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Data Dictionary for Inpatient Rehabilitation Facility (IRF) Compare

Version 1.0

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Version History

Version Number	Date	Details
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: I001.01) - National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01) - All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502, CMS ID: I007.01)

List of Tables

Table 1: General Information Variables	1
Table 2: Nation Data Variables.....	2
Table 3: Provider Data Variables.....	3
Table 4: Conditions Data Variables	5

Table 1: General Information Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility 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 facility is located
Phone Number	Character	The ten-digit telephone number of the facility. 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 facility 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> <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 facility's ownership type: For Profit, Non-profit, Government
Certification Date	Date	The initial Medicare certification or recertification date of the facility.
Total Number of Beds	Numeric	The total number of beds in the facility.

Table 2: Nation Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility 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.</p> <p>I_001_01 = Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: I001.01)</p> <p>I_006_01 = National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01)</p> <p>I_007_01 = All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502, CMS ID: I007.01)</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 3: Provider Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility 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 facility is located
Phone Number	Character	The ten-digit telephone number of the facility. 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 facility 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> <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.</p> <p>I_001_01 = Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678, CMS ID: I001.01)</p>

		<p>I_006_01 = National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01)</p> <p>I_007_01 = All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502, CMS ID: I007.01)</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> <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 inpatient rehabilitation facility is not required to submit quality data to Medicare because it is paid under a Medicare waiver program.</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 4: Conditions Data Variables

Variable Name	Variable Type	Description
CMS Certification Number (CCN)	Character	The CMS certification number (CCN) is used to identify the facility listed. Note: Please add a leading zero for facilities that have a five digit CCN listed in the CSV file.
Facility Name	Character	Name of the facility
Address Line 1	Character	The first line of the address of the facility
Address Line 2	Character	The second line of the address of the facility
City	Character	The name of the city where the facility is located
State	Character	The two-character postal code used to identify the state where the facility is located
Zip Code	Numeric	The five-digit postal zip code where the facility 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 facility is located
Phone Number	Character	The ten-digit telephone number of the facility. 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 facility 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> <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>
Condition	Character	<p>The medical conditions treated in the inpatient rehabilitation facility.</p> <ul style="list-style-type: none"> ▪ Stroke ▪ Nervous system disorder (excluding stroke)

		<ul style="list-style-type: none"> ▪ Brain disease or condition (non-traumatic) ▪ Brain injury (traumatic) ▪ Spinal cord disease or condition (non-traumatic) ▪ Spinal cord injury (traumatic) ▪ Hip or femur fracture ▪ Hip or knee replacement, amputation or other bone and joint conditions ▪ All other conditions
Count	Numeric	The count of the corresponding medical condition for that facility. Note: Medical conditions with counts of less than 11 are labeled as “less than 11” to protect patient confidentiality.