

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

Version 3.1

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Version History

Version Number	Date	Details
3.1	March 2019	Table 2 updated with 2019 refresh schedule
3.0	September 2018	<p>Measures Added:</p> <ul style="list-style-type: none"> - Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631, CMS ID: L009.01) - Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF # 2631, CMS ID: L010.01) - Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: L012.0) - Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program (CMS ID: L017.01) - Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.01) - Medicare Spending Per Beneficiary Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01) <p>Measure Removed:</p> <ul style="list-style-type: none"> - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512, CMS ID: L008.01)
2.1	June 2018	Update to footnote description
2.0	December 2017	<p>Measures Added:</p> <ul style="list-style-type: none"> - 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

		<p>difficile Infection (CDI) Outcome Measure (NQF # 1717, CMS ID: L014.01)</p> <ul style="list-style-type: none"> - Influenza Vaccination Coverage Among Healthcare Personnel (NQF # 0431, CMS ID: L015.01) <p>Features Added</p> <ul style="list-style-type: none"> - 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	<p>Measures Added:</p> <ul style="list-style-type: none"> - 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 March, June, September, 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
LTCH CARE Data Set	Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MSBP	Medicare Spending Per Beneficiary
NHSN	National Healthcare Safety Network
NQF	National Quality Forum
PAC	Post-Acute Care
QRP	Quality Reporting Program
SIR	Standardized infection ratio

Table 2: 2018 Anticipated Refreshes and Data Collection Timeframes

Compare Measure Name	Technical Measure Name	Reporting Cycle	Data Collection Timeframes Displayed on Compare			
			March 2019	June 2019	September 2019	December 2019
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: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q3 2017 – Q2 2018*	Q3 2017 – Q2 2018*
Percent of residents/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.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018**
Percentage of patients whose activities of daily living and thinking skills were assessed and functional goals were included in their treatment plan	Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: L009.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019

Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan	Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: L009.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019
Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay	Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: L012.0)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018	Q2 2018 – Q1 2019
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: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018
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: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018

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: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018***	N/A
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: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2017 – Q1 2018	Q3 2017 – Q2 2018	Q4 2017 – Q3 2018	Q1 2018 – Q4 2018
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.	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2016 – Q2 2017	Q3 2017 – Q2 2018
Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018

	Reporting Program (CMS ID: L017.01)					
Rate of successful return to home and community from an LTCH	Discharge to Community-Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L018.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018
Medicare Spending Per Beneficiary (MSPB) in LTCHs	Medicare Spending Per Beneficiary Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (CMS ID: L019.01)	Collection period: 24 months. Refreshed annually.	Q4 2015 – Q3 2017	Q4 2015 – Q3 2017	Q4 2016 – Q3 2018	Q4 2016 – Q3 2018

* The measure “Rate of pressure ulcers that are new or worsened” measure will be removed from the LTCH QRP and replaced with the “Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury” beginning July 1, 2018. Therefore, the measure “Rate of pressure ulcers that are new or worsened” will stop refreshing after June 2019 and will display the same data collection timeframe until the measure is replaced by the “Change in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury” measure in September 2020.

** LTCHs are no longer required to submit data on the measure “Percent of residents/patients assessed and given influenza vaccination” beginning with patient discharged on or after October 1, 2018. Therefore, December 2019 is the last refresh this measure will be displayed on LTCH Compare.

*** LTCHs are no longer required to submit data on the measure “Methicillin-resistant Staphylococcus aureus (MRSA) Bacterial Infection” beginning with October 1, 2018 admissions and discharges. Therefore, September 2019 is the last refresh this measure will be displayed on LTCH Compare.

Table 3: 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 4: 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	<p>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:</p> <p>1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p>

Variable Name	Variable Type	Description
		<p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>
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 5: 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	<p>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</p> <p>Prefix: L_001_01 Suffix: ADJ_RATE</p> <p>See Table 8 for a complete listing of national data measure codes.</p>
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 6: 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	<p>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:</p> <p>1 = Boston: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p>

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

Variable Name	Variable Type	Description
		<p>4 = Data suppressed by CMS for one or more quarters.</p> <p>5 = Data not submitted for this reporting period.</p> <p>6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.</p> <p>7 = Results cannot be calculated for this reporting period.</p> <p>8 = This long-term care hospital isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.</p> <p>See Table 10 for more information on how each footnote is used.</p>
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: National Data Measure Codes**L_001_01: Rate of pressure ulcers that are new or worsened**

National Variables	Description
L_001_01_NATL_RATE	National rate

L_002_01: Patients assessed and given influenza vaccination

National Variables	Description
L_002_01_NATL_RATE	National rate

L_012_01: Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay

National Variables	Description
L_012_01_NATL_RATE	National rate

L_009_01: Percentage of patients whose activities of daily living and thinking skills were assessed and functional goals were included in their treatment plan

National Variables	Description
L_009_01_NATL_RATE	National rate

L_010_01: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan

National Variables	Description
L_010_01_NATL_RATE	National rate

L_006_01: Catheter-associated urinary tract infections (CAUTI)

National Variables	Description
L_006_01_GRP_SIR	Catheter-associated urinary tract infections (CAUTI) in nation

L_007_01: Central line-associated bloodstream infections (CLABSI)

National Variables	Description
L_007_01_GRP_SIR	Central-line associated bloodstream infection (CLABSI) in nation

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

National Variables	Description
L_013_01_GRP_SIR	Methicillin-resistant Staphylococcus aureus infections (MRSA) in nation

L_014_01: Clostridium difficile Infection (CDI)

National Variables	Description
L_014_01_GRP_SIR	Clostridium difficile Infection (CDI) in nation

L_015_01: Influenza Vaccination Coverage Among Healthcare Personnel

National Variables	Description
L_015_01_NATL_RATE	National rate of flu vaccination

L_017_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH

National Variables	Description
L_017_01_PPR_PD_N_BETTER_NAT	Number of LTCHs in the Nation that Performed Better than the National Rate
L_017_01_PPR_PD_N_NO_DIFF_NAT	Number of LTCHs in the Nation that Performed No Different than the National Rate
L_017_01_PPR_PD_N_TOO_SMALL	Number of LTCHs Too Small to Report
L_017_01_PPR_PD_N_WORSE_NAT	Number of LTCHs in the Nation that Performed Worse than the National Rate
L_017_01_PPR_PD_NAT_UNADJUST_AVG	National Unadjusted Average Potentially Preventable Readmission Rate

L_018_01: Rate of successful return to home and community from an LTCH

National Variables	Description
L_018_01_DTC_N_BETTER_NAT	Number of LTCHs in the Nation that Performed Better than the National Rate
L_018_01_DTC_N_NO_DIFF_NAT	Number of LTCHs in the Nation that Performed No Different than the National Rate
L_018_01_DTC_N_TOO_SMALL	Number of LTCHs Too Small to Report
L_018_01_DTC_N_WORSE_NAT	Number of LTCHs in the Nation that Performed Worse than the National Rate
L_018_01_DTC_NAT_OBS_RATE	National Observed Discharge to Community Rate

L_019_01: Medicare Spending Per Beneficiary (MSPB) in LTCHs

National Variables	Description
L_019_01_MSPB_SCORE_NATL	MSPB Score (National)

Table 8: Provider Data Measure Codes

L_001_01: Rate of pressure ulcers that are new or worsened

Provider Variables	Description
L_001_01_NUMERATOR	Numerator
L_001_01_DENOMINATOR	Denominator
L_001_01_OBS_RATE	Facility observed rate
L_001_01_ADJ_RATE	Facility adjusted rate

L_002_01: Patients assessed and given influenza vaccination

Provider Variables	Description
L_002_01_NUMERATOR	Numerator
L_002_01_DENOMINATOR	Denominator
L_002_01_OBS_RATE	Facility rate

L_009_01: Percentage of patients whose activities of daily living and thinking skills were assessed and functional goals were included in their treatment plan

Provider Variables	Description
L_009_01_NUMERATOR	Numerator
L_009_01_DENOMINATOR	Denominator
L_009_01_OBS_RATE	Facility rate

L_010_01: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan

Provider Variables	Description
L_010_01_NUMERATOR	Numerator
L_010_01_DENOMINATOR	Denominator
L_010_01_OBS_RATE	Facility rate

L_012_01: Percentage of LTCH patients who experience one or more falls with major injury during their LTCH stay

Provider Variables	Description
L_012_01_NUMERATOR	Numerator
L_012_01_DENOMINATOR	Denominator
L_012_01_OBS_RATE	Facility rate

L_006_01: Catheter-associated urinary tract infections (CAUTI)

Provider Variables	Description
L_006_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_006_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_006_01_COMP_PERF	Evaluation
L_006_01_DOPC_DAYS	Catheter days
L_006_01_ELIGCASES	Predicted number of infections (B)
L_006_01_NUMERATOR	Number of infections reported (A)
L_006_01_SIR	Standardized infection ratio (SIR) (A/B)

L_007_01: Central line-associated bloodstream infections (CLABSI)

Provider Variables	Description
L_007_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_007_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_007_01_COMP_PERF	Evaluation
L_007_01_DOPC_DAYS	Central line days (CLDs)
L_007_01_ELIGCASES	Predicted number of infections (B)
L_007_01_NUMERATOR	Number of infections reported (A)
L_007_01_SIR	Standardized infection ratio (SIR) (A/B)

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

Provider Variables	Description
L_013_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_013_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_013_01_COMP_PERF	Evaluation
L_013_01_DOPC_DAYS	Patient days
L_013_01_ELIGCASES	Predicted number of infections (B)
L_013_01_NUMERATOR	Number of infections reported (A)
L_013_01_SIR	Standardized infection ratio (SIR) (A/B)

L_014_01: Clostridium difficile Infection (CDI)

Provider Variables	Description
L_014_01_CI_LOWER	SIR 95% confidence interval - lower limit
L_014_01_CI_UPPER	SIR 95% confidence interval - upper limit
L_014_01_COMP_PERF	Evaluation
L_014_01_DOPC_DAYS	Patient days
L_014_01_ELIGCASES	Predicted number of infections (B)
L_014_01_NUMERATOR	Number of infections reported (A)
L_014_01_SIR	Standardized infection ratio (SIR) (A/B)

L_015_01: Influenza Vaccination Coverage Among Healthcare Personnel

Provider Variables	Description
L_015_01_NUMERATOR	Number of health care workers vaccinated
L_015_01_DENOMINATOR	Number of health care workers
L_015_01_OBS_RATE	Rate of flu vaccination

L_017_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an LTCH

Provider Variables	Description
L_017_01_PPR_PD_OBS_READM	Number of Potentially Preventable Readmissions Following Discharge
L_017_01_PPR_PD_VOLUME	Number of Eligible Stays
L_017_01_PPR_PD_OBS	Unadjusted Potentially Preventable Readmission Rate
L_017_01_PPR_PD_RSRR	Risk-Standardized Potentially Preventable Readmission Rate
L_017_01_PPR_PD_RSRR_2_5	Lower Limit of the 95% Confidence Interval on the RSRR
L_017_01_PPR_PD_RSRR_97_5	Upper Limit of the 95% Confidence Interval on the RSRR
L_017_01_PPR_PD_COMP_PERF	Comparative Performance Category

L_018_01: Rate of successful return to home and community from an LTCH	
Provider Variables	Description
L_018_01_DTC_NUMBER	Observed Number of Discharges to Community
L_018_01_DTC_VOLUME	Number of Eligible Stays for DTC Measure
L_018_01_DTC_OBS_RATE	Observed Discharge to Community Rate
L_018_01_DTC_RS_RATE	Risk-Standardized Discharge to Community Rate
L_018_01_DTC_RS_RATE_2_5	Lower Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
L_018_01_DTC_RS_RATE_97_5	Upper Limit of the 95% Confidence Interval on the Risk-Standardized Discharge to Community Rate
L_018_01_DTC_COMP_PERF	Comparative Performance Category

L_019_01: Medicare Spending Per Beneficiary (MSPB) in LTCHs

Provider Variables	Description
L_019_01_MSPB_SCORE	MSPB Score
L_019_01_MSPB_NUMB	Number of Eligible Episodes

Table 9: 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • The results for these quality measures were excluded by CMS.
5	Data not submitted for this reporting period.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • No data to report (CDC NHSN measures only).
7	Results cannot be calculated for this reporting period.	<ul style="list-style-type: none"> • 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.	