeric	The total number of beds in the hospital

Table 6: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. However, since this is the national data set, the CCN is listed as "Nation."
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= L_001_01_ADJ_RATE Prefix: L_001_01 Suffix: ADJ_RATE See Table 8 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 7: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the hospital listed. Note: Please add a leading zero for hospitals that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the hospital
Address Line 1	Character	The first line of the address of the hospital
Address Line 2	Character	The second line of the address of the hospital
City	Character	The name of the city where the hospital is located
State	Character	The two-character postal code used to identify the state where the hospital is located
Zip Code	Numeric	The five-digit postal zip code where the hospital is located. Note: Please add a leading zero for providers that have a four-digit zip code listed in the CSV file.
County Name	Character	The name of the county where the hospital is located
Phone Number	Character	The ten-digit telephone number of the hospital. The format is (xxx) yyy-zzzz where xxx = area code, yyy = central office code, and zzzz = line number.
CMS Region	Numeric	The CMS region where the hospital is located. Below is a key to the location of the regional offices and the states covered by each CMS region: 1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont 2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands 3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia 4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Variable Name	Variable Type	Description
		5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin 6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas 7 = Kansas City: Iowa, Kansas, Missouri, Nebraska 8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming 9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories 10 = Seattle: Alaska, Idaho, Oregon, Washington
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= L_001_01_ADJ_RATE Prefix: L_001_01 Suffix: ADJ_RATE See Table 9 for a complete listing of provider data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. 1 = The number of cases/patient stays is too small to report. 2 = Data not available for this reporting period. 3 = Results are based on a shorter time period than required.

Variable Name	Variable Type	Description
		4 = Data suppressed by CMS for one or more quarters.
		5 = Data not submitted for this reporting period.
		6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
		7 = Results cannot be calculated for this reporting period.
		8 = This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.
		See Table 10 for more information on how each footnote is used.
Start Date	Date	The start date of the reporting period for the corresponding measure code and score
End Date	Date	The end date of the reporting period for the corresponding measure code and score

Table 8: National Data Measure Codes

L_001_01: Rate of pressure ulcers that are new or worsened

National Variables	Description
L_001_01_ADJ_RATE	Facility adjusted rate

L_002_01: Patients assessed and given influenza vaccination

National Variables	Description
L_002_01_OBS_RATE	National rate

L_006_01: Catheter-associated urinary tract infections (CAUTI)

National Variables	Description
L_006_01_SIR	Catheter-associated urinary tract infections (CAUTI) in nation

L_007_01: Central line-associated bloodstream infections (CLABSI)

National Variables	Description
L_007_01_SIR	Central-line associated bloodstream infection (CLABSI) in nation

L_008_01: Rate of unplanned readmission after discharge from LTCH

National Variables	Description
L_008_01_N_BETTER_NAT	Number of better than the national rate
L_008_01_N_NO_DIFF_NAT	Number of hospitals no different than the national rate
L_008_01_N_TOO_SMALL	Number of hospitals with number of cases too small for public reporting
L_008_01_N_WORSE_NAT	Number of hospitals worse than the national rate
L_008_01_RSRR	U.S. National Observed Rate

L_013_01: Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection

National Variables	Description
L_013_01_SIR	Methicillin-resistant Staphylococcus aureus infections (MRSA) in nation

L_014_01: Clostridium difficile Infection (CDI)

National Variables	Description
L_014_01_SIR	Clostridium difficile Infection (CDI) in nation

L_015_01: Influenza Vaccination Coverage Among Healthcare Personnel

National Variables	Description
L_015_01_OBS_RATE	National rate of flu vaccination

Table 9: Provider Data Measure Codes

L_001_01: Rate of pressure ulcers that are new or worsened

Provider Variables	Description
L_001_01_ADJ_RATE	Facility adjusted rate
L_001_01_DENOMINATOR	Denominator

L_002_01: Patients assessed and given influenza vaccination

Provider Variables	Description
L_002_01_DENOMINATOR	Denominator
L_002_01_OBS_RATE	Facility rate

L_006_01: Catheter-associated urinary tract infections (CAUTI)

Provider Variables	Description
L_006_01_CI_LOWER	CAUTI: Lower Confidence Limit
L_006_01_CI_UPPER	CAUTI: Upper Confidence Limit
L_006_01_COMP_PERF	CAUTI: Compared to National
L_006_01_DOPC_DAYS	CAUTI: Number of Procedures
L_006_01_ELIGCASES	CAUTI: Predicted Cases
L_006_01_NUMERATOR	CAUTI: Observed Cases
L_006_01_SIR	Catheter-associated urinary tract infections (CAUTI) in LTCH

L_007_01: Central line-associated bloodstream infections (CLABSI)

Provider Variables	Description
L_007_01_CI_LOWER	CLABSI: Lower Confidence Limit
L_007_01_CI_UPPER	CLABSI: Upper Confidence Limit
L_007_01_COMP_PERF	CLABSI: Compared to National
L_007_01_DOPC_DAYS	CLABSI: Central Line Days
L_007_01_ELIGCASES	CLABSI: Predicted Cases
L_007_01_NUMERATOR	CLABSI: Observed Cases
L_007_01_SIR	Central-line associated bloodstream infection (CLABSI) in LTCH

L_008_01: Rate of unplanned readmission after discharge from LTCH

Provider Variables	Description
L_008_01_COMP_PERF	Comparative Performance Category
L_008_01_RSRR	Risk-Standardized Readmission Rate
L_008_01_RSRR_2_5	Risk-Standardized Readmission Rate: Lower limit of 95% Confidence Interval
L_008_01_RSRR_97_5	Risk-Standardized Readmission Rate: Upper limit of 95% Confidence Interval
L_008_01_VOLUME	Number of Stays

L_013_01: Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection

Provider Variables	Description
L_013_01_CI_LOWER	MRSA: Lower Confidence Limit
L_013_01_CI_UPPER	MRSA: Upper Confidence Limit
L_013_01_COMP_PERF	MRSA: Compared to National
L_013_01_DOPC_DAYS	MRSA: Number of Patient Days

L_013_01_ELIGCASES	MRSA: Predicted Cases
L_013_01_NUMERATOR	MRSA: Observed Cases
L_013_01_SIR	Methicillin-resistant Staphylococcus aureus infections (MRSA) in LTCH

L_014_01: Clostridium difficile Infection (CDI)

Provider Variables	Description
L_014_01_CI_LOWER	CDI: Lower Confidence Limit
L_014_01_CI_UPPER	CDI: Upper Confidence Limit
L_014_01_COMP_PERF	CDI: Compared to National
L_014_01_DOPC_DAYS	CDI: Number of Patient Days
L_014_01_ELIGCASES	CDI: Predicted Cases
L_014_01_NUMERATOR	CDI: Observed Cases
L_014_01_SIR	Clostridium difficile Infection (CDI) in LTCH

L_015_01: Influenza Vaccination Coverage Among Healthcare Personnel

Provider Variables	Description
L_015_01_DENOMINATOR	Number of health care workers
L_015_01_OBS_RATE	Rate of flu vaccination

Table 10: Footnote Descriptions
The footnote numbers below are associated with the LTCH Compare quality measures:

Footnote number	Footnote as displayed on LTCH Compare	Footnote details
1	The number of cases/patient stays is too small to report.	• When the number of cases/patients doesn't meet the required minimum amount for public reporting; • When the number of cases/patients is too small to reliably tell how well a hospital is performing; and/or • To protect personal health information.
2	Data not available for this reporting period.	• Provider has been open for less than 6 months. • There wasn't data to submit for this measure. • There were zero device days or procedures (CDC NHSN measures only). • When an LTCH had no claims data.
3	Results are based on a shorter time period than required.	• The results were based on data reported from less than the maximum possible time period used to collect data for the measure.
4	Data suppressed by CMS for one or more quarters.	• The results for these quality measures were excluded by CMS.
5	Data not submitted for this reporting period.	• The provider didn't submit required data for the quality reporting program. • The provider didn't submit CDC data to the NHSN system.
6	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.	• No data to report (CDC NHSN measures only).
7	Results cannot be calculated for this reporting period.	• The predicted number of infections is less than 1 (CDC NHSN measures only).
8	This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.	