

Advancing Health in America



AHA ANNUAL SURVEY DATABASE

FISCAL YEAR 2020

- > SERVICES
- >EXPENSES
- STAFFING
- › AFFILIATIONS
- **>** INSURANCE & PAYMENT MODELS
- BEDS AND UTILIZATION
- ORGANIZATIONAL STRUCTURE
- COMMUNITY AND SOCIAL HEALTH PROGRAMS

Introduction

AHA Annual Survey Database[™] for Fiscal Year 2020 is a hospital database for peer comparisons, market analysis, and health services research. We produce the Database primarily from the AHA Annual Survey of Hospitals administered by the American Hospital Association (AHA). We curate data and information from government sources, hospital accrediting bodies, and other organizations to supplement the survey responses.

The AHA Annual Survey is a voluntary survey. Participating hospitals are not required to be members of the American Hospital Association. We encourage **all** hospitals open and operating in the United States and Associated Areas to participate in the Survey.

Survey respondents report information on the organizational structure, service lines, utilization, finances, insurance and payment models, and staffing of their hospital for a specific fiscal year. Consistent processes and standards in data collection used across time facilitate time-series analyses when multiple years of the data are licensed. CMS Certification Numbers (CCNs) are included for each hospital's record where appropriate.

Some items on the questionnaire, such as revenue, are designated 'confidential' at the hospital-specific level and are not included in the Database. Many of these data are summarized at the national and state levels in AHA Hospital Statistics^M.

The Database includes:

- Data files in multiple formats (see *Technical Notes*).
- File layout in soft format and as part of this Reference Guide.
- This *Reference Guide* with technical notes, file layout, survey questionnaire, reconciliation with the prior year Database, and glossary.

Please review the *New Items* and *Removed Items* for a list of field changes since the FY 2019 Annual Survey Database.

Thank you for licensing AHA Annual Survey Database. For more information contact us at support@aha.org.

Changes for Fiscal Year 2020

Field Label	Short Description	Survey Question					
PSSOCHOS	Social and community psychiatry - hospital	C.84.h.					
PSSOCSYS	Social and community psychiatry - health system	C.84.h.					
PSSOCVEN	Social and community psychiatry - joint venture	C.84.h.					
PSCISHOS	Forensic psychiatry services - hospital	C.84.i.					
PSCISSYS	Forensic psychiatry services - health system	C.84.i.					
PSCISVEN	Forensic psychiatry services - joint venture	C.84.i.					
PPNHOS	Prenatal and postpartum psychiatric services - hospital	C.84.j.					
PPNSYS	Prenatal and postpartum psychiatric services - health system	C.84.j.					
PPNVEN	Prenatal and postpartum psychiatric services - joint venture	C.84.j.					
PSPIHOS	Suicide prevention services - hospital	C.84.o.					
PSPISYS	Suicide prevention services - health system	C.84.o.					
PSPIVEN	Suicide prevention services - joint venture	C.84.o.					
BRADHOS	Basic interventional radiology - hospital	C.86.f.					
BRADSYS	Basic interventional radiology - health system	C.86.f.					
BRADVEN	Basic interventional radiology - joint venture	C.86.f.					
MEDOPHOS							
MEDOPSYS	Medication assisted treatment for opioid use disorder - system	C.92.d.					
MEDOPVEN	Medication assisted treatment for opioid use disorder - joint venture	C.92.d.					
MEDSUBHOS	UBHOS Medication assisted treatment for other substance use disorders - hospital						
MEDSUBSYS	Medication assisted treatment for other substance use disorders - system	C.92.e.					
MEDSUBVEN	Medication assisted treatment for other substance use disorders - joint venture	C.92.e.					
PHER	Psychiatric consultation and liaison services - emergency services	C.106.a.1.					
PHPCS	Psychiatric consultation and liaison services - primary care services	C.106.a.2.					
PHACAR	Psychiatric consultation and liaison services - acute inpatient care	C.106.a.3.					
PHXCAR	Psychiatric consultation and liaison services - extended care	C.106.a.4.					
SHER	Addiction/substance use disorder consultation and liaison services - emergency services	C.106.b.1.					
SHPCS	Addiction/substance use disorder consultation and liaison services - primary care services	C.106.b.2.					
SHACAR	Addiction/substance use disorder consultation and liaison services - acute inpatient care	C.106.b.3.					
SHXCAR	Addiction/substance use disorder consultation and liaison services - extended care	C.106.b.4.					

Field Label	Short Description	Survey Question					
ISOCHG							
IICUBD	ICU bed change during reporting period	C.110.b.					
ISORMB	Number of isolation rooms at start of reporting period	C.111.a.					
ISORME	Number of isolation rooms at end of reporting period	C.111.b.					
ISORMC	Number of rooms that can be converted to isolation rooms	C.111.c.					
COVIDU	Temporary spaces set up during reporting period	C.112					
BAIMV	Number of adult ventilators at start of reporting period	C.113.a.					
EAIMV	Number of adult ventilators at end of reporting period	C.113.b.					
BPIMV	Number of pediatric/NICU ventilators at start of reporting period	C.113.c.					
EPIMV	Number of pediatric/NICU ventilators at end of reporting period	C.113.d.					
EDBDCHG	ED bed change during reporting period	C.114.c.					
FNDBN	Does the hospital or health system also administer benefits?	D.8.a.					
SOCHSE	Housing program/strategy	F.1.a.					
SOCFOD	Food insecurity or hunger program/strategy	F.1.b.					
SOCNED	Utility needs program/strategy	F.1.c.					
SOCV	Interpersonal violence program/strategy	F.1.d.					
SOCTRN	Transportation program/strategy	F.1.e.					
SOCINC	Employment and income program/strategy	F.1.f.					
SOCED	Education program/strategy	F.1.g.					
SOCIOS	Social isolation program/strategy	F.1.h					
SOCBH	Health behaviors program/strategy	F.1.i					
SOCOT	Other program/strategy	F.1.j.					
SOCOTH	Other program/strategy, description	F.1.j.					
SCNED	Does hospital or health system screen patients for social needs?	F.2.					
SCHSE	Housing screening	F.2.a.1.					
SCROT	Other screening	F.2.a.10.					
SCOTH	Other screening, description	F.2.a.10.					
SCFOD	Food insecurity or hunger screening	F.2.a.2.					
SCUND	Utility needs screening	F.2.a.3.					
SCV	Interpersonal violence screening	F.2.a.4.					
SCTRN	Transportation screening	F.2.a.5.					
SCSTAT	Employment status or income screening	F.2.a.6.					
SCEDL	Education level screening	F.2.a.7.					
SCIOS	Social isolation screening	F.2.a.8.					
SCBH	Health behaviors screening	F.2.a.9.					
SOCEHR							
OUTMTX	Utilization of outcome metrics to assess effectiveness of interventions to address social needs	F.3.					

Field Label	Short Description	Survey Question						
BHLTA	Better health outcomes for patients	F.4.a.						
DECUTLA	Decreased utilization of hospital or health system services	F.4.b.						
DECHC	Decreased health care costs	F.4.c.						
IMPSTAT								
HCOCNI	F.5.a.							
HCOCPSN								
HCOCCNA	Healthcare providers outside your system - CHNA	F.5.a.						
HCOCCLI	Healthcare providers outside your system - community-level initiatives	F.5.a.						
HICOCNI	Health insurance providers outside your system - not involved	F.5.b.						
HICOCPSN	Health insurance providers outside your system - social needs	F.5.b.						
HICOCCNA	Health insurance providers outside your system - CHNA	F.5.b.						
HICOCCLI	Health insurance providers outside your system - community-level initiatives	F.5.b.						
LORGNI	Local or state public health departments - not involved	F.5.c.						
LORGPSN	Local or state public health departments - social needs	F.5.c.						
LORGCNA	Local or state public health departments - CHNA	F.5.c.						
LORGCLI	F.5.c.							
OTLSNI	F.5.d.							
OTLSPSN	OTLSPSN Other local, state government or social service organizations - social needs							
OTLSCNA	Other local, state government or social service organizations - CHNA	F.5.d.						
OTLSCLI	Other local, state government or social service organizations - community-level initiatives	F.5.d.						
FBORNI	Faith-based organizations - not involved	F.5.e.						
FBORPSN	Faith-based organizations - social needs	F.5.e.						
FBORCNA	Faith-based organizations - CHNA	F.5.e.						
FBORCLI	Faith-based organizations - community-level initiatives	F.5.e.						
LOCFNI	Local organizations addressing food insecurity - not involved	F.5.f.						
LOCFPSN	Local organizations addressing food insecurity - social needs	F.5.f.						
LOCFCNA	Local organizations addressing food insecurity - CHNA	F.5.f.						
LOCFCLI	Local organizations addressing food insecurity - community-level initiatives	F.5.f.						
LOCTRNI	Local organizations addressing transportation needs - not involved	F.5.g.						
LOCTRPSN	Local organizations addressing transportation needs - social needs	F.5.g.						
LOCTRCNA	Local organizations addressing transportation needs - CHNA	F.5.g.						
LOCTRCLI	Local organizations addressing transportation needs - community- level initiatives	F.5.g.						

Field Label	Short Description	Survey Question					
LOCHSNI	Local organizations addressing housing insecurity - not involved	F.5.h.					
LOCHSPSN	Local organizations addressing housing insecurity - social needs	F.5.h.					
LOCHSCNA	Local organizations addressing housing insecurity - CHNA	F.5.h.					
LOCHSCLI							
LOCLGNI	Local organizations providing legal assistance - not involved	F.5.i.					
LOCLGPSN	Local organizations providing legal assistance - social needs	F.5.i.					
LOCLGCNA	Local organizations providing legal assistance - CHNA	F.5.i.					
LOCLGCLI	Local organizations providing legal assistance - community-level initiatives	F.5.i.					
OTCOMNI	Other community non-profit organizations - not involved	F.5.j.					
OTCOMPSN	Other community non-profit organizations - social needs	F.5.j.					
OTCOMCNA	Other community non-profit organizations - CHNA	F.5.j.					
OTCOMCLI	Other community non-profit organizations - community-level initiatives	F.5.j.					
KSCHNI	K-12 schools - not involved	F.5.k.					
KSCHPSN							
KSCHCNA							
KSCHCLI	K-12 schools - community-level initiatives	F.5.k.					
COLLNI	Colleges or universities - not involved	F.5.I.					
COLLPSN	Colleges or universities - social needs	F.5.I.					
COLLCNA	Colleges or universities - CHNA	F.5.I.					
COLLCLI	Colleges or universities - community-level initiatives	F.5.I.					
LOCOCNI	Local businesses or chambers of commerce - not involved	F.5.m.					
LOCOCPSN	Local businesses or chambers of commerce - social needs	F.5.m.					
LOCOCCNA	Local businesses or chambers of commerce - CHNA	F.5.m.					
LOCOCCLI	Local businesses or chambers of commerce - community-level initiatives	F.5.m.					
PLCENI	Law enforcement/safety forces - not involved	F.5.n.					
PLCEPSN	Law enforcement/safety forces - social needs	F.5.n.					
PLCECNA	Law enforcement/safety forces - CHNA	F.5.n.					
PLCECLI	Law enforcement/safety forces - community-level initiatives	F.5.n.					
VIDVZ	Telehealth/virtual care - number of video visits	G.6.a.					
AUVZ	Telehealth/virtual care - number of audio visits	G.6.b.					
PRPM							
VPSRV	Telehealth/virtual care - number of patients receiving other virtual services	G.6.d.					

Changes for Fiscal Year 2020

Removed: The following fields were in the FY2019 Database. We **removed** these fields from the FY2020 Annual Survey Database. 'Survey Question' refers to the 2019 questionnaire.

Field label	Field Description	Survey Question						
ACOEND	end?							
CINHSP	SP Hospital established a clinically integrated network							
CINSYS	System established a clinically integrated network	D.20.b.						
HCOCA	Partnership for population health improvement - Healthcare providers outside your system	F.5.a.						
LORGA	Partnership for population health improvement - Local or state public health organizations	F.5.b.						
LORGCA	LORGCA Partnership for population health improvement - Local or state human/social service organizations							
OTLSGDC	OTLSGDC Partnership for population health improvement - Other local or state government							
NPOEA	NPOEA Partnership for population health improvement - Non-profit organizations							
FBOFA	FA Partnership for population health improvement - Faith- based organizations							
HICGA	Partnership for population health improvement - Health insurance companies	F.5.g.						
SCHHA	Partnership for population health improvement - Schools	F.5.h.						
LBCCIA	BCCIA Partnership for population health improvement - Local business or chambers of commerce							
NATBUS	ATBUS Partnership for population health improvement - National business							
OTHINTA	THINTA Partnership for population health improvement - Other							
OTHPART	Partnership for population health improvement - Other description	F.5.k.						

Technical User Notes

The Annual Survey Database Fiscal Year 2020 is provided in ASCII, SAS[®], comma delimited, and Microsoft[®] Access formats for use in a statistical application or other database management programs.

The Database files are organized as follows:

/ACCESS

AS2020.accdb	MS Access Database
/COMMA	
AS20dem.xlsx	MS Excel file - demographic
AS20svc1.xlsx	MS Excel file – service 1 of 3
AS20svc2.xlsx	MS Excel file – service 2 of 3
AS20svc3.xlsx	MS Excel file – service 3 of 3
AS20util1.xlsx	MS Excel file – utilization 1 of 2
AS20util2.xlsx	MS Excel file – utilization 2 of 2
AS2020FULLFILE.xlsx	MS Excel full file
ASPUB20.csv	Comma delimited file
ASPUB20DCTfile.dct	Dictionary file

/DOCUMENTATION

AS2020lay.xlsx	File layout
SASLAYOUT2020.txt	SAS layout

/FLAT

AS2020PUB.sas7bdat	FY2020 Data file in SAS [®] format				
PUBAS20.asc	The flat ascii fixed-length file				

/UNITS

	FUNIT_ID.xlsx	Hospital Units cross reference file
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A unit is a distinct and separately identified site of care that is a component part of a larger hospital. Summary data appears only for the larger parent hospital. Beds and activity pertaining to the individual unit is subsumed under the parent hospital activity and cannot be separated from the larger hospital's data. This list, FUNIT_ID, links these familiar names to their parent hospital.

In order to decide which files are most appropriate for your use, read these descriptions and choose the data and documentation that best fits your environment.

Data

AS2020PUB.sas7bdat

Use the SAS data file to open the data natively into SAS or other applications that read SAS formatted files. The File Layout describes the fields and their position.

PUBAS20.ASC

This is a traditional fixed length flat ASCII file. Every effort is made to maintain consistency with prior years. Use this file with the included SAS Code or to read the data into an existing application. The File Layout describes the fields and their positions.

ASPUBAS20.CSV

A comma delimited version of the database. The field names are imbedded in the first row of the file. This file can be read into any application that recognizes comma-separated-values, or comma-delimited formats. The File Layout describes the fields.

AS2020.accdb

The database is provided in Microsoft[®] ACCESS format. The tables in the database have been logically separated in order to accommodate a 256-column limit. The tables are: AS20DEM — contains the demographic and descriptive fields for each facility AS20SVC1 — contains facilities and services fields AS20SVC2— contains facilities and services fields AS20SVC3— contains facilities and services fields AS20SVC3— contains facilities and services fields AS20UTIL1— contains utilization, personnel and financial fields AS20UTIL2— contains utilization, personnel and financial fields

The File Layout identifies the specific Table location (name) for each field.

Documentation

The documentation is organized as follows:

AS2020lay.xlsx

This document is a technical layout of the Database file and contains:

- Field names
- Descriptions
- Relationship to the Survey instrument
- Location in Microsoft® ACCESS Table

Appendices

• Code Descriptions (Appendices A, B, C, D, F, H) referenced in the Layout file. *Note: The former Appendix E is consolidated with Appendix C.*

SASLAYOUT2020.TXT

The SAS code has been tested for this release of the *AHA Annual Survey Database*. Enter the path name to read in the entire flat ASCII file. It will attach field labels to every field.

For technical assistance, contact us at 866-375-3633 or support@aha.org.

Frequently Asked Questions

1. Which hospitals participate in the AHA Annual Survey?

AHA sends the Annual Survey to all hospitals identified as open and operating as a hospital. Both AHA member and non-member hospitals receive the Survey. The Annual Survey is not a sample survey. It is a survey of the complete universe of hospitals in the United States and territories.

2. Do all hospitals complete a Survey?

Responding and non-responding hospitals are included in the Database. For non-responding hospitals we use an estimation process to impute missing statistical values (*see Estimation Process* following these Frequently Asked Questions).

3. How can I tell if a hospital responded to the Survey?

- First, look at the field named **RESP** to see if the hospital responded to the survey.
- Many utilization and staffing values, such as admissions, have 'estimation flags' to signal whether a value was reported or estimated.

4. How can I identify estimated values?

- The file layout has the complete list of estimation flags.
- Appendix H of the file layout includes the key to estimation flags.
- Estimated fields are 100% filled.
- Estimated fields have an 'E' as the first character in the field name. For example, the estimation flag for *Total Admissions (ADMTOT) is 'EADMTOT'*.

5. How can I identify teaching hospitals or academic medical centers?

There is no one field for identifying teaching hospitals or academic medical centers. However, it is possible to examine teaching status by looking at these three fields:

- MAPP3 Participating site recognized for one or more Accreditation Council for Graduate Medical Education accredited programs.
- MAPP5 Medical school affiliation reported to the American Medical Association (AMA).

• MAPP8 - Member of the Council of Teaching Hospitals (COTH) of the Association of American Medical Colleges.

We consider **major teaching hospitals** to be all hospitals that have the Council of Teaching Hospitals designation (MAPP8). We consider **minor teaching hospitals** to be all hospitals that have any one or both of the other two MAPP codes identified above.

Note: Effective July 1, 2020 ACGME (Accreditation Council for Graduate Medical Education) became the single accreditation system for graduate medical education in the United States. As a result, the AOA internship (MAPP12), and AOA residency (MAPP13) approval codes are retired beginning with the Fiscal Year 2019 data. <u>Learn more about the single accreditation system here.</u>

6. How are Urban/Rural locations derived?

- A **rural** hospital is located outside a Metropolitan Statistical Area (MSA), as designated by the U.S. Office of Management and Budget (OMB), effective June 6, 2003.
- Urban hospitals are inside Metropolitan Statistical Areas.
- Micropolitan areas, which were new to the OMB June 6, 2003 definitions, continue to be classified as "rural" in AHA data offerings.

See the AHA Annual Survey Glossary for more information, and the File Layout for the **CBSATYPE** field.

7. Does the Database include 'Unit" hospitals?

- In the Annual Survey Database, data appear only for the parent hospital. A 'unit' is a distinct and separately identified site of care that is a component part of a larger (parent) hospital. Beds and activity pertaining to the individual unit are included as part of the parent hospital's data.
- There is a separate cross-reference file, FUNIT_ID.xls, delivered with the Database to identify unit hospitals (also referred to as 'subsidiary hospitals') and their affiliated parent hospital. Learn more about 'Unit' hospitals in the 'Technical User Notes'.

8. Are Health Care Systems included in the Database?

AHA Annual Survey Database defines a multihospital health care system as an entity with two or more hospitals owned, leased, sponsored, or contract managed by a central organization. The affiliated health care system is part of the hospital record, where applicable. See the file layout for *SYSNAME*. Below are the included fields.

System ID	System state
System name	System zip code
System address	System main telephone
System city	System primary contact and title
Svstem Fields	

9. How can I identify integrated delivery networks?

There is no field for integrated delivery networks (IDNs), or integrated delivery systems (IDSs). We suggest that you look at the "health system" field.

10. Are all items on the Questionnaire included in the Database?

Our Agreement with participating hospitals expresses we will not release revenue data at the hospital specific level. Confidential items are denoted with an asterisk on the Questionnaire. Additionally, new items may be excluded from the Database for additional evaluation of the responses in relationship to the intent of the question.

11. Why are AHA Identification Numbers (hospitals) from a prior year Database not on the Fiscal Year 2020 Database?

Each AHA Annual Survey Database represents the population of hospitals recognized by American Hospital Association as open and operating in a specific fiscal year. The *Summary of Changes* in this Documentation Book identifies the AHA IDs added or removed from the Fiscal Year 2020 Database, and the reason for the change.

12. Why do some hospitals have a 'Days covered' value of zero (0)?

Non-responding hospitals are assigned a 'days covered' value of zero.

13. What fields must be present for a hospital to be considered a respondent?

- Reporting period
- Control
- Primary service
- Facilities and services
- Staffed beds
- Admissions
- Inpatient days

14. What is the difference between licensed beds and staffed beds?

Licensed beds are the number of beds authorized by a state licensing (certifying) agency.

Staffed beds are the number of beds regularly available (those set-up and staffed) at the end of the reporting period.

15. What is a community hospital and how can I find it in the Database?

All nonfederal, short-term general, and special hospitals whose facilities and services are available to the public. (Special hospitals include obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation, orthopedic; and other individually described specialty services.) Short-term general and special childrens' hospitals are also considered to be community hospitals. See the file layout for 'CHC'.

16. What other data are available?

The American Hospital Association has additional data from other AHA Surveys as well as curated sources. To learn more contact us at <u>ahadatainfo@aha.org</u>.

Estimation Process

Each year, AHA administers the Annual Survey of Hospitals. The purpose of the Survey is to collect utilization, financial and personnel information on each of the nations' hospitals. The Survey's overall response rate averages approximately 80% each year, which is considerably high for a voluntary survey given its length and the size of the universe (about 6,300 hospitals).

For hospitals that do not respond at all, or not respond fully to the survey, a statistical methodology is run against their records to estimate missing values. The following describes the two major approaches used for estimation:

For nine key variables - total admissions; total births; total inpatient days; total expenses; total full-time employees; total surgical operations; total outpatient visits; total part-time employees; and total revenue – estimates are generated from regression models. For each variable, the previous year's data (base year) along with estimation status, percentage change in state median, MSA size and bed size are used as the independent variables, while the current year's value is the dependent value. The regression model generates a coefficient for each independent variable, which later will be used in estimating the current year's value. In other words, the current year's missing value is "predicted" by multiplying the base year data with the corresponding coefficients derived from the regression model.

Alternatively, components of the key variables and all other variables eligible for estimation are generated from a matrix of estimators. An estimator is a ratio of two variables: numerators are the variable to estimate; denominators are an indicator variable such as beds, bassinets or a total variable in which the numerator is an additive component. In the first step, the universe of hospitals is stratified into 52 stratum or cells. The stratification is based on the intersection of the following variables, control, service, bed size, and length of stay. Estimators are calculated using all reported data in each stratum. Each estimator takes on a different value for each stratum (thus the matrix). Using payroll expense as an example, matrix estimation occurs as follows. For hospitals in the same stratum, payroll expense as a percentage of total expense is computed based on reported data only. For a non-responding hospital in this same stratum, the estimated payroll expense value is derived by applying the above mentioned percentage to the nonrespondent's total expense value regardless of whether that value is reported or estimated.

Please note that missing facilities and services collected through Section C of the Survey are never estimated when missing. Beds, control, service, length of stay also are not estimated but are present in all cases. Values for these variables come from the AHA master facility inventory system. For an institution to be listed in the inventory file there must be a value for those variables. The compilation and management of the inventory is independent of the Annual Survey process.

Item N	lo. FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1	ID	NA	7	1	7	AHA Identification Number		as20dem	
	REG	NA	1	2	2	AHA Region Code		as20dem	
	STCD	NA	2	2	3	AHA State Code		as20dem	See Appendix C - Census Divisions and State Codes
	HOSPN	NA	4	4	7	AHA Hospital Number		as20dem	
2	DTBEG	N	10	8	17		A.1.	as20dem	MM/DD/YYYY
	DBEGM	N	2	8	9	Reporting Period Beginning Month		as20dem	
	DBEGD	N	2	11	12	Reporting Period Beginning Day		as20dem	
	DBEGY	N	4	14	17	Reporting Period Beginning Year		as20dem	
3	DTEND	N	10	18	27	End of reporting period	A.1.	as20dem	MM/DD/YYYY
	DENDM	N	2	18	19	Reporting Period End Month		as20dem	
	DENDD	N	2	21	22	Reporting Period End Day		as20dem	
	DENDY	N	4	24	27	Reporting Period End Year		as20dem	
4	DCOV	NA	3	28	30	Days open during reporting period	A.2.b.	as20dem	0 for non-reporters
5	FYR	Ν	1	31	31	Was the hospital in operation 12 full months to the end of the reporting period?	A.2.a.	as20dem	1=yes, 2=less than a full year
6	FISYR	N	10	32	41	Beginning date of fiscal year	A.3.	as20dem	MM/DD/YYYY
	FISM	N	2	32	33	Fiscal Year Beginning Month		as20dem	
	FISD	N	2	35	36	Fiscal Year Beginning Day		as20dem	
	FISY	N	4	38	41	Fiscal Year Beginning Year		as20dem	
7	CNTRL	NA	2	42	43	Control Code – type of authority responsible for establishing policy concerning overall operation of the hospital	B.1.	as20dem	See Appendix A - Control Code Descriptions
8	SERV	NA	2	44	45	Service Code – category best describing the hospital or the type of service provided to the majority of admissions	B.2.	as20dem	See Appendix B - Primary Service Code Descriptions
9	SERVOTH	N	100	46	145	Special service description	B.2.	as20dem	Only if Service Code is 49 or 59
10	RADMCHI	N	1	146	146	Does the hospital restrict admissions primarily to children?	B.3.a.	as20dem	1=yes, 0=no
11	HSACODE	NA	5	147	151	Health Service Area Code - Dartmouth		as20dem	
12	HSANAME	NA	30	152	181	Health Service Area Name - Dartmouth		as20dem	
13	HRRCODE	NA	3	182	184	Health Referral Region Code - Dartmouth		as20dem	
14	HRRNAME	NA	30	185	214	Health Referral Region Name - Dartmouth		as20dem	
15	LOS	NA	1	215	215	Short-term, long-term classification code		as20dem	1=short-term, 2=long-term, Source: AHA Membership
16	MNAME	NA	100	216	315	Hospital name		as20dem	Source: AHA Membership
17	MADMIN	NA	160	316	475	Name of chief administrator		as20dem	Source: AHA Membership
18	MLOCADDR	NA	60	476	535	Street address		as20dem	Source: AHA Membership
19	MLOCCITY	NA	30	536	565	City		as20dem	Source: AHA Membership

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
20	MLOCSTCD	NA	2	566	567	State code		as20dem	See Appendix C - Census Divisions and State Codes
21	MLOCZIP	NA	10	568	577	ZIP code		as20dem	Source: AHA Membership
	MSTATE	NA	2	578		Hospital 2-letter state abbreviation		as20dem	Source: AHA Membership
	AREA	NA	3	580	582	Area code		as20dem	Source: AHA Membership
	TELNO	NA	7	583	589	Local telephone number		as20dem	Source: AHA Membership
	RESP	NA	1	590		Response code		as20dem	1=yes, 2=no
26	СНС	NA	1	591	591	Community hospital code (as defined by AHA membership)		as20dem	1=community hospital, 2=not a community hospital
27	BSC	NA	1	592		Bed size code		as20dem	See Appendix D - Bed Size Codes
28	MHSMEMB	N	1	593		System member		as20dem	If SYSID is not blank then MHSMEMB = 1
	SUBS	N	1	594		Does the hospital itself operate subsidiary corporations?	B.3.b.	as20dem	1=yes, 0=no
30	MNGT	N	1	595	595	Is the hospital contract managed?	B.3.c.	as20dem	1=yes, 0=no
	MNGTNAME	NA	100	596			B.3.c.	as20dem	
	MNGTCITY	NA	30	696	725	Management organization city	B.3.c.	as20dem	
33	MNGTSTCD	NA	2	726	727	Management organization state abbreviation	B.3.c.	as20dem	
34	GROUP	N	1	728	728	Does the hospital participate in a group purchasing agreement?	G.2.	as20dem	1=yes, 0=no
35	GPONAME	N	100	729	828	Group purchasing organization name	G.2.	as20dem	
	GPOCITY	N	30	829			G.2.	as20dem	
37	GPOST	N	2	859			G.2.	as20dem	
	SUPLY	N	1	861	861	Supplies purchased directly through distributor	G.3.	as20dem	1=yes, 0=no
39	SUPNM	N	100	862			G.3.	as20dem	Literal Description
	PHYGP	N	1	962			B.3.d.	as20dem	1=yes, 0=no
41	LTCHF	N	1	963	963		B.3.e.	as20dem	1=yes, 0=no
42	LTCHC	N	1	964	964		B.3.e.	as20dem	1=yes, 0=no
43	LTNM	N	100	965	1064	If arranged in a general acute care hospital, what is host hospital's name?	B.3.e.	as20dem	Literal Description
44	LTCT	N	30	1065	1094	Host hospital's city	B.3.e.	as20dem	
	LTST	N	2	1095	1096	Host hospital's state	B.3.e.	as20dem	
46	COHSP	N	1	1097	1097	Are any other types of hospitals co- located in your hospital?	B.3.f.	as20dem	1=yes, 0=no
47	COTYCAN	N	1	1098	1098		B.3.g.1.	as20dem	1=yes, 0=no
	COTYCAR	N	1	1099			B.3.g.2.	as20dem	1=yes, 0=no
	COTYORT	N	1	1100		Type of co-located hospital - Orthopedic		as20dem	1=yes, 0=no
50	COTYPED	N	1	1101	1101	Type of co-located hospital - Pediatric	B.3.g.4.	as20dem	1=yes, 0=no
51	COTYPSY	N	1	1102			B.3.g.5.	as20dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
52	COTYSUR	N	1	1103	1102	Type of co-located hospital - Surgical	B.3.g.6.	as20dem	1=yes, 0=no
	СОТУОТН	N	1	1103		Type of co-located hospital - Surgical	B.3.g.7.	as20dem	1=yes, 0=no
53 54	COTYDESC	N	100	1104		Type of co-located hospital - Other	B.3.g.7.	as20dem	Literal Description
54	COTTDESC	IN	100	1105	1204	description	D.3.y.7.	aszouem	
55	CLUSTER	NA	1	1205	1205	AHA System Cluster Code		as20dem	See Appendix G - Cluster Codes
56	SYSID	NA	4	1206		Health care system ID		as20dem	AHA Health Care System Identifier unique
00			7	1200	1200			45204011	values (last four digits)
57	SYSNAME	NA	100	1210	1309	Svstem name		as20dem	Source: AHA Membership
	SYSADDR	NA	60	1310		System address		as20dem	Source: AHA Membership
	SYSCITY	NA	30	1370		System city		as20dem	Source: AHA Membership
	SYSST	NA	2	1400		System state		as20dem	Source: AHA Membership
61	SYSZIP	NA	10	1402	1411	System ZIP code		as20dem	Source: AHA Membership
	SYSAREA	NA	3	1412	1414	System area code		as20dem	Source: AHA Membership
	SYSTELN	NA	8	1415	1422	System telephone number		as20dem	Source: AHA Membership
64	SYSTEM_PRIMARY_CONTACT	NA	30	1423	1452	System primary contact		as20dem	Source: AHA Membership
65	SYSTITLE	NA	100	1453		System contact's title		as20dem	Source: AHA Membership
66	COMMTY	NA	1	1553	1553	Community Hospital flag - to foot to AHA	Λ	as20dem	Y=community hospital as defined in AHA
						Hospital Statistics™			Hospital Statistics™, N=not a community hospital
67	MCRNUM	NA	6	1554	1559	Medicare Provider ID		as20dem	Sources: Centers for Medicare and Medicaid and AHA Membership
68	LAT	NA	10	1560	1569	Hospital, Latitude		as20dem	Source: Federal Emergency Management
69	LONG	NA	10	1570	1579	Hospital, Longitude		as20dem	Source: Federal Emergency Management Agency
70	CNTYNAME	NA	60	1580	1639	County Name, State Abbreviation		as20dem	Source: U.S. Census Bureau
71	CBSANAME	NA	60	1640		Core-Based Statistical Area Name, State	3	as20dem	Source: U.S. Census Bureau, March 2020
						Abbreviation		-	Delineation file
72	CBSATYPE	NA	8	1700	1707	Core-Based Statistical Area Type		as20dem	Metro, Micro, Rural; Source: U.S. Census Bureau (see 'Census Division Name' for Census Bureau Division names)
73	CBSACODE	NA	5	1708		Core-Based Statistical Area Code		as20dem	Source: U.S. Census Bureau (<i>see 'Census Division Code'</i> for Census Bureau Division codes)
74	DIVNAME	NA	60	1713		Metropolitan Division name		as20dem	Source: U.S. Census Bureau
75	DIVCODE	NA	5	1773		Metropolitan Division code		as20dem	Source: U.S. Census Bureau
76	CSANAME	NA	60	1778		Combined Statistical Area name		as20dem	Source: U.S. Census Bureau
77	CSACODE	NA	3	1838		Combined Statistical Area code		as20dem	Source: U.S. Census Bureau
78	MCNTYCD	NA	3	1841		Modified FIPS County Code		as20dem	AHA derived code
	FCOUNTY	NA	5	1844		FIPS State and County Code		as20dem	Source: U.S. Census Bureau
	FSTCD	NA	2	1849		FIPS State code		as20dem	Source: U.S. Census Bureau
	FCNTYCD	NA	3	1851		FIPS County code		as20dem	Source: U.S. Census Bureau
82	CITYRK	NA	3	1854	1856	Ranking of 100 largest cities		as20dem	See Appendix F - City Rank Code

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
83	MAPP1	NA	1	1857		Accreditation by The Joint Commission		as20dem	1=yes, 2=no; Source: The Joint Commission
84	MAPP2	NA	1	1858		Cancer program approved by American College of Surgeons		as20dem	1=yes, 2=no; Source: American College of Surgeons, Commission on Cancer
85	МАРРЗ	NA	1	1859	1859	Participating site recognized for one or more Accreditation Council for Graduate Medical Education accredited programs			1=yes, 2=no; Source: Accreditation Council of Graduate Medical Education (ACGME)
86	MAPP5	NA	1	1860	1860	Medical school affiliation reported to		as20dem as20dem	1=yes, 2=no; Source: American Medical
						American Medical Association			Association
87	MAPP7	NA	1	1861		Accreditation by Commission on Accreditation of Rehabilitation Facilities (CARF)		as20dem	1=yes, 2=no; Source: Commission on Accreditation of Rehabilitation Facilities
88	MAPP8	NA	1	1862	1862	Member of Council of Teaching Hospital of the Association of American Medical Colleges (COTH)		as20dem	1=yes, 2=no; Source: Association of American Medical Colleges
89	MAPP10	NA	1	1863	1863	Medicare certification by the U.S. Department of Health and Human Services		as20dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
90	MAPP11	NA	1	1864	1864	Accreditation by Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association		as20dem	1=yes, 2=no; Source: Healthcare Facilities Accreditation Program
91	MAPP16	NA	1	1865	1865	Catholic Church Operated		as20dem	1=yes, 2=no
92	MAPP18	NA	1	1866	1866	Critical Access Hospital		as20dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
93	MAPP19	NA	1	1867	1867	Rural Referral Center		as20dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
94	MAPP20	NA	1	1868	1868	Sole Community Provider		as20dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
95	MAPP21	NA	1	1869	1869	DNV Healthcare Accreditation		as20dem	1=yes, 2=no; Source: DNV Healthcare
96	MAPP22	NA	1	1870	1870	Center for Improvement in Healthcare		as20dem	1=yes, 2=no; Source: Center for
						Quality accreditation			Improvement in Healthcare Quality
97	AHAMBR	NA	1	1871		AHA Membership Flag		as20dem	1=yes, 0=no
98	SUNITS	N	1	1872		Does the hospital maintain a separate nursing home type of long-term care unit?		as20dem	1=yes, 0=no
99	HHPLAN	N	1	1873	1873	Does hospital own or jointly own a health plan?	D.1.	as20dem	1=yes, 0=no
100	SPLAN	N	1	1874		Does health system own or jointly own a health plan?		as20dem	1=yes, 0=no
101	IINSPT	N	1	1875	1875	Does your hospital/health system have a significant partnership with an insurer or an insurance company/health plan?	D.3.	as20dem	1=yes, 0=no
102	MEDADHOS	N	1	1876	1876	Medicare Advantage - hospital	D.4.a.	as20dem	1=yes

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
							Question	Table	
103	MEDADSYS	N	1	1877	1877	Medicare Advantage - system	D.4.a.	as20dem	1=yes
104	MEDADVEN	N	1	1878	1878	Medicare Advantage - joint venture	D.4.a.	as20dem	1=yes
105	MEDNP	N	1	1879	1879	Medicare Advantage - new product	D.4.a.	as20dem	1=yes
106	MEDADN	N	1	1880	1880	Medicare Advantage - no	D.4.a.	as20dem	1=yes
107	MEDADDK	N	1	1881	1881	Medicare Advantage - do not know	D.4.a.	as20dem	1=yes
108	MMCHOS	N	1	1882	1882	Medicaid managed care - hospital	D.4.b.	as20dem	1=yes
109	MMCSYS	N	1	1883	1883	Medicaid managed care - system	D.4.b.	as20dem	1=yes
	MMCVEN	N	1	1884		Medicaid managed care - joint venture	D.4.b.	as20dem	1=yes
	MMCNP		1	1885		Medicaid managed care - new product	D.4.b.	as20dem	1=yes
	MMCN	N	1	1886		Medicaid managed care - no	D.4.b.	as20dem	1=yes
	MMCDK	N	1	1887		Medicaid managed care - do not know	D.4.b.	as20dem	1=yes
	HLINHOS	N	1	1888		Health insurance marketplace (exchange) - hospital	D.4.c.	as20dem	1=yes
115	HLINSYS	N	1	1889	1889	Health insurance marketplace (exchange) - system	D.4.c.	as20dem	1=yes
116	HLINVEN	N	1	1890	1890	Health insurance marketplace (exchange) - joint venture	D.4.c.	as20dem	1=yes
117	HLINNP	N	1	1891	1891	Health insurance marketplace (exchange) - new product	D.4.c.	as20dem	1=yes
118	HLINN	N	1	1892	1892	Health insurance marketplace (exchange) - no	D.4.c.	as20dem	1=yes
119	HLINDK	N	1	1893	1893	Health insurance marketplace (exchange) - do not know	D.4.c.	as20dem	1=yes
120	OTHIMHOS	N	1	1894	1894	Other individual market - hospital	D.4.d.	as20dem	1=yes
121	OTHIMSYS	N	1	1895	1895	Other individual market - system	D.4.d.	as20dem	1=yes
122	OTHIMVEN	N	1	1896	1896	Other individual market - joint venture	D.4.d.	as20dem	1=yes
123	OTHINP	N	1	1897	1897	Other individual market - new product	D.4.d.	as20dem	1=yes
124	OTHIMN	N	1	1898	1898	Other individual market - no	D.4.d.	as20dem	1=yes
125	OTHIMDK	N	1	1899	1899	Other individual market - do not know	D.4.d.	as20dem	1=yes
126	SMGRPHOS	N	1	1900	1900	Small group - hospital	D.4.e.	as20dem	1=yes
127	SMGRPSYS	N	1	1901		Small group - system	D.4.e.	as20dem	1=yes
128	SMGRPVEN	N	1	1902	1902	Small group - joint venture	D.4.e.	as20dem	1=yes
129	SMGPNP	N	1	1903	1903	Small group - new product	D.4.e.	as20dem	1=yes
130	SMGRPN	N	1	1904	1904	Small group - no	D.4.e.	as20dem	1=yes
131	SMGPDK	N	1	1905	1905	Small group - do not know	D.4.e.	as20dem	1=yes
	LGRPHOS	N	1	1906		Large group - hospital	D.4.f.	as20dem	1=yes
	LGRPSYS	N	1	1907		Large group - system	D.4.f.	as20dem	1=yes
	LGRPVEN	N	1	1908		Large group - joint venture	D.4.f.	as20dem	1=yes
	LGRPNP	N	1	1909		Large group - new product	D.4.f.	as20dem	1=yes
	LGRPN	N	1	1910		Large group - no	D.4.f.	as20dem	1=yes
	LGRPDK	N	1	1911	1911	Large group - do not know	D.4.f.	as20dem	1=yes
	OSMGHOS	N	1	1912		Other insurance product - hospital	D.4.g.	as20dem	1=yes
	OSMGSYS	N	1	1913		Other insurance product - system	D.4.g.	as20dem	1=yes
	OSMGVEN	N	1	1914		Other insurance product - joint venture	D.4.g.	as20dem	1=yes

	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
141	OSMGNP	N	1	1915	1915	Other insurance product - new product	D.4.g.	as20dem	1=yes
142	OSMGN	N	1	1916	1916	Other insurance product - no	D.4.g.	as20dem	1=yes
143	OSMGDK	N	1	1917	1917	Other insurance product - do not know	D.4.g.	as20dem	1=yes
144	OSMGOTH	N	100	1918	2017	Other insurance product - description	D.4.g.	as20dem	Literal Description
145	SLFPLN	N	1	2018	2018	Does hospital or health system fund the	D.8.	as20dem	1=yes, 0=no
						health benefits of your employees?			
146	FNDBN	N	1	2019	2019	Does the hospital or health system also administer benefits?	D.8.a.	as20dem	1=yes, 0=no
147	СРРСТ	N	4	2020		What % of the hospital's patient revenue is paid on a capitated basis?		as20dem	Percent
148	BDPY	N	1	2024	2024	Does hospital participate in any bundled payment arrangements?	D.10.	as20dem	0 = no, 1 = yes, 2 = did previously but no longer doing so
149	ΡΑΥΤΥΡΤΜ	N	1	2025	2025	Payer bundled payment arrangement - traditional Medicare	D.10.a.1.	as20dem	1=yes, 0=no
150	PAYTYAD	N	1	2026	2026	Payer bundled payment arrangement - Medicare Advantage plan	D.10.a.2.	as20dem	1=yes, 0=no
151	PAYTYPCI	N	1	2027	2027	Payer bundled payment arrangement - commercial insurance plan	D.10.a.3.	as20dem	1=yes, 0=no
152	PAYTYPMD	N	1	2028	2028	Payer bundled payment arrangement - Medicaid	D.10.a.4.	as20dem	1=yes, 0=no
153	CNDTYPCV	N	1	2029	2029	Medical/Surgical condition bundled payment arrangement - cardiovascular	D.10.b.1.	as20dem	1=yes, 0=no
154	CNDTYPOR	N	1	2030	2030	Medical/Surgical condition bundled payment arrangement - orthopedic	D.10.b.2.	as20dem	1=yes, 0=no
155	CNDTYPON	N	1	2031	2031	Medical/Surgical condition bundled payment arrangement - oncologic	D.10.b.3.	as20dem	1=yes, 0=no
156	CNDTYPNG	N	1	2032	2032	Medical/Surgical condition bundled payment arrangement - neurology	D.10.b.4.	as20dem	1=yes, 0=no
157	CNDTYPHM	N	1	2033	2033	Medical/Surgical condition bundled payment arrangement - hematology	D.10.b.5.	as20dem	1=yes, 0=no
158	CNDTYPGI	N	1	2034	2034	Medical/Surgical condition bundled payment arrangement - gastrointestinal	D.10.b.6.	as20dem	1=yes, 0=no
159	CNDTYPPM	N	1	2035	2035	Medical/Surgical condition bundled payment arrangement - pulmonary	D.10.b.7.	as20dem	1=yes, 0=no
160	CNDTYPID	N	1	2036	2036	Medical/Surgical condition bundled payment arrangement - infectious disease	D.10.b.8.	as20dem	1=yes, 0=no
161	CNDTYPOS	N	1	2037	2037	Medical/Surgical condition bundled payment arrangement - other	D.10.b.9.	as20dem	1=yes, 0=no
162	CNDOTH	N	100	2038	2137	Medical/Surgical condition bundled payment arrangement - other description	D.10.b.9.	as20dem	Literal Description
163	BNDPCT	Ν	4	2138	2141	Percent of hospital's patient revenue paid through bundled payment arrangements	D.10.c.	as20dem	Percent

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
164	BNDPAY	N	1	2142	2142	Does the hospital participate in a bundled payment program involving care settings outside the hospital?	D.11.	as20dem	1=yes, 0=no
165	BNDRSK	N	1	2143		Hospital shares upside or downside risk for outside providers	D.11.a.	as20dem	1=yes, 0=no
166	CAPRSK	N	4	2144		Percent of the hospital's net patient revenue paid on a shared risk basis	D.12.	as20dem	Percent
167	CAPCON94	N	1	2148	2148	Does the hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined or shared risk basis?	D.13.	as20dem	1=yes, 0=no
168	CMRPAY	N	1	2149	2149	Does the hospital have contracts with commercial payers where payment is tied to performance on quality/safety metrics?	D.14.	as20dem	1=yes, 0=no
169	ACOORG	N	1	2150	2150	Has your hospital or health care system established an accountable care organization?	D.15.a.	as20dem	1 = hospital/system current leads an ACO, 2 = hospital/system currently participates in an ACO (but is not its leader), 3 = hospital/system previously led or participated in an ACO but is no longer doing so, 4 = hospital/system has never participated or led an ACO
170	ACOTYPT	N	1	2151	2151	Accountable care contract - traditional Medicare	D.15.b.1.	as20dem	1=yes, 0=no
171	ACOTYPAD	N	1	2152	2152	Accountable care contract - Medicare Advantage plan	D.15.b.2.	as20dem	1=yes, 0=no
172	ACOTYPCI	N	1	2153	2153	Accountable care contract - commercial insurance plan	D.15.b.3.	as20dem	1=yes, 0=no
173	ACOTYPMD	N	1	2154	2154	Accountable care contract - Medicaid	D.15.b.4.	as20dem	1=yes, 0=no
174	MSSPT1	N	1	2155	2155	Traditional Medicare - MSSP track 1	D.15.c.1.	as20dem	1=yes, 0=no
175	MSSPT2	N	1	2156	2156	Traditional Medicare - MSSP track 2	D.15.c.2.	as20dem	1=yes, 0=no
176	MSSPT3	N	1	2157	2157	Traditional Medicare - MSSP track 3	D.15.c.3.	as20dem	1=yes, 0=no
177	MSSP1P	N	1	2158	2158	Traditional Medicare - MSSP track 1+	D.15.c.4.	as20dem	1=yes, 0=no
178	MSSPNG	N	1	2159	2159	Traditional Medicare - NextGen	D.15.c.5.	as20dem	1=yes, 0=no
179	MSSPCE	N	1	2160		Traditional Medicare - Comprehensive ESRD care	D.15.c.6.	as20dem	1=yes, 0=no
180	ACOPCT	N	4	2161	2164	Percent of hospital/system patients covered by accountable care contracts	D.15.d.	as20dem	Percent
181	ACOCN	N	4	2165		What percent of hospital/system patient revenue came from ACO contracts in 2020?		as20dem	Percent
182	MEDHME	N	1	2169	2169	Hospital established a medical home program	D.18.a.	as20dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
183	MEDHSE	N	1	2170		<i>System</i> established a medical home program	D.18.b.	as20dem	1=yes, 0=no
184	FAMADV	N	1	2171		Does hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?	G.5.	as20dem	1=yes, 0=no
185	HCOCNI	N	1	2172	2172	Healthcare providers outside your system - not involved	F.5.a.	as20dem	1=yes, 0=no
186	HCOCPSN	N	1	2173	2173	Healthcare providers outside your system - social needs	F.5.a.	as20dem	1=yes, 0=no
187	HCOCCNA	N	1	2174	2174	Healthcare providers outside your system - CHNA	F.5.a.	as20dem	1=yes, 0=no
188	HCOCCLI	N	1	2175	2175	Healthcare providers outside your system - community-level initiatives	F.5.a.	as20dem	1=yes, 0=no
189	HICOCNI	N	1	2176	2176	Health insurance providers outside your system - not involved	F.5.b.	as20dem	1=yes, 0=no
190	HICOCPSN	N	1	2177	2177	Health insurance providers outside your system - social needs	F.5.b.	as20dem	1=yes, 0=no
191	HICOCCNA	N	1	2178		Health insurance providers outside your system - CHNA	F.5.b.	as20dem	1=yes, 0=no
192	HICOCCLI	N	1	2179		Health insurance providers outside your system - community-level initiatives	F.5.b.	as20dem	1=yes, 0=no
193	LORGNI	N	1	2180		Local or state public health departments - not involved		as20dem	1=yes, 0=no
194	LORGPSN	N	1	2181		Local or state public health departments - social needs		as20dem	1=yes, 0=no
195	LORGCNA	N	1	2182	2182	Local or state public health departments - CHNA	- F.5.c.	as20dem	1=yes, 0=no
196	LORGCLI	N	1	2183		Local or state public health departments - community-level initiatives		as20dem	1=yes, 0=no
197	OTLSNI	N	1	2184	2184	Other local, state government or social service organizations - not involved	F.5.d.	as20dem	1=yes, 0=no
198	OTLSPSN	N	1	2185	2185	Other local, state government or social service organizations - social needs	F.5.d.	as20dem	1=yes, 0=no
199	OTLSCNA	N	1	2186	2186	Other local, state government or social service organizations - CHNA	F.5.d.	as20dem	1=yes, 0=no
200	OTLSCLI	N	1	2187		Other local, state government or social service organizations - community-level initiatives	F.5.d.	as20dem	1=yes, 0=no
201	FBORNI	N	1	2188	2188	Faith-based organizations - not involved	F.5.e.	as20dem	1=yes, 0=no
202	FBORPSN	N	1	2189		Faith-based organizations - social needs		as20dem	1=yes, 0=no
203	FBORCNA	N	1	2190	2190	Faith-based organizations - CHNA	F.5.e.	as20dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
204	FBORCLI	N	1	2191	2191	Faith-based organizations - community- level initiatives	F.5.e.	as20dem	1=yes, 0=no
205	LOCFNI	N	1	2192	2192	Local organizations addressing food insecurity - not involved	F.5.f.	as20dem	1=yes, 0=no
206	LOCFPSN	N	1	2193	2193	Local organizations addressing food insecurity - social needs	F.5.f.	as20dem	1=yes, 0=no
207	LOCFCNA	N	1	2194		insecurity - CHNA	F.5.f.	as20dem	1=yes, 0=no
208	LOCFCLI	Ν	1	2195		Local organizations addressing food insecurity - community-level initiatives	F.5.f.	as20dem	1=yes, 0=no
209	LOCTRNI	Ν	1	2196		Local organizations addressing transportation needs - not involved	F.5.g.	as20dem	1=yes, 0=no
210	LOCTRPSN	N	1	2197	2197	Local organizations addressing transportation needs - social needs	F.5.g.	as20dem	1=yes, 0=no
211	LOCTRCNA	Ν	1	2198	2198	Local organizations addressing transportation needs - CHNA	F.5.g.	as20dem	1=yes, 0=no
212	LOCTRCLI	N	1	2199		Local organizations addressing transportation needs - community-level initiatives	F.5.g.	as20dem	1=yes, 0=no
213	LOCHSNI	N	1	2200	2200	Local organizations addressing housing insecurity - not involved	F.5.h.	as20dem	1=yes, 0=no
214	LOCHSPSN	N	1	2201		insecurity - social needs	F.5.h.	as20dem	1=yes, 0=no
215	LOCHSCNA	N	1	2202		Local organizations addressing housing insecurity - CHNA	F.5.h.	as20dem	1=yes, 0=no
216	LOCHSCLI	Ν	1	2203		Local organizations addressing housing insecurity - community-level initiatives	F.5.h.	as20dem	1=yes, 0=no
217	LOCLGNI	Ν	1	2204		Local organizations providing legal assistance - not involved	F.5.i.	as20dem	1=yes, 0=no
218	LOCLGPSN	N	1	2205		Local organizations providing legal assistance - social needs	F.5.i.	as20dem	1=yes, 0=no
219	LOCLGCNA	N	1	2206		Local organizations providing legal assistance - CHNA	F.5.i.	as20dem	1=yes, 0=no
220	LOCLGCLI	N	1	2207	2207	Local organizations providing legal assistance - community-level initiatives	F.5.i.	as20dem	1=yes, 0=no
221	OTCOMNI	N	1	2208	2208	Other community non-profit organizations - not involved	F.5.j.	as20dem	1=yes, 0=no
222	OTCOMPSN	N	1	2209		Other community non-profit organizations - social needs	F.5.j.	as20dem	1=yes, 0=no
223	OTCOMCNA	N	1	2210		Other community non-profit organizations - CHNA	F.5.j.	as20dem	1=yes, 0=no
224	OTCOMCLI	N	1	2211	2211		F.5.j.	as20dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
225	KSCHNI	N	1	2212	2212	K-12 schools - not involved	F.5.k.	as20dem	1=yes, 0=no
	KSCHPSN	N	1	2213		K-12 schools - social needs	F.5.k.	as20dem	1=yes, 0=no
227	KSCHCNA	N	1	2214	2214	K-12 schools - CHNA	F.5.k.	as20dem	1=yes, 0=no
228	KSCHCLI	N	1	2215		K-12 schools - community-level initiatives	F.5.k.	as20dem	1=yes, 0=no
229	COLLNI	N	1	2216	2216	Colleges or universities - not involved	F.5.I.	as20dem	1=yes, 0=no
230	COLLPSN	N	1	2217	2217	Colleges or universities - social needs	F.5.I.	as20dem	1=yes, 0=no
231	COLLCNA	N	1	2218	2218	Colleges or universities - CHNA	F.5.I.	as20dem	1=yes, 0=no
232	COLLCLI	Ν	1	2219		Colleges or universities - community- level initiatives	F.5.I.	as20dem	1=yes, 0=no
233	LOCOCNI	Ν	1	2220	2220	Local businesses or chambers of commerce - not involved	F.5.m.	as20dem	1=yes, 0=no
234	LOCOCPSN	N	1	2221	2221	Local businesses or chambers of commerce - social needs	F.5.m.	as20dem	1=yes, 0=no
235	LOCOCCNA	N	1	2222	2222	Local businesses or chambers of commerce - CHNA	F.5.m.	as20dem	1=yes, 0=no
236	LOCOCCLI	N	1	2223	2223	Local businesses or chambers of commerce - community-level initiatives	F.5.m.	as20dem	1=yes, 0=no
237	PLCENI	N	1	2224	2224	Law enforcement/safety forces - not involved	F.5.n.	as20dem	1=yes, 0=no
238	PLCEPSN	N	1	2225	2225	Law enforcement/safety forces - social needs	F.5.n.	as20dem	1=yes, 0=no
239	PLCECNA	N	1	2226	2226	Law enforcement/safety forces - CHNA	F.5.n.	as20dem	1=yes, 0=no
240	PLCECLI	N	1	2227	2227	Law enforcement/safety forces - community-level initiatives	F.5.n.	as20dem	1=yes, 0=no
241	GENBD	N	4	2228	2231	General medical and surgical (adult) beds	C.1.	as20svc1	
242	PEDBD	N	4	2232	2235	General medical and surgical (pediatric) beds	C.2.	as20svc1	
243	OBLEV	Ν	1	2236		Obstetric unit care level	C.3.	as20svc1	1=provides services for uncomplicated maternity and newborn cases; 2=provides service for all uncomplicated and most complicated cases; 3=provides services for all serious illnesses and abnormalities
244	OBBD	N	4	2237		Obstetric care beds	C.3.	as20svc1	
245	MSICBD	N	4	2241		Medical/surgical intensive care beds	C.4.	as20svc1	
246	CICBD	N	4	2245			C.5.	as20svc1	
247	NICBD	N	4	2249		Neonatal intensive care beds	C.6.	as20svc1	
	NINTBD	N	4	2253		Neonatal intermediate care beds	C.7.	as20svc1	
	PEDICBD	N	4	2257		Pediatric intensive care beds	C.8.	as20svc1	
	BRNBD	N	4	2261		Burn care beds	C.9.	as20svc1	
	SPCICBD	N	4	2265		Other special care beds	C.10.	as20svc1	
252	OSPOTH	N	100	2269		Other special care beds, description	C.10.	as20svc1	Literal Description
253	OTHICBD	N	4	2369	2372	Other intensive care beds	C.11.	as20svc1	

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
254	OTHIC	N	100	2373	2472	Other intensive care beds, description	C.11.	as20svc1	Literal Description
255	REHABBD	N	4	2473		Physical rehabilitation care beds	C.12.	as20svc1	•
256	ALCHBD	N	4	2477		Substance use disorder care beds	C.13.	as20svc1	
257	PSYBD	N	4	2481		Psychiatric care beds	C.14.	as20svc1	
258	SNBD88	N	4	2485		Skilled nursing care beds	C.15.	as20svc1	
259	ICFBD88	N	4	2489		Intermediate nursing care beds	C.16.	as20svc1	
260	ACULTBD	N	4	2493		Acute long-term care beds	C.17.	as20svc1	
261	OTHLBD94	N	4	2497		Other long-term care beds	C.18.	as20svc1	
262	OTHBD94	N	4	2501		Other care beds	C.19.	as20svc1	
263	ОТНОТН	N	100	2505			C.19.	as20svc1	Literal Description
264	HOSPBD	N	4	2605		Total hospital beds (calculated)		as20svc1	Calculated Field: Sum of all individual bed counts
265	GENHOS	N	1	2609	2609	General medical and surgical care (adult) - hospital	C.1.	as20svc1	1=yes, 0=no
266	GENSYS	N	1	2610	2610	General medical and surgical care (adult) - health system	C.1.	as20svc1	1=yes, 0=no
267	GENVEN	N	1	2611	2611	General medical and surgical care (adult) - joint venture	C.1.	as20svc1	1=yes, 0=no
268	PEDHOS	N	1	2612	2612		C.2.	as20svc1	1=yes, 0=no
269	PEDSYS	N	1	2613	2613	General medical and surgical care (pediatric) - health system	C.2.	as20svc1	1=yes, 0=no
270	PEDVEN	N	1	2614	2614	General medical and surgical care (pediatric) - joint venture	C.2.	as20svc1	1=yes, 0=no
271	OBHOS	N	1	2615	2615	Obstetrics care - hospital	C.3.	as20svc1	1=yes, 0=no
272	OBSYS	N	1	2616	2616	Obstetrics care - health system	C.3.	as20svc1	1=yes, 0=no
273	OBVEN	N	1	2617	2617	Obstetrics care - joint venture	C.3.	as20svc1	1=yes, 0=no
274	MSICHOS	N	1	2618		Medical/surgical intensive care - hospital		as20svc1	1=yes, 0=no
275	MSICSYS	N	1	2619	2619	Medical/surgical intensive care - health system	C.4.	as20svc1	1=yes, 0=no
276	MSICVEN	N	1	2620	2620		C.4.	as20svc1	1=yes, 0=no
277	CICHOS	N	1	2621	2621	Cardiac intensive care - hospital	C.5.	as20svc1	1=yes, 0=no
278	CICSYS	N	1	2622		Cardiac intensive care - health system	C.5.	as20svc1	1=yes, 0=no
279	CICVEN	N	1	2623		Cardiac intensive care - joint venture	C.5.	as20svc1	1=yes, 0=no
280	NICHOS	N	1	2624			C.6.	as20svc1	1=yes, 0=no
281	NICSYS	N	1	2625		Neonatal intensive care - health system	C.6.	as20svc1	1=yes, 0=no
282	NICVEN	N	1	2626		Neonatal intensive care - joint venture	C.6.	as20svc1	1=yes, 0=no
283	NINTHOS	N	1	2627	2627	Neonatal intermediate care - hospital	C.7.	as20svc1	1=yes, 0=no
284	NINTSYS	N	1	2628	-	Neonatal intermediate care - health system	C.7.	as20svc1	1=yes, 0=no
285	NINTVEN	N	1	2629	2629	Neonatal intermediate care - joint venture	C.7.	as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
000		N	4	0000	0000	Dedictric interacion como lo conital	Question	Table	1
	PEDICHOS	N	1	2630			C.8.	as20svc1	1=yes, 0=no
	PEDICSYS	N		2631			C.8.	as20svc1	1=yes, 0=no
	PEDICVEN	N	1	2632			C.8.	as20svc1	1=yes, 0=no
	BRNHOS	N		2633			C.9.	as20svc1	1=yes, 0=no
	BRNSYS	N	1	2634		Burn care - health system	C.9.	as20svc1	1=yes, 0=no
	BRNVEN	N	1	2635			C.9.	as20svc1	1=yes, 0=no
292	SPCICHOS	N	1	2636			C.10.	as20svc1	1=yes, 0=no
293	SPCICSYS	N	1	2637		Other special care - health system	C.10.	as20svc1	1=yes, 0=no
294	SPCICVEN	N	1	2638			C.10.	as20svc1	1=yes, 0=no
295	OTHIHOS	N	1	2639			C.11.	as20svc1	1=yes, 0=no
	OTHISYS	N	1	2640			C.11.	as20svc1	1=yes, 0=no
	OTHIVEN	N	1	2641			C.11.	as20svc1	1=yes, 0=no
298	REHABHOS	N	1	2642			C.12.	as20svc1	1=yes, 0=no
299	REHABSYS	Ν	1	2643	2643	Physical rehabilitation care - health system	C.12.	as20svc1	1=yes, 0=no
300	REHABVEN	N	1	2644	2644	Physical rehabilitation care - joint venture	C.12.	as20svc1	1=yes, 0=no
301	ALCHHOS	Ν	1	2645	2645	Substance use disorder care - hospital	C.13.	as20svc1	1=yes, 0=no
302	ALCHSYS	N	1	2646	2646		C.13.	as20svc1	1=yes, 0=no
303	ALCHVEN	N	1	2647	2647	Substance use disorder care - joint venture	C.13.	as20svc1	1=yes, 0=no
304	PSYHOS	N	1	2648	2648		C.14.	as20svc1	1=yes, 0=no
	PSYSYS	N	1	2649			C.14.	as20svc1	1=yes, 0=no
	PSYVEN	N	1	2650		Psychiatric care - joint venture	C.14.	as20svc1	1=yes, 0=no
	SNHOS	N	1	2651		Skilled nursing care - hospital	C.15.	as20svc1	1=yes, 0=no
308	SNSYS	N	1	2652			C.15.	as20svc1	1=yes, 0=no
	SNVEN	N	1	2653			C.15.	as20svc1	1=yes, 0=no
310	ICFHOS	N	1	2654			C.16.	as20svc1	1=yes, 0=no
311	ICFSYS	N	1	2655		Intermediate nursing care - health system	C.16.	as20svc1	1=yes, 0=no
312	ICFVEN	Ν	1	2656		Intermediate nursing care - joint venture	C.16.	as20svc1	1=yes, 0=no
313	ACUHOS	N	1	2657			C.17.	as20svc1	1=yes, 0=no
314	ACUSYS	N	1	2658			C.17.	as20svc1	1=yes, 0=no
315	ACUVEN	N	1	2659			C.17.	as20svc1	1=yes, 0=no
316	OTHLTHOS	N	1	2660		Other long-term care - hospital	C.18.	as20svc1	1=yes, 0=no
	OTHLTSYS	Ν	1	2661	2661	Other long-term care - health system	C.18.	as20svc1	1=yes, 0=no
318	OTHLTVEN	N	1	2662			C.18.	as20svc1	1=yes, 0=no
	OTHCRHOS	Ν	1	2663	2663	Other care - hospital	C.19.	as20svc1	1=yes, 0=no
320	OTHCRSYS	N	1	2664	2664		C.19.	as20svc1	1=yes, 0=no
321	OTHCRVEN	N	1	2665		Other care - joint venture	C.19.	as20svc1	1=yes, 0=no
322	ADULTHOS	N	1	2666	2666	Adult day care program - hospital	C.20.	as20svc1	1=yes, 0=no
323	ADULTSYS	N	1	2667			C.20.	as20svc1	1=yes, 0=no
324	ADULTVEN	Ν	1	2668	2668		C.20.	as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
325	AIRBHOS	N	1	2669	2669	Airborne infection isolation room - hospital	C.21.	as20svc1	1=yes, 0=no
326	AIRBSYS	N	1	2670	2670	Airborne infection isolation room - health system	C.21.	as20svc1	1=yes, 0=no
327	AIRBVEN	N	1	2671	2671	Airborne infection isolation room - joint venture	C.21.	as20svc1	1=yes, 0=no
328	AIRBROOM	N	4	2672	2675	Number of airborne infection isolation rooms	C.21.	as20svc1	Number of rooms
329	ALZHOS	N	1	2676	2676	Alzheimer Center - hospital	C.22.	as20svc1	1=yes, 0=no
330	ALZSYS	N	1	2677		Alzheimer Center - health system	C.22.	as20svc1	1=yes, 0=no
	ALZVEN	N	1	2678	2678	Alzheimer Center - joint venture	C.22.	as20svc1	1=yes, 0=no
332	AMBHOS	N	1	2679	2679	Ambulance services - hospital	C.23.	as20svc1	1=yes, 0=no
333	AMBSYS	N	1	2680	2680	Ambulance services - health system	C.23.	as20svc1	1=yes, 0=no
	AMBVEN	N	1	2681		Ambulance services - joint venture	C.23.	as20svc1	1=yes, 0=no
	AMBAHOS	N	1	2682		Air ambulance services - hospital	C.24.	as20svc1	1=yes, 0=no
336	AMBASYS	N	1	2683		Air ambulance services - health system	C.24.	as20svc1	1=yes, 0=no
337	AMBAVEN	N	1	2684		Air ambulance services - joint venture	C.24.	as20svc1	1=yes, 0=no
338	AMBSHOS	N	1	2685		Ambulatory surgery center - hospital	C.25.	as20svc1	1=yes, 0=no
339	AMBSSYS	N	1	2686		Ambulatory surgery center - health system	C.25.	as20svc1	1=yes, 0=no
340	AMBSVEN	N	1	2687	2687	Ambulatory surgery center - joint venture	C.25.	as20svc1	1=yes, 0=no
341	ARTHCHOS	N	1	2688	2688	Arthritis treatment center - hospital	C.26.	as20svc1	1=yes, 0=no
342	ARTHCSYS	N	1	2689	2689	Arthritis treatment center - health system		as20svc1	1=yes, 0=no
343	ARTHCVEN	N	1	2690	2690	Arthritis treatment center - joint venture	C.26.	as20svc1	1=yes, 0=no
	AUXHOS	N	1	2691		Auxiliary - hospital	C.27.	as20svc1	1=yes, 0=no
345	AUXSYS	N	1	2692		Auxiliary - health system	C.27.	as20svc1	1=yes, 0=no
346	AUXVEN	N	1	2693		Auxiliary - joint venture	C.27.	as20svc1	1=yes, 0=no
	BWHTHOS	N	1	2694		Bariatric/weight control services - hospital	C.28.	as20svc1	1=yes, 0=no
348	BWHTSYS	N	1	2695	2695	Bariatric/weight control services - health system	C.28.	as20svc1	1=yes, 0=no
349	BWHTVEN	N	1	2696	2696	Bariatric/weight control services - joint venture	C.28.	as20svc1	1=yes, 0=no
350	BROOMHOS	N	1	2697	2697	Birthing room/LDR room/LDRP room - hospital	C.29.	as20svc1	1=yes, 0=no
351	BROOMSYS	N	1	2698	2698	Birthing room/LDR room/LDRP room - health system	C.29.	as20svc1	1=yes, 0=no
352	BROOMVEN	N	1	2699	2699	Birthing room/LDR room/LDRP room - joint venture	C.29.	as20svc1	1=yes, 0=no
353	BLDOHOS	N	1	2700	2700	Blood donor center - hospital	C.30.	as20svc1	1=yes, 0=no
	BLDOSYS	N	1	2701		Blood donor center - health system	C.30.	as20svc1	1=yes, 0=no
	BLDOVEN	N	1	2702		Blood donor center - joint venture	C.30.	as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
	MAMMSHOS	N	1	2703		Breast cancer screening/mammograms - hospital		as20svc1	1=yes, 0=no
	MAMMSSYS	Ν	1	2704		Breast cancer screening/mammograms - health system		as20svc1	1=yes, 0=no
	MAMMSVEN	Ν	1	2705		Breast cancer screening/mammograms - joint venture		as20svc1	1=yes, 0=no
	ACARDHOS	Ν	1	2706	2706	Adult cardiology services - hospital	C.32.a.	as20svc1	1=yes, 0=no
	ACARDSYS	Ν	1	2707		Adult cardiology services - health system		as20svc1	1=yes, 0=no
	ACARDVEN	Ν	1	2708	2708	Adult cardiology services - joint venture	C.32.a.	as20svc1	1=yes, 0=no
	PCARDHOS	N	1	2709	2709	Pediatric cardiology services - hospital	C.32.b.	as20svc1	1=yes, 0=no
	PCARDSYS	Ν	1	2710		Pediatric cardiology services - health system	C.32.b.	as20svc1	1=yes, 0=no
	PCARDVEN	Ν	1	2711		Pediatric cardiology services - joint venture	C.32.b.	as20svc1	1=yes, 0=no
	ACLABHOS	N	1	2712	2712	Adult diagnostic catheterization - hospital	C.32.c.	as20svc1	1=yes, 0=no
366	ACLABSYS	N	1	2713	2713	Adult diagnostic catheterization - health system	C.32.c.	as20svc1	1=yes, 0=no
367	ACLABVEN	N	1	2714	2714	Adult diagnostic catheterization - joint venture	C.32.c.	as20svc1	1=yes, 0=no
368	PCLABHOS	N	1	2715	2715	Pediatric diagnostic catheterization - hospital	C.32.d.	as20svc1	1=yes, 0=no
	PCLABSYS	N	1	2716	2716	Pediatric diagnostic catheterization - health system	C.32.d.	as20svc1	1=yes, 0=no
370	PCLABVEN	N	1	2717	2717	Pediatric diagnostic catheterization - joint venture	C.32.d.	as20svc1	1=yes, 0=no
371	ICLABHOS	N	1	2718	2718	Adult interventional cardiac catheterization - hospital	C.32.e.	as20svc1	1=yes, 0=no
372	ICLABSYS	N	1	2719	2719	Adult interventional cardiac catheterization - health system	C.32.e.	as20svc1	1=yes, 0=no
373	ICLABVEN	N	1	2720	2720	Adult interventional cardiac catheterization - joint venture	C.32.e.	as20svc1	1=yes, 0=no
374	PELABHOS	N	1	2721	2721	Pediatric interventional cardiac catheterization - hospital	C.32.f.	as20svc1	1=yes, 0=no
375	PELABSYS	N	1	2722	2722	Pediatric interventional cardiac catheterization - health system	C.32.f.	as20svc1	1=yes, 0=no
376	PELABVEN	N	1	2723	2723	Pediatric interventional cardiac catheterization - joint venture	C.32.f.	as20svc1	1=yes, 0=no
377	ADTCHOS	N	1	2724	2724	Adult cardiac surgery - hospital	C.32.g.	as20svc1	1=yes, 0=no
	ADTCSYS	N	1	2725		Adult cardiac surgery - health system	C.32.g.	as20svc1	1=yes, 0=no
379	ADTCVEN	N	1	2726	2726	Adult cardiac surgery - joint venture	C.32.g.	as20svc1	1=yes, 0=no
380	PEDCSHOS	N	1	2727		Pediatric cardiac surgery - hospital	C.32.h.	as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
381	PEDCSSYS	N	1	2728	2728	Pediatric cardiac surgery - health system		as20svc1	1=yes, 0=no
382	PEDCSVEN	N	1	2729	2729	Pediatric cardiac surgery - joint venture	C.32.h.	as20svc1	1=yes, 0=no
383	ADTEHOS	N	1	2730		Adult cardiac electrophysiology - hospital		as20svc1	1=yes, 0=no
384	ADTESYS	N	1	2731		Adult cardiac electrophysiology - health system	C.32.i.	as20svc1	1=yes, 0=no
385	ADTEVEN	Ν	1	2732	2732	Adult cardiac electrophysiology - joint venture	C.32.i.	as20svc1	1=yes, 0=no
386	PEDEHOS	N	1	2733	2733	Pediatric cardiac electrophysiology - hospital	C.32.j.	as20svc1	1=yes, 0=no
387	PEDESYS	N	1	2734	2734	Pediatric cardiac electrophysiology - health system	C.32.j.	as20svc1	1=yes, 0=no
388	PEDEVEN	N	1	2735	2735	Pediatric cardiac electrophysiology - joint venture	C.32.j.	as20svc1	1=yes, 0=no
389	CHABHOS	N	1	2736	2736	Cardiac rehabilitation - hospital	C.32.k.	as20svc1	1=yes, 0=no
390	CHABSYS	N	1	2737		Cardiac rehabilitation - health system	C.32.k.	as20svc1	1=yes, 0=no
391	CHABVEN	N	1	2738		Cardiac rehabilitation - joint venture	C.32.k.	as20svc1	1=yes, 0=no
392	CMNGTHOS	N	1	2739		Case management - hospital	C.33.	as20svc1	1=yes, 0=no
393	CMNGTSYS	N	1	2740		Case management - health system	C.33.	as20svc1	1=yes, 0=no
394	CMNGTVEN	N	1	2741	2741	Case management - joint venture	C.33.	as20svc1	1=yes, 0=no
395	CHAPHOS	N	1	2742		Chaplaincy/pastoral care services - hospital	C.34.	as20svc1	1=yes, 0=no
396	CHAPSYS	N	1	2743	2743	Chaplaincy/pastoral care services - health system	C.34.	as20svc1	1=yes, 0=no
397	CHAPVEN	N	1	2744	2744	Chaplaincy/pastoral care services - joint venture	C.34.	as20svc1	1=yes, 0=no
398	CHTHHOS	N	1	2745	2745	Chemotherapy - hospital	C.35.	as20svc1	1=yes, 0=no
399	CHTHSYS	N	1	2746		Chemotherapy - health system	C.35.	as20svc1	1=yes, 0=no
400	CHTHVEN	N	1	2747		Chemotherapy - joint venture	C.35.	as20svc1	1=yes, 0=no
401	CWELLHOS	N	1	2748		Children's wellness program - hospital	C.36.	as20svc1	1=yes, 0=no
402	CWELLSYS	N	1	2749		Children's wellness program - health system	C.36.	as20svc1	1=yes, 0=no
403	CWELLVEN	N	1	2750	2750	Children's wellness program - joint venture	C.36.	as20svc1	1=yes, 0=no
404	CHIHOS	N	1	2751	2751	Chiropractic services - hospital	C.37.	as20svc1	1=yes, 0=no
405	CHISYS	N	1	2752		Chiropractic services - health system	C.37.	as20svc1	1=yes, 0=no
406	CHIVEN	N	1	2753		Chiropractic services - joint venture	C.37.	as20svc1	1=yes, 0=no
407	COUTRHOS	N	1	2754		Community outreach - hospital	C.38.	as20svc1	1=yes, 0=no
408	COUTRSYS	N	1	2755	2755	Community outreach - health system	C.38.	as20svc1	1=yes, 0=no
409	COUTRVEN	N	1	2756	2756	Community outreach - joint venture	C.38.	as20svc1	1=yes, 0=no
410	COMPHOS	N	1	2757	2757	Complementary and alternative medicine services - hospital		as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
411	COMPSYS	N	1	2758	2758	Complementary and alternative medicine services - health system		as20svc1	1=yes, 0=no
412	COMPVEN	Ν	1	2759	2759	Complementary and alternative medicine services - joint venture	C.39.	as20svc1	1=yes, 0=no
413	CAOSHOS	N	1	2760	2760	Computer assisted orthopedic surgery (CAOS) - hospital	C.40.	as20svc1	1=yes, 0=no
414	CAOSSYS	N	1	2761	2761	Computer assisted orthopedic surgery (CAOS) - health system	C.40.	as20svc1	1=yes, 0=no
415	CAOSVEN	N	1	2762	2762	Computer assisted orthopedic surgery (CAOS) - joint venture	C.40.	as20svc1	1=yes, 0=no
416	CPREVHOS	N	1	2763	2763	Crisis prevention - hospital	C.41.	as20svc1	1=yes, 0=no
417	CPREVSYS	N	1	2764	2764	Crisis prevention - health system	C.41.	as20svc1	1=yes, 0=no
418	CPREVVEN	N	1	2765	2765	Crisis prevention - joint venture	C.41.	as20svc1	1=yes, 0=no
419	DENTSHOS	N	1	2766	2766	Dental services - hospital	C.42.	as20svc1	1=yes, 0=no
420	DENTSSYS	N	1	2767	2767	Dental services - health system	C.42.	as20svc1	1=yes, 0=no
421	DENTSVEN	N	1	2768	2768	Dental services - joint venture	C.42.	as20svc1	1=yes, 0=no
422	DPPHOS	N	1	2769		Diabetes prevention program - hospital	C.43.	as20svc1	1=yes, 0=no
423	DPPSYS	N	1	2770	2770	Diabetes prevention program - health system	C.43.	as20svc1	1=yes, 0=no
424	DPPVEN	N	1	2771	2771	Diabetes prevention program - joint venture	C.43.	as20svc1	1=yes, 0=no
425	EMDEPHOS	Ν	1	2772	2772	On-campus emergency department - hospital	C.44.a.	as20svc1	1=yes, 0=no
426	EMDEPSYS	Ν	1	2773	2773	On-campus emergency department - health system	C.44.a.	as20svc1	1=yes, 0=no
427	EMDEPVEN	Ν	1	2774	2774	On-campus emergency department - ioint venture	C.44.a.	as20svc1	1=yes, 0=no
428	FSERHOS	Ν	1	2775	2775	Off-campus emergency department - hospital	C.44.b.	as20svc1	1=yes, 0=no
429	FSERSYS	N	1	2776	2776	Off-campus emergency department - health system	C.44.b.	as20svc1	1=yes, 0=no
430	FSERVEN	N	1	2777	2777	Off-campus emergency department - joint venture	C.44.b.	as20svc1	1=yes, 0=no
431	PEMERHOS	N	1	2778	2778	Pediatric emergency department - hospital	C.44.c.	as20svc1	1=yes, 0=no
432	PEMERSYS	N	1	2779	2779	Pediatric emergency department - health system	C.44.c.	as20svc1	1=yes, 0=no
433	PEMERVEN	N	1	2780	2780		C.44.c.	as20svc1	1=yes, 0=no
434	TRAUMHOS	N	1	2781	2781	Certified trauma center - hospital	C.44.d.	as20svc1	1=yes, 0=no
435	TRAUMSYS	N	1	2782		Certified trauma center - health system	C.44.d.	as20svc1	1=yes, 0=no
436	TRAUMVEN	N	1	2783		Certified trauma center - joint venture	C.44.d.	as20svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
437	TRAUML90	N	1	2784	2784	Level of trauma center	C.44.d.	as20svc1	1=regional resource trauma center, 2=community trauma center, 3=rural trauma center, 4 or greater=other (specific to some states)
438	ENBHOS	N	1	2785	2785	Enabling services - hospital	C.45.	as20svc1	1=yes, 0=no
439	ENBSYS	N	1	2786	2786	Enabling services - health system	C.45.	as20svc1	1=yes, 0=no
440	ENBVEN	N	1	2787	2787	Enabling services - joint venture	C.45.	as20svc1	1=yes, 0=no
441	ENDOCHOS	N	1	2788		Optical colonoscopy - hospital	C.46.a.	as20svc1	1=yes, 0=no
442	ENDOCSYS	N	1	2789	2789	Optical colonoscopy - health system	C.46.a.	as20svc1	1=yes, 0=no
443	ENDOCVEN	N	1	2790	2790		C.46.a.	as20svc1	1=yes, 0=no
444	ENDOUHOS	N	1	2791	2791	Endoscopic ultrasound - hospital	C.46.b.	as20svc1	1=yes, 0=no
445	ENDOUSYS	N	1	2792	2792	Endoscopic ultrasound - health system	C.46.b.	as20svc1	1=yes, 0=no
446	ENDOUVEN	N	1	2793			C.46.b.	as20svc1	1=yes, 0=no
447	ENDOAHOS	N	1	2794		Ablation of Barrett's esophagus - hospital		as20svc1	1=yes, 0=no
448	ENDOASYS	N	1	2795		Ablation of Barrett's esophagus - health system	C.46.c.	as20svc1	1=yes, 0=no
449	ENDOAVEN	N	1	2796			C.46.c.	as20svc1	1=yes, 0=no
450	ENDOEHOS	N	1	2797	2797	Esophageal impedance study - hospital	C.46.d.	as20svc1	1=ves, 0=no
451	ENDOESYS	N	1	2798			C.46.d.	as20svc1	1=yes, 0=no
452	ENDOEVEN	N	1	2799	2799	Esophageal impedance study - joint venture	C.46.d.	as20svc1	1=yes, 0=no
453	ENDORHOS	N	1	2800		Endoscopic retrograde cholangiopancreatography (ERCP) - hospital	C.46.e.	as20svc1	1=yes, 0=no
454	ENDORSYS	N	1	2801	2801	Endoscopic retrograde cholangiopancreatography (ERCP) - health system	C.46.e.	as20svc1	1=yes, 0=no
455	ENDORVEN	N	1	2802	2802	Endoscopic retrograde cholangiopancreatography (ERCP) - joint venture	C.46.e.	as20svc1	1=yes, 0=no
456	ENRHOS	N	1	2803	2803	Enrollment (insurance) assistance services - hospital	C.47.	as20svc1	1=yes, 0=no
457	ENRSYS	N	1	2804	2804		C.47.	as20svc1	1=yes, 0=no
458	ENRVEN	N	1	2805	2805	Enrollment (insurance) assistance services - joint venture	C.47.	as20svc1	1=yes, 0=no
459	EMSSHOS	N	1	2806	2806		C.48.	as20svc1	1=yes, 0=no
460	EMSSSYS	N	1	2807			C.48.	as20svc1	1=yes, 0=no
461	EMSSVEN	Ν	1	2808	2808	Employment support services - joint venture	C.48.	as20svc1	1=yes, 0=no

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
462	ESWLHOS	N	1	2809	2809	Extracorporeal shock waved lithotripter (ESWL) - hospital	C.49.	as20svc1	1=yes, 0=no
463	ESWLSYS	N	1	2810	2810	Extracorporeal shock waved lithotripter (ESWL) - health system	C.49.	as20svc1	1=yes, 0=no
464	ESWLVEN	N	1	2811	2811	Extracorporeal shock waved lithotripter (ESWL) - joint venture	C.49.	as20svc1	1=yes, 0=no
465	FRTCHOS	N	1	2812	2812	Fertility clinic - hospital	C.50.	as20svc1	1=yes, 0=no
466	FRTCSYS	N	1	2813	2813	Fertility clinic - health system	C.50.	as20svc1	1=yes, 0=no
467	FRTCVEN	N	1	2814		Fertility clinic - joint venture	C.50.	as20svc1	1=yes, 0=no
468	FITCHOS	N	1	2815		Fitness center - hospital	C.51.	as20svc1	1=yes, 0=no
	FITCSYS	N	1	2816	2816	Fitness center - health system	C.51.	as20svc1	1=yes, 0=no
	FITCVEN	N	1	2817		Fitness center - joint venture	C.51.	as20svc1	1=yes, 0=no
	OPCENHOS	N	1	2818		Freestanding outpatient care center - hospital	C.52.	as20svc1	1=yes, 0=no
472	OPCENSYS	N	1	2819	2819	Freestanding outpatient care center - health system	C.52.	as20svc1	1=yes, 0=no
473	OPCENVEN	N	1	2820	2820	Freestanding outpatient care center - joint venture	C.52.	as20svc1	1=yes, 0=no
474	GERSVHOS	N	1	2821	2821	Geriatric services - hospital	C.53.	as20svc1	1=yes, 0=no
	GERSVSYS	N	1	2822		Geriatric services - health system	C.53.	as20svc1	1=yes, 0=no
	GERSVVEN	N	1	2823		Geriatric services - joint venture	C.53.	as20svc1	1=yes, 0=no
477	HLTHFHOS	N	1	2824		Health fair - hospital	C.54.	as20svc2	1=yes, 0=no
478	HLTHFSYS	N	1	2825		Health fair - health system	C.54.	as20svc2	1=yes, 0=no
	HLTHFVEN	N	1	2826		Health fair - joint venture	C.54.	as20svc2	1=yes, 0=no
	HLTHCHOS	N	1	2827		Community health education - hospital	C.55.	as20svc2	1=yes, 0=no
481	HLTHCSYS	N	1	2828		Community health education - health system	C.55.	as20svc2	1=yes, 0=no
482	HLTHCVEN	N	1	2829	2829	Community health education - joint venture	C.55.	as20svc2	1=yes, 0=no
483	GNTCHOS	N	1	2830	2830	Genetic testing/counseling - hospital	C.56.	as20svc2	1=yes, 0=no
484	GNTCSYS	N	1	2831		Genetic testing/counseling - health system	C.56.	as20svc2	1=yes, 0=no
485	GNTCVEN	N	1	2832	2832	Genetic testing/counseling - joint venture	e C.56.	as20svc2	1=yes, 0=no
486	HLTHSHOS	N	1	2833	2833	Health screenings - hospital	C.57.	as20svc2	1=yes, 0=no
	HLTHSSYS	N	1	2834	2834	Health screenings - health system	C.57.	as20svc2	1=yes, 0=no
488	HLTHSVEN	N	1	2835		Health screenings - joint venture	C.57.	as20svc2	1=yes, 0=no
489	HLTRHOS	N	1	2836		Health research - hospital	C.58.	as20svc2	1=yes, 0=no
	HLTRSYS	N	1	2837		Health research - health system	C.58.	as20svc2	1=yes, 0=no
491	HLTRVEN	N	1	2838		Health research - joint venture	C.58.	as20svc2	1=yes, 0=no
	HEMOHOS	N	1	2839		Hemodialysis - hospital	C.59.	as20svc2	1=yes, 0=no
493	HEMOSYS	N	1	2840		Hemodialysis - health system	C.59.	as20svc2	1=yes, 0=no
494	HEMOVEN	N	1	2841		Hemodialysis - joint venture	C.59.	as20svc2	1=yes, 0=no
	AIDSSHOS	N	1	2842		HIV-AIDS services - hospital	C.60.	as20svc2	1=yes, 0=no

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
496	AIDSSSYS	N	1	2843	2843	HIV-AIDS services - health system	C.60.	as20svc2	1=yes, 0=no
497	AIDSSVEN	N	1	2844		HIV-AIDS services - joint venture	C.60.	as20svc2	1=yes, 0=no
498	HOMEHHOS	N	1	2845		Home health services - hospital	C.61.	as20svc2	1=yes, 0=no
499	HOMEHSYS	N	1	2846		Home health services - health system	C.61.	as20svc2	1=yes, 0=no
500	HOMEHVEN	N	1	2847		Home health services - joint venture	C.61.	as20svc2	1=yes, 0=no
501	HOSPCHOS	N	1	2848		Hospice program - hospital	C.62.	as20svc2	1=yes, 0=no
502	HOSPCSYS	Ν	1	2849		Hospice program - health system	C.62.	as20svc2	1=yes, 0=no
503	HOSPCVEN	N	1	2850		Hospice program - joint venture	C.62.	as20svc2	1=yes, 0=no
504	OPHOSHOS	N	1	2851		Hospital-based outpatient care center/services - hospital	C.63.	as20svc2	1=yes, 0=no
505	OPHOSSYS	N	1	2852	2852	Hospital-based outpatient care center/services - health system	C.63.	as20svc2	1=yes, 0=no
506	OPHOSVEN	N	1	2853	2853	Hospital-based outpatient care center/services - joint venture	C.63.	as20svc2	1=yes, 0=no
507	ASSTLHOS	N	1	2854	2854	Assisted living services - hospital	C.64.a.	as20svc2	1=yes, 0=no
508	ASSTLSYS	N	1	2855	2855	Assisted living services - health system	C.64.a.	as20svc2	1=yes, 0=no
509	ASSTLVEN	N	1	2856		Assisted living services - joint venture	C.64.a.	as20svc2	1=yes, 0=no
510	RETIRHOS	N	1	2857	2857	Retirement housing - hospital	C.64.b.	as20svc2	1=yes, 0=no
511	RETIRSYS	Ν	1	2858	2858	Retirement housing - health system	C.64.b.	as20svc2	1=yes, 0=no
512	RETIRVEN	N	1	2859		Retirement housing - joint venture	C.64.b.	as20svc2	1=yes, 0=no
513	SPHSHOS	Ν	1	2860		Supportive housing services - hospital	C.64.c.	as20svc2	1=yes, 0=no
514	SPHSSYS	N	1	2861	2861	Supportive housing services - health system	C.64.c.	as20svc2	1=yes, 0=no
515	SPHSVEN	N	1	2862	2862	Supportive housing services - joint venture	C.64.c.	as20svc2	1=yes, 0=no
516	IMPRHOS	N	1	2863	2863	Immunization program - hospital	C.65.	as20svc2	1=yes, 0=no
517	IMPRSYS	Ν	1	2864		Immunization program - health system	C.65.	as20svc2	1=yes, 0=no
518	IMPRVEN	N	1	2865		Immunization program - joint venture	C.65.	as20svc2	1=yes, 0=no
519	ICARHOS	Ν	1	2866	2866	Indigent care clinic - hospital	C.66.	as20svc2	1=yes, 0=no
520	ICARSYS	Ν	1	2867		Indigent care clinic - health system	C.66.	as20svc2	1=yes, 0=no
521	ICARVEN	N	1	2868	2868	Indigent care clinic - joint venture	C.66.	as20svc2	1=yes, 0=no
522	LINGHOS	Ν	1	2869	2869	Linguistic/translation services - hospital	C.67.	as20svc2	1=yes, 0=no
523	LINGSYS	Ν	1	2870	2870	Linguistic/translation services - health system	C.67.	as20svc2	1=yes, 0=no
524	LINGVEN	N	1	2871	2871	Linguistic/translation services - joint venture	C.67.	as20svc2	1=yes, 0=no
525	MEALSHOS	N	1	2872	2872	Meal delivery services - hospital	C.68.	as20svc2	1=yes, 0=no
526	MEALSSYS	N	1	2873		Meal delivery services - health system	C.68.	as20svc2	1=yes, 0=no
527	MEALSVEN	Ν	1	2874		Meal delivery services - joint venture	C.68.	as20svc2	1=yes, 0=no
528	MOHSHOS	Ν	1	2875	2875	Mobile health services - hospital	C.69.	as20svc2	1=yes, 0=no
529	MOHSSYS	Ν	1	2876	2876	Mobile health services - health system	C.69.	as20svc2	1=yes, 0=no
530	MOHSVEN	Ν	1	2877	2877	Mobile health services - joint venture	C.69.	as20svc2	1=yes, 0=no
531	NEROHOS	Ν	1	2878	2878	Neurological services - hospital	C.70.	as20svc2	1=yes, 0=no
532	NEROSYS	Ν	1	2879	2879	Neurological services - health system	C.70.	as20svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
							Question	Table	
	NEROVEN	N	1	2880	2880	Neurological services - joint venture	C.70.	as20svc2	1=yes, 0=no
534	NUTRPHOS	N	1	2881	2881	Nutrition program - hospital	C.71.	as20svc2	1=yes, 0=no
535	NUTRPSYS	N	1	2882		Nutrition program - health system	C.71.	as20svc2	1=yes, 0=no
	NUTRPVEN	N	1	2883	2883	Nutrition program - joint venture	C.71.	as20svc2	1=yes, 0=no
537	OCCHSHOS	N	1	2884	2884	Occupational health services - hospital	C.72.	as20svc2	1=yes, 0=no
538	OCCHSSYS	N	1	2885		Occupational health services - health system	C.72.	as20svc2	1=yes, 0=no
539	OCCHSVEN	N	1	2886		Occupational health services - joint venture	C.72.	as20svc2	1=yes, 0=no
540	ONCOLHOS	N	1	2887		Oncology services - hospital	C.73.	as20svc2	1=yes, 0=no
541	ONCOLSYS	Ν	1	2888	2888	Oncology services - health system	C.73.	as20svc2	1=yes, 0=no
542	ONCOLVEN	N	1	2889	2889	Oncology services - joint venture	C.73.	as20svc2	1=yes, 0=no
543	ORTOHOS	N	1	2890	2890	Orthopedic services - hospital	C.74.	as20svc2	1=yes, 0=no
544	ORTOSYS	N	1	2891	2891	Orthopedic services - health system	C.74.	as20svc2	1=yes, 0=no
545	ORTOVEN	N	1	2892		Orthopedic services - joint venture	C.74.	as20svc2	1=yes, 0=no
546	OPSRGHOS	N	1	2893	2893	Outpatient surgery - hospital	C.75.	as20svc2	1=yes, 0=no
547	OPSRGSYS	N	1	2894		Outpatient surgery - health system	C.75.	as20svc2	1=yes, 0=no
548	OPSRGVEN	N	1	2895	2895	Outpatient surgery - joint venture	C.75.	as20svc2	1=yes, 0=no
549	PAINHOS	N	1	2896	2896	Pain management program - hospital	C.76.	as20svc2	1=yes, 0=no
550	PAINSYS	N	1	2897		Pain management program - health system	C.76.	as20svc2	1=yes, 0=no
551	PAINVEN	N	1	2898	2898	Pain management program - joint venture	C.76.	as20svc2	1=yes, 0=no
552	PALHOS	N	1	2899	2899	Palliative care program - hospital	C.77.	as20svc2	1=yes, 0=no
	PALSYS	N	1	2900		Palliative care program - health system	C.77.	as20svc2	1=yes, 0=no
554	PALVEN	N	1	2901		Palliative care program - joint venture	C.77.	as20svc2	1=yes, 0=no
	IPALHOS	N	1	2902		Inpatient palliative care unit - hospital	C.78.	as20svc2	1=yes, 0=no
	IPALSYS	N	1	2903		Inpatient palliative care unit - health system	C.78.	as20svc2	1=yes, 0=no
557	IPALVEN	N	1	2904	2904	Inpatient palliative care unit - joint venture	C.78.	as20svc2	1=yes, 0=no
558	PCAHOS	N	1	2905	2905	Patient controlled analgesia (PCA) - hospital	C.79.	as20svc2	1=yes, 0=no
559	PCASYS	N	1	2906	2906	Patient controlled analgesia (PCA) - health system	C.79.	as20svc2	1=yes, 0=no
560	PCAVEN	N	1	2907	2907	Patient controlled analgesia (PCA) - joint venture	C.79.	as20svc2	1=yes, 0=no
561	PATEDHOS	N	1	2908	2908	Patient education center - hospital	C.80.	as20svc2	1=yes, 0=no
	PATEDSYS	N	1	2909		Patient education center - health system		as20svc2	1=yes, 0=no
563	PATEDVEN	N	1	2910	2910	Patient education center - joint venture	C.80.	as20svc2	1=yes, 0=no
	PATRPHOS	N	1	2911		Patient representative services - hospital		as20svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
565	PATRPSYS	N	1	2912	2912	Patient representative services - health system	C.81.	as20svc2	1=yes, 0=no
566	PATRPVEN	Ν	1	2913	2913	Patient representative services - joint venture	C.81.	as20svc2	1=yes, 0=no
567	RASTHOS	N	1	2914	2914	Assistive technology center - hospital	C.82.a.	as20svc2	1=yes, 0=no
568	RASTSYS	N	1	2915		Assistive technology center - health system	C.82.a.	as20svc2	1=yes, 0=no
569	RASTVEN	N	1	2916		Assistive technology center - joint venture	C.82.a.	as20svc2	1=yes, 0=no
570	REDSHOS	N	1	2917		Electrodiagnostic services - hospital	C.82.b.	as20svc2	1=yes, 0=no
571	REDSSYS	Ν	1	2918		Electrodiagnostic services - health system	C.82.b.	as20svc2	1=yes, 0=no
572	REDSVEN	N	1	2919	2919	Electrodiagnostic services - joint venture	C.82.b.	as20svc2	1=yes, 0=no
573	RHBOPHOS	N	1	2920	2920	Physical rehabilitation outpatient services - hospital	C.82.c.	as20svc2	1=yes, 0=no
574	RHBOPSYS	N	1	2921	2921	Physical rehabilitation outpatient services - health system	C.82.c.	as20svc2	1=yes, 0=no
575	RHBOPVEN	N	1	2922	2922	Physical rehabilitation outpatient services - joint venture	C.82.c.	as20svc2	1=yes, 0=no
576	RPRSHOS	N	1	2923	2923	Prosthetic and orthotic services - hospital	C.82.d.	as20svc2	1=yes, 0=no
577	RPRSSYS	N	1	2924	2924	Prosthetic and orthotic services - health system	C.82.d.	as20svc2	1=yes, 0=no
578	RPRSVEN	Ν	1	2925	2925	Prosthetic and orthotic services - joint venture	C.82.d.	as20svc2	1=yes, 0=no
579	RBOTHOS	N	1	2926	2926	Robot-assisted walking therapy - hospital	C.82.e.	as20svc2	1=yes, 0=no
580	RBOTSYS	Ν	1	2927	2927	Robot-assisted walking therapy - health system	C.82.e.	as20svc2	1=yes, 0=no
581	RBOTVEN	N	1	2928	2928	Robot-assisted walking therapy - joint venture	C.82.e.	as20svc2	1=yes, 0=no
582	RSIMHOS	N	1	2929	2929	Simulated rehabilitation environment - hospital	C.82.f.	as20svc2	1=yes, 0=no
583	RSIMSYS	N	1	2930	2930	Simulated rehabilitation environment - health system	C.82.f.	as20svc2	1=yes, 0=no
584	RSIMVEN	N	1	2931	2931	Simulated rehabilitation environment - joint venture	C.82.f.	as20svc2	1=yes, 0=no
585	PCDEPHOS	N	1	2932	2932	Primary care department - hospital	C.83.	as20svc2	1=yes, 0=no
586	PCDEPSYS	Ν	1	2933		Primary care department - health system		as20svc2	1=yes, 0=no
587	PCDEPVEN	N	1	2934	2934	Primary care department - joint venture	C.83.	as20svc2	1=yes, 0=no
588	PSYLSHOS	N	1	2935	2935		C.84.a.	as20svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
589	PSYLSSYS	N	1	2936	2936	Psychiatric consultation/liaison services - health system		as20svc2	1=yes, 0=no
590	PSYLSVEN	Ν	1	2937		Psychiatric consultation/liaison services - joint venture		as20svc2	1=yes, 0=no
	PSCBD	N	4	2938		Psychiatric pediatric care beds	C.84.b.	as20svc2	
592	PSYCAHOS	N	1	2942		Psychiatric pediatric care - hospital	C.84.b.	as20svc2	1=yes, 0=no
593	PSYCASYS	Ν	1	2943	2943	Psychiatric pediatric care - health system	C.84.b.	as20svc2	1=yes, 0=no
594	PSYCAVEN	N	1	2944	2944	Psychiatric pediatric care - joint venture	C.84.b.	as20svc2	1=yes, 0=no
595	PSGBD	N	4	2945	2948	Psychiatric geriatric care beds	C.84.c.	as20svc2	
	PSYGRHOS	N	1	2949		Psychiatric geriatric care - hospital	C.84.c.	as20svc2	1=yes, 0=no
597	PSYGRSYS	Ν	1	2950			C.84.c.	as20svc2	1=yes, 0=no
598	PSYGRVEN	N	1	2951	2951	Psychiatric geriatric care - joint venture	C.84.c.	as20svc2	1=yes, 0=no
599	PSYEDHOS	N	1	2952	2952	Psychiatric education services - hospital		as20svc2	1=yes, 0=no
600	PSYEDSYS	N	1	2953	2953	Psychiatric education services - health system	C.84.d.	as20svc2	1=yes, 0=no
601	PSYEDVEN	N	1	2954	2954	Psychiatric education services - joint venture	C.84.d.	as20svc2	1=yes, 0=no
602	PSYEMHOS	N	1	2955	2955	Psychiatric emergency services - hospital	C.84.e.	as20svc2	1=yes, 0=no
603	PSYEMSYS	N	1	2956	2956	Psychiatric emergency services - health system	C.84.e.	as20svc2	1=yes, 0=no
604	PSYEMVEN	N	1	2957	2957	Psychiatric emergency services - joint venture	C.84.e.	as20svc2	1=yes, 0=no
605	PSYOPHOS	N	1	2958	2958		C.84.f.	as20svc2	1=yes, 0=no
606	PSYOPSYS	N	1	2959	2959	Psychiatric outpatient services - health system	C.84.f.	as20svc2	1=yes, 0=no
607	PSYOPVEN	N	1	2960	2960	Psychiatric outpatient services - joint venture	C.84.f.	as20svc2	1=yes, 0=no
608	PSYOIHOS	N	1	2961	2961	Psychiatric intensive outpatient services - hospital	C.84.g.	as20svc2	1=yes, 0=no
609	PSYOISYS	N	1	2962	2962	Psychiatric intensive outpatient services - health system	C.84.g.	as20svc2	1=yes, 0=no
610	PSYOIVEN	N	1	2963	2963	Psychiatric intensive outpatient services - joint venture	C.84.g.	as20svc2	1=yes, 0=no
611	PSSOCHOS	N	1	2964	2964	Social and community psychiatry - hospital	C.84.h.	as20svc2	1=yes, 0=no
612	PSSOCSYS	N	1	2965	2965	Social and community psychiatry - health system	C.84.h.	as20svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
613	PSSOCVEN	N	1	2966	2966	Social and community psychiatry - joint venture	C.84.h.	as20svc2	1=yes, 0=no
614	PSCISHOS	N	1	2967	2967	Forensic psychiatry services - hospital	C.84.i.	as20svc2	1=yes, 0=no
615	PSCISSYS	N	1	2968	2968	Forensic psychiatry services - health system	C.84.i.	as20svc2	1=yes, 0=no
616	PSCISVEN	N	1	2969	2969	Forensic psychiatry services - joint venture	C.84.i.	as20svc2	1=yes, 0=no
617	PPNHOS	N	1	2970	2970	Prenatal and postpartum psychiatric services - hospital	C.84.j.	as20svc2	1=yes, 0=no
618	PPNSYS	N	1	2971	2971	Prenatal and postpartum psychiatric services - health system	C.84.j.	as20svc2	1=yes, 0=no
619	PPNVEN	N	1	2972	2972	Prenatal and postpartum psychiatric services - joint venture	C.84.j.	as20svc2	1=yes, 0=no
620	PSYPHAHOS	N	1	2973	2973	Psychiatric partial hospitalization services (adult) - hospital	C.84.k.	as20svc2	1=yes, 0=no
621	PSYPHASYS	N	1	2974		Psychiatric partial hospitalization services (adult) - health system	C.84.k.	as20svc2	1=yes, 0=no
	PSYPHAVEN	N	1	2975		Psychiatric partial hospitalization services (adult) - joint venture	C.84.k.	as20svc2	1=yes, 0=no
623	PSYPHCHOS	N	1	2976		Psychiatric partial hospitalization services (pediatric) - hospital	C.84.I.	as20svc2	1=yes, 0=no
624	PSYPHCSYS	N	1	2977		Psychiatric partial hospitalization services (pediatric) - health system	C.84.I.	as20svc2	1=yes, 0=no
625	PSYPHCVEN	N	1	2978		Psychiatric partial hospitalization services (pediatric) - joint venture	C.84.I.	as20svc2	1=yes, 0=no
	PSYTRAHOS	N	1	2979		Psychiatric residential treatment (adult) - hospital		as20svc2	1=yes, 0=no
	PSYTRASYS	N	1	2980		Psychiatric residential treatment (adult) - health system		as20svc2	1=yes, 0=no
628	PSYTRAVEN	N	1	2981		Psychiatric residential treatment (adult) - joint venture		as20svc2	1=yes, 0=no
629	PSYTRPHOS	N	1	2982		Psychiatric residential treatment (pediatric) - hospital	C.84.n.	as20svc2	1=yes, 0=no
630	PSYTRPSYS	N	1	2983	2983	Psychiatric residential treatment (pediatric) - health system	C.84.n.	as20svc2	1=yes, 0=no
	PSYTRPVEN	N	1	2984		Psychiatric residential treatment (pediatric) - joint venture	C.84.n.	as20svc2	1=yes, 0=no
632	PSPIHOS	N	1	2985		Suicide prevention services - hospital	C.84.o.	as20svc2	1=yes, 0=no
633	PSPISYS	N	1	2986		Suicide prevention services - health system	C.84.o.	as20svc2	1=yes, 0=no
	PSPIVEN	N	1	2987		Suicide prevention services - joint venture	C.84.o.	as20svc2	1=yes, 0=no
635	CTSCNHOS	N	1	2988	2988	Computed-tomography (CT) scanner - hospital	C.85.a.	as20svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
636	CTSCNSYS	N	1	2989	2989	Computed-tomography (CT) scanner - health system	C.85.a.	as20svc2	1=yes, 0=no
637	CTSCNVEN	N	1	2990	2990	Computed-tomography (CT) scanner - joint venture	C.85.a.	as20svc2	1=yes, 0=no
638	DRADFHOS	N	1	2991	2991	Diagnostic radioisotope facility - hospital	C.85.b.	as20svc2	1=yes, 0=no
639	DRADFSYS	N	1	2992	2992	Diagnostic radioisotope facility - health system	C.85.b.	as20svc2	1=yes, 0=no
640	DRADFVEN	N	1	2993		Diagnostic radioisotope facility - joint venture	C.85.b.	as20svc2	1=yes, 0=no
641	EBCTHOS	N	1	2994		Electron Beam Computed Tomography (EBCT) - hospital	C.85.c.	as20svc2	1=yes, 0=no
642	EBCTSYS	N	1	2995		Electron Beam Computed Tomography (EBCT) - health system	C.85.c.	as20svc2	1=yes, 0=no
643	EBCTVEN	N	1	2996		Electron Beam Computed Tomography (EBCT) - joint venture	C.85.c.	as20svc2	1=yes, 0=no
644	FFDMHOS	N	1	2997	2997	Full-field digital mammography (FFDM) - hospital	C.85.d.	as20svc2	1=yes, 0=no
645	FFDMSYS	N	1	2998	2998	Full-field digital mammography (FFDM) - health system	C.85.d.	as20svc2	1=yes, 0=no
646	FFDMVEN	N	1	2999	2999	Full-field digital mammography (FFDM) - joint venture	C.85.d.	as20svc2	1=yes, 0=no
647	MRIHOS	N	1	3000	3000	Magnetic resonance imaging (MRI) - hospital	C.85.e.	as20svc2	1=yes, 0=no
648	MRISYS	N	1	3001	3001	Magnetic resonance imaging (MRI) - health system	C.85.e.	as20svc2	1=yes, 0=no
649	MRIVEN	N	1	3002	3002	Magnetic resonance imaging (MRI) - joint venture	C.85.e.	as20svc2	1=yes, 0=no
650	IMRIHOS	N	1	3003	3003	Intraoperative magnetic resonance imaging - hospital	C.85.f.	as20svc2	1=yes, 0=no
651	IMRISYS	N	1	3004	3004	Intraoperative magnetic resonance imaging - health system	C.85.f.	as20svc2	1=yes, 0=no
652	IMRIVEN	N	1	3005	3005	Intraoperative magnetic resonance imaging - joint venture	C.85.f.	as20svc2	1=yes, 0=no
653	MEGHOS	N	1	3006	3006	Magnetoencephalography (MEG) -	C.85.g.	as20svc2	1=yes, 0=no
654	MEGSYS	N	1	3007	3007	Magnetoencephalography (MEG) - health system	C.85.g.	as20svc2	1=yes, 0=no
655	MEGVEN	N	1	3008	3008	Magnetoencephalography (MEG) - joint venture	C.85.g.	as20svc2	1=yes, 0=no
656	MSCTHOS	N	1	3009	3009	Multislice spiral computed tomography < 64 slice - hospital	C.85.h.	as20svc2	1=yes, 0=no
657	MSCTSYS	N	1	3010	3010	Multislice spiral computed tomography < 64 slice - health system	C.85.h.	as20svc2	1=yes, 0=no

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
658	MSCTVEN	N	1	3011	3011	Multislice spiral computed tomography < 64 slice - joint venture	C.85.h.	as20svc2	1=yes, 0=no
659	MSCTGHOS	N	1	3012	3012	Multi-slice spiral computed tomography 64 + slice - hospital	C.85.i.	as20svc2	1=yes, 0=no
660	MSCTGSYS	N	1	3013	3013	Multi-slice spiral computed tomography 64 + slice - health system	C.85.i.	as20svc2	1=yes, 0=no
661	MSCTGVEN	N	1	3014	3014	Multi-slice spiral computed tomography 64 + slice - joint venture	C.85.i.	as20svc2	1=yes, 0=no
662	PETHOS	N	1	3015		Positron emission tomography (PET) - hospital	C.85.j.	as20svc2	1=yes, 0=no
663	PETSYS	N	1	3016		Positron emission tomography (PET) - health system	C.85.j.	as20svc2	1=yes, 0=no
664	PETVEN	N	1	3017		Positron emission tomography (PET) - joint venture	C.85.j.	as20svc2	1=yes, 0=no
	PETCTHOS	Ν	1	3018		Positron emission tomography/CT (PET/CT) - hospital	C.85.k.	as20svc2	1=yes, 0=no
	PETCTSYS	Ν	1	3019		Positron emission tomography/CT (PET/CT) - health system	C.85.k.	as20svc2	1=yes, 0=no
	PETCTVEN	N	1	3020		Positron emission tomography/CT (PET/CT) - joint venture	C.85.k.	as20svc2	1=yes, 0=no
	SPECTHOS	N	1	3021		Single photon emission computerized tomography (SPECT) - hospital	C.85.I.	as20svc2	1=yes, 0=no
	SPECTSYS	N	1	3022		Single photon emission computerized tomography (SPECT) - health system	C.85.I.	as20svc2	1=yes, 0=no
	SPECTVEN	Ν	1	3023		Single photon emission computerized tomography (SPECT) - joint venture	C.85.I.	as20svc2	1=yes, 0=no
	ULTSNHOS	N	1	3024	3024	Ultrasound - hospital	C.85.m.	as20svc2	1=yes, 0=no
	ULTSNSYS	N	1	3025	3025	Ultrasound - health system	C.85.m.	as20svc2	1=yes, 0=no
673	ULTSNVEN	N	1	3026		Ultrasound - joint venture	C.85.m.	as20svc2	1=yes, 0=no
674	IGRTHOS	Ν	1	3027	3027	Image-guided radiation therapy - hospital	C.86.a.	as20svc2	1=yes, 0=no
675	IGRTSYS	N	1	3028	3028	Image-guided radiation therapy - health system	C.86.a.	as20svc2	1=yes, 0=no
	IGRTVEN	N	1	3029	3029	Image-guided radiation therapy - joint venture	C.86.a.	as20svc2	1=yes, 0=no
677	IMRTHOS	N	1	3030	3030	Intensity-modulated radiation therapy (IMRT) - hospital	C.86.b.	as20svc2	1=yes, 0=no
678	IMRTSYS	N	1	3031	3031	Intensity-modulated radiation therapy (IMRT) - health system	C.86.b.	as20svc2	1=yes, 0=no
679	IMRTVEN	N	1	3032	3032	Intensity-modulated radiation therapy (IMRT) - joint venture	C.86.b.	as20svc2	1=yes, 0=no
680	PTONHOS	N	1	3033	3033	Proton beam therapy - hospital	C.86.c.	as20svc2	1=yes, 0=no
	PTONSYS	N	1	3034		Proton beam therapy - health system	C.86.c.	as20svc2	1=yes, 0=no
	PTONVEN	N	1	3035		Proton beam therapy - joint venture	C.86.c.	as20svc2	1=yes, 0=no

	FieldName	Estimated	Length	Start		Field Description	Survey Question	Access Table	Notes
683	BEAMHOS	Ν	1	3036	3036	Shaped beam radiation system - hospital	C.86.d.	as20svc2	1=yes, 0=no
684	BEAMSYS	N	1	3037	3037	Shaped beam radiation system - health system	C.86.d.	as20svc2	1=yes, 0=no
685	BEAMVEN	Ν	1	3038		Shaped beam radiation system - joint venture	C.86.d.	as20svc2	1=yes, 0=no
686	SRADHOS	N	1	3039		Stereotactic radiosurgery - hospital	C.86.e.	as20svc2	1=yes, 0=no
687	SRADSYS	Ν	1	3040	3040	Stereotactic radiosurgery - health system		as20svc2	1=yes, 0=no
688	SRADVEN	N	1	3041	3041	Stereotactic radiosurgery - joint venture	C.86.e.	as20svc2	1=yes, 0=no
689	BRADHOS	N	1	3042	3042	Basic interventional radiology - hospital	C.86.f.	as20svc2	1=yes, 0=no
690	BRADSYS	Ν	1	3043		Basic interventional radiology - health system	C.86.f.	as20svc2	1=yes, 0=no
691	BRADVEN	Ν	1	3044		Basic interventional radiology - joint venture	C.86.f.	as20svc2	1=yes, 0=no
692	ROBOHOS	N	1	3045	3045	Robotic surgery - hospital	C.87.	as20svc2	1=yes, 0=no
693	ROBOSYS	Ν	1	3046	3046	Robotic surgery - health system	C.87.	as20svc2	1=yes, 0=no
694	ROBOVEN	N	1	3047	3047	Robotic surgery - joint venture	C.87.	as20svc2	1=yes, 0=no
	RURLHOS	Ν	1	3048	3048	Rural health clinic - hospital	C.88.	as20svc3	1=yes, 0=no
696	RURLSYS	N	1	3049	3049	Rural health clinic - health system	C.88.	as20svc3	1=yes, 0=no
697	RURLVEN	N	1	3050	3050	Rural health clinic - joint venture	C.88.	as20svc3	1=yes, 0=no
	SLEPHOS	N	1	3051	3051	Sleep center - hospital	C.89.	as20svc3	1=yes, 0=no
699	SLEPSYS	N	1	3052	3052	Sleep center - health system	C.89.	as20svc3	1=yes, 0=no
700	SLEPVEN	N	1	3053	3053	Sleep center - joint venture	C.89.	as20svc3	1=yes, 0=no
	SOCWKHOS	N	1	3054		Social work services - hospital	C.90.	as20svc3	1=yes, 0=no
	SOCWKSYS	Ν	1	3055	3055	Social work services - health system	C.90.	as20svc3	1=yes, 0=no
703	SOCWKVEN	Ν	1	3056	3056	Social work services - joint venture	C.90.	as20svc3	1=yes, 0=no
704	SPORTHOS	N	1	3057		Sports medicine - hospital	C.91.	as20svc3	1=yes, 0=no
	SPORTSYS	N	1	3058	3058	Sports medicine - health system	C.91.	as20svc3	1=yes, 0=no
706	SPORTVEN	Ν	1	3059	3059	Sports medicine - joint venture	C.91.	as20svc3	1=yes, 0=no
	ALDBD	Ν	4	3060		Substance use disorder pediatric services beds	C.92.a.	as20svc3	
708	ALCPDHOS	Ν	1	3064		Substance use disorder pediatric services - hospital	C.92.a.	as20svc3	1=yes, 0=no
709	ALCPDSYS	Ν	1	3065	3065	Substance use disorder pediatric services - health system	C.92.a.	as20svc3	1=yes, 0=no
710	ALCPDVEN	N	1	3066	3066	Substance use disorder pediatric services - joint venture	C.92.a.	as20svc3	1=yes, 0=no
711	ALCOPHOS	N	1	3067	3067	Substance use disorder outpatient services - hospital	C.92.b.	as20svc3	1=yes, 0=no
712	ALCOPSYS	N	1	3068	3068	Substance use disorder outpatient services - health system	C.92.b.	as20svc3	1=yes, 0=no
713	ALCOPVEN	N	1	3069	3069	Substance use disorder outpatient services - joint venture	C.92.b.	as20svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
714	ALCPRHOS	N	1	3070	3070	Substance use disorder partial hospitalization services - hospital	C.92.c.	as20svc3	1=yes, 0=no
715	ALCPRSYS	N	1	3071	3071	Substance use disorder partial hospitalization services - health system	C.92.c.	as20svc3	1=yes, 0=no
716	ALCPRVEN	N	1	3072	3072	Substance use disorder partial hospitalization services - joint venture	C.92.c.	as20svc3	1=yes, 0=no
717	MEDOPHOS	N	1	3073	3073	Medication assisted treatment for opioid use disorder - hospital	C.92.d.	as20svc3	1=yes, 0=no
718	MEDOPSYS	N	1	3074	3074	Medication assisted treatment for opioid use disorder - system	C.92.d.	as20svc3	1=yes, 0=no
719	MEDOPVEN	N	1	3075	3075	Medication assisted treatment for opioid use disorder - joint venture	C.92.d.	as20svc3	1=yes, 0=no
720	MEDSUBHOS	N	1	3076	3076	Medication assisted treatment for other substance use disorders - hospital	C.92.e.	as20svc3	1=yes, 0=no
721	MEDSUBSYS	N	1	3077	3077	Medication assisted treatment for other substance use disorders - system	C.92.e.	as20svc3	1=yes, 0=no
722	MEDSUBVEN	N	1	3078	3078	Medication assisted treatment for other substance use disorders - joint venture	C.92.e.	as20svc3	1=yes, 0=no
723	SUPPGHOS	N	1	3079	3079	Support groups - hospital	C.93.	as20svc3	1=yes, 0=no
724	SUPPGSYS	N	1	3080		Support groups - health system	C.93.	as20svc3	1=yes, 0=no
725	SUPPGVEN	Ν	1	3081	3081	Support groups - joint venture	C.93.	as20svc3	1=yes, 0=no
726	SWBDHOS	Ν	1	3082		Swing bed services - hospital	C.94.	as20svc3	1=yes, 0=no
727	SWBDSYS	Ν	1	3083		Swing bed services - health system	C.94.	as20svc3	1=yes, 0=no
728	SWBDVEN	Ν	1	3084	3084	Swing bed services - joint venture	C.94.	as20svc3	1=yes, 0=no
729	TEENSHOS	Ν	1	3085	3085	Teen outreach services - hospital	C.95.	as20svc3	1=yes, 0=no
730	TEENSSYS	Ν	1	3086	3086	Teen outreach services - health system	C.95.	as20svc3	1=yes, 0=no
731	TEENSVEN	Ν	1	3087		Teen outreach services - joint venture	C.95.	as20svc3	1=yes, 0=no
732	TOBHOS	Ν	1	3088	3088	Tobacco treatment services - hospital	C.96.	as20svc3	1=yes, 0=no
733	TOBSYS	Ν	1	3089		Tobacco treatment services - health system	C.96.	as20svc3	1=yes, 0=no
734	TOBVEN	N	1	3090		Tobacco treatment services - joint venture	C.96.	as20svc3	1=yes, 0=no
735	COFVHOS	N	1	3091		Telehealth consultation and office visits - hospital		as20svc3	1=yes, 0=no
736	COFVSYS	N	1	3092		Telehealth consultation and office visits - health system		as20svc3	1=yes, 0=no
737	COFVVEN	N	1	3093		Telehealth consultation and office visits - joint venture		as20svc3	1=yes, 0=no
	EICUHOS	Ν	1	3094		Telehealth eICU - hospital	C.97.b.	as20svc3	1=yes, 0=no
739	EICUSYS	N	1	3095	3095	Telehealth eICU - health system	C.97.b.	as20svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
740	EICUVEN	N	1	3096	3096	Telehealth eICU - joint venture	C.97.b.	as20svc3	1=yes, 0=no
741	STRCHOS	N	1	3097		Telehealth stroke care - hospital	C.97.c.	as20svc3	1=yes, 0=no
	STRCSYS	N	1	3098	3098	Telehealth stroke care - health system	C.97.c.	as20svc3	1=yes, 0=no
743	STRCVEN	N	1	3099	3099	Telehealth stroke care - joint venture	C.97.c.	as20svc3	1=yes, 0=no
	ADTRTHOS	Ν	1	3100	3100	Telehealth psychiatric and addiction treatment - hospital	C.97.d.	as20svc3	1=yes, 0=no
745	ADTRTSYS	N	1	3101	3101	Telehealth psychiatric and addiction treatment - health system	C.97.d.	as20svc3	1=yes, 0=no
746	ADTRTVEN	N	1	3102	3102	Telehealth psychiatric and addiction treatment - joint venture	C.97.d.	as20svc3	1=yes, 0=no
747	PDISHOS	N	1	3103	3103	Telehealth remote patient monitoring: post-discharge - hospital	C.97.e.1.	as20svc3	1=yes, 0=no
748	PDISSYS	N	1	3104	3104	Telehealth remote patient monitoring: post-discharge - health system	C.97.e.1.	as20svc3	1=yes, 0=no
749	PDISVEN	N	1	3105	3105	Telehealth remote patient monitoring: post-discharge - joint venture	C.97.e.1.	as20svc3	1=yes, 0=no
750	CHCARHOS	Ν	1	3106	3106	Telehealth remote patient monitoring: ongoing chronic care management - hospital	C.97.e.2.	as20svc3	1=yes, 0=no
751	CHCARSYS	Ν	1	3107	3107	Telehealth remote patient monitoring: ongoing chronic care management - health system	C.97.e.2.	as20svc3	1=yes, 0=no
752	CHCARVEN	N	1	3108	3108	Telehealth remote patient monitoring: ongoing chronic care management - joint venture	C.97.e.2.	as20svc3	1=yes, 0=no
753	ORPMHOS	N	1	3109	3109	Telehealth other remote patient monitoring - hospital	C.97.e.3.	as20svc3	1=yes, 0=no
754	ORPMSYS	N	1	3110	3110	Telehealth other remote patient monitoring - health system	C.97.e.3.	as20svc3	1=yes, 0=no
755	ORPMVEN	N	1	3111	3111	Telehealth other remote patient monitoring - joint venture	C.97.e.3.	as20svc3	1=yes, 0=no
	OTHTHOS	N	1	3112	3112	Other telehealth - hospital	C.97.f.	as20svc3	1=yes, 0=no
	OTHTSYS	N	1	3113		Other telehealth - health system	C.97.f.	as20svc3	1=yes, 0=no
	OTHTVEN	N	1	3114		Other telehealth - joint venture	C.97.f.	as20svc3	1=yes, 0=no
759	OTBONHOS	N	1	3115	3115	Bone marrow transplant - hospital	C.98.a.	as20svc3	1=yes, 0=no
	OTBONSYS	N	1	3116	3116	Bone marrow transplant - health system	C.98.a.	as20svc3	1=yes, 0=no
761	OTBONVEN	N	1	3117	3117	Bone marrow transplant - joint venture	C.98.a.	as20svc3	1=yes, 0=no
	HARTHOS	N	1	3118		Heart transplant - hospital	C.98.b.	as20svc3	1=yes, 0=no
	HARTSYS	N	1	3119		Heart transplant - health system	C.98.b.	as20svc3	1=yes, 0=no
	HARTVEN	N	1	3120		Heart transplant - joint venture	C.98.b.	as20svc3	1=yes, 0=no
	KDNYHOS	N	1	3121		Kidney transplant - hospital	C.98.c.	as20svc3	1=yes, 0=no
	KDNYSYS	N	1	3122		Kidney transplant - health system	C.98.c.	as20svc3	1=yes, 0=no
	KDNYVEN	N	1	3123		Kidney transplant - joint venture	C.98.c.	as20svc3	1=yes, 0=no
768	LIVRHOS	N	1	3124	3124	Liver transplant - hospital	C.98.d.	as20svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
							Question	Table	
769	LIVRSYS	N	1	3125	3125	Liver transplant - health system	C.98.d.	as20svc3	1=yes, 0=no
770	LIVRVEN	N	1	3126	3126	Liver transplant - joint venture	C.98.d.	as20svc3	1=yes, 0=no
771	LUNGHOS	N	1	3127	3127	Lung transplant - hospital	C.98.e.	as20svc3	1=yes, 0=no
772	LUNGSYS	N	1	3128		Lung transplant - health system	C.98.e.	as20svc3	1=yes, 0=no
	LUNGVEN	N	1	3129	3129	Lung transplant - joint venture	C.98.e.	as20svc3	1=yes, 0=no
774	TISUHOS	N	1	3130	3130	Tissue transplant - hospital	C.98.f.	as20svc3	1=yes, 0=no
775	TISUSYS	N	1	3131	3131	Tissue transplant - health system	C.98.f.	as20svc3	1=yes, 0=no
776	TISUVEN	N	1	3132		Tissue transplant - joint venture	C.98.f.	as20svc3	1=yes, 0=no
777	OTOTHHOS	N	1	3133	3133	Other transplant - hospital	C.98.g.	as20svc3	1=yes, 0=no
	OTOTHSYS	N	1	3134	3134	Other transplant - health system	C.98.g.	as20svc3	1=yes, 0=no
	OTOTHVEN	N	1	3135		Other transplant - joint venture	C.98.g.	as20svc3	1=yes, 0=no
780	TPORTHOS	N	1	3136	3136	Transportation to health services - hospital	C.99.	as20svc3	1=yes, 0=no
781	TPORTSYS	N	1	3137	3137	Transportation to health services - health system	C.99.	as20svc3	1=yes, 0=no
782	TPORTVEN	N	1	3138	3138	Transportation to health services - joint venture	C.99.	as20svc3	1=yes, 0=no
783	URGCCHOS	N	1	3139	3139	Urgent care center - hospital	C.100.	as20svc3	1=yes, 0=no
784	URGCCSYS	N	1	3140		Urgent care center - health system	C.100.	as20svc3	1=yes, 0=no
785	URGCCVEN	N	1	3141		Urgent care center - joint venture	C.100.	as20svc3	1=yes, 0=no
786	VWRKHOS	N	1	3142	3142	Violence prevention programs for the workplace - hospital	C.101.a.	as20svc3	1=yes, 0=no
787	VWRKSYS	N	1	3143	3143	Violence prevention programs for the workplace - health system	C.101.a.	as20svc3	1=yes, 0=no
788	VWRKVEN	N	1	3144	3144	Violence prevention programs for the workplace - joint venture	C.101.a.	as20svc3	1=yes, 0=no
789	VCMMHOS	N	1	3145	3145	Violence prevention programs for the community - hospital	C.101.b.	as20svc3	1=yes, 0=no
790	VCMMSYS	N	1	3146		Violence prevention programs for the community - health system	C.101.b.	as20svc3	1=yes, 0=no
791	VCMMVEN	N	1	3147		Violence prevention programs for the community - joint venture	C.101.b.	as20svc3	1=yes, 0=no
792	VRCSHOS	N	1	3148	3148	Virtual colonoscopy - hospital	C.102.	as20svc3	1=yes, 0=no
793	VRCSSYS	N	1	3149	3149	Virtual colonoscopy - health system	C.102.	as20svc3	1=yes, 0=no
794	VRCSVEN	N	1	3150		Virtual colonoscopy - joint venture	C.102.	as20svc3	1=yes, 0=no
795	VOLSVHOS	N	1	3151	3151	Volunteer services department - hospital	C.103.	as20svc3	1=yes, 0=no
796	VOLSVSYS	N	1	3152	3152	Volunteer services department - health system	C.103.	as20svc3	1=yes, 0=no
797	VOLSVVEN	N	1	3153	3153	Volunteer services department - joint venture	C.103.	as20svc3	1=yes, 0=no
798	WOMHCHOS	N	1	3154	3154	Women's health center/services - hospital	C.104.	as20svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
799	WOMHCSYS	N	1	3155	2455	Women's health center/services - health	C.104.	as20svc3	1=yes, 0=no
			1			system			
800	WOMHCVEN	Ν	1	3156	3156	Women's health center/services - joint venture	C.104.	as20svc3	1=yes, 0=no
801	WMGTHOS	N	1	3157	3157	Wound management services - hospital	C.105.	as20svc3	1=yes, 0=no
802	WMGTSYS	N	1	3158		Wound management services - health system	C.105.	as20svc3	1=yes, 0=no
803	WMGTVEN	N	1	3159	3159	Wound management services - joint venture	C.105.	as20svc3	1=yes, 0=no
804	PHER	N	1	3160	3160	Psychiatric consultation and liaison services - emergency services	C.106.a.1.	as20svc3	1=yes, 0=no
805	PHPCS	N	1	3161	3161	Psychiatric consultation and liaison services - primary care services	C.106.a.2.	as20svc3	1=yes, 0=no
806	PHACAR	N	1	3162	3162	Psychiatric consultation and liaison services - acute inpatient care	C.106.a.3.	as20svc3	1=yes, 0=no
807	PHXCAR	N	1	3163	3163	Psychiatric consultation and liaison services - extended care	C.106.a.4.	as20svc3	1=yes, 0=no
808	SHER	N	1	3164	3164	Addiction/substance use disorder consultation and liaison services - emergency services	C.106.b.1.	as20svc3	1=yes, 0=no
809	SHPCS	N	1	3165	3165	Addiction/substance use disorder consultation and liaison services - primary care services	C.106.b.2.	as20svc3	1=yes, 0=no
810	SHACAR	N	1	3166	3166	Addiction/substance use disorder consultation and liaison services - acute inpatient care	C.106.b.3.	as20svc3	1=yes, 0=no
811	SHXCAR	N	1	3167	3167	Addiction/substance use disorder consultation and liaison services - extended care	C.106.b.4.	as20svc3	1=yes, 0=no
812	BHER	N	1	3168	3168	Emergency services integrated with behavioral health care	C.106.c.1.	as20svc3	1=ves, 0=no
813	BHPCS	N	1	3169	3169	Primary care services integrated with behavioral health care	C.106.c.2.	as20svc3	1=yes, 0=no
814	BHACAR	N	1	3170	3170	Acute inpatient care integrated with behavioral health care	C.106.c.3.	as20svc3	1=yes, 0=no
815			1	3171	3171	Extended care integrated with behavioral	-		
-	BHXCAR	N				health care	C.106.c.4.	as20svc3	1=yes, 0=no
816	IPAP	N	8	3172	3179	Number of physicians, independent practice association	C.107.a.1.	as20svc3	
817	GPWP	N	8	3180	3187	Number of physicians, group practice without walls	C.107.a.2.	as20svc3	
818	OPHP	N	8	3188	3195	Number of physicians, open physician- hospital organization (PHO)	C.107.a.3.	as20svc3	

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
819	СРНР	N	8	3196	3203	Number of physicians, closed physician- hospital organization (PHO)	C.107.a.4.	as20svc3	
820	MSOP	N	8	3204	3211	Number of physicians, management service organization (MSO)	C.107.a.5.	as20svc3	
821	ISMP	N	8	3212		Number of physicians, integrated salary model	C.107.a.6.	as20svc3	
822	EQMP	N	8	3220	3227	Number of physicians, equity model	C.107.a.7.	as20svc3	
823	FNDP	Ν	8	3228	3235	Number of physicians, foundation	C.107.a.8.	as20svc3	
824	PHYP	N	8	3236		Number of physicians, other	C.107.a.9.	as20svc3	
825	IPAHOS	N	1	3244	3244	Independent practice association - hospital	C.107.a.1.1.	as20svc3	1=yes, 0=no
826	IPASYS	N	1	3245	3245	Independent practice association - health system	C.107.a.1.2.	as20svc3	1=yes, 0=no
827	GPWWHOS	N	1	3246	3246	Group practice without walls - hospital	C.107.a.2.1.	as20svc3	1=yes, 0=no
828	GPWWSYS	N	1	3247	3247	Group practice without walls - health system	C.107.a.2.2.	as20svc3	1=yes, 0=no
829	OPHOHOS	N	1	3248	3248	Open physician-hospital organization - hospital	C.107.a.3.1.	as20svc3	1=yes, 0=no
830	OPHOSYS	N	1	3249	3249	Open physician-hospital organization - health system	C.107.a.3.2.	as20svc3	1=yes, 0=no
831	CPHOHOS	N	1	3250	3250	Closed physician-hospital organization - hospital	C.107.a.4.1	as20svc3	1=yes, 0=no
832	CPHOSYS	N	1	3251	3251	Closed physician-hospital organization - health system	C.107.a.4.2.	as20svc3	1=yes, 0=no
833	MSOHOS	N	1	3252	3252	Management service organization - hospital	C.107.a.5.1.	as20svc3	1=yes, 0=no
834	MSOSYS	N	1	3253	3253	Management service organization - health system	C.107.a.5.2.	as20svc3	1=yes, 0=no
835	ISMHOS	N	1	3254	3254	Integrated salary model - hospital	C.107.a.6.1.	as20svc3	1=yes, 0=no
836	ISMSYS	N	1	3255	3255	Integrated salary model - health system	C.107.a.6.2.	as20svc3	1=yes, 0=no
837	EQMODHOS	N	1	3256		Equity model - hospital	C.107.a.7.1.	as20svc3	1=yes, 0=no
838	EQMODSYS	N	1	3257	3257	Equity model - health system	C.107.a.7.2.	as20svc3	1=yes, 0=no
839	FOUNDHOS	N	1	3258	3258	Foundation - hospital	C.107.a.8.1.	as20svc3	1=yes, 0=no
840	FOUNDSYS	N	1	3259		Foundation - health system	C.107.a.8.2.	as20svc3	1=yes, 0=no
841	PHYOTH	N	100	3260	3359	Other, please specify	C.107.a.9.	as20svc3	Literal Description
842	PHYHOS	N	1	3360		Other - hospital	C.107.a.9.1	as20svc3	1=yes, 0=no
843	PHYSYS	N	1	3361	3361	Other - health system	C.107.a.9.2	as20svc3	1=yes, 0=no
844	IPPAHOS	N	4	3362		Independent practice association - hospital ownership share	C.107.b.1.	as20svc3	Percent
845	IPAPOS	N	4	3366		Independent practice association - physician ownership share	C.107.b.1.	as20svc3	Percent
846	IPACOS	N	4	3370	3373	Independent practice association - parent corporation ownership share	C.107.b.1.	as20svc3	Percent

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
847	IPAIOS	Ν	4	3374	3377	Independent practice association - insurance ownership share	C.107.b.1.	as20svc3	Percent
848	GPWHOS	N	4	3378	3381	Group practice without walls - hospital ownership share	C.107.b.2.	as20svc3	Percent
849	GPWPOS	N	4	3382	3385	Group practice without walls - physician ownership share	C.107.b.2.	as20svc3	Percent
	GPWCOS	N	4	3386		Group practice without walls - parent corporation ownership share	C.107.b.2.	as20svc3	Percent
	GPWIOS	N	4	3390		Group practice without wall - insurance ownership share	C.107.b.2.	as20svc3	Percent
	OPHHOS	N	4	3394		Open physician-hospital organization - hospital ownership share	C.107.b.3.	as20svc3	Percent
853	OPHPOS	Ν	4	3398		Open physician-hospital organization - physician ownership share	C.107.b.3.	as20svc3	Percent
	OPHCOS	Ν	4	3402		Open physician-hospital organization - parent corporation ownership share	C.107.b.3.	as20svc3	Percent
855	OPHIOS	N	4	3406		Open physician-hospital organization - insurance ownership share	C.107.b.3.	as20svc3	Percent
	CPHHOS	N	4	3410		Closed physician-hospital organization - hospital ownership share	C.107.b.4.	as20svc3	Percent
	CPHPOS	N	4	3414		Closed physician-hospital organization - physician ownership share	C.107.b.4.	as20svc3	Percent
	CPHCOS	N	4	3418	3421	Closed physician-hospital organization - parent corporation ownership share	C.107.b.4.	as20svc3	Percent
	CPHIOS	N	4	3422		Closed physician-hospital organization - insurance ownership share	C.107.b.4.	as20svc3	Percent
	MMSOHOS	Ν	4	3426		Management service organization - hospital ownership share	C.107.b.5.	as20svc3	Percent
	MSOPOS	Ν	4	3430		Management service organization - physician ownership share	C.107.b.5.	as20svc3	Percent
	MSOCOS	Ν	4	3434		Management service organization - parent corporation ownership share	C.107.b.5.	as20svc3	Percent
	MSOIOS	Ν	4	3438		Management service organization - insurance ownership share	C.107.b.5.	as20svc3	Percent
864	IISMHOS	N	4	3442		Integrated salary model - hospital ownership share	C.107.b.6.	as20svc3	Percent
865	ISMPOS	N	4	3446		Integrated salary model - physician ownership share	C.107.b.6.	as20svc3	Percent
	ISMCOS	N	4	3450		Integrated salary model - parent corporation ownership share	C.107.b.6.	as20svc3	Percent
	ISMIOS	N	4	3454		Integrated salary model - insurance ownership share	C.107.b.6.	as20svc3	Percent
868	EQMHOS	Ν	4	3458	3461	Equity model - hospital ownership share	C.107.b.7.	as20svc3	Percent

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
869	EQMPOS	N	4	3462	3465	Equity mode - physician ownership share		as20svc3	Percent
870	EQMCOS	N	4	3466	3469	Equity mode - parent corporation ownership share	C.107.b.7.	as20svc3	Percent
871	EQMIOS	N	4	3470	3473	Equity mode - insurance ownership share	C.107.b.7.	as20svc3	Percent
872	FNDHOS	Ν	4	3474	3477	Foundation - hospital ownership share	C.107.b.8.	as20svc3	Percent
873	FNDPOS	N	4	3478	3481	Foundation - physician ownership share	C.107.b.8.	as20svc3	Percent
874	FNDCOS	N	4	3482	3485	Foundation - parent corporation ownership share	C.107.b.8.	as20svc3	Percent
875	FNDIOS	N	4	3486	3489	Foundation - insurance ownership share	C.107.b.8.	as20svc3	Percent
876	PPHYHOS	N	4	3490		Other physician-organization arrangement - hospital ownership share	C.107.b.9.	as20svc3	Percent
877	PHYPOS	N	4	3494	3497	Other physician-organization arrangement - physician ownership share	C.107.b.9.	as20svc3	Percent
878	PHYCOS	N	4	3498	3501	Other physician-organization arrangement - parent corporation ownership share	C.107.b.9.	as20svc3	Percent
879	PHYIOS	N	4	3502	3505	Other physician-organization arrangement - insurance ownership share	C.107.b.9.	as20svc3	Percent
880	PHYPR	N	4	3506	3509	Hospital owned physician practice - solo practice, percent	C.107.c.1.	as20svc3	Percent
881	PHYPRN	N	4	3510	3513	Hospital owned physician practice - solo practice, number	C.107.c.1.	as20svc3	Number of physicians
882	SSGRP	N	4	3514	3517	Hospital owned physician practice - single specialty group, percent	C.107.c.2.	as20svc3	Percent
883	SSGRPN	N	4	3518	3521	Hospital owned physician practice - single specialty group, number	C.107.c.2.	as20svc3	Number of physicians
884	MSGRP	N	4	3522	3525	Hospital owned physician practice - multi- specialty group, percent	C.107.c.3.	as20svc3	Percent
885	MSGRPN	N	4	3526	3529	Hospital owned physician practice - multi- specialty group, number	C.107.c.3.	as20svc3	Number of physicians
886	РНҮСРТ	N	4	3530	3533	Hospital owned physician practice - percent primary care	C.107.d.	as20svc3	Percent
887	PHYOCPT	N	4	3534	3537	Hospital owned physician practice - percent specialty care	C.107.e.	as20svc3	Percent
888	FTMT	N	8	3538	3545	Total physicians engaged in arrangement with hospital	C.108.	as20svc3	Number of physicians

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
889	JNTPH	N	1	3546	3546	Does your hospital participate in any joint		as20svc3	1=yes, 0=no
						venture arrangements with physicians or physician groups?			
890	JNLS	N	1	3547	3547	Limited service hospital	C.109.b.1.	as20svc3	1=yes, 0=no
891	JNTAMB	N	1	3548		Ambulatory surgical centers	C.109.b.2.	as20svc3	1=yes, 0=no
892	JNTCTR	N	1	3549		Imaging centers	C.109.b.3.	as20svc3	1=yes, 0=no
893	JNTOTH	N	1	3550	3550	Other joint venture	C.109.b.4.	as20svc3	1=yes, 0=no
894	LSHTXT	N	100	3551		Other joint venture, description	C.109.b.4.	as20svc3	Literal Description
895	JNTLSC	N	1	3651		Cardiac - Limited service hospital	C.109.c.1.	as20svc3	1=yes, 0=no
896	JNTLSO	N	1	3652		Orthopedic - Limited service hospital	C.109.c.2.	as20svc3	1=yes, 0=no
897	JNTLSS	N	1	3653		Surgical - Limited service hospital	C.109.c.3.	as20svc3	1=yes, 0=no
898	JNTLST	N	1	3654			C.109.c.4.	as20svc3	1=yes, 0=no
899	JNTTXT	N	100	3655		Other - Limited service hospital,	C.109.c.4.	as20svc3	Literal Description
099		IN	100	3035	5754	description	0.109.0.4.	a5205VC3	
900	JNTMD	N	1	3755	3755	Does hospital participate in joint venture	C.109.d.	as20svc3	1=yes, 0=no
						arrangements with organizations other			
						than physician groups?			
901	SOCHSE	N	1	3756	3756	Housing program/strategy	F.1.a.	as20svc3	1=yes, 0=no
902	SOCFOD	N	1	3757	3757	Food insecurity or hunger	F.1.b.	as20svc3	1=yes, 0=no
						program/strategy			
903	SOCNED	N	1	3758	3758	Utility needs program/strategy	F.1.c.	as20svc3	1=yes, 0=no
904	SOCV	N	1	3759			F.1.d.	as20svc3	1=yes, 0=no
905	SOCTRN	N	1	3760		Transportation program/strategy	F.1.e.	as20svc3	
906	SOCINC	N	1	3761		Employment and income	F.1.f.	as20svc3	1=yes, 0=no
						program/strategy			
907	SOCED	N	1	3762		Education program/strategy	F.1.g.	as20svc3	1=yes, 0=no
908	SOCIOS	N	1	3763	3763	Social isolation program/strategy	F.1.h	as20svc3	1=yes, 0=no
909	SOCBH	N	1	3764	3764	Health behaviors program/strategy	F.1.i	as20svc3	1=yes, 0=no
910	SOCOT	N	1	3765		Other program/strategy	F.1.j.	as20svc3	1=yes, 0=no
911	SOCOTH	N	100	3766	3865	Other program/strategy, description	F.1.j.	as20svc3	Literal Description
912	SCNED	N	1	3866	3866	Does hospital or health system screen	F.2.	as20svc3	1=yes for all patients, 2 = yes for some
						patients for social needs?			patients, 0=no
913	SCHSE	N	1	3867	3867	Housing screening	F.2.a.1.	as20svc3	1=yes, 0=no
914	SCFOD	N	1	3868	3868	Food insecurity or hunger screening	F.2.a.2.	as20svc3	1=yes, 0=no
915	SCUND	N	1	3869		Utility needs screening	F.2.a.3.	as20svc3	1=yes, 0=no
916	SCV	N	1	3870		Interpersonal violence screening	F.2.a.4.	as20svc3	1=yes, 0=no
917	SCTRN	N	1	3871		Transportation screening	F.2.a.5.	as20svc3	1=yes, 0=no
918	SCSTAT	N	1	3872	3872	Employment status or income screening		as20svc3	1=yes, 0=no
919	SCEDL	N	1	3873		Education level screening	F.2.a.7.	as20svc3	1=yes, 0=no
920	SCIOS	Ν	1	3874	3874	Social isolation screening	F.2.a.8.	as20svc3	1=yes, 0=no
921	SCBH	N	1	3875		Health behaviors screening	F.2.a.9.	as20svc3	1=yes, 0=no
922	SCROT	N	1	3876		Other screening	F.2.a.10.	as20svc3	1=yes, 0=no
923	SCOTH	N	100	3877		Other screening, description	F.2.a.10.	as20svc3	Literal Description

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
-	SOCEHR	N	1	3977	3977	Hospital or health system records social needs screening results in EHR	F.2.b.	as20svc3	1=yes, 0=no
	OUTMTX	Ν	1	3978		effectiveness of interventions to address social needs	F.3.	as20svc3	1=yes, 0=no
	BHLTA	N	1	3979	3979	Better health outcomes for patients	F.4.a.	as20svc3	1=yes, 0=no
-	DECUTLA	N	1	3980	3980	Decreased utilization of hospital or health system services	F.4.b.	as20svc3	1=yes, 0=no
	DECHC	N	1	3981	3981	Decreased health care costs	F.4.c.	as20svc3	1=yes, 0=no
929	IMPSTAT	N	1	3982	3982	Improved community health status	F.4.d.	as20svc3	1=yes, 0=no
930	ISOCHG	Ν	1	3983	3983	Staffed bed change during reporting period	C.110.a.	as20svc3	1=yes, 0=no
931	IICUBD	N	1	3984	3984	ICU bed change during reporting period	C.110.b.	as20svc3	1=yes, 0=no
932	ISORMB	N	4	3985	3988	Number of isolation rooms at start of reporting period	C.111.a.	as20svc3	
933	ISORME	N	4	3989	3992	Number of isolation rooms at end of reporting period	C.111.b.	as20svc3	
934	ISORMC	N	4	3993	3996	Number of rooms that can be converted to isolation rooms	C.111.c.	as20svc3	
935	COVIDU	N	1	3997	3997	Temporary spaces set up during reporting period	C.112	as20svc3	1=yes, 0=no
936	BAIMV	N	4	3998	4001	Number of adult ventilators at start of reporting period	C.113.a.	as20svc3	
937	EAIMV	N	4	4002	4005	Number of adult ventilators at end of reporting period	C.113.b.	as20svc3	
938	BPIMV	N	4	4006	4009	Number of pediatric/NICU ventilators at start of reporting period	C.113.c.	as20svc3	
939	EPIMV	N	4	4010	4013	Number of pediatric/NICU ventilators at end of reporting period	C.113.d.	as20svc3	
940	EDBDCHG	N	1	4014	4014	ED bed change during reporting period	C.114.c.	as20svc3	1=yes, 0=no
941	EXPTOT	Y	15	4015	4029	Total facility expenses, excluding bad debt	E.3.m.	as20util1	Total expenses
942	EXPTHA	Y	15	4030	4044	Hospital unit total expenses, excluding bad debt		as20util1	Calculated Field: Total expenses less nursing home unit expense
943	EXPTLA	Y	15	4045	4059	Nursing home expenses, excluding bad debt	E.3.m.	as20util1	Total expenses (nursing home unit)
	DPEXA	N	10	4060		Depreciation expense	E.3.h.	as20util1	Expense
	INTEXA	N	10	4070		Interest expense	E.3.i.	as20util1	Expense
	PHREXA	N	10	4080		Pharmacy expense	E.3.j.	as20util1	Expense
	SUPEXA	N	10	4090		Supply expense	E.3.k.	as20util1	Expense
948	OTHEXPA	N	10	4100	4109	All other expenses	E.3.I.	as20util1	Expense
	NPAYBEN	Y	10	4110		Total facility employee benefits	E.3.g.	as20util1	Employee benefits
950	PAYTOT	Y	10	4120	4129	Total facility payroll expenses	E.3.f.	as20util1	Payroll expenses

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
951	ΡΑΥΤΟΤΗ	Y	10	4130	4139	Hospital unit payroll expenses		as20util1	Calculated Field: Total facility payroll expenses less nursing home facility payroll expenses
952	NPAYBENH	Y	10	4140	4149	Hospital unit employee benefits		as20util1	Calculated Field: Total facility employee benefits expenses less nursing home facility employee benefits expenses
953	PAYTOTLT	Y	10	4150	4159	Nursing home payroll expenses	E.3.f.	as20util1	Payroll expenses (nursing home unit)
954	NPAYBENL	Y	10	4160		Nursing home employee benefits	E.3.g.	as20util1	Employee benefits (nursing home unit)
955	LBEDSA	Ν	6	4170	4175	Licensed beds total facility	E.1.a.	as20util1	Total licensed beds
956	BDTOT	NA	4	4176	4179	Total facility beds set up and staffed at the end of reporting period	E.1.b.	as20util1	Beds set up and staffed (total facility)
957	ADMTOT	Y	6	4180		Total facility admissions	E.1.e.	as20util1	Admissions (total facility)
958	IPDTOT	Y	8	4186		Total facility inpatient days	E.1.f.	as20util1	Inpatient days (total facility)
959	BDH	Ν	4	4194	4197	Hospital unit beds set up and staffed		as20util1	Calculated Field: Total facility beds less nursing home unit beds
960	ADMH	N	6	4198	4203	Hospital unit admissions		as20util1	Calculated Field: Total facility admissions less nursing home unit admissions
961	IPDH	N	8	4204	4211	Hospital unit inpatient days		as20util1	Calculated Field: Total facility inpatient days less nursing home unit inpatient days
962	LBEDLA	Ν	6	4212	4217	Nursing home licensed beds	E.1.a.	as20util1	Licensed beds (nursing home unit)
963	BDLT	N	4	4218	4221		E.1.b.	as20util1	Nursing home beds set up and staffed
964	ADMLT	N	6	4222	4227	Nursing home admissions	E.1.e.	as20util1	Nursing home admissions
965	IPDLT	Ν	8	4228	4235	Nursing home inpatient days	E.1.f.	as20util1	Nursing home inpatient days
966	MCRDC	Y	6	4236	4241	Total facility Medicare discharges	E.2.a1.	as20util1	Medicare discharges (total facility)
967	MCRIPD	Y	8	4242	4249	Total facility Medicare inpatient days	E.2.b1.	as20util1	Medicare inpatient days (total facility)
968	MCDDC	Y	6	4250	4255	Total facility Medicaid discharges	E.2.c1.	as20util1	Medicaid discharges (total facility)
969	MCDIPD	Y	8	4256	4263	Total facility Medicaid inpatient days	E.2.d1.	as20util1	Medicaid Inpatient days (total facility)
970	MCRDCH	N	6	4264	4269	Hospital unit Medicare discharges		as20util1	Calculated Field: Total facility Medicare discharges less nursing home unit Medicare discharges
971	MCRIPDH	N	8	4270	4277	Hospital unit Medicare inpatient days		as20util1	Calculated Field: Total facility Medicare days less nursing home unit Medicare days
972	MCDDCH	N	6	4278	4283	Hospital unit Medicaid discharges		as20util1	Calculated Field: Total facility Medicaid discharges less nursing home unit Medicaid discharges
973	MCDIPDH	N	8	4284	4291	Hospital unit Medicaid inpatient days		as20util1	Calculated Field: Total facility Medicaid days less nursing home unit Medicaid days
974	MCRDCLT	N	6	4292	4297	Nursing home Medicare discharges	E.2.a1.	as20util1	Medicare discharges (nursing home unit)
975	MCRIPDLT	N	8	4298		Nursing home Medicare inpatient days	E.2.b1.	as20util1	Medicare inpatient days (nursing home unit)
976	MCDDCLT	N	6	4306	4311	Nursing home Medicaid discharges	E.2.c1.	as20util1	Medicaid discharges (nursing home unit)

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
977	MCDIPDLT	N	8	4312	4319	Nursing home Medicaid inpatient days	E.2.d1.	as20util1	Medicaid inpatient days (nursing home unit)
978	BASSIN	NA	4	4320	4323	Bassinets set up and staffed	E.1.c.	as20util1	Bassinets set up and staffed
979	BIRTHS	Y	6	4324	4329	Total births (excluding fetal deaths)	E.1.d.	as20util1	Births (exclude fetal deaths)
980	SUROPIP	Y	6	4330		Inpatient surgical operations	E.1.i.	as20util1	Inpatient surgeries
981	SUROPOP	Y	6	4336		Outpatient surgical operations	E.1.k.	as20util1	Outpatient surgeries
982	SUROPTOT	Y	6	4342		Total surgical operations		as20util1	Calculated Field: Inpatient surgical
									operations + outpatient surgical operations
983	VEM	Y	8	4348	4355	Emergency department visits	E.1.g.	as20util1	Emergency department visits
984	VOTH	Y	8	4356	4363	Other outpatient visits		as20util1	Calculated Field: Total outpatient visits less emergency department visits
985	VTOT	Y	8	4364	4371	Total outpatient visits	E.1.h.	as20util1	Total outpatient visits
		below indicate survey	-			Full-Time, Part-Time and Vacancy cate			
986	FTMDTF	Υ	5	4372		Full-time physicians and dentists	E.11.a.(1)	as20util1	Full-time physicians and dentists
987	FTRES	Y	5	4377		Full-time medical and dental residents	E.11.c.(1)	as20util1	Full-time medical and dental
						and interns			residents/interns
988	FTTRAN84	Y	5	4382	4386	Full-time other trainees	E.11.e.(1)	as20util1	Full-time other trainees
989	FTRNTF	Y	5	4387	4391	Full-time registered nurses	E.11.f.(1)	as20util1	Full-time registered nurses
990	FTLPNTF	Y	5	4392	4396	Full-time licensed practical (vocational) nurses	E.11.g.(1)	as20util1	Full-time licensed practical (vocational) nurses
991	FTAST	Y	5	4397	4401	Full-time nursing assistive personnel	E.11.h.(1)	as20util1	Full-time nursing assistive personnel
992	FTRAD	Y	5	4402		Full-time radiology technicians	E.11.i.(1)	as20util1	Full-time radiology technicians
993	FTLAB	Y	5	4407		Full-time laboratory technicians	E.11.j.(1)	as20util1	Full-time laboratory technicians
994	FTPHR	Y	5	4412	4416	Full-time pharmacists, licensed	E.11.k.(1)	as20util1	Full-time pharmacists, licensed
995	FTPHT	Y	5	4417	4421	Full-time pharmacy technicians	E.11.I.(1)	as20util1	Full-time pharmacy technicians
996	FTRESP	Y	5	4422		Full-time respiratory therapists	E.11.m.(1)	as20util1	Full-time respiratory therapists
997	FTOTHTF	Y	5	4427		Full-time all other personnel	E.11.n.(1)	as20util1	Full-time all other personnel
998	FTTOT	Y	5	4432	4436	Full-time total facility personnel	E.11.o.(1)	as20util1	Full-time total facility personnel
999	PTMDTF	Y	5	4437	4441	Part-time physicians and dentists	E.11.a.(2)	as20util1	Part-time physicians and dentists
1000	PTRES	Y	5	4442	4446	Part-time medical and dental residents and interns	E.11.c.(2)	as20util1	Part-time medical and dental residents/interns
1001	PTTRAN84	Y	5	4447	4451	Part-time other trainees	E.11.e.(2)	as20util1	Part-time other trainees
1002	PTRNTF	Y	5	4452		Part-time registered nurses	E.11.f.(2)	as20util1	Part-time registered nurses
1003	PTLPNTF	Ŷ	5	4457		Part-time licensed practical (vocational) nurses	E.11.g.(2)	as20util1	Part-time licensed practical (vocational) nurses
1004	PTAST	Y	5	4462	4466	Part-time nursing assistive personnel	E.11.h.(2)	as20util1	Part-time nursing assistive personnel
1005	PTRAD	Y	5	4467	4471	Part-time radiology technicians	E.11.i.(2)	as20util1	Part-time radiology technicians
1006	PTLAB	Y	5	4472	4476	Part-time laboratory technicians	E.11.j.(2)	as20util1	Part-time laboratory technicians
1007	PTPHR	Y	5	4477		Part-time pharmacists, licensed	E.11.k.(2)	as20util1	Part-time pharmacists, licensed
1008	PTPHT	Y	5	4482		Part-time pharmacy technicians	E.11.I.(2)	as20util1	Part-time pharmacy technicians
1009	PTRESP	Y	5	4487		Part-time respiratory therapists	E.11.m.(2)	as20util1	Part-time respiratory therapists
1010	PTOTHTF	Y	5	4492		Part-time all other personnel	E.11.n.(2)	as20util1	Part-time all other personnel
	PTTOT	v ·	5	4497		Part-time total facility personnel	E.11.o.(2)	as20util1	Part-time total facility personnel

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1012	FTTOTH	Y	5	4502	4506	Total full-time hospital unit personnel		as20util1	Calculated Field: Total full-time facility personnel less total full-time nursing home personnel
1013	РТТОТН	Y	5	4507	4511	Total part-time hospital unit personnel		as20util1	Calculated Field: Total part-time facility personnel less total part-time nursing home personnel
1014	FTRNLT	N	5	4512	4516	Total full-time nursing home type unit/facility registered nurses	E.11.p.(1)	as20util1	Total full-time nursing home type unit/facility registered nurses
1015	PTRNLT	N	5	4517	4521	Total part-time nursing home type	E.11.p.(2)	as20util1	Total part-time nursing home type unit/facility registered nurses
1016	FTTOTLT	Y	5	4522	4526	Total full-time nursing home personnel	E.11.q.(1)	as20util1	Total full-time nursing home personnel
1017	PTTOTLT	Y	5	4527			E.11.q.(2)	as20util1	Total part-time nursing home personnel
1018	FTED	N	8	4532			E.11.a.(3)	as20util1	Physicians and dentists FTE (Reported)
1019	FTER	N	8	4540		Medical and dental residents FTE	E.11.c.(3)	as20util1	Medical and dental residents FTE (Reported)
1020	FTET	N	8	4548	4555	Other trainees FTE	E.11.e.(3)	as20util1	Other trainees FTE (Reported)
1021	FTEN	N	8	4556			E.11.f.(3)	as20util1	Registered nurses FTE (Reported)
1022	FTEP	N	8	4564			E.11.g.(3)	as20util1	Licensed practical (vocational) nurses FTE (Reported)
1023	FTEAP	N	8	4572	4579	Nursing assistive personnel FTE	E.11.h.(3)	as20util1	Nursing assistive personnel FTE (Reported)
1024	FTERAD	N	8	4580		Radiology technicians FTE	E.11.i.(3)	as20util1	Radiology technicians FTE (Reported)
1025	FTELAB	N	8	4588	4595	Laboratory technicians FTE	E.11.j.(3)	as20util1	Laboratory technicians FTE (Reported)
1026	FTEPH	N	8	4596	4603		E.11.k.(3)	as20util1	Pharmacists, licensed FTE (Reported)
1027	FTEPHT	N	8	4604	4611	Pharmacy technicians FTE	E.11.I.(3)	as20util1	Pharmacy technicians FTE (Reported)
1028	FTERESP	N	8	4612	4619	Respiratory therapists FTE	E.11.m.(3)	as20util1	Respiratory therapists FTE (Reported)
1029	FTEO	N	8	4620			E.11.n.(3)	as20util1	All other personnel FTE (Reported)
1030	FTETF	N	8	4628			E.11.o.(3)	as20util1	Total facility personnel FTE (Reported)
1031	FTERNLT	N	8	4636	4643	Nursing home type unit/facility registered nurses FTE	E.11.p.(3)	as20util1	Nursing home registered nurses FTE (Reported)
1032	FTEU	N	8	4644	4651	Nursing home personnel FTE	E.11.q.(3)	as20util1	Nursing home personnel FTE (Reported)
1033	VMD	N	8	4652			E.11.a.(4)	as20util1	Physician and dentists - vacancies
1034	VRES	N	8	4660			E.11.c.(4)	as20util1	Medical and dental residents/interns- vacancies
1035	VTTRN	N	8	4668	4675	Other trainees - vacancies	E.11.e.(4)	as20util1	Other trainees - vacancies
1036	VRN	N	8	4676		Registered nurses - vacancies	E.11.f.(4)	as20util1	Registered nurses - vacancies
1037	VLPN	N	8	4684			E.11.g.(4)	as20util1	Licensed practical (vocational) nurses - vacancies
1038	VAST	N	8	4692	4699	Nursing assistive personnel - vacancies	E.11.h.(4)	as20util1	Nursing assistive personnel - vacancies
1039	VRAD	N	8	4700			E.11.i.(4)	as20util1	Radiology technicians - vacancies
1040	VLAB	N	8	4708			E.11.j.(4)	as20util1	Laboratory technicians - vacancies
1041	VPHR	N	8	4716			E.11.k.(4)	as20util1	Pharmacists, licensed - vacancies
1042	VPHT	N	8	4724			E.11.I.(4)	as20util1	Pharmacy technicians - vacancies
1043	VRSP	N	8	4732		Respiratory therapists - vacancies	E.11.m.(4)	as20util1	Respiratory therapists - vacancies

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1044	VOTHL	N	8	4740	4747	All other personnel - vacancies	E.11.n.(4)	as20util1	All other personnel - vacancies
1045	VTOTL	N	8	4748			E.11.o.(4)	as20util1	Total facility personnel - vacancies
1046	VRNH	Ν	8	4756		Nursing home type unit/facility registered nurses - vacancies		as20util1	Nursing home type unit/facility registered nurses- vacancies
1047	VTNH	N	8	4764	4771		E.11.q.(4)	as20util1	Total nursing home type unit/facility personnel - vacancies
1048	ERNFTE	N	8	4772	4779		E.11.r.	as20util1	Number of FTEs (among employed RNs) involved in direct patient care
1049	PCMRES	N	8	4780	4787	Medical residents/interns - primary care	E.11.s.1.	as20util1	Full-time on payroll medical residents/interns - primary care
1050	OTHPCR	N	8	4788	4795	Medical residents/interns - other specialties	E.11.s.2	as20util1	Full-time on payroll medical residents/interns - other specialties
1051	ADC	NA	8	4796	4902	Average daily census		as20util1	Inpatient Days / Days Covered
1052	ADJADM	NA	8	4804		Adjusted admissions		as20util1	Admissions + (Admissions * (Outpatient Revenue/Inpatient Revenue))
1053	ADJPD	NA	8	4812	4819	Adjusted patient days		as20util1	Inpatient Days + (Inpatient Days * (Outpatient Revenue/Inpatient Revenue))
1054	ADJADC	NA	8	4820	4827	Adjusted average daily census		as20util1	Adjusted Patient Days/Number of Days in Reporting Period
1055	ADJPDH	NA	8	4828	4835	Adjusted patient days hospital unit		as20util1	Inpatient days hospital unit + (Inpatient days hospital unit * (Outpatient Revenue/Inpatient Revenue))
1056	ADJADCH	NA	8	4836	4843	Adjusted average daily census hospital unit		as20util1	Adjusted Patient Days Hospital Unit/Number of days in reporting period
1057	FTERNH	NA	8	4844	4851	Registered nurses FTE hospital unit		as20util1	Calculated Field: Total facility RN FTE less nursing home unit RN FTE
1058	FTEMD	NA	8	4852	4859	Full time equivalent physicians and dentists		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1059	FTERN	NA	8	4860	4867	Full time equivalent registered nurses		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1060	FTELPN	NA	8	4868	4875	Full time equivalent licensed practical (vocational) nurses		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1061	FTERES	NA	8	4876	4883	Full time equivalent medical and dental residents and interns		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1062	FTETRAN	NA	8	4884	4891	Full time equivalent other trainees		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1063	FTECAP	NA	8	4892	4899	Full time equivalent nursing assistive personnel		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1064	FTECRAD	NA	8	4900	4907	Full time equivalent radiology technicians	\$	as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1065	FTECLAB	NA	8	4908	4915	Full time equivalent laboratory technicians		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1066	FTECPH	NA	8	4916	4923	Full time equivalent pharmacists, licensed		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1067	FTECPHT	NA	8	4924	4931	Full time equivalent pharmacy technicians		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1068	FTECRESP	NA	8	4932	4939	Full time equivalent respiratory therapists	\$	as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1069	FTETTRN	NA	8	4940	4947	Full time equivalent total trainees		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1070	FTEOTH94	NA	8	4948	4955	Full time equivalent all other personnel		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1071	FTEH	NA	8	4956	4963	Full time equivalent hospital unit total personnel		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1072	FTENH	NA	8	4964	4971	Full time equivalent nursing home total personnel		as20util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1073	FTE	NA	8	4972	4979	Full time equivalent total personnel		as20util1	Excludes medical and dental residents, interns and other trainees
1074	OPRA	N	4	4980	4983	Number of operating rooms	E.1.j.	as20util1	Number of operating rooms
1075	EADMTOT	NA	1	4984	4984		-	as20util1	0=reported, 1=estimated, 2=expanded
1076	EIPDTOT	NA	1	4985	4985	(Estimation Flag) Inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1077	EADMH	NA	1	4986	4986	(Estimation Flag) Hospital unit admissions		as20util1	0=reported, 1=estimated, 2=expanded
1078	EIPDH	NA	1	4987	4987	(Estimation Flag) Hospital unit inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1079	EADMLT	NA	1	4988	4988	admissions		as20util1	0=reported, 1=estimated, 2=expanded
1080	EIPDLT	NA	1	4989	4989	inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1081	EMCRDC	NA	1	4990	4990	discharges		as20util1	0=reported, 1=estimated, 2=expanded
1082	EMCRIPD	NA	1	4991	4991	(Estimation Flag) Medicare inpatient days		as20util1	0=reported, 1=estimated, 2=expanded

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1083	EMCDDC	NA	1	4992		(Estimation Flag) Medicaid inpatient discharges		as20util1	0=reported, 1=estimated, 2=expanded
1084	EMCDIPD	NA	1	4993	4993	(Estimation Flag) Medicaid inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1085	EMCRDCH	NA	1	4994	4994	(Estimation Flag) Hospital unit Medicare inpatient discharges		as20util1	0=reported, 1=estimated, 2=expanded
1086	EMCRIPDH	NA	1	4995	4995	(Estimation Flag) Hospital unit Medicare inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1087	EMCDDCH	NA	1	4996	4996	(Estimation Flag) Hospital unit Medicaid inpatient discharges		as20util1	0=reported, 1=estimated, 2=expanded
1088	EMCDIPDH	NA	1	4997	4997	(Estimation Flag) Hospital unit Medicaid inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1089	EMCRDCLT	NA	1	4998	4998	(Estimation Flag) Nursing home unit Medicare inpatient discharges		as20util1	0=reported, 1=estimated, 2=expanded
1090	EMCRPDLT	NA	1	4999	4999	(Estimation Flag) Nursing home unit Medicare inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1091	EMCDDCLT	NA	1	5000	5000	(Estimation Flag) Nursing home unit Medicaid inpatient discharges		as20util1	0=reported, 1=estimated, 2=expanded
1092	EMCDPDLT	NA	1	5001	5001	(Estimation Flag) Nursing home unit Medicaid inpatient days		as20util1	0=reported, 1=estimated, 2=expanded
1093	EBIRTHS	NA	1	5002	5002	(Estimation Flag) Births		as20util1	0=reported, 1=estimated, 2=expanded
1094	ESUROPIP	NA	1	5003		(Estimation Flag) Inpatient surgical operations		as20util1	0=reported, 1=estimated, 2=expanded
1095	ESUROPOP	NA	1	5004	5004	(Estimation Flag) Outpatient surgical operations		as20util1	0=reported, 1=estimated, 2=expanded
1096	ESUROPTO	NA	1	5005	5005	(Estimation Flag) Total surgical operations		as20util1	0=reported, 1=estimated, 2=expanded
1097	EVEM	NA	1	5006	5006	(Estimation Flag) Outpatient visits emergency		as20util1	0=reported, 1=estimated, 2=expanded
1098	EVOTH	NA	1	5007	5007	(Estimation Flag) Outpatient visits other		as20util1	0=reported, 1=estimated, 2=expanded
	EVTOT	NA	1	5008		(Estimation Flag) Outpatient visits total		as20util1	0=reported, 1=estimated, 2=expanded
	EPAYTOT	NA	1	5009		(Estimation Flag) Total payroll expenses		as20util1	0=reported, 1=estimated, 2=expanded
	ENPAYBEN	NA	1	5010		(Estimation Flag) Employee benefits		as20util1	0=reported, 1=estimated, 2=expanded
	EPAYTOTH	NA	1	5011		(Estimation Flag) Hospital unit payroll expenses		as20util1	0=reported, 1=estimated, 2=expanded
1103	ENPYBENH	NA	1	5012	5012	(Estimation Flag) Hospital unit employee benefits		as20util1	0=reported, 1=estimated, 2=expanded
1104	EPYTOTLT	NA	1	5013	5013	(Estimation Flag) Nursing home unit payroll expenses		as20util1	0=reported, 1=estimated, 2=expanded
1105	ENPBENLT	NA	1	5014	5014	(Estimation Flag) Nursing home unit employee benefits		as20util1	0=reported, 1=estimated, 2=expanded
1106	EFTMDTF	NA	1	5015	5015	(Estimation Flag) Full-time physicians and dentists		as20util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1107	EFTRES	NA	1	5016		(Estimation Flag) Full-time medical and dental residents		as20util1	0=reported, 1=estimated, 2=expanded
1108	EFTTRN84	NA	1	5017	5017	(Estimation Flag) Full-time other trainees		as20util1	0=reported, 1=estimated, 2=expanded
1109	EFTRNTF	NA	1	5018	5018	(Estimation Flag) Full-time registered nurses		as20util1	0=reported, 1=estimated, 2=expanded
1110	EFTLPNTF	NA	1	5019	5019	(Estimation Flag) Full-time licensed practical (vocational) nurses		as20util1	0=reported, 1=estimated, 2=expanded
1111	EFTAST	NA	1	5020	5020	(Estimation Flag) Full-time nursing assistive personnel		as20util1	0=reported, 1=estimated, 2=expanded
1112	EFTRAD	NA	1	5021	5021	(Estimation Flag) Full-time radiology technicians		as20util1	0=reported, 1=estimated, 2=expanded
1113	EFTLAB	NA	1	5022	5022	(Estimation Flag) Full-time laboratory technicians		as20util1	0=reported, 1=estimated, 2=expanded
1114	EFTPHR	NA	1	5023	5023	(Estimation Flag) Full-time pharmacists, licensed		as20util1	0=reported, 1=estimated, 2=expanded
1115	EFTPHT	NA	1	5024	5024	(Estimation Flag) Full-time pharmacy technicians		as20util1	0=reported, 1=estimated, 2=expanded
1116	EFTRESP	NA	1	5025	5025	(Estimation Flag) Full-time respiratory therapists		as20util1	0=reported, 1=estimated, 2=expanded
1117	EFTOTHTF	NA	1	5026	5026	(Estimation Flag) Full-time all other personnel		as20util1	0=reported, 1=estimated, 2=expanded
1118	EFTTOT	NA	1	5027	5027	(Estimation Flag) Full-time total		as20util1	0=reported, 1=estimated, 2=expanded
1119	EPTMDTF	NA	1	5028	5028	(Estimation Flag) Part-time physicians and dentists		as20util1	0=reported, 1=estimated, 2=expanded
1120	EPTRES	NA	1	5029	5029	(Estimation Flag) Part-time medical and dental residents		as20util1	0=reported, 1=estimated, 2=expanded
1121	EPTTRN84	NA	1	5030	5030	(Estimation Flag) Part-time other trainees		as20util1	0=reported, 1=estimated, 2=expanded
1122	EPTRNTF	NA	1	5031	5031	(Estimation Flag) Part-time registered nurses		as20util1	0=reported, 1=estimated, 2=expanded
1123	EPTLPNTF	NA	1	5032	5032	(Estimation Flag) Part-time licensed practical (vocational) nurses		as20util1	0=reported, 1=estimated, 2=expanded
1124	EPTAST	NA	1	5033	5033	(Estimation Flag) Part-time nursing assistive personnel		as20util1	0=reported, 1=estimated, 2=expanded
1125	EPTRAD	NA	1	5034	5034	(Estimation Flag) Part-time radiology technicians		as20util1	0=reported, 1=estimated, 2=expanded
1126	EPTLAB	NA	1	5035	5035	(Estimation Flag) Part-time laboratory technicians		as20util1	0=reported, 1=estimated, 2=expanded
1127	EPTPHR	NA	1	5036	5036	(Estimation Flag) Part-time pharmacists, licensed		as20util1	0=reported, 1=estimated, 2=expanded
1128	EPTPHT	NA	1	5037	5037	(Estimation Flag) Part-time pharmacy technicians		as20util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1129	EPTRESP	NA	1	5038	5038	(Estimation Flag) Part-time respiratory therapists		as20util1	0=reported, 1=estimated, 2=expanded
1130	EPTOTHTF	NA	1	5039	5039	(Estimation Flag) Part-time all other personnel		as20util1	0=reported, 1=estimated, 2=expanded
1131	EPTTOT	NA	1	5040	5040	(Estimation Flag) Part-time total personnel		as20util1	0=reported, 1=estimated, 2=expanded
1132	EFTTOTH	NA	1	5041	5041	(Estimation Flag) Hospital unit total full- time personnel		as20util1	0=reported, 1=estimated, 2=expanded
1133	EPTTOTH	NA	1	5042	5042	(Estimation Flag) Hospital unit total part- time personnel		as20util1	0=reported, 1=estimated, 2=expanded
1134	EFTTOTLT	NA	1	5043	5043	(Estimation Flag) Nursing home unit total full-time personnel	I	as20util1	0=reported, 1=estimated, 2=expanded
1135	EPTTOTLT	NA	1	5044	5044	(Estimation Flag) Nursing home unit total part-time personnel	1	as20util1	0=reported, 1=estimated, 2=expanded
1136	EEXPTOT	NA	1	5045	5045	(Estimation Flag) Total expenses		as20util1	0=reported, 1=estimated, 2=expanded
1137	EXPTHB	NA	1	5046	5046			as20util1	0=reported, 1=estimated, 2=expanded
1138	EXPTLB	NA	1	5047	5047	(Estimation Flag) Nursing home total expenses, excluding bad debt		as20util1	0=reported, 1=estimated, 2=expanded
1139	TECAR	Ν	8	5048	5055	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total employed	E.12.a.1.	as20util2	Number of physicians with privileges
1140	TEOB	N	8	5056	5063		E.12.b.1.	as20util2	Number of physicians with privileges
1141	TEMER	N	8	5064		Emergency medicine - total employed	E.12.c.1.	as20util2	Number of physicians with privileges
1142	TEHSP	N	8	5072	5079	Hospitalist - total employed	E.12.d.1.	as20util2	Number of physicians with privileges
1143	TEINT	N	8	5080	5087		E.12.e.1.	as20util2	Number of physicians with privileges
1144	TEGST	Ν	8	5088		Radiologist/pathologist/anesthesiologist - total employed	E.12.f.1.	as20util2	Number of physicians with privileges
1145	TEOTH	N	8	5096		Other specialists - total employed	E.12.g.1.	as20util2	Number of physicians with privileges
1146	TETOT	N	8	5104		Total - total employed	E.12.h.1.	as20util2	Number of physicians with privileges
1147	TCCAR	Ν	8	5112	5119	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total individual contract	E.12.a.2.	as20util2	Number of physicians with privileges
1148	ТСОВ	N	8	5120	5127	Obstetrics/gynecology - total individual contract	E.12.b.2.	as20util2	Number of physicians with privileges
1149	TCMER	N	8	5128	5135	Emergency medicine - total individual contract	E.12.c.2.	as20util2	Number of physicians with privileges
1150	TCHSP	N	8	5136	5143	Hospitalist - total individual contract	E.12.d.2.	as20util2	Number of physicians with privileges
1151	TCINT	N	8	5144		Intensivist - total individual contract	E.12.e.2.	as20util2	Number of physicians with privileges
1152	TCGST	N	8	5152	5159	Radiologist/pathologist/anesthesiologist total individual contract	- E.12.f.2.	as20util2	Number of physicians with privileges

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1153	тсотн	N	8	5160	5167	Other specialist - total individual contract		as20util2	Number of physicians with privileges
1154	тстот	N	8	5168	5175	Total - total individual contract	E.12.h.2.	as20util2	Number of physicians with privileges
1155	TGCAR	N	8	5176		Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total group contract	E.12.a.3.	as20util2	Number of physicians with privileges
1156	TGOB	N	8	5184	5191	Obstetrics/gynecology - total group contract	E.12.b.3.	as20util2	Number of physicians with privileges
1157	TGMER	N	8	5192	5199	Emergency medicine - total group contract	E.12.c.3.	as20util2	Number of physicians with privileges
1158	TGHSP	N	8	5200	5207	Hospitalist - total group contract	E.12.d.3.	as20util2	Number of physicians with privileges
1159	TGINT	N	8	5208		Intensivist - total group contract	E.12.e.3.	as20util2	Number of physicians with privileges
1160	TGGST	N	8	5216	5223	Radiologist/pathologist/anesthesiologist - total group contract	E.12.f.3.	as20util2	Number of physicians with privileges
1161	TGOTH	N	8	5224		Other specialist - total group contract	E.12.g.3.	as20util2	Number of physicians with privileges
1162	TGTOT	N	8	5232		Total - total group contract	E.12.h.3.	as20util2	Number of physicians with privileges
1163	NECAR	N	8	5240	5247	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - not employed or under contract	E.12.a.4.	as20util2	Number of physicians with privileges
1164	NEOB	N	8	5248	5255	Obstetrics/gynecology - not employed or under contract	E.12.b.4.	as20util2	Number of physicians with privileges
1165	NEMER	N	8	5256	5263	Emergency medicine - not employed or under contract	E.12.c.4.	as20util2	Number of physicians with privileges
1166	NEHSP	N	8	5264	5271	Hospitalist - not employed or under contract	E.12.d.4.	as20util2	Number of physicians with privileges
1167	NEINT	N	8	5272	5279	Intensivist - not employed or under contract	E.12.e.4.	as20util2	Number of physicians with privileges
1168	NEGST	N	8	5280	5287	Radiologist/pathologist/anesthesiologist - not employed or under contract	E.12.f.4.	as20util2	Number of physicians with privileges
1169	NEOTH	N	8	5288	5295	Other specialist - not employed or under contract	E.12.g.4.	as20util2	Number of physicians with privileges
1170	NETOT	N	8	5296	5303	Total - total not employed or under contract	E.12.h.4.	as20util2	Number of physicians with privileges
1171	TPCAR	N	8	5304		Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total privileged	E.12.a.5.	as20util2	Number of physicians with privileges
1172	ТРОВ	N	8	5312	5319	Obstetrics/gynecology - total privileged	E.12.b.5.	as20util2	Number of physicians with privileges
1173	TPMER	N	8	5320		Emergency medicine - total privileged	E.12.c.5.	as20util2	Number of physicians with privileges
1174	TPHSP	N	8	5328		Hospitalist - total privileged	E.12.d.5.	as20util2	Number of physicians with privileges
1175	TPINT	N	8	5336	5343	Intensivist - total privileged	E.12.e.5.	as20util2	Number of physicians with privileges

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1176	TPGST	N	8	5344	5351	Radiologist/pathologist/anesthesiologist - total privileged		as20util2	Number of physicians with privileges
1177	ТРОТН	N	8	5352	5359		E.12.g.5.	as20util2	Number of physicians with privileges
1178	TPRTOT	N	8	5360		Total - total privileged	E.12.h.5.	as20util2	Number of physicians with privileges
1179	HSPTL	N	1	5368		Hospitalists provide care	E.13.a.	as20util2	1 = yes, 0 = no
1180	FTEHSP	N	8	5369		Hospitalist FTE	E.13.b.	as20util2	Hospitalists FTE
1181	INTCAR	N	1	5377		Intensivists provide care	E.14.a.	as20util2	1 = yes, 0 = no
1182	FTEMSI	N	8	5378	5385	Intensivist FTE Medical-surgical intensive care	E.14.b.1.	as20util2	Intensivists FTE Medical-surgical intensive care
1183	FTECIC	N	8	5386	5393		E.14.b.2.	as20util2	Intensivists FTE Cardiac intensive care
1184	FTENIC	N	8	5394	5401		E.14.b.3.	as20util2	Intensivists FTE Neonatal intensive care
1185	FTEPIC	N	8	5402	5409	Intensivist FTE Pediatric intensive care	E.14.b.4.	as20util2	Intensivists FTE Pediatric intensive care
1186	FTEOIC	N	8	5410	5417		E.14.b.5.	as20util2	Intensivists FTE Other intensive care
1187	FTEINT	N	8	5418	5425	Intensivist FTE Total	E.14.b.6.	as20util2	Intensivists FTE Total
1188	CLSMSI	N	1	5426	5426	Closed unit - medical surgical intensive care	E.14.b.1.	as20util2	1 = yes
1189	CLSCIC	N	1	5427	5427	Closed unit - cardiac intensive care	E.14.b.2.	as20util2	1 = yes
1190	CLSNIC	N	1	5428	5428	Closed unit - neonatal intensive care	E.14.b.3.	as20util2	1 = yes
1191	CLSPIC	N	1	5429	5429	Closed unit - pediatric intensive care	E.14.b.4.	as20util2	1 = yes
1192	CLSOIC	N	1	5430	5430	Closed unit - other intensive care	E.14.b.5.	as20util2	1 = yes
1193	APRN	N	1	5431	5431		E.15.a.	as20util2	1 = yes, 0 = no
1194	FTAPRN	N	8	5432	5439	Full-time advanced practice nurses	E.15.b.	as20util2	Number of full-time advanced practice nurses
1195	PTAPRN	N	8	5440	5447	Part-time advanced practice nurses	E.15.b.	as20util2	Number of part-time advanced practice nurses
1196	FTEAPN	N	8	5448	5455	FTE advanced practice nurses	E.15.b.	as20util2	Number of advanced practice nurse FTEs
1197	FTPHRN	N	8	5456	5463	Full-time physician assistants	E.15.b.	as20util2	Number of full-time physician assistants
1198	PTPHRN	N	8	5464		Part-time physician assistants	E.15.b.	as20util2	Number of part-time physician assistants
1199	FTEPHRN	N	8	5472		FTE physician assistants	E.15.b.	as20util2	Number of physician assistant FTEs
1200	APCAR	N	1	5480		Primary care, advanced practice nurses/physician assistants	E.15.c.	as20util2	1 = yes, 0 = no
1201	APANES	N	1	5481	5481	Anesthesia services, advanced practice nurses/physician assistants	E.15.c.	as20util2	1 = yes, 0 = no
1202	APEMER	N	1	5482	5482	Emergency department care, advanced practice nurses/physician assistants	E.15.c.	as20util2	1 = yes, 0 = no
1203	APSPC	N	1	5483	5483		E.15.c.	as20util2	1 = yes, 0 = no
1204	APED	N	1	5484	5484		E.15.c.	as20util2	1 = yes, 0 = no
1205	APCASE	N	1	5485	5485		E.15.c.	as20util2	1 = yes, 0 = no

ltem No.	FieldName	Estimated	Length	Start	End		Survey Question	Access Table	Notes
1206	APOTH	N	1	5486	5486	Other care, advanced practice nurses/physician assistants	E.15.c.	as20util2	1 = yes, 0 = no
1207	FORNRSA	N	1	5487		educated nurses to help fill RN vacancies in 2020 vs. 2019?	E.16.a.	as20util2	0=did not hire, 1=more, 2=less, 3=same
1208	AFRICA	Ν	1	5488	5488	From which countries/continents are you recruiting foreign-educated nurses? Africa	E.16.b.	as20util2	1 = yes, 0 = no
1209	KOREA	Ν	1	5489		From which countries/continents are you recruiting foreign-educated nurses? South Korea		as20util2	1 = yes, 0 = no
1210	CANADA	Ν	1	5490	5490	From which countries/continents are you recruiting foreign-educated nurses? Canada	E.16.b.	as20util2	1 = yes, 0 = no
1211	РН	Ν	1	5491	5491	From which countries/continents are you recruiting foreign-educated nurses? Philippines	E.16.b.	as20util2	1 = yes, 0 = no
1212	CHINA	Ν	1	5492	5492	From which countries/continents are you recruiting foreign-educated nurses? China	E.16.b.	as20util2	1 = yes, 0 = no
1213	INDIA	Ν	1	5493	5493	From which countries/continents are you recruiting foreign-educated nurses? India	E.16.b.	as20util2	1 = yes, 0 = no
1214	OFRNRS	Ν	1	5494	5494	From which countries/continents are you recruiting foreign-educated nurses? Other	E.16.b.	as20util2	1 = yes, 0 = no
1215	RNSCH	Ν	10	5495		If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?	G.4.	as20util2	Number of new graduate RNs
1216	PLNTA	N	10	5505	5514		E.8.a.	as20util2	Property, plant and equipment at cost
1217	ADEPRA	N	10	5515			E.8.b.	as20util2	Accumulated depreciation
1218	ASSNET	N	10	5525			E.8.c.	as20util2	Net property, plant and equipment
1219	GFEET	Ν	10	5535		plant	E.8.d.	as20util2	Total gross square feet
1220	CEAMT	N	10	5545			E.9.	as20util2	Total capital expenses
1221	ITEXPA	N	10	5555			E.10.a.	as20util2	IT operating expense
1222	ITBUGT	N	10	5565			E.10.b.	as20util2	IT capital expense
1223	ITFTE	N	10	5575			E.10.c.	as20util2	Number of employed IT staff (in FTEs)
1224	OSFTE	N	10	5585	5594		E.10.d.	as20util2	Number of outsourced IT staff (in FTEs)
1225	SNTOP	N	1	5595		Does your hospital provide services through satellite outpatient departments?	G.1.a.	as20util2	1=yes, 0=no
1226	SENDO	N	1	5596			G.1.b.1.	as20util2	1=yes
1227	SENDOC	N	5	5597	5601	Airway endoscopy - Number of on- campus sites	G.1.b.1.	as20util2	Number of on-campus sites

ltem No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1228	SENDOF	N	5	5602		Airway endoscopy - Number of off- campus sites	G.1.b.1.	as20util2	Number of off-campus sites
1229	SSAMBS	Ν	1	5607	5607	Ambulatory surgery - Outpatient services	G.1.b.2.	as20util2	1=yes
1230	SAMOC	N	5	5608	5612	Ambulatory surgery - Number of on- campus sites	G.1.b.2.	as20util2	Number of on-campus sites
1231	SAMOF	N	5	5613	5617	Ambulatory surgery - Number of off- campus sites	G.1.b.2.	as20util2	Number of off-campus sites
1232	SBLD	N	1	5618	5618	Blood product exchange - Outpatient services	G.1.b.3.	as20util2	1=yes
1233	SBLDOC	N	5	5619	5623	Blood product exchange - Number of on- campus sites	G.1.b.3.	as20util2	Number of on-campus sites
1234	SBLDOF	N	5	5624	5628	Blood product exchange - Number of off- campus sites	G.1.b.3.	as20util2	Number of off-campus sites
1235	SCARD	N	1	5629	5629	Cardiac/pulmonary rehabilitation - Outpatient services	G.1.b.4.	as20util2	1=yes
1236	SCAROC	N	5	5630	5634	Cardiac/pulmonary rehabilitation - Number of on-campus sites	G.1.b.4.	as20util2	Number of on-campus sites
1237	SCAROF	N	5	5635	5639	Cardiac/pulmonary rehabilitation - Number of off-campus sites	G.1.b.4.	as20util2	Number of off-campus sites
1238	SDIAG	N	1	5640	5640	Diagnostic/screening test and other procedures - Outpatient services	G.1.b.5.	as20util2	1=yes
1239	SDIGOC	N	5	5641	5645	Diagnostic/screening test and other procedures - Number of on-campus sites	G.1.b.5.	as20util2	Number of on-campus sites
1240	SDIGOF	N	5	5646	5650	Diagnostic/screening test and other procedures - Number of off-campus sites	G.1.b.5.	as20util2	Number of off-campus sites
1241	SONCL	N	1	5651	5651	Drug administration and clinical oncology - Outpatient services	G.1.b.6.	as20util2	1=yes
1242	SONCOC	N	5	5652	5656	Drug administration and clinical oncology - Number of on-campus sites	G.1.b.6.	as20util2	Number of on-campus sites
1243	SONCOF	N	5	5657	5661	Drug administration and clinical oncology - Number of off-campus sites	G.1.b.6.	as20util2	Number of off-campus sites
1244	SENT	N	1	5662	5662	Ear, nose, throat (ENT) - Outpatient services	G.1.b.7.	as20util2	1=yes
1245	SENTOC	N	5	5663	5667	Ear, nose, throat (ENT) - Number of on- campus sites	G.1.b.7.	as20util2	Number of on-campus sites
1246	SENTOF	N	5	5668	5672	Ear, nose, throat (ENT) - Number of off- campus sites	G.1.a.7.	as20util2	Number of off-campus sites
1247	SGEN	N	1	5673	5673	General surgery and related procedures - Outpatient services	G.1.a.8.	as20util2	1=yes

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1248	SGENOC	N	5	5674	5678	General surgery and related procedures - Number of on-campus sites	G.1.a.8.	as20util2	Number of on-campus sites
1249	SGENOF	N	5	5679	5683	General surgery and related procedures - Number of off-campus sites	G.1.a.8.	as20util2	Number of off-campus sites
1250	SGI	N	1	5684	5684	services	G.1.a.9.	as20util2	1=yes
1251	SGIOC	N	5	5685		Gastrointestinal (GI) - Number of on- campus sites	G.1.a.9.	as20util2	Number of on-campus sites
1252	SGIOF	N	5	5690		campus sites	G.1.a.9.	as20util2	Number of off-campus sites
1253	SGYN	N	1	5695	5695	Gynecology - Outpatient services	G.1.a.10.	as20util2	1=yes
1254	SGYNOC	N	5	5696	5700	Gynecology - Number of on-campus sites	G.1.a.10.	as20util2	Number of on-campus sites
1255	SGYNOF	N	5	5701		Gynecology - Number of off-campus sites	G.1.a.10.	as20util2	Number of off-campus sites
1256	SSLAB	N	1	5706			G.1.a.11.	as20util2	1=yes
1257	SLABOC	Ν	5	5707	5711	Laboratory - Number of on-campus sites	G.1.a.11.	as20util2	Number of on-campus sites
1258	SLABOF	Ν	5	5712		Laboratory - Number of off-campus sites	G.1.a.11.	as20util2	Number of off-campus sites
1259	SMRI	N	1	5717	5717	Major imaging - Outpatient services	G.1.a.12.	as20util2	1=yes
1260	SMRIOC	N	5	5718	5722	Major imaging - Number of on-campus sites	G.1.a.12.	as20util2	Number of on-campus sites
1261	SMRIOF	Ν	5	5723		Major imaging - Number of off-campus sites	G.1.a.12.	as20util2	Number of off-campus sites
1262	SMIN	N	1	5728	5728	Minor imaging - Outpatient services	G.1.a.13.	as20util2	1=yes
1263	SMINOC	N	5	5729		Minor imaging - Number of on-campus sites	G.1.a.13.	as20util2	Number of on-campus sites
1264	SMINOF	Ν	5	5734		Minor imaging - Number of off-campus sites	G.1.a.13.	as20util2	Number of off-campus sites
1265	SMUS	N	1	5739		Musculoskeletal surgery - Outpatient services	G.1.a.14.	as20util2	1=yes
1266	SMUSOC	N	5	5740		Musculoskeletal surgery - Number of on- campus sites		as20util2	Number of on-campus sites
1267	SMUSOF	N	5	5745		Musculoskeletal surgery - Number of off- campus sites		as20util2	Number of off-campus sites
1268	SNRV	N	1	5750		Nervous system procedures - Outpatient services		as20util2	1=yes
1269	SNRVOC	N	5	5751		Nervous system procedures - Number of on-campus sites		as20util2	Number of on-campus sites
1270	SNRVOF	N	5	5756		Nervous system procedures - Number of off-campus sites		as20util2	Number of off-campus sites
1271	SOPH	N	1	5761	5761	Ophthalmology - Outpatient services	G.1.a.16.	as20util2	1=yes

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1272	SOPHOC	N	5	5762	5766	Ophthalmology - Number of on-campus sites	G.1.a.16.	as20util2	Number of on-campus sites
1273	SOPHOF	N	5	5767		Ophthalmology - Number of off-campus sites	G.1.a.16.	as20util2	Number of off-campus sites
1274	SPATH	Ν	1	5772		Pathology - Outpatient services	G.1.a.17.	as20util2	1=yes
1275	SPAHOC	Ν	5	5773			G.1.a.17.	as20util2	Number of on-campus sites
1276	SPAHOF	N	5	5778		Pathology - Number of off-campus sites	G.1.a.17.	as20util2	Number of off-campus sites
1277	SSPCC	Ν	1	5783		Primary care - Outpatient services	G.1.a.18.	as20util2	1=yes
1278	SPCOC	N	5	5784	5788	Primary care - Number of on-campus sites	G.1.a.18.	as20util2	Number of on-campus sites
1279	SPCOF	N	5	5789		Primary care - Number of off-campus sites	G.1.a.18.	as20util2	Number of off-campus sites
1280	SPSYX	N	1	5794	5794	Psychiatric care - Outpatient services	G.1.a.19.	as20util2	1=yes
1281	SPSYOC	N	5	5795	5799	Psychiatric care - Number of on-campus sites	G.1.a.19.	as20util2	Number of on-campus sites
1282	SPSYOF	N	5	5800	5804	Psychiatric care - Number of off-campus sites	G.1.a.19.	as20util2	Number of off-campus sites
1283	SSRAD	N	1	5805	5805	Radiation oncology - Outpatient services	G.1.a.20.	as20util2	1=yes
1284	SRADOC	N	5	5806	5810	Radiation oncology - Number of on- campus sites	G.1.a.20.	as20util2	Number of on-campus sites
1285	SRADOF	N	5	5811	5815	Radiation oncology - Number of off- campus sites	G.1.a.20.	as20util2	Number of off-campus sites
1286	SSRHB	Ν	1	5816	5816	Rehabilitation - Outpatient services	G.1.a.21.	as20util2	1=ves
1287	SRHBOC	N	5	5817	5821	Rehabilitation - Number of on-campus sites	G.1.a.21.	as20util2	Number of on-campus sites
1288	SRHBOF	N	5	5822	5826	Rehabilitation - Number of off-campus sites	G.1.a.21.	as20util2	Number of off-campus sites
1289	SSNRR	Ν	1	5827	5827	Skilled nursing - Outpatient services	G.1.a.22.	as20util2	1=ves
1290	SSNROC	N	5	5828		Skilled nursing - Number of on-campus sites	G.1.a.22.	as20util2	Number of on-campus sites
1291	SSNROF	N	5	5833	5837	Skilled nursing - Number of off-campus sites	G.1.a.22.	as20util2	Number of off-campus sites
1292	SSALOP	N	1	5838	5838	Substance use disorder care - Outpatient services	G.1.a.23.	as20util2	1=yes
1293	SALPOC	N	5	5839	5843	Substance use disorder care - Number of on-campus sites	G.1.a.23.	as20util2	Number of on-campus sites
1294	SALPOF	N	5	5844	5848	Substance use disorder care - Number of off-campus sites	G.1.a.23.	as20util2	Number of off-campus sites
1295	SSUCAR	N	1	5849	5849	Urgent care - Outpatient services	G.1.a.24.	as20util2	1=yes
1296	SUCOC	N	5	5850	5854	Urgent care - Number of on-campus sites	G.1.a.24.	as20util2	Number of on-campus sites
1297	SUCOF	N	5	5855	5859	Urgent care - Number of off-campus sites	G.1.a.24.	as20util2	Number of off-campus sites

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey	Access	Notes
							Question	Table	
1298	SURO	N	1	5860	5860	Urology - Outpatient services	G.1.a.25.	as20util2	1=yes
1299	SUROOC	N	5	5861	5865	Urology - Number of on-campus sites	G.1.a.25.	as20util2	Number of on-campus sites
1300	SUROOF	N	5	5866	5870	Urology - Number of off-campus sites	G.1.a.25.	as20util2	Number of off-campus sites
1301	SVAS	N	1	5871	5871	Vascular/endovascular/cardiovascular -	G.1.a.26.	as20util2	1=yes
						Outpatient services			
1302	SVASOC	N	5	5872	5876	Vascular/endovascular/cardiovascular -	G.1.a.26.	as20util2	Number of on-campus sites
						Number of on-campus sites			
1303	SVASOF	N	5	5877	5881	Vascular/endovascular/cardiovascular -	G.1.a.26.	as20util2	Number of off-campus sites
						Number of off-campus sites			
1304	SVRS	N	1	5882	5882	Visits and related services - Outpatient	G.1.a.27.	as20util2	1=yes
						services			
1305	SVRSOC	N	5	5883	5887	Visits and related services - Number of	G.1.a.27.	as20util2	Number of on-campus sites
						on-campus sites			
1306	SVRSOF	N	5	5888	5892	Visits and related services - Number of	G.1.a.27.	as20util2	Number of off-campus sites
						off-campus sites			
1307	SATOTH	N	1	5893	5893	Other - Outpatient services	G.1.a.28.	as20util2	1=yes
1308	SATOC	N	5	5894	5898	Other - Number of on-campus sites	G.1.a.28.	as20util2	Number of on-campus sites
1309	SATOF	N	5	5899	5903	Other - Number of off-campus sites	G.1.a.28.	as20util2	Number of off-campus sites
1310	SOTHSAT	N	100	5904		Other satellite outpatient department -	G.1.a.28.	as20util2	Literal Description
						description			
1311	VIDVZ	N	8	6004	6011	Telehealth/virtual care - number of video	G.6.a.	as20util2	Number of telehealth video visits
						visits			
1312	AUVZ	N	8	6012	6019	Telehealth/virtual care - number of audio	G.6.b.	as20util2	Number of telehealth audio visits
						visits			
1313	PRPM	N	8	6020	6027	Telehealth/virtual care - number of	G.6.c.	as20util2	Number of patients monitored through
						patients monitored through remote			remote of telehealth
						patient monitoring			
1314	VPSRV	N	8	6028	6035	Telehealth/virtual care - number of	G.6.d.	as20util2	Number of patients receiving other virtual
						patients receiving other virtual services			services
1315	ENDMARK	N	1	6036	6036	End of Survey			

Appendix A - Control Code Descriptions

Code	Description
Government	t, Nonfederal
12	State
13	County
14	City
15	City-county
16	Hospital district or authority
Nongovernn	nent, not-for-profit
21	Church operated
23	Other not-for-profit
Investor-owr	ned (for-profit)
31	Individual
32	Partnership
33	Corporation
Government	t, federal
40	Department of Defense
44	Public Health Service other than 47
45	Veterans Affairs
46	Federal other than 41-45, 47-48
47	Public Health Service Indian Service
48	Department of Justice
Note:	For FY2019 'Department of Defense' replaces Air Force, Army, and Navy control codes

Appendix B - Primary Service Code Descriptions

Code	Description
10	General medical and surgical
11	Hospital unit of an institution (prison hospital, college infirmary, etc.)
12	Hospital unit within a facility for persons with intellectual disabilities
13	Surgical
22	Psychiatric
33	Tuberculosis and other respiratory diseases
41	Cancer
42	Heart
44	Obstetrics and gynecology
45	Eye, ear, nose and throat
46	Rehabilitation
47	Orthopedic
48	Chronic disease
49	Other specialty treatment
50	Children's general medical and surgical
51	Children's hospital unit of an institution
52	Children's psychiatric
53	Children's tuberculosis and other respiratory diseases
55	Children's eye, ear, nose and throat
56	Children's rehabilitation
57	Children's orthopedic
58	Children's chronic disease
59	Children's other specialty
62	Intellectual disabilities
80	Acute long-term care hospital
82	Substance use disorder
90	Children's acute long-term Care
91	Children's cancer

Appendix C - Census Division and State Code Descriptions

State Code Description State Code Description State Code Description **CENSUS DIVISION 1: NEW ENGLAND CENSUS DIVISION 4: EAST NORTH CENTRAL CENSUS DIVISION 7: WEST SOUTH CENTRAL** 11 Maine 41 Ohio 71 Arkansas 12 New Hampshire 42 Indiana 72 Louisiana 13 43 73 Vermont Illinois Oklahoma Massachusetts 74 14 44 Michigan Texas 15 Rhode Island 45 Wisconsin 16 Connecticut **CENSUS DIVISION 8: MOUNTAIN CENSUS DIVISION 5: EAST SOUTH CENTRAL** 81 Montana **CENSUS DIVISION 2: MID ATLANTIC** 51 Kentucky 82 Idaho 21 New York 52 Tennessee 83 Wvomina 22 53 84 Colorado New Jersey Alabama 23 54 85 New Mexico Pennsylvania Mississippi Arizona 86 **CENSUS DIVISION 3: SOUTH ATLANTIC CENSUS DIVISION 6: WEST NORTH CENTRAL** 87 Utah Delaware 88 Nevada 31 61 Minnesota 32 62 Maryland lowa 33 District of Columbia 63 Missouri **CENSUS DIVISON 9: PACIFIC** 34 Virginia 64 North Dakota 91 Washington 35 West Virginia 65 South Dakota 92 Oregon 36 North Carolina 93 California 66 Nebraska 37 South Carolina 67 Kansas 94 Alaska 38 Georgia 95 Hawaii 39 Florida ASSOCIATED AREAS 3 Marshall Islands 4 Puerto Rico Virgin Islands 5 6

6 Guam 7 America

8

- American Samoa
- Northern Mariana Islands

Appendix D - Bed Size Code Descriptions

CodeDescription16-24 beds225-49 beds

- 3 50-99 beds
- 4 100-199 beds
- 5 200-299 beds
- 6 300-399 beds
- 7 400-499 beds
- 8 500 or more beds

Appendix F - City Rank Code List

Code	City	State	Code	City	State	Code	City	State
1	New York	NY	35	Mesa	AZ	69	Lincoln	NE
2	Los Angeles	CA	36	Sacramento	CA	70	Orlando	FL
3	Chicago	IL	37	Atlanta	GA	71	Anchorage	AK
4	Houston	ТХ	38	Kansas City	MO	72	Durham	NC
5	Phoenix	AZ	39	Colorado Springs	CO	73	Irvine	CA
6	Philadelphia	PA	40	Omaha	NE	74	Newark	NJ
7	San Antonio	ТХ	41	Raleigh	NC	75	Chula Vista	CA
8	San Diego	CA	42	Miami	FL	76	Fort Wayne	IN
9	Dallas	ТХ	43	Long Beach	CA	77	Toledo	OH
10	San Jose	CA	44	Virginia Beach	VA	78	Saint Petersburg	FL
11	Austin	ТХ	45	Minneapolis	MN	79	Chandler	AZ
12	Fort Worth	ТХ	46	Oakland	CA	80	Laredo	ТΧ
13	Jacksonville	FL	47	Tampa	FL	81	Madison	WI
14	Columbus	ОН	48	Tulsa	OK	82	Jersey City	NJ
15	Charlotte	NC	49	Arlington	ТХ	83	Scottsdale	AZ
16	Indianapolis	IN	50	Wichita	KS	84	Lubbock	ТХ
17	San Francisco	CA	51	New Orleans	LA	85	North Las Vegas	NV
18	Seattle	WA	52	Aurora	CO	86	Reno	NV
19	Denver	CO	53	Bakersfield	CA	87	Gilbert	AZ
20	Washington	DC	54	Cleveland	ОН	88	Glendale	AZ
21	Boston	MA	55	Anaheim	CA	89	Buffalo	NY
22	El Paso	ТХ	56	Honolulu	HI	90	Winston-Salem	NC
23	Nashville	TN	57	Santa Ana	CA	91	Chesapeake	VA
24	Detroit	MI	58	Riverside	CA	92	Norfolk	VA
25	Las Vegas	NV	59	Henderson	NV	93	Irving	ТХ
26	Oklahoma City	OK	60	Corpus Christi	ТХ	94	Garland	ТΧ
27	Portland	OR	61	Lexington	KY	95	Fremont	CA
28	Memphis	TN	62	Stockton	CA	96	Richmond	VA
29	Louisville	KY	63	Saint Paul	MN	97	Hialeah	FL
30	Milwaukee	WI	64	Cincinnati	ОН	98	Boise	ID
31	Baltimore	MD	65	Pittsburgh	PA	99	Spokane	WA
32	Albuquerque	NM	66	Greensboro	NC	100	Tacoma	WA
33	Tucson	AZ	67	Saint Louis	MO			
34	Fresno	CA	68	Plano	ТХ			

Appendix G - Health Care System Taxonomy Description*

Research using existing theory and AHA Annual Survey data identified a reliable set of five distinct groups of health systems that share common strategic/structural features. This identification system was developed jointly by the American Hospital Association's Health Research and Educational Trust and Health Forum, and the University of California-Berkeley. For further information on the development of the taxonomy please see: Bazzoli, GJ; Shortell, SM; Dubbs, N; Chan, C; and Kralovec, P; "A Taxonomy of Health Networks and Systems: Bringing Order Out of Chaos" Health Services Research, February; 1999. A health system is assigned to one of five categories based on how much they differentiate and centralize their hospital services, physician arrangements, and provider-based insurance products. Differentiation refers to the number of different products or services that the organization offers. Centralization refers to whether decision-making and service delivery emanates from the system level more so than individual hospitals.

Code 1	Label Centralized Health System	Description A delivery system in which the system centrally organizes individual hospital service delivery, physician arrangements, and insurance product development. The number of different products/services that are offered across the system is moderate.
2	Centralized Physician/Insurance Health System	A delivery system with highly centralized physician arrangements and insurance product development. Within this group, hospital services are relatively decentralized with individual hospitals having discretion over the array of services they offer. The number of different products/services that are offered across the system is moderate.
3	Moderately Centralized Health System	A delivery system that is distinguished by the presence of both centralized and decentralized activity for hospital services, physician arrangements, and insurance product development. For example, a system within this group may have centralized care of expensive, high technology services, such as open heart surgery, but allows individual hospitals to provide an array of other health services based on local needs. The number of different products/services that are offered across the system is moderate
4	Decentralized Health System	A delivery system with a high degree of decentralization of hospital services, physician arrangements, and insurance product development. Within this group, systems may lack an overarching structure for coordination. Service and product differentiation is high, which may explain why centralization is hard to achieve. In this group, the system may simply serve a role in sharing information and providing administrative support to highly developed local delivery systems centered around hospitals.
5	Independent Hospital System	A delivery system with limited differentiation; hospital services, physician arrangements, and insurance product development. These systems are largely horizontal affiliations of autonomous hospitals.
6 or blank	Blank	Sufficient data from the FY 2020 Annual Survey were not available to determine a cluster assignment.

*Note that the cluster classifications may not be directly comparable to prior year cluster classifications due to changes in the wording of certain Annual Survey questions.

Appendix H - Estimation, Modified FIPS, and Length of Stay

Estimation Codes

Code Description

- 0 The value was reported by the hospital
- 1 The value was estimated since no value was reported by the hospitals
- 2 The value has been expanded, since the reported value is associated with a reporting period of less than 1 full year
- If the hospital did not respond to the survey (RESP=2), the following fields were obtained from AHA's internal database.

AHA ID Hospital Name Control/Ownership CEO Name Primary Service code Address Number of Bassinets City **Total Beds** State Membership Type ZIP code Long term/Short term flag Area code Control Code – Membership Telephone number Service Code - Membership

Bed Size code Length of Stay code County code City Rank All accreditation and affiliation flags (MAPP1 through MAPP22)

- All fields with corresponding estimation fields have been estimated or expanded. Other fields, such as facilities and services wer
- If the **separate units** code (SUNITS) is 0, all short-term and long-term data fields are blank.

Modified FIPS County Code

County codes generally are odd numbers assigned to an alphabetical listing of the counties within a state. Baltimore City is included in Baltimore County, St Louis City is included in St Louis County, and the independent cities in Virginia are each included in the contiguous counties. Kalawao County, Hawaii is included in Maui County. The four Alaska Judicial Divisions were used as counties.

Long term/Short term Flag (LOS)

If a separate long-term unit is reported and long-term admissions are greater than one-half of total admissions, then LOS is 2; otherwise LOS is 1. If a separate long-term unit is not reported and the ratio of inpatient days to admissions is 30 or more, then LOS is 2; otherwise LOS is 1.

Summary of Changes Reconciliation of FY2019 to FY2020 AHA Annual Survey Database

The *Summary of Changes* is a reconciliation between two AHA Annual Survey years. Starting with the FY2017 AHA Annual Survey Database, the AHA no longer employs its own methodology to classify hospitals as registered. We use the following definition, which is more generally known and accepted:

An institution is a hospital if it is licensed as a general or specialty hospital by the appropriate state agency and accredited by one of the following organizations; The Joint Commission Healthcare Facilities Accreditation Program (HFAP), DNV Health Accreditation, Center for Improvement in Healthcare Quality Accreditation, or Medicare certified as a provider of acute services under Title 18 of the Social Security Act.

Use the Summary of Changes to identify:

- The disposition of organizations on the Fiscal Year 2019 Database but not on the FY 2020 Database.
- Organizations newly added to the Fiscal Year 2020 Database.

Note: The Summary of Changes for FY2020 is also available in soft format in the 'DOCUMENTATION' folder of the product deliverable.

Summary of Hospitals

2019 vs. 2020 AHA Annual Survey Data

Classification	Total	United States	Associated Areas
2019 TOTAL	6,162	6,090	72
Deletions			
Changed to inpatient care other than a hospital	1	1	-
Changed to an outpatient facility	9	8	1
Closed	33	33	-
Demerged/Dissolution	-	-	-
Duplicate record	-	-	-
Merged to form a new hospital	-	-	-
Merged into a hospital already on file	14	14	-
Temporarily inactive record	1	1	-
Under Construction	-	-	-
Total Deletions	58	57	1
Additions			
Demerger result	-	-	-
Merger result	-	-	-
Newly added	61	60	1
Previously closed/reopened	-	-	-
Changed to hospital from other inpatient care	-	-	-
Changed to hospital from outpatient care	-	-	-
Total Additions	61	60	1
2020 TOTAL	6,165	6,093	72

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Deletions: FY 2019 vs. FY 2020

The following hospitals were on the FY 2019 Database but do not have a record on the FY 2020 Database.

ID	Name	City		Reason for Deletion	Parent Name	Parent Location
6040349	INSPIRA Ponce	Ponce	PR	Ambulatory Care		
6210680	Kingsbrook Jewish Medical Center	Brooklyn	NY	Ambulatory Care		
6211190	Canandaigua Veterans Affairs Medical Center	Canandaigua	NY	Ambulatory Care		
6221630	Inspira Medical Center-Woodbury	Woodbury	NJ	Emergency/Urgent Care		
6230040	St. Luke's Sacred Heart Campus	Allentown	PA	Merged - Status changed to unit	St. Luke University Hospital - Bethlehem Campus	Bethlehem, PA
6230082	Cancer Treatment Centers of America-Eastern Regional Medical Center	Philadelphia	PA	Closed		
6230430	Penn Highlands Clearfield	Clearfield	PA	Merged - Status changed to unit	Penn Highlands DuBois	DuBois, PA
6230504	Barix Clinics of Pennsylvania	Langhorne	PA	Closed		
6231205	St. Luke's - Lehighton Campus	Lehighton	PA	Merged - Status changed to unit	St. Luke University Hospital - Bethlehem Campus	Bethlehem, PA
6231930	Temple University Hospital - Jeanes Campus	Philadelphia	PA	Merged - Status changed to unit	Temple University Hospital	Temple, PA
6340550	Bon Secours-DePaul Medical Center	Norfolk	VA	Closed		
6340930	Sheltering Arms Rehabilitation Hospital	Mechanicsville	VA	Closed		
6380447	Northridge Medical Center	Commerce	GA	Closed		
6380470	Southwest Georgia Regional Medical Center	Cuthbert	GA	Closed		
6390407	West Florida Community Care Center	Milton	FL	Closed		
6410040	Edwin Shaw Rehab	Copley	ОН	Merged - Status changed to unit	Cleveland Clinic Rehabilitation Hospital	Avon, OH
6410336	Heatherhill Care Communities	Chardon	OH	Skilled Nursing Facility		
6411035	Mount Carmel West	Columbus	OH	Emergency/Urgent Care		
6420054	Kindred Hospital Northwest Indiana	Hammond	IN	Closed		
	Larue D. Carter Memorial Hospital	Indianapolis	IN	Closed		
6430474	Memorial Hospital East	Shiloh	IL	Merged - Status changed to unit	Memorial Hospital	Belleville, IL
6440010	ProMedica Bixby Hospital	Adrian	MI	Closed		
	Select Specialty Hospital-Pontiac	Pontiac	MI	Merged - Status changed to unit	Select Speciality Hospital - McComb County	Mount Clemens, MI
6440038	Select Specialty Hospital-Muskegon	Muskegon	MI	Closed		

Deletions: FY 2019 vs. FY 2020

The following hospitals were on the FY 2019 Database but do not have a record on the FY 2020 Database.

ID	Name	City	State	Reason for Deletion	Parent Name	Parent Location
6440055	Select Specialty Hospital-Grosse Pointe	Grosse Pointe	MI	Merged - Status changed to unit	Select Speciality Hospital - McComb County	Mount Clemens, MI
6442400	ProMedica Herrick Hospital	Tecumseh	MI	Closed		
6520001	TriStar Ashland City Medical Center	Ashland City	TN	Closed		
6520340	Greeneville Community Hospital West	Greeneville	TN	Closed		
6520445	Jellico Community Hospital	Jellico	TN	Closed		
6520649	Perry Community Hospital	Linden	TN	Temporarily Closed		
6611580	Bethesda Hospital	Saint Paul	MN	Other Ambulatory Care		
6620630	Fort Madison Community Hospital	Fort Madison	IA	Merged - Status changed to unit	Southeast Iowa Regional Medical Center, West Burlington	West Burlington, IA
6630456	Black River Medical Center	Poplar Bluff	MO	Closed		
6640009	Red River Behavioral Health System	Grand Forks	ND	Closed		
	MercyOne Oakland Medical Center	Oakland	NE	Closed		
	Saint Luke's Cushing Hospital	Leavenworth	KS	Closed		
6730005	Southwestern Regional Medical Center	Tulsa	OK	Closed		
6740034	Abilene Regional Medical Center	Abilene	ТΧ	Merged - Status changed to unit	Hendrick Medial Center - Brownwood	Brownwood, TX
6741051	Wellbridge Heatlhcare of San Marcos	San Marcos	ΤX	Closed		
6741088	First Texas Hospital	Houston	ΤX	Closed		
6741111	Sacred Oak Medical Center	Houston	ΤX	Closed		
6741785	Hamlin Memorial Hospital	Hamlin	ΤX	Closed		
6742980	San Angelo Community Medical Center	San Angelo	TX	Merged - Status changed to unit	Shannon Medical Center	San Angelo, TX
6810009	The HealthCenter	Kalispell	MT	Closed		
6840446	Clear View Behavioral Health	Johnstown	CO	Closed		
6860031	Los Ninos Hospital	Phoenix	AZ	Closed		
	Montevista Hospital	Las Vegas	NV	Closed		
6910008	Regional Hospital for Respiratory and Complex Care	Burien	WA	Closed		
	Naval Hospital Oak Harbor	Oak Harbor	WA	Ambulatory Care		
	Kaiser Permanente Capitol Hill Campus	Seattle	WA	Ambulatory Care		
6910669	UW Medicine/Northwest Hospital & Medical Center	Seattle	WA	Merged - Status changed to unit	UW Medicine/University of Washington Medical Center	Seattle, WA
	Menlo Park Surgical Hospital	Menlo Park	CA	Closed		
	Olympia Medical Center	Los Angeles	CA	Closed		
6930123	Arroyo Grande Community Hospital	Arroyo Grande	CA	Merged - Status changed to unit	Marian Regional Medical Center	Santa Maria, CA
6930132	Miracle Mile Medical Center	Los Angeles	CA	Closed		
6930503	Fairview Developmental Center	Costa Mesa	CA	Closed		
6930920	Central Valley General Hospital	Hanford	CA	Merged - Status changed to unit	Adventist Health Hanford	Hanford, CA
6931186	Naval Hospital Lemoore	Lemoore	CA	Ambulatory Care		

The following hospitals are on the FY 2020 Database but did not have a record on the FY 2019 Database.

ID	Name	City	State	Reason for Addition
6040421	Hospital Centro Comprensivo de Cáncer, Universidad de Puerto Rico	San Juan	PR	Newly Added
6230563	Geisinger St. Luke's Hospital	Orwigsburg	PA	Newly Added
6320395	Adventist HealthCare White Oak Medical Center	Silver Spring	MD	Newly Added
6340435	Sheltering Arms Institute	Richmond	VA	Newly Added
6369144	Novant Health Rehabilitation Hospital, an affiliate of Encompass Health	Winston Salem	NC	Newly Added
6379101	Spartanburg Rehabilitation Institute	Spartanburg	SC	Newly Added
6380494	Ridgeview Institute - Monroe	Monroe	GA	Newly Added
6389232	Encompass Health Rehabilitation Hospital of Newnan	Newnan	GA	Newly Added
6389233	Northeast Georgia Medical Center Lumpkin	Dahlonega	GA	Newly Added
6410536	Mount Carmel Rehabilitation Hospital	Westerville	ОН	Newly Added
6420493	NeuroDiagnostic Institute and Advanced Treatment Center	Indianapolis	IN	Newly Added
6420533	Community Rehabilitation Hospital South	Greenwood	IN	Newly Added
6430485	Silver Oaks Behavioral Hospital	New Lenox	IL	Newly Added
6440503	ProMedica Charles and Virginia Hickman Hospital	Adrian	MI	Newly Added
6450482	Marshfield Medical Center - Minocqua	Minocqua	WI	Newly Added
6520047	Tennova North Knoxville Medical Center	Powell	TN	Newly Added
6520464	West Tennessee Healthcare Rehabilitation Hospital Jackson	Jackson	TN	Newly Added
6529213	Erlanger Behavioral Hospital	Chattanooga	TN	Newly Added
6539161	North Alabama Specialty Hospital	Athens	AL	Newly Added
6660409	Madonna Rehabilitation Hospital	Omaha	NE	Newly Added

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The following hospitals are on the FY 2020 Database but did not have a record on the FY 2019 Database.

ID	Name	City	State	Reason for Addition
6669153	Madonna Rehabilitation Specialty Hospital	Omaha	NE	Newly Added
6710432	CHI St. Vincent Hot Springs Rehabilitation Hospital, a partner of Encompass Health	Hot Springs	AR	Newly Added
6719169	Perimeter Behavioral Hospital of West Memphis	West Memphis	AR	Newly Added
6720743	Ochsner LSU Health Shreveport – St. Mary Medical Center, LLC	Shreveport	LA	Newly Added
6729137	Avail Health Lake Charles Hospital	Lake Charles	LA	Newly Added
6729139	Prairieville Family Hospital	Prairieville	LA	Newly Added
6729147	The General	Baton Rouge	LA	Newly Added
6739142	Tulsa Center for Behavioral Health	Tulsa	ОК	Newly Added
6740998	Everest Rehabilitation Hospital Longview	Longview	ТХ	Newly Added
6740999	Everest Rehabilitation Hospital Temple	Temple	ТХ	Newly Added
6741002	Oceans Behavioral Hospital of Pasadena	Pasadena	ТХ	Newly Added
6741004	Baylor Scott & White Emergency Hospital - Grand Prairie	Grand Prairie	ТХ	Newly Added
6741007	Encompass Health Rehabilitation Hospital of Katy	Katy	ТХ	Newly Added
6741033	Baylor Scott & White Medical Center - Buda	Buda	ТХ	Newly Added
6741034	Cobalt Rehabilitation Houston Heights	Houston	ТХ	Newly Added
6741127	Ascension Seton Bastrop	Bastrop	ТХ	Newly Added
6741136	Altus Houston Hospital	Houston	ТХ	Newly Added

The following hospitals are on the FY 2020 Database but did not have a record on the FY 2019 Database.

ID	Name	City	State	Reason for Addition
6741137	Baylor Scott & White Medical Center - Austin	Austin	ТХ	Newly Added
6741141	St. Michael's Elite Hospital	Sugar Land	ТХ	Newly Added
6741143	Texas Health Frisco	Frisco	ТХ	Newly Added
6741146	Perimeter Behavioral Hospital of Arlington	Arlington	тх	Newly Added
6741147	Perimeter Behavioral Hospital of Dallas	Garland	ТХ	Newly Added
6741149	Cobalt Rehabilitation Hospital El Paso	El Paso	ТХ	Newly Added
6741164	New Horizon Hospital	Houston	тх	Newly Added
6741174	Plano Surgical Hospital	Plano	тх	Newly Added
6741178	Oceans Behavioral Health of Waco	Waco	тх	Newly Added
6741219	Carrus Behavioral Hospital	Sherman	тх	Newly Added
6741221	Altus Lumberton Hospital	Lumberton	ТХ	Newly Added
6741232	Brushy Creek Family Hospital	Round Rock	ТХ	Newly Added
6840439	Vibra Rehabilitation Hospital of Denver	Thornton	со	Newly Added
6860467	Dignity Health East Valley Rehabilitation Hospital	Chandler	AZ	Newly Added
6860468	Rehabilitation Hospital of Northern Arizona	Flagstaff	AZ	Newly Added
6860481	Banner Rehabilitation Hospital Phoenix	Phoenix	AZ	Newly Added
6880418	Dignity Health Rehabilitation Hospital	Henderson	NV	Newly Added
6880441	PAM Rehabilitation Hospital of Centennial Hills	Las Vegas	NV	Newly Added
6889103	Reno Behavioral Healthcare Hospital	Reno	NV	Newly Added
6910387	Kindred Hospital Seattle-First Hill	Seattle	WA	Newly Added

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The following hospitals are on the FY 2020 Database but did not have a record on the FY 2019 Database.

Name	City	State	Reason for Addition
Multicare Covington Medical Center	Covington	WA	Newly Added
Bakersfield Behavioral Healthcare Hospital	Bakersfield	CA	Newly Added
Kindred Hospital Paramount	Paramount	CA	Newly Added
Adventist Health - Tulare	Tulare	CA	Newly Added
	Multicare Covington Medical Center Bakersfield Behavioral Healthcare Hospital Kindred Hospital Paramount	Multicare Covington Medical Center Covington Bakersfield Behavioral Healthcare Hospital Bakersfield Kindred Hospital Paramount Paramount	Multicare Covington Medical Center Covington WA Bakersfield Behavioral Healthcare Hospital Bakersfield CA Kindred Hospital Paramount CA

ID	Name	City	State	Merger Result	Parent Hospital	Parent Location
6230040	St. Luke's Sacred Heart Campus	Allentown	PA	Merged into 6230049	St. Luke University Hospital - Bethlehem Campus	Bethlehem, PA
6230430	Penn Highlands Clearfield	Clearfield	PA	Merged into 6230615	Penn Highlands DuBois	DuBois, PA
6231205	St. Luke's - Lehighton Campus	Lehighton	PA	Merged into 6230049	St. Luke University Hospital - Bethlehem Campus	Bethlehem, PA
6231930	Temple University Hospital - Jeanes Campus	Philadelphia	PA	Merged into 6232300	Temple University Hospital	Temple, PA
6410040	Edwin Shaw Rehab	Copley	ОН	Merged into 6410559	Cleveland Clinic Rehabilitation Hospital	Avon, OH
6430474	Memorial Hospital East	Shiloh	IL	Merged into 6430195	Memorial Hospital	Belleville, IL
6440037	Select Specialty Hospital-Pontiac	Pontiac	MI	Merged into 6440039	Select Speciality Hospital - McComb County	Mount Clemens, MI
6440055	Select Specialty Hospital-Grosse Pointe	Grosse Pointe	MI	Merged into 6440039	Select Speciality Hospital - McComb County	Mount Clemens, MI
6620630	Fort Madison Community Hospital	Fort Madison	IA	Merged into 6620115	Southeast Iowa Regional Medical Center, West Burlington	West Burlington, IA
6740034	Abilene Regional Medical Center	Abilene	ТΧ	Merged into 6740465	Hendrick Medial Center - Brownwood	Brownwood, TX
6742980	San Angelo Community Medical Center	San Angelo	тх	Merged into 6740129	Shannon Medical Center	San Angelo, TX
6910669	UW Medicine/Northwest Hospital & Medical Center	Seattle	WA	Merged into 6910750	UW Medicine/University of Washington Medical Center	Seattle, WA
6930123	Arroyo Grande Community Hospital	Arroyo Grande	CA	Merged into 6933440	Marian Regional Medical Center	Santa Maria, CA
6930920	Central Valley General Hospital	Hanford	CA	Merged into 6930274	Adventist Health Hanford	Hanford, CA

2020 AHA Annual Survey American Hospital Association

	PITAL NAME:		AHA Annual Survey 155 N Wacker Drive Suite 400 Chicago IL 60606
R	EPORTING PERIOD (please refer eport data for a full 12-month period, preferal r responses throughout various sections of th	bly your last completed fiscal year (3	Finitions at the end of this questionnaire) 366 days). Be consistent in using the same reporting period
1	Reporting Period used (beginning and end	ing date) / / / / Ye	ear to///Year
	 a. Were you in operation 12 full months at the end of your reporting period? Indicate the beginning of your current fiscal 		b. Number of days open during reporting period
	RGANIZATIONAL STRUCTURE	Month Day	Year
1	CONTROL Indicate the type of organization that is res	ponsible for establishing policy for c	overall operation of your hospital. CHECK ONLY ONE:
	Government, nonfederal 12 State 13 County 14 City 15 City-County 16 Hospital district or authority	Nongovernment, not-for-profit	
	Investor-owned, for-profit 31 Individual 32 Partnership 33 Corporation	Government, federal40Department of Defense44Public Health Service45Veterans' Affairs	 46 Federal other than 40-45 or 47-48 47 PHS Indian Service 48 Department of Justice
2	SERVICE Indicate the ONE category that BEST desc	cribes your hospital or the type of se	rvice it provides to the MAJORITY of patients:
	 10 General medical and surgical 11 Hospital unit of an institution (prisor 12 Hospital unit within a facility for pers 13 Surgical 22 Psychiatric 33 Tuberculosis and other respiratory of 41 Cancer 42 Heart 44 Obstetrics and gynecology 45 Eye, ear, nose, and throat 	n hospital, college infirmary) sons with intellectual disabilities	 46 Rehabilitation 47 Orthopedic 48 Chronic disease 62 Intellectual disabilities 80 Acute long-term care hospital 82 Substance use disorder 49 Other - specify treatment area:

Please return to:

B. ORGANIZATIONAL STRUCTURE (continued)

a.	Does your hospital restrict admissions primarily to children?	YES 🗖	NO 🗖
b.	Does the hospital itself operate subsidiary corporations?	YES 🗖	NO 🗖
c.	Is the hospital contract managed? If yes, please provide the name, city, and state of the organization	YES 🗖	
	Name: City: State:	_	
d.	Is your hospital owned in whole or in part by physicians or a physician group?	Yes 🗖	
e.	If you checked 80 Acute long-term care hospital (LTCH) in Section B2 (Service), please indicate if you ar arranged within a general acute care hospital.	e a freestand	ing LTCH or a LTCH
	□ Free standing LTCH □ LTCH arranged in a general acute care hospital		
	If you are arranged in a general acute care hospital, what is your host hospital's name?		
	NameCity		State
f. g.	Are any other types of hospitals co-located in your hospital? YES NO I If yes, what type of hospital is co-located? (Check all that apply)]	
	1. □ Cancer 2. □ Cardiac 3. □ Orthopedic 4. □ Pediatric 5. □ Psychiatric		
	6.		

C. FACILITIES AND SERVICES

For each service or facility listed below, please check all the categories that describe how each item is provided **as of the last day of the reporting period**. Check all categories that apply for an item. If you check column (1) C1-19, please include the number of **staffed beds**. *The sum of the beds reported in 1-19 should equal Section E(1b), beds set up and staffed on page 14.*

		(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
1. General medical-surgical care	(#Beds)			
2. Pediatric medical-surgical care	(#Beds				
3. Obstetrics[Hospital level of unit (1-3):()] (#Beds)			
4. Medical-surgical intensive care	(#Beds)			
5. Cardiac intensive care	(#Beds)			
6. Neonatal intensive care	(#Beds)			
7. Neonatal intermediate care	(#Beds)			
8. Pediatric intensive care	(#Beds)			
9. Burn care	(#Beds)			
10. Other special care	(#Beds)			
11. Other intensive care	(#Beds)			
12. Physical rehabilitation	(#Beds				
13. Substance use disorder care	(#Beds				
14. Psychiatric care					
15. Skilled nursing care					
16. Intermediate nursing care					
17. Acute long-term care					
18. Other long-term care					
19. Other care					
20. Adult day care program					
21. Airborne infection isolation room		· _	브		
22. Alzheimer center		_			Ц
23. Ambulance services		=	님		<u> </u>
24. Air Ambulance services			님		<u> </u>
25. Ambulatory surgery center			님		
26. Arthritis treatment center			H		
27. Auxiliary			님		
28. Bariatric/weight control services		_	H		
29. Birthing room/LDR room/LDRP room		_	H		
30. Blood donor center					
31. Breast cancer screening/mammograms		· 🛛			
32. Cardiology and cardiac surgery services		-	_	-	_
a.Adult cardiology services		_			
b. Pediatric cardiology services					
c. Adult diagnostic catheterization		_			
d.Pediatric diagnostic catheterization		_			
 e.Adult interventional cardiac catheterization f. Pediatric interventional cardiac catheterization 					
		_			
g.Adult cardiac surgery h.Pediatric cardiac surgery		_			
i. Adult cardiac electrophysiology		<u> </u>			
j. Pediatric cardiac electrophysiology		_			
k .Cardiac rehabilitation					
		· 🖬			

		(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
33.	. Case management				
34.	. Chaplaincy/pastoral care services				
35.	. Chemotherapy				
36.	. Children's wellness program				
37.	. Chiropractic services				
38.	. Community outreach				
39.	. Complementary and alternative medicine services				
40.	. Computer assisted orthopedic surgery (CAOS)				
41.	. Crisis prevention				
42	Dental services				
43.	Diabetes prevention program				
44.	. Emergency services				
	a.On-campus emergency department				
	b.Off-campus emergency department				
	c.Pediatric emergency department				
	d.Trauma center (certified) [Hospital level of unit (1-3)]				
45.	. Enabling services				
46.	. Endoscopic services				
	a.Optical colonoscopy				
	b.Endoscopic ultrasound				
	c.Ablation of Barrett's esophagus				
	d.Esophageal impedance study				
	e.Endoscopic retrograde cholangiopancreatography (ERCP)				
47.	. Enrollment (insurance) assistance services				
48.	. Employment support services				
49.	. Extracorporeal shock wave lithotripter (ESWL)				
	. Fertility clinic				
51.	. Fitness center				
52.	. Freestanding outpatient care center				
53.	. Geriatric services				
	. Health fair				
	. Community health education				
	. Genetic testing/counseling	Ц	<u> </u>	Ц	
	. Health screenings	Ц	Ц	Ц	
	. Health research	L L	빌	Ц	
	. Hemodialysis	Ц			
	HIV/AIDS services	L L	빌	Ц	
	. Home health services	Ц			
	Hospice program				
	. Hospital-based outpatient care center services			Ц	
64.	Housing services	_	_	_	_
	a. Assisted living				
	b. Retirement housing	Ц		Ц	
	c. Supportive housing services	Ш		Ц	

(1) Owned or (2) Provided by Provided through a provided by my Health my hospital or System its subsidiary (in my local community) Immunization program..... 65. Indigent care clinic..... 66. Linguistic/translation services 67. Meal delivery services 68. 6 7

C. FACILITIES AND SERVICES (continued)

69.	Mobile health services
70.	Neurological services
71.	Nutrition program
72.	Occupational health services
73.	Oncology services
74.	Orthopedic services
75.	Outpatient surgery
76.	Pain management program
77.	Palliative care program
78.	Palliative care inpatient unit
79.	Patient controlled analgesia (PCA)
80.	Patient education center
81.	Patient representative services
82.	Physical rehabilitation services
	a. Assistive technology center
	b. Electrodiagnostic services
	c. Physical rehabilitation outpatient services
	d. Prosthetic and orthotic services
	e. Robot-assisted walking therapy
	f. Simulated rehabilitation environment
83.	Primary care department
84.	Psychiatric services
	a. Psychiatric consultation-liaison services
	b. Psychiatric pediatric care (#Beds)
	c. Psychiatric geriatric care (#Beds)
	d. Psychiatric education services
	e. Psychiatric emergency services
	f. Psychiatric outpatient services
	g. Psychiatric intensive outpatient services
	h. Social and community psychiatric services
	i. Forensic psychiatric services
	j. Prenatal and postpartum psychiatric services
	k. Psychiatric partial hospitalization services – adult
	I. Psychiatric partial hospitalization services – pediatric
	m. Psychiatric residential treatment – adult
	n. Psychiatric residential treatment – pediatric
	o. Suicide prevention services

formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	

(3)

(4) Do Not

Provide

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
 85. Radiology, diagnostic a. CT Scanner b. Diagnostic radioisotope facility. c. Electron beam computed tomography (EBCT) d. Full-field digital mammography (FFDM) e. Magnetic resonance imaging (MRI) f. Intraoperative magnetic resonance imaging. g. Magnetoencephalography (MEG) h. Multi-slice spiral computed tomography (64+ slice CT) i. Multi-slice spiral computed tomography (64+ slice CT) j. Positron emission tomography (PET) k. Positron emission tomography (PET) l. Single photon emission computerized tomography (SPECT) 86 Badiology, therapeutic 				
 86. Radiology, therapeutic a. Image-guided radiation therapy (IGRT). b. Intensity-modulated radiation therapy (IMRT) c. Proton beam therapy . d. Shaped beam radiation system. e. Stereotactic radiosurgery. f. Basic interventional radiology . 87. Robotic surgery				
 92. Substance use disorder services a. Substance use disorder pediatric services				
 97. Telehealth a. Consultation and office visits				

	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system (in my local community)	(4) Do Not Provide
97. Telehealth services (continued)				
e. Remote patient monitoring				
1.Post-discharge				
2. Ongoing chronic care management				
3. Other remote patient monitoring				
f. Other telehealth				
98. Transplant services				
a. Bone marrow				
b. Heart				
c. Kidney				
d. Liver				
e. Lung				
f. Tissue				
g. Other				
99. Transportation to health services (non-emergency)				
100. Urgent care center				
101.Violence prevention programs				
a. For the workplace				
b. For the community				
102. Virtual colonoscopy				
103. Volunteer services department				
104. Women's health center/services				
105. Wound management services				

106a. Does your organization routinely offer **psychiatric consultation & liaison services** in the following care areas? Consultation-liaison psychiatrists, medical physicians, or advanced practice providers (APPs) work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team.

	Yes	No
1. Emergency services		
2. Primary care services		
3. Acute inpatient care		
4. Extended care		

106b. Does your organization routinely offer addiction/substance use disorder consultation & liaison services in the following care areas?

	Yes	No
1. Emergency services		
2. Primary care services		
3. Acute inpatient care		
4. Extended care		

106c. Does your organization routinely integrate behavioral health services in the following care areas?

To integrate behavioral health services, medical and behavioral health clinicians collaborate with each other and with patients and families to address health concerns identified during medical visits using a systematic and cost-effective approach to provide patient-centered care. Integrated behavioral health is found in primary care, hospitals, and specialty settings such as oncology, cardiology, neurology, pediatrics and rehabilitation. Behavioral health clinicians work right in the medical setting or, if not onsite, are thoroughly integrated into the established procedures, team and information systems.

	Yes	No
1. Emergency services		
2. Primary care services		
3. Acute inpatient care		
4. Extended care		

107a. For each of the physician-organization arrangements, please report the number of physicians involved in these arrangements.

		Number of Involved Physicians	(1) My Hospital	(2) My Health System	(3) Do Not Provide
1.	Independent Practice Association (IPA)				
2.	Group practice without walls				
3.	Open Physician-Hospital Organization (PHO)				
4.	Closed Physician-Hospital Organization (PHO)				
5.	Management Service Organization (MSO)				
6.	Integrated Salary Model				
7.	Equity Model				
8.	Foundation				
9.	Other, please specify				

107b. For those arrangements reported in 107a, please report the approximate ownership share.

		Hospital ownership share	Physician ownership share	Parent corporation ownership share	Insurance ownership share
1.	Independent Practice Association (IPA)	%	%	%	%
2.	Group practice without walls	%	%	%	%
3.	Open Physician-Hospital Organization (PHO)	%	%	%	%
4.	Closed Physician-Hospital Organization (PHO)	%	%	%	%
5.	Management Service Organization (MSO)	%	%	%	%
6.	Integrated Salary Model	%	%	%	%
7.	Equity Model	%	%	%	%
8.	Foundation	%	%	%	%
9.	Other, please specify	%	%	%	%

107c. If the hospital owns physician practices, how are they organized?

	Percent	Number of physicians
1. Solo practice	%	
2. Single specialty group	%	
3. Multi-specialty group	%	

107d. Of the physician practices owned by the hospital, what percentage are primary care? %

107e. Of the physician practices owned by the hospital, what percentage are specialty care? ____%

108. Looking across all the relationships identified in question 107a, what is the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician? (Arrangement may be any type of ownership.)

Number of physicians

109a. Does your hospital participate in any joint venture arrangements with physicians or physician groups?

			al participates in any j . (Check all that apply		ns or physician groups, please indicate whicl	h types of ser	vices are ir	nvolved in those
	1.		Limited service hosp	bital				
		Π	Ambulatory surgical					
			Imaging centers					
	•.	п	Other					
	4.							
109c.	lf you se	electe	d '1. Limited service I	hospital', above, please tell	us what type(s) of services are provided. (C	heck all that a	apply)	
	1.		Cardiac					
	2.		Orthopedic					
	3.		Surgical					
	4.		Other			_		
109d.	Does yo	our ho	spital participate in jo	bint venture arrangements w	vith organizations other than physician group	s?	Yes 🗖	No 🗖
	Bed Cha Was th reporti	nere a		cant change in the total nun	nber of beds set up and staffed for use dur	ing the	Yes 🗖	No 🗖
				Date	Number of beds added	Number	of beds re	noved
	1. Cha	inge 1	l					
	2. Cha	inge 2	2					
b.			permanent or signific period?	cant change in the total nun	nber of ICU beds set up and staffed for use	e during	Yes 🗖	No 🗖
				Date	Number of beds added	Number	of beds re	moved
	1. Cha	ange 1	l					
	2. Cha	ange 2	2					
111. ls	solation	n room	ıs					
a.	Please i	indicat	te the total number of	f isolation rooms set up and	I staffed at the start of the reporting period.			
b.	Please i	indicat	te the total number of	f isolation rooms set up and	I staffed at the end of the reporting period.			
			te how many rooms r converted to isolatio		plation rooms at the end of the reporting			
112. T	period c empora	an be ary sp	converted to isolatio	n rooms.	spaces not typically used for clinical purpose		Yes 🔲	 No 🗖

Yes 🗖

No 🗖

Please indicate if any temporary spaces such as tents or other spaces not typically used for clinical purposes were set up for using in triage, testing or treatment during the reporting period.

113. Ventilators

â	a. How many adult (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period?		-
k	b. How many adult (in use and not in use) mechanical ventilators were there in your facility at the end of the reporting period?		
c	c. How many pediatric/NICU (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period?		
C	d. How many pediatric/NICU (in use and not in use) mechanical ventilators were there in your facility at the end of the reporting period?		-
114.	Emergency Departments		
â	a. Please indicate the number of emergency department beds set up and staffed at the start of the reporting period.		
b	D. Please indicate the number of emergency department beds set up and staffed at the end of the reporting period.		
C	c. Was there a permanent or significant change in the total number of emergency department beds set up and staffed for use during the reporting period?	Yes	No 🗖
	Date Number of beds added Num	nber of beds remo	oved
	1. Change 1		
	2. Change 2		

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS

INSURANCE

1. Does your hospital own or jointly own a health pl			an?				Yes 🗖	١	No 🗖
a.	If yes, in what states?	States:							. <u></u>
	 Does your system own or jointly own a health plan? a. If yes, in what states? States: 					Yes 🗖	١	No 🗖	
	3. Does your hospital/system have a significant partnership with an insurer or an insurance company/health plan? Yes No								
a.	If yes, in what states?	States:							
4.	f yes to 1, 2 and/or 3 above Insurance Prod		insurance pr Hospital	roducts and System	the total	medical enrollm Medical Enrollment	ient. (Check all New Product	that apply No	/) Do not know
a.	Medicare Advantage								
b.	Medicaid Managed Care								
c.	Health Insurance Marketp	ace ("exchange")							
d.	Other Individual Market								
e.	Small Group								
f.	Large Group								
g.	Other				П				

If you have answered 'no' to all parts of questions 1, 2 and 3, please skip to question 8.

5. Does your health plan make capitated payments to physicians either within or outside of your network for specific groups or enrollees?

	a. Physicians within your network Yes 🛛 No 🗖 Do not know 🗖
	b. Physicians outside your network Yes 🛛 No 🗖 Do not know 🗖
	c. If yes, which specialties?
6.	Does your health plan make bundled payments to providers in your network or to outside providers?
	a. Providers within your network Yes No Do not know D
	b. Providers outside your network Yes No No Do not know D
	c. If yes, which specialties?
7.	Does your health plan offer other shared risk contracts to either providers in your network or to outside providers? (i.e., other than capitation or bundled payment.)
	a. Providers within your network Yes No No Do not know D
	b. Providers outside your network Yes 🛛 No 🗖 Do not know 🗖
	c. If yes, which specialties?
8.	Does your hospital or health system fund the health benefits for your employees? Yes \Box No \Box
	a. If yes, does the hospital or health system also administer the benefits Yes No No (as opposed to contracting with a third party administrator)?

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

ALTERNATIVE PAYMENT MODELS

9. What percentage of your hospital's patient revenue is paid on a capitated b	asis?		%	
			/0	
a. In total, how many enrollees do you serve under capitated contracts?		Total enrolle	es:	-
10. Does your hospital participate in any bundled payment arrangements?	Yes 🗖	Did previously but no longer doing so		No 🗖
If yes, please respond to 10a-10c:				
a. With which of the following types of payers does your hospital have a bur	ndled payment ar	rangement? (Check all th	at apply)	
 1. Traditional Medicare 2. A Medicare Advantage plan 3. A commercial insurance plan including ACA participants, individual 4. Medicaid b. For which of the following medical/surgical conditions does your hospital 1. Cardiovascular 2. Orthopedic 3. Oncologic 4. Neurology 5. Hematology 6. Gastrointestinal 7. Pulmonary 8. Infectious disease 		-	Sheck all that app	ly)
 9. Other, please specify:		gements?	%	
11. Does your hospital participate in a bundled payment program involving car physician, outpatient, post-acute)?	re settings outsid	e of the hospital (e.g.,	Yes 🗖	No 🗖
a.If yes, does your hospital share upside or downside risk for any of those o	outside providers'	?	Yes 🗖	No 🗖
12. What percentage of your hospital's patient revenue is paid on a shared ris	sk basis (other tha	an capitated or bundled p	ayments)? _	%
13. Does your hospital contract directly with employers or a coalition of employers or a coalition of employers on a capitated, predetermined, or shared risk basis?	yers to provide	Yes 🗖	No 🕻	J
14. Does your hospital have contracts with commercial payers where payment performance on quality/safety metrics?	t is tied to	Yes 🗖	No 🕻	J
15a. Has your hospital or health care system established an accountable care	re organization (A	ACO)?		
1. My hospital/system currently leads an ACO (Skip to 15b)				
2. \Box My hospital/system currently participates in an ACO (but is not its le	eader) (Skip to 1	17)		
3. I My hospital/system previously led or participated in an ACO but is	no longer doing s	so (Skip to 17)		
4.	16)	- •		
15b. With which of the following types of payers does your hospital/system have		e care contract? (Check a	all that apply)	
1. Traditional Medicare (MSSP and NextGen) (Skip to 15c)				
2. A Medicare Advantage plan (Skip to 15d)				
3. A commercial insurance plan (including ACO participants, individua	al, group, and em	ployer markets) (Skip to	15d)	

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

ALTERNATIVE PAYMENT MODELS

15c. If you selected Traditional Medicare, in which of the following Medicare programs is your hospital/system participating? (Check all that apply)

- 1. MSSP Track 1
- 2. MSSP Track 2
- 3. MSSP Track 3
- 4. MSSP Track 1+
- 5. D NextGen
- 6. Comprehensive ESRD Care

15d.	What percentage of your hospital's/system's patients are covered by accountable care contracts?	%
15e.	What percentage of your hospital's/system's patient revenue came from ACO contracts in 2020?	% (Skip to 17)
	 Has your hospital/system ever considered participating in an ACO? a. □ Yes, and we are planning to join one b. □ Yes, but we are not planning to join one c. □ No, we have not even considered it 	

17. Do any hospitals and/or physician groups with your system, or the system itself, plan to participate in any of the following risk arrangements in the next three years? (Check all that apply)

- **a.**
 Shared savings/losses
- **b.** D Bundled payment
- **c.** \Box Capitation
- d. ACO (ownership)
- e. ACO (joint venture)
- f. Health plan (ownership)
- g.
 Health plan (joint venture)
- h. D Primary care transformation, including direct contracting
- i. D Other, please specify:
- j. 🛛 None

18. Does your hospital/system have an established medical home program?

- a.Hospital
- b.System

Yes 🗖	No 🗖
Yes 🗖	No 🗖

Please report beds, utilization, financial, and staffing data for the 12-month period that is consistent with the period reported on page 1. Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate. Round to the nearest dollar. Report all personnel who were on the payroll and whose payroll expenses are reported in E3f. (Please refer to specific definitions on pages 32-34.)

Fill out column (2) if hospital owns and operates a nursing home type unit/facility. Column (1) should be the combined total of hospital plus nursing home unit/facility.

1. BEDS AND UTILIZATION	(1) Total Facility	(2) Nursing Home Unit/Facility
a. Total licensed beds		
b. Beds set up and staffed for use at the end of the reporting period		
c. Bassinets set up and staffed for use at the end of the reporting period		
d. Births (exclude fetal deaths)		
e. Admissions (exclude newborns; include neonatal & swing admissions)		
f. Inpatient days (exclude newborns; include neonatal & swing days)		
g. Emergency department visits		
h. Total outpatient visits (include emergency department visits & outpatient surgeries)		
i. Inpatient surgical operations		
j. Number of operating rooms		
k. Outpatient surgical operations		
2. MEDICARE/MEDICAID UTILIZATION	(1) Total Facility	(2) Nursing Home Unit/Facility
a1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)		
a2. How many Medicare inpatient discharges were Medicare Managed Care?		
b1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)		
b2. How many Medicare inpatient days were Medicare Managed Care?		
c1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)		
c2. How many Medicaid inpatient discharges were Medicaid Managed Care?		
d1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)		
d2. How many Medicaid inpatient days were Medicaid Managed Care?		
3. FINANCIAL	(1) Total Facility	(2) Nursing Home

Unit/Facility

.00

.00 .00 .00

.00

No 🗖

3. FINANCIAL	(1) Total Facility
*a. Net patient revenue (treat bad debt as a deduction from gross revenue)	.00
*b. Tax appropriations	.00
*c. Other operating revenue	.00
*d. Nonoperating revenue	.00
*e. TOTAL REVENUE (add 3a thru 3d)	.00
f. Payroll expense (only)	.00
g. Employee benefits	.00
h. Depreciation expense (for reporting period only)	.00
i. Interest expense	.00
j. Pharmacy expense	.00
k. Supply expense (other than pharmacy)	.00
I. All other expenses	.00
m. TOTAL EXPENSES (add 3f thru 3l. Exclude bad debt)	.00
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	Yes 🗖

4. REVENUE BY TYPE

*а.	Total gross inpatient revenue	.00
*b.	. Total gross outpatient revenue	.00
*c.	Total gross patient revenue	.00

5. UNCOMPENSATED CARE & PROVIDER TAXES

*a. Bad debt (Revenue forgone at full established rates. Include in gross revenue.)		.00
1. Are you able to distinguish bad debt derived from patients with or without insurance?	Yes 🗖	No 🗖
2. If yes, how much is from patients with insurance?		.00
*b. Financial assistance (Includes charity care) (Revenue forgone at full-established rates. Incl revenue.)		00
*c. Is your bad debt (5a) reported on the basis of full charges?	- Yes 🗖	.00 No 🗖
*d. Does your state have a provider Medicaid tax/assessment program?		
	Yes	No 🗖
*e. If yes, please report the total gross amount paid into the program.	-	.00
*f. Due to differing accounting standards, please indicate whether the provider tax/assessmen	_	_
1. Total expenses	Yes 📙	
2. Deductions from net patient revenue	Yes 📙	No 📙
6. REVENUE BY PAYER (report total facility gross & net figures)	(1) Gross	(2) Net
*a. GOVERNMENT		
(1) Medicare:		
a) Fee for service patient revenue	00_	.00
b) Managed care revenue	00	.00
c) Total (a + b)	.00	.00
(2) Medicaid:	20	
a) Fee for service patient revenue		.00
b) Managed care revenue	00_	.00
c) Medicaid Graduate Medical Education (GME) payments	-	.00
d) Medicaid Disproportionate Share Hospital Payments (DSH)	-	.00
e) Medicaid Supplemental Payments (not including Medicaid DSH Payments)	-	.00
f) Other Medicaid	-	.00
g) Total (a thru f)	.00	.00
(3) Other government	00	.00
*b. NONGOVERNMENT		
(1) Self-pay (2) Third-party payers:	00	.00
a) Managed care (includes HMO and PPO)	.00	.00
b) Other third-party payers	.00	.00
c) Total third-party payers (a + b)	.00	.00
(3) All other nongovernment	.00	.00
*c. TOTAL	.00	.00
(Total gross should equal 4c on page 15. Total net should equal 3a on page 14.)		
	(1)	(2)
*d. If you report Medicaid Supplemental Payments on line 6.a(2)e, please break the	Inpatient	Outpatient
payment total into inpatient and outpatient care.	.00	.00
*e. If you are a government owned facility (control codes 12-16), does your facility		
participate in the Medicaid intergovernmental transfer or certified public expenditures	Yes 🗖	No 🗖
program?	(1)	(2)
	Gross	Net
*f.If yes, please report gross and net revenue.	.00	.00

7. FINANCIAL PERFORMANCE – MARGIN

*a.	Total Margin	%
*b.	Operating Margin	%
*c.	EBITDA Margin	%
*d.	Medicare Margin	%
*e.	Medicaid Margin	%

8. FIXED ASSETS

a.	Property, plant and equipment at <u>cost</u>		<u>.</u> 00
b.	Accumulated depreciation		<u></u> 00
c.	Net property, plant and equipment (a–b)		<u></u> 00
d.	Total gross square feet of your physical plant used for or in support of your healthcare a	activities	
	TOTAL CAPITAL EXPENSES clude all expenses used to acquire assets, including buildings, remodeling projects, equip	oment, or property	00
10	D. INFORMATION TECHNOLOGY AND CYBERSECURITY		
a.	IT operating expense		.00
b.	IT capital expense		.00
c.	Number of employed IT staff (in FTEs)		
d.	Number of outsourced IT staff (in FTEs)		
*e.	. What percentage of your IT budget is spent on security?		%
*f.	Which of the following cybersecurity measures does your hospital or health system curr (check all that apply)	rently deploy?	
	1. Annual risk assessment		
	2. Incident response plan		
	3. Intrusion detection systems		
	4. Mobile device encryption		
	5. Mobile device data wiping		
	6. Penetration testing to identify security vulnerabilities		
	7. Strong password requirements		
	8. Two-factor authentication		
*g.	. Does your hospital or health system board oversight of risk management and reduction specifically include consideration of cybersecurity risk?	Ŋo □	Unsure
*h.	. Does your hospital or health system have cybersecurity insurance? Yes		Unsure
*i.	Is your hospital or health system participating in cybersecurity information-sharing activities with an outside information sharing and analysis organization to identify threats and vulnerabilities?] _{No} []	Unsure
	Are the financial data on pages 14-16 from your audited financial statement?	Yes	No 🗖

* These data will be treated as confidential and not released without written permission. AHA will however, share these data with your respective state hospital association and, if requested, with your appropriate metropolitan/regional association.

For members of the Catholic Health Association of the United States (CHA), AHA will also share these data with CHA unless there are objections expressed by checking this box 🗆

The state/metropolitan/regional associations and CHA may not release these data without written permission from the hospital.

11. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility **payroll at the end of your reporting period.** Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis. **FTE** is the total number of hours **worked** (excluding non-worked hours such as PTO, etc.) by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.

For each occupational category, please report the number of staff vacancies as of the last day of your reporting period. A vacancy is defined as a budgeted staff position which is unfilled as of the last day of the reporting period and for which the hospital is actively seeking either a full-time or part-time permanent replacement. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once.

	Physician	(1) Full-Time (35 hr/wk or more) On Payroll (Headcount)	(2) Part-Time (Less than 35hr/wk) On Payroll (Headcount)	(3) FTE	(4) Vacancies (Headcount)
	Physicians				
b.	Dentists				
C.	Medical residents/interns				
d.	Dental residents/interns				
e.	Other trainees				
f.	Registered nurses				
g.	Licensed practical (vocational) nurses				
h.	Nursing assistive personnel				
i.	Radiology technicians				
j.	Laboratory technicians				
k.	Pharmacists licensed				
I.	Pharmacy technicians				
m.	Respiratory therapists				
n.	All other personnel				
о.	Total facility personnel (add 11a through 11n)				
	(Total facility personnel (a-n) should include hos Nursing home type unit/facility personnel should	-	•••	••	
p.	Nursing home type unit/facility registered nurses				
q.	Total nursing home type unit/facility personnel				
•					
r.	For your employed RN FTEs reported above (E.11.f, co		t the number of full-		Number of direct
	time equivalents who are involved in direct patient care				patient care FTEs
s.	For your medical residents/interns reported above (E.1 of full-time on payroll by specialty.	1c. column 1) please	indicate the number	Full-Time (35 hr/wk or more) On Payroll (Headcount)	
	1. Primary care (general practitioner, general internal pediatrics, geriatrics)	medicine, family prac	tice, general		
	2. Other specialties				

12. PRIVILEGED PHYSICIANS

Report the total number of physicians with privileges at your hospital by type of relationship with the hospital. <u>The sum of the physicians reported</u> in 12a-12g should equal the total number of privileged physicians (12h) in the hospital.

	(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged (add columns 1-4)
 Primary care (general practitioner, general internal medicine, family practice, general pediatrics) 					
b. Obstetrics/gynecology					
c. Emergency medicine					
d. Hospitalist					
e. Intensivist					<u> </u>
f. Radiologist/pathologist/anesthesiologist					
g. Other specialist					
h. Total (add 12a-12g)					
13. HOSPITALISTS					
a. Do hospitalists provide care for patients in your hosp	oital? (if no, please	e skip to 14)	····· Yes		(If yes, please report in E.12.d)
b. If yes, please report the total number of full-time equ	iivalent (FTE) hos	pitalists		FTE	. ,
14. INTENSIVISTS					
a. Do intensivists provide care for patients in your hosp	oital? (if no, please	e skip to 15)	Yes		(If yes, please report in E.12.e)
b. If yes, please report the total number of FTE intensivarea is closed to intensivists. (Meaning that only interview)				e indicate whethe	r the intensive care
	FTE	Closed t	o Intensivists		
1. Medical-surgical intensive care					
2. Cardiac intensive care					
3. Neonatal intensive care					
4. Pediatric intensive care					
5. Other intensive care					
6. Total					

15. ADVANCED PRACTICE REGISTERED NURSES/PHYSICIAN ASSISTANTS

-	
a.	Do advanced practice nurses/physician assistants provide care for patients in your hospital? (If no, please skip to 16) YES D NO D
b.	If yes, please report the number of full time, part time and FTE advanced practice nurses and physician assistants who provide care for patients in your hospital.
	Advanced Practice Registered Nurses Full-time Part-time FTE
	Physician Assistants Full-time Part-time FTE
c.	If yes, please indicate the type of service provided. (check all that apply)
	1. Primary care 2. Anesthesia services (Certified registered nurse anesthetist) 3. Emergency department care
	4. Other specialty care 5. Patient education 6. Case management 7. Other
16.	FOREIGN EDUCATED NURSES
b.	Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2020 vs. 2019?
	More 🔲 Less 🖾 Same 🖾 Did not hire foreign nurses 🗖
b.	From which countries/continents are you recruiting foreign-educated nurses? (check all that apply)
	Africa 🛛 🛛 South Korea 🔲 Canada 🔲 Philippines 💭 China 🔲 India 🗍 Other 🗖

F. ADDRESSING PATIENT SOCIAL NEEDS AND COMMUNITY SOCIAL DETERMINANTS OF HEALTH

1.	Which social needs of patients/social determinants of health in communities does your hospital or health system have programs or strategies to address? (Check all that apply)
	a. 🔲 Housing (instability, quality, financing)
	b. Tood insecurity or hunger
	c. 🔲 Utility needs
	d. Interpersonal violence
	e. Transportation
	f. Employment and income
	g. Education
	h. Social isolation (lack of family and social support)
	i. 🔲 Health behaviors
	j. D Other, please describe:
_	
2.	Does your hospital or health system screen patients for social needs?
	Yes, for all patients Yes, for some patients No (skip to question 3)
	 2a. If yes, please indicate which social needs are assessed. (Check all that apply) 1. Housing (instability, quality, financing) 2. Food insecurity or hunger 3. Utility needs 4. Interpersonal violence 5. Transportation 6. Employment and income 7. Education 8. Social isolation (lack of family and social support) 9. Health behaviors 10. Other, please describe:
	2b. If yes, does your hospital or health system record the social needs screening results in your electronic health Yes No Record?
3.	Does your hospital or health system utilize outcome measures (for example, cost of care or readmission rates) to assess the effectiveness of the interventions to address patients' social needs? Yes No

- 4. Has your hospital or health system been able to gather data indicating that activities used to address the social determinants of health and patient social needs have resulted in any of the following? (Check all that apply)
 - **a.**
 Better health outcomes for patients
 - **b.** Decreased utilization of hospital or health system services

c. Decreased health care costs

d. Improved community health status

F. ADDRESSING PATIENT SOCIAL NEEDS AND COMMUNITY SOCIAL DETERMINANTS OF HEALTH (continued)

5. Please indicate the extent of your hospital's current partnerships with external partners for population and/or community health initiatives. Which types of organizations do you currently partner with in each of the following activities? (Check all that apply)

	Not Involved	Work together to meet patient social needs (e.g., referral arrangement or case management)	Participates in our Community Health Needs Assessment process	Work together to implement community-level initiatives to address social determinants of health
a. Health care providers outside your system				
 b. Health insurance providers outside of your system 				
c. Local or state public health departments/ organizations				
 d. Other local or state government agencies or social service organizations 				
e. Faith-based organizations				
f. Local organizations addressing food insecurity				
 g. Local organizations addressing housing insecurity 				
 h. Local organizations addressing transportation needs 				
 Local organizations providing legal assistance for individuals 				
j. Other community non-profit organizations				
k. K-12 schools				
I. Colleges or universities				
m. Local businesses or chambers of commerce				
n. Law enforcement/safety forces				

G. SUPPLEMENTAL INFORMATION

1a. Does your hospital provide services through satellite outpatient departments? $\,$ Yes \square

1b. Please indicate the clinical families of outpatient services offered along with the number of hospital outpatient sites by location.

No 🗖

		Number of on-campus sites	Number of off-campu sites	IS
1.	Airway endoscopy			
2.	Ambulatory surgery			
3.	Blood product exchange			
4.	Cardiac/pulmonary rehabilitation			
5.	Diagnostic/screening test and related procedures			
6.	Drug administration and clinical oncology			
7.	Ear, nose throat (ENT)			
8.	General surgery and related procedures			
9.	Gastrointestinal (GI)			
10.	Gynecology			
11.	Laboratory			
12.	Major imaging			
13.	Minor imaging			
14.	Musculoskeletal surgery			
15.	Nervous system procedures			
16.	Ophthalmology			
17.	Pathology			
18.	Primary care			
19.	Psychiatric care			
20.	Radiation oncology			
21.	Rehabilitation			
22.	Skilled nursing			
23.	Substance use disorder care			
24.	Urgent care			
25.	Urology			
26.	Vascular/endovascular/cardiovascular			
27.	Visits and related services			
28.	Other, please specify:			

G. SUPPLEMENTAL INFORMATION (continued)

evaluation, and communication of physiological data.

4. If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?

5. Does your hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families? Yes No

6. Utilization of telehealth/virtual care

The definitions used herein represent one approach to understanding telehealth/virtual care. The AHA is aware that different organizations use different definitions for these terms and that Medicare defines them in a more narrow way than they are used in the field. The definitions we chose are meant to balance the statutory and regulatory use of the terms with the way they are understood by providers on the ground.

a.	a. Number of video visits: Synchronous visits between patient and provider that are not co-located, through the use of	
	two-way, interactive, real-time audio and video communication.	
b.	Number of audio visits: Synchronous visits between a patient and a provider that are not co-located, through the	

	use of two-way, interactive, real-time audio-only communication.
c.	Number of patients being monitored through remote patient monitoring (RPM): Asynchronous or synchronous interactions between and patient and a provider that are not co-located involving the collection, transmission,

d.	Number of patients receiving other virtual services: All other synchronous or asynchronous interactions between a
	provider and patient or provider and provider delivered remotely including messages, eConsults, and virtual check-
	ins.

Use this space for comments or to elaborate on any information supplied on this survey. Refer to the response by page, section and item name.

As declared previously, hospital specific revenue data are treated as confidential. AHA's policy is not to release these data without written permission from your institution. The AHA will however, share these data with your respective state hospital association and if requested with your appropriate metropolitan/regional association.

On occasion, the AHA is asked to provide these data to external organizations, both public and private, for their use in analyzing crucial health care policy or research issues. The AHA is requesting your permission to allow us to release your confidential data to those requests that we consider legitimate and worthwhile. In every instance of disclosure, the receiving organization will be prohibited from releasing hospital specific information.

Please indicate below whether or not you agree to these types of disclosure:

[] I hereby grant AHA permission to release my hospital's revenue data to external users that the AHA determines have a legitimate and worthwhile need to gain access to these data subject to the user's agreement with the AHA not to release hospital specific information.

Chief Executive Officer

Date

[] I do not grant AHA permission to release my confidential data.

Chief Executive Officer

Date

With the exception of restrictions protecting certain confidential information, the results of this survey may be publically released.

Thank you for your cooperation in completing this survey. If there are any questions about your responses to this survey, who should be contacted?

Name (please print)	Title	() (Area Code) Telephone Number
// Date of Completion	Chief Executive Officer	() Hospital's Main Fax Number
Contact Email address:		

NOTE: PLEASE PHOTOCOPY THE INFORMATION FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE AMERICAN HOSPITAL ASSOCIATION. ALSO, PLEASE FORWARD A PHOTOCOPY OF THE COMPLETED QUESTIONNAIRE TO YOUR STATE HOSPITAL ASSOCIATION.

THANK YOU

SECTION A REPORTING PERIOD Instructions

INSTRUCTIONS AND DEFINITIONS FOR THE 2020 ANNUAL SURVEY OF HOSPITALS.

For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical.

- 1. Reporting period used (beginning and ending date): Record the beginning and ending dates of the reporting period in an eight-digit number: for example, January 1, 2020 should be shown as 01/01/2020. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 366 days, utilization and finances should be presented for days reported only.
- 2. Were you in operation 12 full months at the end of your reporting period? If you are reporting for less than 366 days, utilization and finances should be presented for days reported only.
- 3. Number of days open during reporting period: Number of days should equal the time span between the two dates that the hospital was open.

SECTION B ORGANIZATIONAL STRUCTURE Instructions and Definitions

1. CONTROL

Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital. **Government, nonfederal.**

State. Controlled by an agency of state government.

County. Controlled by an agency of county government.

City. Controlled by an agency of municipal government.

City-County. Controlled jointly by agencies of municipal and county governments.

Hospital district or authority. Controlled by a political subdivision of a state, county, or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions.

Nongovernment, not for profit. Controlled by not-for-profit organizations, including religious organizations (Catholic hospitals, for example), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, and so forth.

Investor owned, for profit. Controlled on a for profit basis by an individual, partnership, or a profit making corporation.

Government, federal. Controlled by an agency or department of the federal government.

2. SERVICE

Indicate the ONE category that best describes the type of service that your hospital provides to the majority of patients. **General medical and surgical.** Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical.

Hospital unit of an institution. Provides diagnostic and therapeutic services to patients in an institution.

Hospital unit within a facility for persons with intellectual disabilities. Provides diagnostic and therapeutic services to persons with intellectual disabilities.

Surgical. An acute care specialty hospital where 2/3 or more of its inpatient claims are for surgical/diagnosis related groups.

Psychiatric. Provides diagnostic and therapeutic services to patients with mental or emotional disorders.

Tuberculosis and other respiratory diseases. Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases.

Cancer. Provides medical care to patients for whom the primary diagnosis is cancer.

Heart. Provides diagnosis and treatment of heart disease.

Obstetrics and gynecology. Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.

Eye, ear, nose, and throat. Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat.

Rehabilitation. Provides a comprehensive array of restoration services for people with disabilities and all support services necessary to help them attain their maximum functional capacity.

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

Chronic disease. Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

Intellectual disabilities. Provides health-related care on a regular basis to patients with developmental or intellectual disabilities who cannot be treated in a skilled nursing unit.

Acute long-term care hospital. Provides high acuity interdisciplinary services to medically complex patients that require more intensive recuperation and care than can be provided in a typical nursing facility.

Substance use disorder. Provides diagnostic and therapeutic services to patients with a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over use of substances such as alcohol, prescription and non-prescription drugs. Substance use disorders range in severity, duration and complexity from mild to severe.

3. OTHER

- a. Children admissions. A hospital whose primary focus is the health and treatment of children and adolescents.
- **b.** Subsidiary. A company that is wholly controlled by another or one that is more than 50% owned by another organization.
- c. Contract managed. General day-to-day management of an entire organization by another organization under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.
- d. Physician group. Cooperative practice of medicine by a group of physicians, each of whom as a rule specializes in some particular field.
- f. Co-located hospitals. Co-location refers to two or more entities, with separate CMS Certification Numbers occupying the same building, or conjoined buildings.

SECTION C FACILITIES AND SERVICES Definitions

Owned/provided by the hospital or its subsidiary. All patient revenues, expenses and utilization related to the provision of the service are reflected in the hospital's statistics reported elsewhere in this survey.

Provided by my health system (in my local community). Another health care provider in the same system as your hospital provides the service and patient revenue, expenses, and utilization related to the provision of the service are recorded at the point where the service was provided and would not be reflected in your hospital's statistics reported elsewhere in this survey. (A system is a corporate body that owns, leases, religiously sponsors and/or manages health providers)

Provided through a partnership or joint venture with another provider that is not in my system. All patient revenues and utilization related to the provision of the service are recorded at the site where the service was provided and would not be reflected in your hospital statistics reported elsewhere in this survey. (A joint venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.)

- 1. General medical-surgical care. Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
- 2. Pediatric medical-surgical care. Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
- 3. Obstetrics. For service owned or provided by the hospital, level should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
- 4. Medical-surgical intensive care. Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units.
- 5. Cardiac intensive care. Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
- 6. Neonatal intensive care. A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
- 7. Neonatal intermediate care. A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
- Pediatric intensive care. Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
- 9. Burn care. Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children: (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
- 10. Other special care. Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down or progressive care units.
- 11. Other intensive care. A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life-threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
- **12.** Physical rehabilitation. Provides care encompassing a comprehensive array of restoration services for people with disabilities and all support services necessary to help patients attain their maximum functional capacity.
- **13.** Substance use disorder care. Provides diagnostic and therapeutic services to patients with a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over use of substances such as alcohol, prescription and non-prescription drugs Substance use disorders range in severity, duration and complexity from mild to severe. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
- 14. Psychiatric care. Provides acute or long-term care to patients with mental or emotional disorders, including patients admitted for diagnosis and those admitted for treatment of psychiatric disorders, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to persons with chronic/severe mental illness.
- 15. Skilled nursing care. Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
- 16. Intermediate nursing care. Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services.
- 17. Acute long-term care. Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24-hour/7 days a week basis.
- 18. Other long-term care. Provision of long-term care other than skilled nursing care or intermediate care for those who do not require daily medical or nursing services, but may requires some assistance in the activities of daily living. This can include residential care, elderly care, or care facilities for those with developmental or intellectual disabilities.
- 19. Other care. (specify) Any type of care other than those listed above. <u>The sum of the beds reported in Section C 1-19 should equal what you have reported in Section E(1b) for beds set up and staffed.</u>
- 20. Adult day care program. Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
- 21. Airborne infection isolation room. A single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.

- 22. Alzheimer center. Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research, and education.
- 23. Ambulance services. Provision of ambulance service to the ill and injured who require medical attention on a scheduled and unscheduled basis.
- 24. Air ambulance services. Aircraft and especially a helicopter equipped for transporting the injured or sick. Most air ambulances carry critically ill or injured patients, whose condition could rapidly change for the worse.
- 25. Ambulatory surgery center. Facility that provides care to patients requiring surgery that are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payment.
- 26. Arthritis treatment center. Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
- 27. Auxiliary. A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
- 28. Bariatric/weight control services. The medical practice of weight reduction.
- 29. Birthing room/LDR room/LDRP room. A single-room type of maternity care with a more homelike setting for families than the traditional threeroom unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth processlabor, delivery, recovery, and postpartum.
- 30. Blood donor center. A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
- 31. Breast cancer screening/mammograms. Mammography screening The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
- 32. Cardiology and cardiac surgery services. Services which include the diagnosis and treatment of diseases and disorders involving the heart and circulatory system.
 - a. -b. Cardiology services. An organized clinical service offering diagnostic and interventional procedures to manage the full range of heart conditions.
 - c. -d. Diagnostic catheterization. (also called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. Cardiac angiography involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. These images are used to diagnose heart disease and to determine, among other things, whether or not surgery is indicated.
 - e. -f. Interventional cardiac catheterization. Nonsurgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less invasive alternative to heart surgery.
 - **g.-h. Cardiac surgery.** Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery.
 - i. -j. Cardiac electrophysiology. Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up.
 - k. Cardiac rehabilitation. A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.
- **33. Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
- 34. Chaplaincy/pastoral care services. A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
- 35. Chemotherapy. An organized program for the treatment of cancer by the use of drugs or chemicals.
- 36. Children's wellness program. A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
- 37. Chiropractic services. An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
- 38. Community outreach. A program that systematically interacts with the community to identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
- **39. Complementary and alternative medicine services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
- 40. Computer assisted orthopedic surgery (CAOS). Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
- 41. Crisis prevention. Services provided in order to promote physical and mental wellbeing and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
- 42. Dental services. An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
- **43. Diabetes prevention program.** Program to prevent or delay the onset of type 2 diabetes by offering evidence-based lifestyle changes based on research studies, which showed modest behavior changes helped individuals with prediabetes reduce their risk of developing type 2 diabetes.
- 44. Emergency services. Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
 - a. On-campus emergency department. Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
 - **b. Off-campus emergency department.** A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital but has all the necessary emergency staffing and equipment on site.
 - c. Pediatric emergency department. A recognized hospital emergency department capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation and providing an appropriate transfer to a definitive care facility.
 - d. Trauma center (certified). A facility to provide emergency and specialized intensive care to critically ill and injured patients. For service owned or provided by the hospital, please specify trauma level. Level 1: A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3: A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities.

- **45. Enabling services.** A program that is designed to help the patient access health care services by offering any of the following: transportation services and/or referrals to local social services agencies.
- 46. Endoscopic services.
 - a. Optical colonoscopy. An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera.
 - **b. Endoscopic ultrasound.** Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer.
 - c. Ablation of Barrett's esophagus. Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus.
 - d. Esophageal impedance study. A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms.
 - e. Endoscopic retrograde cholangiopancreatography (ERCP). A procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones.
- 47. Enrollment (insurance) assistance services. A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
- 48. Employment support services. Services designed to support individuals with significant disabilities to seek and maintain employment.
- 49. Extracorporeal shock wave lithotripter (ESWL). A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
- 50. Fertility clinic. A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies.
- 51. Fitness center. Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
- 52. Freestanding outpatient care center. A facility owned and operated by the hospital that is physically separate from the hospital and provides various medical treatments and diagnostic services on an outpatient basis only. Laboratory and radiology services are usually available.
- 53. Geriatric services. The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: adult day care; Alzheimer's diagnostic-assessment services; comprehensive geriatric assessment; emergency response system; geriatric acute care unit; and/or geriatric clinics.
- 54. Health fair. Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
- 55. Community health education. Education that provides health information to individuals and populations as well as support for personal, family and community health decisions with the objective of improving health status.
- 56. Genetic testing/counseling. A service equipped with adequate laboratory facilities and directed by a qualified physician to advise patients on potential genetic diagnosis of vulnerabilities to inherited diseases. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.
- 57. Health screening. A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.
- 58. Health research. Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery.
- 59. Hemodialysis. Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
- 60. HIV/AIDS services. Diagnosis, treatment, continuing care planning, and counseling services for HIV/AIDS patients and their families. Could include: HIV/AIDS unit, special unit or designated team, general inpatient care, or specialized outpatient program.
- 61. Home health services. Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
- 62. Hospice. A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home.
- 63. Hospital-based outpatient care center-services. Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral.
- 64. Housing Services
 - a. Assisted living. A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
 - b. Retirement housing. A facility that provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions.
 - c. Supportive housing services. A hospital program that provides decent, safe, affordable, community-based housing with flexible support services designed to help the individual or family stay housed and live a more productive life in the community.
- 65. Immunization program. Program that plans, coordinates and conducts immunization services in the community.
- 66. Indigent care clinic. Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include "free clinics" staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service.
- 67. Linguistic/translation services. Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.
- **68. Meal delivery services.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
- 69. Mobile health services. Vans and other vehicles used for delivery of primary care services.
- 70. Neurological services. Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous systems.
- 71. Nutrition programs. Services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
- 72. Occupational health services. Includes services designed to protect the safety of employees from hazards in the work environment.

- 73. Oncology services. Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods.
- 74. Orthopedic services. Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
- 75. Outpatient surgery. Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
- 76. Pain management program. A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from acute illnesses of diverse causes.
- 77. Palliative care program. An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced diseases and their families.
- 78. Palliative care inpatient unit. An inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.
- 79. Patient controlled analgesia (PCA). Intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at predetermined intervals, as programmed by the doctor's order.
- 80. Patient education center. Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self-care.
- **81. Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high quality care and services.
- 82. Physical rehabilitation services. Program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - a. Assistive technology center. A program providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options.
 - b. Electrodiagnostic services. Diagnostic testing services for nerve and muscle function such as nerve conduction studies and needle electromyography.
 - c. Physical rehabilitation outpatient services. Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
 - d. Prosthetic and orthotic services. Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training.
 - e. Robot-assisted walking therapy. A form of physical therapy that uses a robotic device to assist patients who are relearning how to walk.
 - f. Simulated rehabilitation environment. Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles.
- 83. Primary care department. A unit or clinic within the hospital that provides primary care services (e.g., general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
- 84. Psychiatric services. Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.
 - a. Psychiatric consultation-liaison services. Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients. Consultation-liaison psychiatrists work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team.
 - b. Psychiatric pediatric services. The branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders in pediatric patients. Please report the number of staffed beds. <u>The beds reported here should be included in the staffed bed count for 14 psychiatric care.</u>
 - c. Psychiatric geriatric services. Provides care to elderly patients with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment. Please report the number of staffed beds. The beds reported here should be included in the staffed bed count for 14 psychiatric care.
 - d. Psychiatric education services. Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
 - e. Psychiatric emergency services. Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
 - f. Psychiatric outpatient services. Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
 - g. Psychiatric intensive outpatient services. A prescribed course of treatment in which the patient receives outpatient care no less than three times a week (which might include more than one service/day)
 - h. Social and community psychiatric services. Social psychiatry deals with social factors associated with psychiatric morbidity, social effects of mental illness, psycho-social disorders and social approaches to psychiatric care. Community psychiatry focuses on detection, prevention, early treatment and rehabilitation of emotional and behavioral disorders as they develop in a community.
 - i. Forensic psychiatric services. A medical subspecialty that includes research and clinical practice in many areas in which psychiatric is applied to legal issues.
 - j. Prenatal and postpartum psychiatric services. Psychiatric care during and post-pregnancy. Includes perinatal depression and postpartum depression.
 - k. I. Psychiatric partial hospitalization program adult/pediatric. Organized hospital services providing intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
 - m. n. Psychiatric residential treatment adult/pediatric. Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital.
 - o. Suicide prevention services. A collection of efforts to reduce the risk of suicide. These efforts may occur at the individual, relationship, community and society levels.
- **85. Radiology, diagnostic.** The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms.
 - a. CT Scanner. Computed tomographic scanner for head or whole body scans.
 - b. Diagnostic radioisotope facility. The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.

- c. Electron beam computed tomography (EBCT). A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans.
- d. Full-field digital mammography (FFDM). Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal.
- e. Magnetic resonance imaging (MRI). The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances or high-frequency sound.
- f. Intraoperative magnetic resonance imaging. An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite.
- g. Magnetoencephalography (MEG). A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and its location in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging* (MSI).
- h. Multi-slice spiral computed tomography (<64+slice ČT). A specialized computed tomography procedure that provides three-dimensional processing and allows narrower and multiple slices with increased spatial resolution and faster scanning times as compared to a regular computed tomography scan.</p>
- i. Multi-slice spiral computed tomography (64+ slice CT). Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or more slices to cover the imaged volume.
- j. Positron emission tomography (PET). A nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.
- k. Positron emission tomography/CT (PET/CT). Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning.
- I. Single photon emission computerized tomography (SPECT). A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a clearer and more precise image.
- m. Ultrasound. The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
- **86. Radiology, therapeutic.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
 - a. Image-guided radiation therapy (IGRT). Automated system for image-guided radiation therapy that enables clinicians to obtain high-resolution xray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments.
 - b. Intensity-Modulated Radiation Therapy (IMRT). A type of three-dimensional radiation therapy which improves treatment delivery by targeting a tumor in a way that is likely to decrease damage to normal tissues and allows for varying intensities.
 - c. Proton beam therapy. A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams: proton beams can be more precisely focused in tissue volumes in a three-dimensional pattern, resulting in less surrounding tissue damage than conventional radiation therapy, permitting administration of higher doses.
 - d. Shaped beam radiation system. A precise, noninvasive treatment that involves targeted beams of radiation that mirror the exact size and shape of a tumor at a specific area to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues.
 - e. Stereotactic radiosurgery. A radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes Gamma Knife, Cyberknife, etc.
 - f. Basic interventional radiology. Therapies include embolization, angioplasty, stent placement, thrombus management, drainage and ablation among others. Facilities providing interventional radiology should have a radiologist with additional certification and training in diagnostic radiology, interventional radiology, or radiation oncology.
- 87. Robotic surgery. The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
- 88. Rural health clinic. A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.
- 89. Sleep center. Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
- 90. Social work services. Could include: organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
- 91. Sports medicine. Provision of diagnostic screening, assessment, clinical and rehabilitation services for the prevention and treatment of sportsrelated injuries.
- 92. Substance use disorder services.
 - a. Substance use disorder pediatric services. Provides diagnostic and therapeutic services to pediatric patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care that provided in an outpatient setting or where patients require supervised withdrawal. Please report staffed beds. <u>The beds reported here should be included in the staffed bed count for 13 substance use disorder care.</u>
 - b. Substance use disorder outpatient. Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
 - c. Substance use disorder partial hospitalization services. Organized hospital services providing intensive day/evening outpatient services of three hour or more duration, distinguished from other outpatient visits of one hour
 - d. Medication assisted treatment for Opioid Use Disorder. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient's needs.
 - e. Medication assisted treatment for other substance use disorders. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient's needs.
- **93.** Support groups. A hospital sponsored program that allows a group of individuals with common experiences or issues who meet periodically to share experiences, problems, and solutions in order to support each other.

- 94. Swing bed services. A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24-hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
- 95. Teen outreach services. A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
- 96. Tobacco treatment/cessation program. Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
- 97. Telehealth. A broad variety of technologies and tactics to deliver virtual medical, public health, health education delivery and support services using telecommunications technologies. Telehealth is used more commonly as it describes the wide range of diagnosis and management, education, and other related fields of health care. This includes, but are not limited to: dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management and consumer and professional education.
 - b. eICU. An electronic intensive care unit (eICU), also referred to as a tele-ICU, is a form of telemedicine that uses state of the art technology to provide an additional layer of critical care service. The goal of an eICU is to optimize clinical experience and facilitate 24-hour a day care by ICU caregivers.
 - c. Stroke care. Stroke telemedicine is a consultative modality that facilitates the care of patients with acute stroke by specialists at stroke centers.
 - d. Psychiatric and addiction treatment. Telepsychiatry can involve a range of services including psychiatric evaluations, therapy, patient education, and medication management.
 - e. Remote patient monitoring. The use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit the information securely to health care providers in a different location for assessment and recommendation.
- 98. Transplant services. The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another, to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow, heart, lung, kidney, intestine, or tissue transplant. <u>Please include heart/lung or other multi-transplant surgeries in 'other'.</u>
- 99. Transportation to health facilities. (non-emergency) A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or people with disabilities; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
- **100. Urgent care center.** A facility that provides care and treatment for problems that are not life threatening but require attention over the short term. **101. Violence Prevention**
 - a. Workplace. A violence prevention program with goals and objectives for preventing workplace violence against staff and patients.
 - **b.** Community. An organized program that attempts to make a positive impact on the type(s) of violence a community is experiencing. For example, it can assist victims of violent crimes, e.g., rape, or incidents, e.g., bullying, to hospital or to community services to prevent further victimization or retaliation. A program that targets the underlying circumstances that contribute to violence such as poor housing, insufficient job training, and/or substance abuse through means such direct involvement and support, education, mentoring, anger management, crisis intervention and training programs would also qualify.
- 102. Virtual colonoscopy. Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
- **103.** Volunteer services department. An organized hospital department responsible for coordinating the services of volunteers working within the institution.
- 104. Women's health center/services. An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.
- **105. Wound management services.** Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds. Wound management services are provided on an inpatient or outpatient basis, depending on the intensity of service needed.
- 106. a-b. Consultation-liaison psychiatrists, medical physicians, or advance practice providers (APPs) work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team.
 - c. To integrate behavioral health services, medical and behavioral health clinicians collaborate with each other and with patients and families to address health concerns identified during medical visits using a systematic and cost-effective approach to provide patient-centered care. Integrated behavioral health is found in primary care, hospitals, and specialty settings such as oncology, cardiology, neurology, pediatrics and rehabilitation. Behavioral health clinicians often work right in the medical setting, or, if not onsite, are thoroughly integrated into the established procedures team and information systems.
- **107a-b.** Physician arrangements. An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services. Please report the number of physicians and ownership percentage for each arrangement.
 - Independent practice association (IPA). A legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
 - 2. Group practice without walls. Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
 - 3. Open physician-hospital organization (PHO). A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
 - 4. Closed physician-hospital organization (PHO). A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
 - 5. Management services organization (MSO). A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
 - 6. Integrated salary model. Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
 - 7. Equity model. Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
 - 8. Foundation. A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.

107c-e. Report the number of physicians and specialty breakdown for physician practices wholly owned by the hospital.

- **108.** Of all physician arrangements listed in question 107a. (1-9), indicate the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payers or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be any type of ownership). *Joint contracting* does not include contracting between physicians participating in an independent practice.
- **109a-d. Joint venture.** A contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.
- **110.** Bed changes. Report any bed change defined by the hospital as permanent or significant. If the hospital has had more than two changes during the reporting period, please report the two largest increases/decreases.

SECTION D INSURANCE AND ALTERNATIVE PAYMENT MODELS Definitions

107. Insurance Products

- a. Medicare Advantage. Health Insurance program within Part C of Medicare. Medicare Advantage plans provide a managed health care plan (typically a health maintenance organization (HMO) but also often a preferred provider organization (PPO) or another type of managed care arrangement) that is paid based on a monthly capitated fee. This Part of Medicare provides beneficiaries an alternative to "Original Medicare" Parts A and B Medicare, which provides insurance for the same medical services but pays providers a fee for service (FFS) directly rather than through managed care plans.
- b. Medicaid Managed Care. Services in through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment "capitation" for these services.
- c. Health Insurance Marketplace. Also called health exchanges, are organizations set up to facilitate the purchase of health insurance in each state in accordance with Patient Protection and Affordable Care Act. Marketplaces provide a set of government-regulated and standardized health care plans from which individuals may purchase health insurance policies eligible for federal subsidies.
- d. Other Individual Market. Health insurance coverage offered to individuals other than in connection with a group health plan.
- e. Small Group. A group health plan that covers employees of an employer that has less than 50 employees.
- f. Large Group. A group health plan that covers employees of an employer that has 51 or more employees.
- 8. Self-administered health plan. A health plan in which the employer assumes the financial risk for providing health care benefits to its employees. The employer may or may not also be responsible for claims processing and the provider network.
- 9. Capitation. An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollees in the capitated plan. The fixed amount is specified within contractual agreements between the payer and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees' adjustment factors such as age, sex, and family size.
- 10. Bundling. Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the post-acute care services involved in a single episode of care. The entity then has responsibility for compensating each of the individual providers involved in the episode of care.
- 12. Shared risk payments. A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets
- **15.** Accountable Care Organization (ACO) Contract. An ACO contract has two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures) This will generally involve a contract where the payer establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payer tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures.

15c. Traditional Medicare ACO Programs

MSSP. Medicare Shared Savings Program. For fee-for-service beneficiaries. The Shared Savings Program has different tracks that allow ACOs to select an arrangement that makes the most sense for their organization.

NextGen. The Next Generation ACO Model is an initiative for ACOs that are experienced in coordinating care for populations of patients. It allows these provider groups to assume higher levels of financial risk and reward.

Comprehensive ESRD Care. The model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD.)

18. Patient-Centered Medical Home. The medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers, and the patient's family.

SECTION E TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING Instructions and Definitions

For the purposes of this survey, a nursing home type unit/facility provides **long-term care for the elderly or other patients requiring chronic care** in a non-acute setting in any of the following categories: *Skilled nursing care *Intermediate care *Other long-term care (see page 25) The nursing home type unit/facility is to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.

- 1. a. Total licensed beds. Report the total number of beds authorized by the state licensing (certifying) agency.
 - b. Beds set up and staffed. Report the number of beds regularly available (those set up and staffed for use) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients that have no other bed facilities, such as pediatric bassinets, isolation units and quiet rooms. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post anesthesia, or postoperative recovery room beds, psychiatric holding beds, observation beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.
 - c. Bassinets set up and staffed. Report the number of normal newborn bassinets. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 3, C6 and C7 and included in E1b. beds set up and staffed.
 - d. Births. Total births should exclude fetal deaths.
 - e. Admissions. Include the number of adult and pediatric admissions (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
 - f. Inpatient days. Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. An inpatient day of care (also commonly referred to as a <u>patient day</u> or a <u>census day</u>, or by some federal hospitals as an <u>occupied bed day</u>) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day.
 - g. Emergency department visits. Should reflect the number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions.
 - h. Total outpatient visits. A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries (also reported on line E1k), home health service visits, telehealth visits and emergency department visits (also reported on line E1g).

Clinic visits should reflect total number of visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, nonemergency basis. (e.g., alcoholism, dental, gynecology.) Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital.

Referred visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, and pharmacy.

Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours; however, there is no hourly limit on the extent to which they may be used.

Home health service visits are visits by home health personnel to a patient's residence.

Telehealth visits are synchronous visits between a patient and provider that are not co-located through the use of two-way, interactive, real-time audio and/or video communication.

- i. Inpatient surgical operations. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- j. Operating room. A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed.
- k. Outpatient surgical operations. For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- 2a2. Managed Care Medicare Discharges. A discharge day where a Medicare Managed Care Plan is the source of payment.
- 2b2. Managed Care Medicare Inpatient Days. An inpatient day where a Medicare Managed Care Plan is the source of payment.
- 2c2. Managed Care Medicaid Discharges. A discharge day where a Medicaid Managed Care Plan is the source of payment.
- 2d2. Managed Care Medicaid Inpatient Days. An inpatient day where a Medicaid Managed Care Plan is the source of payment.
- 3a. Net patient revenue. Reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.
- **3b.** Tax appropriations. A predetermined amount set aside by the government from its taxing authority to support the operation of the hospital.
- **3c. Other operating revenue.** Revenue that arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales). Also include operating gains in this category.
- 3d. Nonoperating revenue. Includes investment income, extraordinary gains and other nonoperating gains.
- 3e. Total revenue. Add net patient revenue, tax appropriations, other operating revenue and nonoperating revenue.
- 3f. Payroll expenses. Include payroll for all personnel including medical and dental residents/interns and trainees.
- 3g. Employee benefits. Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- **3h. Depreciation expense (for reporting period only).** Report only the depreciation expense applicable to the reporting period. The amount should also be included in accumulated depreciation. (E8b).
- 3i. Interest expense. Report interest expense for the reporting period only.
- 3j. Pharmacy expense. Includes the cost of drugs and pharmacy supplies requested to patient care departments and drugs charged to patients.
- 3k. Supply expense. The net cost of all tangible items that are expensed including freight, standard distribution cost, and sales and use tax minus rebates. This would exclude labor, labor-related expenses and services as well as some tangible items that are frequently provided as part of labor costs.
- 31. All other expenses. Any total facility expenses not included in E3f-E3k.
- **3m.** Total expenses. Add 3f-3l. Include all payroll and nonpayroll expenses as well as any nonoperating losses (including extraordinary losses.) Treat bad debt as a deduction from gross patient revenue and not as an expense.

- 4a. Total gross inpatient revenue. The hospital's full-established rates (charges) for all services rendered to inpatients.
- 4b. Total gross outpatient revenue. The hospital's full-established rates (charges) for all services rendered to outpatients.
- 4c. Total gross patient revenue. Add total gross inpatient revenue and total gross outpatient revenue.
- 5. Uncompensated care. Care for which no payment is expected or no charge is made. It is the sum of bad debt and charity care absorbed by a hospital or other health care organization in providing medical care for patients who are uninsured or are unable to pay.
- 5a. Bad debt. The provision for actual or expected uncollectibles resulting from the extension of credit. Report as a deduction from gross revenue. For Question 6 (Revenue by payer), if you cannot break out your bad debt by payer, deduct the amount from self-pay.
- 5b. Financial Assistance (Includes charity care). Financial assistance and charity care refer to health services provided free of charge or at reduced rates to individuals who meet certain financial criteria. For purposes of this survey, charity care is measured on the basis of revenue forgone, at full-established rates.
- 5d. Medicaid Provider Tax, Fee or Assessment. Dollars paid as a result of a state law that authorizes collecting revenue from specified categories of providers. Federal matching funds may be received for the revenue collected from providers and some or all of the revenues may be returned directly or indirectly back to providers in the form of a Medicaid payment.
- 6. REVENUE BY PAYER

6a1. Medicare. Should agree with the Medicare utilization reported in questions E2a1-E2b2.

- 6a1a. Fee for service patient revenue. Include traditional Medicare fee-for-service.
- 6a1c. Total. Medicare revenue (add Medicare fee for service patient revenue and Medicare managed care revenue).
- 6a2. Medicaid. Should agree with Medicaid utilization reported in questions E2c1-E2d2.

6a2a. Fee for service patient revenue. Do not include Medicaid disproportionate share payments (DSH) or other Medicaid supplemental payments. **6a2c. Medicaid Graduate Medical Education (GME) payments.** Payments for the cost of approved graduate medical education (GME) programs. <u>Report in 'net' column only.</u>

6a2d. Medicaid disproportionate share payment (DSH). DSH minus associated provider taxes or assessments. <u>Report in 'net' column only</u>.
 6a2e. Medicaid supplemental payments. Supplemental payments the Medicaid program pays the hospital that are NOT Medicaid DSH, minus associated provider taxes or assessments. <u>Report in 'net' column only</u>.

6a2f. Other Medicaid. Any Medicaid payments such as delivery system reform incentive program (DSRIP) payments that are not included in lines 6a2a-e. Report in 'net' column only.

6e. Medicaid Intergovernmental Transfers (IGT) or certified public expenditure program. Exchange of public funds between different levels of government (e.g., county, city, or another state agency) to the state Medicaid agency.

7. FINANCIAL PERFORMANCE - MARGIN

- 7a. Total Margin. Total income over total revenue. Nonoperating income is included in revenue in the total margin.
- 7b. Operating Margin. Measure of profit per dollar of revenue calculated by dividing net operating income by operating revenues.
- 7c. EBITDA Margin. Earnings before interest, tax depreciation and amortization (EBITDA) divided by total revenue.
- 7d. Medicare margin. (Medicare revenue-Medicare expenses)/Medicare revenue.
 <u>Medicare revenue</u> = Patient revenue received from the Medicare program including traditional Medicare, Medicare Advantage, and any ACO, Bundled Payment, or other pilot program (net of disallowances)
 <u>Medicare expenses</u> = Cost of patient care for Medicare beneficiaries in traditional Medicare, Medicare Advantage and any ACO, bundled payment, or other pilot program. If actual costs cannot be obtained, use cost-to-charge ratios to estimate based on Medicare charges.
- 7e. Medicaid margin. (Medicaid revenue-Medicaid expenses)/Medicaid revenue. <u>Medicaid revenue</u> = Patient revenue received from the Medicaid program including traditional Medicaid, Medicaid Managed Care, and any ACO, Bundled Payment, or other pilot program (net of disallowances) <u>Medicaid expenses</u> = Cost of patient care for Medicaid beneficiaries in traditional Medicaid, Medicaid Managed Care and any ACO, bundled

payment, or other pilot program. If actual costs cannot be obtained, use cost-to-charge ratios to estimate based on Medicaid charges.

8. Fixed Assets. Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.

8d. Gross Square Footage. Include all inpatient, outpatient, office, and support space used for or in support of your health care activities. Exclude exterior, roof, and garage space in the figure.

9. Capital Expenses. Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.

10. Information Technology and Cybersecurity.

- a. IT Operating expense. Exclude department depreciation and operating dollars paid against capital leases.
- b. IT Capital expense. Include IT capital expense for the current year only. Any capital expense that is carried forward from the previous year should be excluded from this figure. Include IT related capital included in the budget of other departments. (e.g., lab, radiology) if known or can be reasonably estimated. Include the total value of capital leases to be signed in the current year.
- c. Number of Employed IT staff (in FTEs). Number of full-time equivalent (FTE) staff employed in the IT department/organization and on the hospital payroll.
- d. Total number of outsourced IT staff (in FTEs). i.e., contracted staff.
- e. Cybersecurity. Measures taken to protect against the criminal or unauthorized use of electronic data.

STAFFING

- 11. Full-Time Equivalent (FTE) is the total number of hours worked (excluding all non-worked hours such as PTO, etc.) by all employees over the full 12-month reporting period, divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal workweek for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of full-time equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.
- a. -b. Physicians and dentists. Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in all other personnel. (11n)
- e. Other trainees. A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 11c-d.
- f. Registered nurses. Nurses who have graduated from approved schools of nursing and who are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators, and therefore listed under all other personnel. (11n)
- g. Licensed practical (vocational) nurses. Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
- h. Nursing assistive personnel. Certified nursing assistant or equivalent unlicensed staff who assist registered nurses in providing patient care related services as assigned by and under the supervision of a registered nurse.
- i. Radiology technicians. Technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI.

- j. Laboratory technicians. Professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc.
- k. Pharmacists, licensed. Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.
- I. Pharmacy technicians. Persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records and inventory control.
- m. Respiratory Therapists. An allied health professional who specializes in scientific knowledge and theory of clinical problems of respiratory care. Duties include the collection and evaluation of patient data to determine an appropriate care plan, selection and assembly of equipment, conduction of therapeutic procedures, and modification of prescribed plans to achieve one or more specific objectives.
- n. All other personnel. This should include all other personnel not already accounted for in other categories.
- o. Total facility personnel. Add 11a-11n. Includes the total facility personnel hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility.)
- p. q. Nursing home type unit/facility personnel. These lines should be filled out only by hospitals that own and operate a nursing home type unit/facility, where only one legal entity is vested with title to the physical property or operates under the authority of a duly executed lease of the physical property. If nursing home type unit/facility personnel are reported on the total facility personnel lines (11a-n) but cannot be broken out, please leave blank.
- r. Direction patient care RN. Registered nurses providing care directly to patients. Direct patient care responsibilities are patient-centered nursing activities carried out in the presence of the patient (such as admission, transfer/discharge, patient teaching, patient communication, treatments, counseling, and administration of medication.)
- 12. Privileged Physicians. Report the total number of physicians (by type) on the medical staff with privileges except those with courtesy, honorary and provisional privileges. Do not include residents or interns. Physicians that provide only non-clinical services (administrative services, medical director services, etc.) should be excluded.

Employed by your hospital. Physicians that are either direct hospital employees or employees of a hospital subsidiary corporation. **Individual contract.** An independent physician under a formal contract to provide services at your hospital including at outpatient facilities, clinics and offices

Group contract. A physician that is part of a group (group practice, faculty practice plan or medical foundation) under a formal contract to provide services at your hospital including at inpatient and outpatient facilities, clinics and offices.

Not employed or under contract. Other physicians with privileges that have no employment or contractual relationship with the hospital to provide services.

The sum of the physicians reported in 12a-12g should equal the total number of privileged physicians in the hospital.

- a. Primary care. A physician that provides primary care services including general practice, general internal medicine, family practice, general pediatrics and geriatrics.
- b. Obstetrics/gynecology. A physician who provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.
- c. Emergency medicine. Physicians who provide care in the emergency department.
- d. Hospitalist. Physicians whose primary professional focus is the care of hospitalized medical patients (through clinical, education, administrative and research activity).
- e. Intensivist. A physician with special training to work with critically ill patients. Intensivists generally provided medical-surgical, cardiac, neonatal, pediatric and other types of intensive care.
- f. Radiologist/pathologist/anesthesiologist. Radiologist. A physician who has specialized training in imaging, including but not limited to radiology, sonography, nuclear medicine, radiation therapy, CT, MRI. Pathologist. A physician who examines samples of body tissues for diagnostic purposes. Anesthesiologist. A physician who specializes in administering medications or other agents that prevent or relieve pain, especially during surgery.
- g. Other specialist. Other physicians not included in the above categories that specialize in a specific type of medical care.
- 15. Advanced Practice Registered Nurses/Physician Assistants. Registered nurses with advanced didactic and clinical education, knowledge, skills, and scope of practice. Physician assistant. A healthcare professional licensed to practice medicine with supervision of a licensed physician. Includes: Nurse practitioner. A registered nurse with at least a master's degree in nursing and advanced education in primary care, capable of independent practice in a variety of settings. Certified Registered Nurse anesthetist. An advanced practice registered nurse who is certified to administer anesthesia to patients typically during surgical, diagnostic, or obstetric procedures. Clinical nurse specialist (CNS). A registered nurse who, through a formal graduate degree (masters or doctorate) CNS education program, has expertise in a speciality area of nursing practice. CNSs are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions.
 - 15c. Primary care. Medical services including general practice, general internal medicine, family practice, general pediatrics. Emergency department care. The provision of unscheduled outpatient services to patients whose conditions require immediate care in the emergency department setting.

Other specialty care. A clinic that provides specialized medical care beyond the scope of primary care.

Patient education. Goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures and self-care. Case management. A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.

Other. Any type of care other than those listed above.

16. Foreign-educated nurses. Individuals who are foreign born and received basic nursing education in a foreign country. In general many of these nurses come to the US on employment-based visas which allow them to obtain a green card.

SECTION G. SUPPLEMENTAL INFORMATION DEFINITIONS

1a. Satellite facility. Services are available at a facility geographically remote from the hospital campus.

- Report the number of sites for outpatient services on the hospital campus and off-campus (satellite) sites owned and operated by the hospital.
 Airway endoscopy. Introduction of an instrument into the air passage while breathing spontaneously or under controlled ventilation. The airway is a site of the data of the d
 - is illuminated to look for any abnormalities under magnification and/or to perform a procedure in the upper or lower air passage. **Ambulatory surgery.** Operations performed on patients who do not stay overnight at the facility (admitted and discharged on the same day.)
 - Include endoscopy only when used as an operative tool and not when used for diagnosis alone.
 - 3. Blood product exchange. Transfusion services or other blood product exchange procedures. Does not include general lab work.
 - 4. Cardiac/pulmonary rehabilitation. A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.

- 5. Diagnostic/screening test and related procedures. A preliminary test or examination to detect the most characteristic signs of a disorder than may require further investigation. Examples include mammography, EKG, CBC, colonoscopy, bone density, diabetes, or cholesterol test.
- 6. Drug administration and clinical oncology. E.g., infusion therapies, chemotherapy.
- 7. Ear, Nose, Throat (ENT). Services for conditions of the ear, nose, throat, and related structures of the head and neck, such as sinus and nasal allergies, audiology, and speech/voice care.
- 8. General surgery and related procedures. Operations performed on patients who do not stay overnight at the facility (admitted and discharged on the same day.) Include endoscopy only when used as an operative tool and not when used for diagnosis alone.
- 9. Gastrointestinal (GI). Services for conditions of the GI tract, including both functional and structural gastrointestinal disorders.
- 10. Gynecology. Services and treatments dealing with the health of the female reproductive system. Services may or may not include obstetrics but include a range of services other than OB.
- 11. Laboratory. A medical or clinical laboratory where tests are usually done on clinical specimens in order to obtain information about the health of a patient as pertaining to diagnosis, treatment and prevention of disease.
- 12. Major imaging. Includes advanced breast imaging, MRI, PET, CT with contrast.
- 13. Minor imaging. Includes basic x-ray, nuclear medicine studies, CT without contrast.
- 14. Musculoskeletal surgery. Surgical procedures that aim to improve, manage or treat disorders, diseases, injuries or congenital conditions of the musculoskeletal system. The musculoskeletal system involves bones, joints, tendons, ligaments, and muscles, and is responsible for providing form and support, ensuring stability and allowing movement to the human body.
- 15. Nervous system procedures. Services dealing with the operative and nonoperative management of disorders to the central, peripheral and autonomic nervous systems.
- 16. Ophthalmology. Consulting, diagnostic and treatment services for all conditions affecting the eyes.
- 17. Pathology. The medical practice dedicated to the general study of disease and its processes as well as the specific diagnosis of disease.
- Pathology procedures are performed by a physician clinical pathologist. Services may be performed after outpatient surgical procedures. **18. Primary care.** Provision of primary care services (e.g., general pediatric care, general internal medicine, family practice, gynecology) focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
- 19. Psychiatric care. Medical care, including diagnosis and treatment, of psychiatric outpatients.
- 20. Radiation oncology. The controlled use of radiation to treat cancer either to cure, or to reduce pain and other symptoms caused by cancer.
- 21. Rehabilitation. Services providing medical, health-related, therapy, social, and/or vocational services to help people attain or retain maximum functional capacity.
- 22. Skilled nursing. Provision of non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a registered nurse.
- 23. Substance use disorder care Provision of medical care and/or rehabilitation treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
- 24. Urgent care. Provision of care and treatment for illnesses or injuries that require prompt attention but are typically not of such seriousness as to require the services of a traditional emergency room.
- 25. Urology. Services that focus on surgical and medical diseases of the urinary tract system.
- 26. Vascular/endovascular/cardiovascular. Medical services for preventing, diagnosing and managing arterial, venous and lymphatic disorders.
- Visits and related services. An outpatient clinic visit. Includes both new and established patients; visits of all intensity.
 Group Purchasing Organization. An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members.
- Distributor. An entity that typically does not manufacture most of its own products but purchases and re-sells these products. Such a business
 usually maintains an inventory of products for sales to hospitals and physician offices and others.
- 5. Patient and family advisory council. Advisory council dedicated to the improvement of quality in patient and family care. The advisory council is comprised of past/present patients, family members, and hospital staff.
- 6. Utilization of telehealth/virtual care. The definitions used herein represent one approach to understanding telehealth/virtual care. The AHA is aware that different organizations use different definitions for these terms and that Medicare defines them in a more narrow way than they are being used in the field. The definitions we chose are meant to balance the statutory and regulatory use of the terms with the way they are understood by providers on the ground.
 - a. Video visits. Synchronous visits between patient and provider that are not co-located, through the use of two-way, interactive, real-time audio and video communication.
 - b. Audio visits. Synchronous visits between a patient and a provider that are not co-located, through the use of two-way, interactive, real-time audio-only communication.
 - c. **Remote patient monitoring.** Asynchronous or synchronous interactions between patient and provider that are not co-located involving the collection, transmission, evaluation, and communication of physiological data.
 - d. **Other virtual services.** All other synchronous or asynchronous interactions between a provider and patient, or provider and provider, delivered remotely including messages, eConsults, and virtual check-ins.

This glossary is provided for your convenience. Field labels are shown in brackets. **See the AHA Annual Survey file layout** for complete identification of all fields in the Database; and the AHA Annual Survey questionnaire for additional information.



Ablation of Barrett's esophagus:

Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus. [ENDOAHOS].

Accountable Care Organization (ACO)

Contract: An ACO contract has two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures). This will generally involve a contract where the payer establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payer tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures. [ACO].

Accumulated depreciation: The total amount of depreciation for land and physical properties consumed or used in the creation of economic activity by the health care entity. [ADEPRA].

Acute long term care: Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem

complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis. [ACUHOS].

Adjusted admissions: An aggregate

measure of workload reflecting the sum of admissions and equivalent admissions attributed to outpatient services. The number of equivalent admissions attributed to outpatient services is derived by multiplying admissions by the ratio of outpatient revenue to inpatient revenue. [ADJADM].

Admissions + (Admissions * (Outpatient Revenue/Inpatient Revenue))

Adjusted average daily census: An

estimate of the average number of patients (both inpatients and outpatients) receiving care each day during the reporting period, which is usually 12 months. The figure is derived by dividing the number of inpatient day equivalents (also called adjusted inpatient days) by the number of days in the reporting period. [ADJADC].

Adjusted inpatient days: An aggregate measure of workload reflecting the sum of inpatient days and equivalent patient days attributed to outpatient services. The number of equivalent patient days attributed to outpatient services is derived by multiplying inpatient days by the ratio of outpatient revenue to inpatient revenue. *Value provided for total facility* [ADJPD] *and for the hospital unit* [ADJPDH].

Inpatient Days + (Inpatient Days * (Outpatient Revenue/Inpatient Revenue))

Admissions: The number of patients, excluding newborns, accepted for inpatient service during the reporting period; the number includes patients who visit the emergency room and are later admitted for inpatient service. [ADMTOT].

Adult cardiac electrophysiology: See Cardiac electrophysiology. [ADTEHOS].

Adult cardiac surgery: Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery. [ADTCHOS].

Adult cardiology services: An organized clinical service offering diagnostic and interventional procedures to manage the full range of adult heart conditions. [ACARDHOS].

Adult day care program: Program

providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services. [ADULTHOS].

Adult diagnostic catheterization: (Also

called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. It involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. Images are used to diagnose heart disease and to determine, whether or not surgery is indicated. [ACLABHOS].

Adult interventional cardiac

catheterization: Non surgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less-invasive alternative to heart surgery. [ICLABHOS].

Advanced practice nurses: Registered nurses with advanced didactic and clinical education, knowledge, skills, and scope of practice. Includes: Physician assistant; nurse practitioner; clinical nurse specialist. [APRN]. **AHA ID:** AHA assigned unique identification number. [ID].

Air ambulance services: Aircraft and especially a helicopter equipped for transporting the injured or sick. Most air ambulances carry critically ill or injured patients, whose condition could rapidly change for the worse. [AMBAHOS].

Airborne infection isolation room: A

single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing or inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration. [AIRBHOS].

Airborne infection isolation room count (start of reporting period): The total number of isolation rooms set up at the start of the reporting period. [ISORMB]

Airborne infection isolation room

count (end of reporting period): The total number of isolation rooms set up at the end of the reporting period. [ISORME]

Airborne infection isolation room

conversions: The total number of rooms not set up as isolation rooms at the end of the reporting period that could be coverted to isolation rooms. [ISORMC]

Alzheimer Center: Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research, and education. [ALZHOS].

Ambulance services: Provision of ambulance services to the ill and injured who require medical attention on a scheduled or unscheduled basis. [AMBHOS].

Ambulatory surgery center: Facility that provides care to patients requiring surgery who are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payments. [AMBSHOS].

Arthritis treatment center: Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders. [ARTHCHOS].

Assisted living: A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends. [ASSTLHOS].

Assistive technology center: A program

providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options. [RASTHOS].

Auxiliary: A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community. [AUXHOS].

Average daily census: The average number of people served on an inpatient basis on a single day during the reporting period; the figure is calculated by dividing the number of inpatient days by the number of days in the reporting period. [ADC]. **Bad debt:** The provision for actual or expected uncollectibles resulting from the extension of credit. Report as a deduction from revenue.

Bariatric / weight control services:

Bariatrics is the medical practice of weight reduction. [BWHTHOS].

Basic interventional radiology:

Therapies include embolization, angioplasty, stent placement, thrombus management, drainage and ablation among others. Facilities providing interventional radiology should have a radiologist with additional certification and training in diagnostic radiology, interventional radiology, or radiation oncology. [BRADHOS].

Bassinets set up and staffed: Beds for babies, either normal newborns or those receiving special care in a neonatal intensive or intermediate care unit. Bassinets for normal newborns are not counted as inpatient beds, but as a separate count. Bassinets in neonatal intensive and intermediate care units are counted as part of the hospital's overall staffed and/or licensed bed count. [BASSIN].

Bed-size category: Hospitals are categorized by the number of beds set-up and staffed for use at the end of the reporting period. The eight categories are: 6-24 beds, 25-49, 50-99, 100-199, 200-299, 300-399, 400-499, 500+ [BSC].

Beds (total facility): Number of beds

regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period. If the hospital owns and operates a nursing home type unit/facility then total facility beds is a combined total of hospital plus nursing home unit beds. Excludes newborn bassinets. [BDTOT].

Bed changes (beds set up and

staffed): Staffed bed change during the reporting period. [ISOCHG]



Bed changes (ICU beds set up and

staffed): ICU staffed bed change during the reporting period. [IICUBD]

Bed changes (emergency department

beds set up and staffed): Emergency department staffed bed change during the reporting period. [EDBDCHG]

Birthing room/LDR room/LDRP room: A

single-room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates all four stages of the birth process—labor, delivery, recovery, and postpartum. [BROOMHOS].

Births: Total number of infants born in the hospital during the reporting period. Births do not include infants transferred from other institutions, and are excluded from admission and discharge figures. [BIRTHS].

Blood donor center: A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components. [BLDOHOS].

Bone marrow transplant: The branch of medicine that transfers healthy bone marrow from one person to another or from one part to another to replace a diseased structure or to restore function. [OTBONHOS].

Breast cancer screening /

mammograms: Provides mammography screening--the use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography-- the x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already. [MAMMSHOS]. **Bundled payment:** Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the postacute care services involved in a single episode of care. The entity then has the responsibility for compensating each of the individual providers involved in the episode of care. [BNDPAY].

Burn care: Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children: (2) thirddegree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors. [BRNHOS].

С

Capitation: An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollers in the capitated plan. The fixed amount is specified within contractual agreements between the payer and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees' adjustment factors such as age, sex, and family size.

Cardiac electrophysiology: Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up. [ADTEHOS]. **Cardiac intensive care:** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and special support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. [CICHOS].

Cardiac rehabilitation: A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support. [CHABHOS].

Case management: A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care. [CMNGTHOS].

CBSA name: The term Core-Based Statistical Area (CBSA) is a collective term for both Metropolitan and Micropolitan areas. A metropolitan area has a population of more than 50,000; while a micropolitan area has a population between 10,000 and 50,000. [CBSANAME].

CBSA type: Type of Core-based statistical Area (CBSA). The Metro type designates a Metropolitan Statistical Area. The Micro type designates a Micropolitan Statistical Arera. *Also see Census Division Type.* [CBSATYPE].

Census Bureau codes: FIPS State and County Code. [FCOUNTY].

Certified trauma center: A facility certified to provide emergency and specialized intensive care to critically ill and injured patients. [TRAUMHOS].

Chaplaincy/pastoral care services: A

service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization. [CHAPHOS].

Chemotherapy: An organized program for the treatment of cancer by the use of drugs or chemicals. [CHTHHOS].

Children's wellness program: A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion. [CWELLHOS].

Chiropractic services: An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services. [CHIHOS].

Closed cardiac intensive care: Are only intensivists authorized to care for ICU patients in medical-surgical intensive care? [CLSCIC].

Closed medical surgical intensive

care: Are only intensivists authorized to care for ICU patients in medical-surgical intensive care? [CLSMSI].

Closed neonatal intensive care: Are only intensivists authorized to care for patients in neonatal intensive care? [CLSNIC].

Closed other intensive care: Are only intensivists authorized to care for patients in other intensive care? [CLSOIC].

Closed pediatric intensive care: Are

only intensivists authorized to care for patients in pediatric intensive care? [CLSPIC].

Closed physician-hospital

organization (Closed PHO): A joint

venture between the hospital and physicians who have been selected on the basis of costeffectiveness and/or high quality. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members. [CPHOHOS] [CPHOSYS].

Co-located hospitals: Co-location refers to two or more entities, with separate CMS Certification Numbers (CCNs) occupying the same building, or conjoined buildings.

Combined Statistical Area name: The

name of a Combined Statistical Area (CSA). A CSA is composed of adjacent Metropolitan and Micropolitan Statistical areas as defined by the U.S. Census Bureau. [CSANAME].

Combined Statistical Area code: The

code for a Combined Statistical Area (CSA). A CSA is composed of adjacent Metropolitan and Micropolitan Statistical areas as defined by the U.S. Census Bureau. [CSACODE].

Community health education: Education

that provides information to individuals and populations, support to personal, family and community health decisions with the objective of improving health status. [HLTHCHOS].

Community hospital designation:

Community hospitals are designated as all nonfederal, short-term general, and special hospitals, including special childrens hospitals, whose facilities and services are available to the public. [CHC] [COMMTY].

Community outreach: A program that systematically interacts with the community to

identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system. [COUTRHOS].

Complementary and alternative

medicine services: Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc. [COMPHOS].

Computed-tomography (CT) scanner:

Computed tomographic scanner for head or whole body scans. [CTSCNHOS].

Computer assisted orthopedic

surgery: Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy. [CAOSHOS].

Contract managed hospital: Indicates whether hospital is contract managed. General day-to-day management of an entire organization by another organization under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities. [MNGT].

Control/Ownership type: The type of organization responsible for establishing policy concerning the overall operation of the hospital. The three major categories are government (including federal, state, and local); nongovernment (nonprofit); and investor-owned (for-profit). [CNTRL].

Crisis prevention: Services provided in order to promote physical and mental well-being and the early identification of disease and ill health prior to

the onset and recognition of symptoms so as to permit early treatment. [CPREVHOS].

D

Dental services: An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients. [DENTSHOS].

Diabetes prevention program: Program to prevent or delay the onset of type 2 diabetes by offering evidence-based lifestyle changes based on research studies, which showed modest behavior changes helped individuals with prediabetes reduce their risk of developing type 2 diabetes. [DPPHOS].

Depreciation expense: The cost of wear and tear, inadequacy, obsolescence, etc. on buildings and equipment, expressed as an expense for a given reporting period. [DPEXA].

Diagnostic radioisotope facility: The

use of radioactive isotopes (radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease. [DRADFHOS].

Direct patient care RNs: Registered nurses providing care directly to patients. Direct patient care responsibilities are patient-centered nursing activities carried out in the presence of the patient (such as admission, transfer/discharge, patient teaching, patient communication, treatments, counseling, and administration of medication). [ERNFTE].

Distributor: An entity that typically does not manufacture most of its own products but purchases and re-sells these products. Such a business usually maintains an inventory of products for sales to hospitals and physician offices and others. [SUPLY].

Ε

Electrodiagnostic services: Diagnostic testing services for nerve and muscle function including services such as nerve conduction studies and needle electromyography. [REDSHOS].

Electron Beam Computed

Tomography (EBCT): A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans. [EBCTHOS].

Emergency room visits: Number of emergency room visits reported by the hospital. An emergency room visit is defined as a visit to the emergency unit. When an emergency outpatient is admitted to the inpatient area of the hospital, he or she is counted as an emergency room visit and subsequently, as inpatient admissions. [VEM].

Emergency services: Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.

- **On-campus emergency department:** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care. [EMDEPHOS].
- Off-campus emergency department: A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a

hospital but has all the necessary emergency staffing and equipment on site. [FSERHOS].

Employment services: Services designed to support individuals with significant disabilities to seek and maintain employment. [EMSSHOS].

Enabling services: A program that is designed to help the patient access health care services by offering any of the following linguistic services, transportation services, and/or referrals to local social services agencies. [ENBHOS].

Endoscopic retrograde

cholangiopancreatography (ERCP): A

procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones. [ENDORHOS].

Endoscopic ultrasound: Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer. [ENDOUHOS].

Enrollment (insurance) assistance

program: A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency. [ENRHOS].

Equity model: An arrangement that allows established practitioners to become shareholders in

a professional corporation in exchange for tangible and intangible assets of their existing practices. [EQMODHOS] [EQMODSYS].

Esophageal impedance study: A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms. [ENDOEHOS].

Expenses: See Total facility expenses.

Extracorporeal shock waved

lithotripter (ESWL): A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones. [ESWLHOS].

F

Fertility clinic: A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies. [FRTCHOS].

Fitness center: Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees. [FITCHOS].

Fixed assets: Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.

Forensic psychiatric services: A medical subspecialty that includes research and clinical

practice in many areas in which psychiatric is applied tolegal issues. [PSCISHOS].

Foundation: A corporation, organized as a hospital affiliate or subsidiary, that purchases both tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation. [FOUNDHOS] [FOUNDSYS].

Freestanding outpatient care center:

A facility owned and operated by the hospital, but physically separate from the hospital, that provides various medical treatments on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available. [OPCENHOS].

Full-field digital mammography:

Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal. [FFDMHOS].

Full time equivalent employees (FTE):

Full time personnel on payroll plus one half of the part-time personnel on payroll.

G

General medical/surgical adult care:

Provides acute care to adult patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans. [GENHOS].

General medical/surgical pediatric

care: Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans. [PEDHOS].

Genetic testing / counseling: A service equipped with adequate laboratory facilities and directed by a qualified physician to advise parents and prospective parents on potential problems in cases of genetic defects. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children. [GNTCHOS].

Geriatric services: The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: adult day care; Alzheimer's diagnostic-assessment services; comprehensive geriatric assessment; emergency response system; geriatric acute care unit; and/or geriatric clinics. [GERSVHOS].

Group practice without walls: In this organization, the hospital sponsors the formation of a physician group or provides capital to physicians to establish one. The group shares administrative expenses, although the physicians remain independent practitioners. [GPWWHOS] [GPWWSYS].

Group Purchasing Organization (GPO):

An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members. [GROUP].

Η

Health fair: Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services. [HLTHFHOS].

Health research: Organized hospital research program in any of the following areas:

basic research, clinical research, community health research, and/or research on innovative health care delivery. [HLTRHOS].

Health screenings: A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation. [HLTHSHOS].

Health system taxonomy: A health system is assigned to one of five categories based on how much they differentiate and centralize their hospital services, physician arrangements, and providerbased insurance products. Differentiation refers to the number of different products or services that the organization offers. Centralization refers to whether decision-making and service delivery emanates from the system level more so than individual hospitals. [CLUSTER].

Heart transplant: The branch of medicine that transfers a heart organ or tissue from one person to another to replace a diseased structure or to restore function. [HARTHOS].

Hemodialysis: Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis. [HEMOHOS].

HIV-AIDS services: Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV-AIDS patients and their families. *General inpatient care for HIV-AIDS* - Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available. *Specialized outpatient program for HIV-AIDS* - Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families. [AIDSSHOS].

Home health services: Service providing nursing, therapy, and health-related homemaker or social services in the patient's home. [HOMEHHOS]. **Hospice:** A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home. [HOSPCHOS].

Hospital location: Indicates whether a hospital is in an urban or rural location. [LOCATION].

Hospital total expenses (including

bad debt): Includes all payroll and non-payroll expenses (including bad debt) as well as any non-operating losses (including extraordinary losses). [EXPTHA].

Hospital unit beds: Only operating beds, not constructed bed capapcity. Includes all bed facilities that are set up and staffed for use by inpatients that have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, post anesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital. [BDH].

Hospital-base outpatient care

center / services: Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a non-emergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral. [OPHOSHOS].

Hospitalists provide care: Indicates

whether hospitalists provide patient care in the hospital. [HSPTL].

Image-guided radiation therapy:

Automated system for image-guided radiation therapy that enables clinicians to obtain highresolution x-ray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments. [IGRTHOS].

Immunization program: Program that plans, coordinates and conducts immunization services in the community. [IMPRHOS].

Independent practice association:

Hospital sponsors an independent practice association (IPA), a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts. [IPAHOS] [IPASYS].

Indigent care clinic: Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include free clinics staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service. [ICARHOS].

Information technology:

- a. IT operating expense. [ITEXPA].
- b. IT capital expense. [ITBUGT].
- c. Number of employed IT staff in FTEs. [ITFTE].

d. Total number of outsourced IT staff. [OSFTE].

Inpatient days: The number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period. [IPDTOT].

Inpatient days (hospital unit): The

number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period. [IPDH].

Inpatient palliative care unit: An

inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists. [IPALHOS].

Insurance products:

- a. Medicare Advantage Health Insurance program within Part C of Medicare. Medicare Advantage plans provide a managed health care plan (typically a health maintenance organization (HMO) but also often a preferred provider organization (PPO) or another type of managed care arrangement) that is paid based on a monthly capitated fee. This Part of Medicare provides beneficiaries an alternative to "Original Medicare" Parts A and B Medicare, which provides insurance for the same medical services but pays providers a fee for service (FFS) directly rather than through managed care plans. [MEDNP].
- Medicaid Managed Care Services through an arrangement between a state Medicaid agency and managed care organizations (MCOs) that accept a set payment – "capitation" – for these services. [MMCNP].
- c. **Health Insurance Marketplace** Also called health exchanges, are organizations set up to facilitate the purchase of health

insurance in each state in accordance with Patient Protection and Affordable Care Act. Marketplaces provide a set of governmentregulated and standardized health care plans from which individuals may purchase health insurance policies eligible for federal subsidies. [HLINNP].

- d. **Other Individual Market** Health insurance coverage offered to individuals other than in connection with a group health plan. [OTHINP].
- e. **Small Group** A group health plan that covers employees of an employer that has less than 50 employees. [SMGPNP].
- f. **Large Group** A group health plan that covers employees of an employer that has 51 or more employees. [LGRPNP].

Integrated salary model: In this

arrangement, physicians are salaried by the hospital or other entity of a health system to provide medical services for primary care and specialty care. [ISMHOS] [ISMSYS].

Intensity-Modulated Radiation

Therapy (IMRT): A type of three-dimensional radiation therapy, which improves the targeting of treatment delivery in a way that is likely to decrease damage to normal tissues and allows varying intensities. [IMRTHOS].

Intensivists provide care: Intensivists are board-certified physicians who are additionally certified in the sub-specialty of critical care medicine; or physicians board-certified in emergency medicine who have completed a critical care fellowship in an ACGME accredited program; or physicians board-certified in Medicine, Anesthesiology, Pediatrics or Surgery who completed training prior to the availability of subspecialty certification in critical care and who have provided at least six weeks of full-time ICU care annually since 1987. [INTCAR].

Interest expense: Interest payments made by the hospital on bank loans, notes, bonds, and mortgages. [INTEXA].

Intermediate nursing care: Provides

health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services. [ICFHOS].

Intraoperative magnetic resonance

imaging: An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite. [IMRIHOS].

J

Joint venture: A contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangements remain independent and separate outside of the venture purpose.

K

Kidney transplant: The branch of medicine that transfers a kidney organ or tissue from one person to another to replace a diseased structure or to restore function. [KDNYHOS].

Laboratory technicians: Number that represents the professional and technical positions in all areas of the laboratory, including, but not limited to, histology, phlebotomy, microbiology, pathology, chemistry, etc. [FTLAB] [PTLAB].

Latitude: Hospital's Latitude. [LAT].

Length of Stay: Length of Stay (LOS) refers to the average number of days a patient stays at the facility. Short-term hospitals are those where the average LOS is less than 30 days. Long-term hospitals are those where the average LOS is 30 days or more. The figure is derived by dividing the number of inpatient days by the number of admissions. [LOS].

Licensed beds: Total number of beds authorized by the state licensing (certifying agency). [LBEDSA].

Licensed beds (long term unit): Total

number of long term unit beds authorized by the state licensing (certifying agency). [LBEDLA].

Licensed practical or vocational

nurses: Number that represents the nurses who graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians. [FTLPNTF] [PTLPNTF].

Linguistic/translation services: Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians. [LINGHOS].

Liver transplant: The branch of medicine that transfers a liver organ or tissue from one person to another to replace a diseased structure or to restore function. [LIVRHOS].

Longitude: Hospital's Longitude. [LONG].

Lung transplant: The branch of medicine that transfers a lung organ or tissue from one person to another to replace a diseased structure or to restore function. [LUNGHOS].

Μ

Magnetic resonance imaging (MRI):

The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound. [MRIHOS].

Magnetoencephalography: A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and the location of their sources in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging (MSI)*. [MEGHOS].

Management service organization:

Hospital maintains a corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The management services organization (MSO) purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all nonphysician staff and provides all supplies/administrative systems for a fee. [MSOHOS] [MSOSYS].

Meal delivery services: A hospital-

sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis. [MEALSHOS].

Medical/surgical intensive care:

Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units. [MSICHOS].

Medicare provider ID: A formal identification number issued by the Medicare program to identify hospitals that are eligible to participate in the Medicare program. Also known as CMS Certification Number (CCN) [MCRNUM].

Medication assisted treatment for

Opioid Use Disorder: Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient's needs. [MEDOPHOS].

Medication assisted treatment for

other substance use disorders:

Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailed to meet each patient's needs. [MEDSUBHOS].

Metropolitan Division name: Defined by the U.S. Census Bureau. Metropolitan Divisions are small groups of counties within a Metropolitan Statistical Area that comprise a core population.

Metropolitan Division code: Code for an assigned Metropolitan Division as assigned by the U.S. Census Bureau.

Mobile Health Services: Vans and other vehicles used to deliver primary care services. [MOHSHOS].

Modified FIPS County Code: Three-digit

Federal Information Processing Standards (FIPS) code assigned by the Census Bureau. County codes generally are odd numbers assigned to an alphabetical listing of the counties within a state. Baltimore City is included in Baltimore County, St Louis City is included in St Louis County, and the independent cities in Virginia are each included in the contiguous counties. Kalawao County, Hawaii is included in Maui County. The four Alaska Judicial Divisions were used as counties. This is an AHAderived code. [MCNTYCD].

More foreign-educated nurses hired to

fill RN vacancies: The facility hired more foreign-educated nurses this year than last year to help fill RN vacancies. Foreign-educated nurses are individuals who are foreign born and received basic nursing education in a foreign country. [FORNRSA].

Multi-slice spiral computed

tomography <64 slice: A specialized computer tomography procedure that provides three-dimensional processing and allows narrower and mulitple slices with increased spatial resolution and faster scanning times as compared to a regular computerd tomography scan. [MSCTHOS].

Multi-slice spiral computed

tomography 64+ slice: Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or greater slices to cover the imaged volume. [MSCTGHOS].

N

Neonatal intensive care: A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU. [NICHOS].

Neonatal intermediate care: A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recover care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring. [NINTHOS].

Net property, plant and equipment:

Original cost of fixed assets less accumulated depreciation and amortization. [ASSNET].

Network member: Hospitals participating in a group that may include other hospitals, physicians, other providers, insurers, and/or community agencies that work together to coordinate and deliver a broad spectrum of services to the community. [NETWRK].

Neurological services: Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system. [NEROHOS].

Number of airborne infection isolation

rooms: Total number of single-occupancy rooms for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing or inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration. [AIRBROOM].

Nursing assistive personnel: Number that represents the certified nursing assistant or equivalent unlicensed staff assigned to patient care units and reporting to nursing. [FTAST] [PTAST].

Nursing-home-type unit/facility: A unit/

facility that primarily offers the following type of services to a majority of all admissions:

- •*Skilled nursing:* The provision of medical and nursing care services, health-related services, and social services under the supervision of a registered nurse on a 24-hour basis.
- *Intermediate care:* The provision, on a regular basis, of health-related care and services to individuals who do not require the degree of care or treatment that a skilled nursing unit is designed to provide.
- Personal care: The provision of general supervision and direct personal care services for residents who require assistance in activities of daily living but who do not need nursing services or inpatient care. Medical and nursing services are available as needed.
- Sheltered/residential care: The provision of general supervision and protective services for residents who do not need nursing services or continuous personal care services in the conduct of daily life. Medical and nursing services are available as needed.

Nutrition program: Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients. [NUTRPHOS].

0

Obstetric unit care level: Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist. [OBLEV].

Obstetrics care: Provides care, examination, treatment, and other services to women during pregnancy, labor, and the puerperium. [OBHOS].

Obstetrics/gynecology: A physician who provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs. [TEOB] [TCOB] [TGOB] [NEOB] [TPOB].

Occupational health services: Includes services designed to protect the safety of employees from hazards in the work environment. [OCCHSHOS].

Oncology services: Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods. [ONCOLHOS].

Open physician-hospital organization:

A joint venture between the hospital and all members of the medical staff who wish to participate. The open physician-hospital organization (PHO) can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members. [OPHOHOS] [OPHOSYS].

Operating room (number of): A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed. [OPRA].

Optical colonoscopy: An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera. [ENDOCHOS].

Orthopedic services: Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments. [ORTOHOS].

Other care: Any type of care other than those previously listed. [OTHCRHOS].

Other intensive care: A specially staffed, specially equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems. [OTHIHOS].

Other long-term care: Provision of long term care other than skilled nursing care or intermediate care. This can include residential care-elderly housing services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living, or sheltered care facilities for developmentally disabled. [OTHLTHOS].

Other outpatient visits (non ER): A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits. [VOTH]. *Also see Total outpatient visits*.

Other special care: Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down or progressive care units. [SPCICHOS].

Other Transplant - hospital: Other transplant services includes heart/lung, or other multi-transplant surgeries. [OTOTHHOS].

Outpatient surgery: Scheduled surgical services provided to patients who do not remain in

the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility. [OPSRGHOS].

Ρ

Paid on capitated basis: The percentage of the hospital's net patient revenue that is paid on a capitated base. Capitation is an at-risk payment arrangement in which an organization receives a

fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollers in the capitated plan. The fixed amount is specified within contractual agreements between the payer and the involved organization. [CPPCT].

Paid on shared risk basis: The percentage of the hospital's net patient revenue that is paid on a shared risk basis. A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets. [CAPRSK].

Pain management program: A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from an acute illness of diverse causes. [PAINHOS].

Palliative care program: An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such

as counseling on advanced directives, spiritual care, and social services, to patients with advanced disease and their families. [PALHOS].

Patient controlled analgesia: Patient-

controlled Analgesia (PCA) is intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at pre-determined intervals, as programmed by the doctor's order. [PCAHOS].

Patient-centered medical home: The

medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decisionmaking between the patient, his/her primary care providers, other providers, and the patient's family. [MEDHME].

Patient education center: Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care. [PATEDHOS].

Patient representative services:

Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services. [PATRPHOS].

Pediatric cardiac electrophysiology:

See Cardiac electrophysiology. [PEDEHOS].

Pediatric cardiac surgery - hospital:

Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery. [PEDCSHOS].

Pediatric cardiology services: An

organized clinical service offering diagnostic and intervential procedures to manage the full range of pediatric heart conditions. [PCARDHOS].

Pediatric diagnostic catheterization:

Cardiac angiography, also called coronary angiography or coronary arteriography, is used to assist in diagnosing complex heart conditions. It involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. Images are used to diagnose heart disease and to determine, whether or not surgery is indicated. [PCLABHOS].

Pediatric emergency department: A

recognized hospital emergency department capable of identifying those pediatric patients who are critically ill or injured, stabilizing pediatric patients, including the management of airway, breathing and circulation and providing an appropriate transfer to a definitive care facility.

Pediatric intensive care: Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. [PEDICHOS].

Pediatric interventional cardiac

catheterization: Non surgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less-invasive alternative to heart surgery. [PELABHOS].

Pharmacists, licensed: Number that represents the persons licensed within the state who are concerned with the preparation and distribution of medicinal products. [FTPHR] [PTPHR].

Pharmacy expense: Includes the cost of drugs and pharmacy supplies requested to patient

care departments and drugs charged to patients. [PHREXA].

Pharmacy technicians: Number that represents the persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling or purchase records and inventory control. [FTPHT] [PTPHT].

Physical rehabilitation care: Provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity. [REHABHOS].

Physical rehabilitation outpatient

services: Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity. [RHBOPHOS].

Physicians and dentists: Number that represents the full-time employed physicians and dentists employed directly by the hospital. Includes only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions are reported as other personnel. The number excludes those physicians and dentists who are paid on a fee basis and should not be interpreted as representing the size of the hospital's medical staff. [FTMDTF] [PTMDTF].

Positron emission tomography (PET):

A nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy. [PETHOS].

Positron emission tomography/CT

(PET/CT): Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy, and surgical planning. [PETCTHOS].

Prenatal and postpartum psychiatric

services: Psychiatric care during and postpregnancy. Includes perinatal depression and postpartum depression. [PPNHOS].

Primary care department: A unit or clinic within the hospital that provides primary care services (e.g. general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis. [PCDEPHOS].

Primary service: The category best describing the hospital's type of service provided to the majority of admissions. [SERV].

Property, plant & equipment at cost:

Represents land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. [PLNTA].

Prosthetic and orthotic services:

Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training. [RPRSHOS].

Proton beam therapy: A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams in that they can be more precisely focused in tissue volumes in a three-dimensional pattern resulting in less surrounding tissue damage than conventional radiation therapy permitting administration of higher doses. [PTONHOS].

Psychiatric care: Provides acute or longterm care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons. [PSYHOS].

Psychiatric consultation/liaison

services: Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients. Consultation-liaison psychiatrists work to help people suffering from a combination of mental and physical illness by consulting with them and liaising with other members of their care team. [PSYLSHOS].

Psychiatric education services:

Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns. [PSYEDHOS].

Psychiatric emergency services:

Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress. [PSYEMHOS].

Psychiatric geriatric services: Provides

care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment. [PSYGRHOS].

Psychiatric intensive outpatient

services: A prescribed course of treatment in which the patient receives outpatient care no less than three times a week (which might include more than one service/day). [PSYOIHOS].

Psychiatric outpatient services:

Provides medical care in an outpatient setting,

including diagnosis and treatment, of psychiatric outpatients. [PSYOPHOS].

Psychiatric partial hospitalization

program: Organized hospital services of intensive day/evening outpatient services of three hours of more duration, distinguished from other outpatient visits of one hour. [PSYPHHOS].

Psychiatric pediatric care: Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment. [PSYCAHOS].

Psychiatric residential treatment:

Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital. [PSTRTHOS].

R

Radiology technicians: Number that

represents the technical positions in imaging fields, including, but not limited to, radiology, sonography, nuclear medicine, radiation therapy, CT, MRI. [FTRAD] [PTRAD].

Registered nurses: Number that represents the registered nurses working for the hospital. A nurse who has graduated from an approved school of nursing and who is currently registered by the state. RNs are responsible for the nature and quality of all nursing care that patients receive. The number does not include private duty nurses, and nurses in administrative positions are reported as *other personnel*. [FTRNTF] [PTRNTF].

Respiratory therapists: An allied health professional who specializes in scientific knowledge and theory of clinical problems of respiratory care. [FTRESP][PTRESP].

Retirement housing: A facility that provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A

retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions. [RETIRHOS].

Robot-assisted walking therapy: A form

of physical therapy that uses a robotic device to assist patiets who are relearning how to walk. [RBOTHOS].

Robotic surgery: The use of mechanical guidance devices to remotely manipulate surgical instrumentation. [ROBOHOS].

Rural health clinic: A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs. [RURLHOS].

S

Self-administered health plan: A health plan in which the employer assumes the financial risk for providing health care benefits to its

Separate long-term nursing home:

employees. [SLFPLN].

Hospital maintains a separate nursing-home type of long-term care unit. [SUNITS].

Shaped beam radiation system: A

precise, non-invasive treatment that involves targeting beams of radiation that mirror the exact size and shape of a tumor at a specific area of a tumor to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues. [BEAMHOS].

Shared risk payments: A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets. [CAPRSK].

Simulated rehabilitation environment:

Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles. [RSIMHOS].

Single photon emission computerized

tomography (SPECT): A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image. [SPECTHOS].

Skilled nursing care: Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis. [SNHOS].

Sleep center: Specially equipped and staffed center for the diagnosis and treatment of sleep disorders. [SLEPHOS].

Social and community psychiatric

services: Social psychiatry deals with social factors associated with psychiatric morbidity, social effects ofmental illness, psycho-social disorders and social approaches to psychiatric care. Community psychiatry focuses on detection, prevention, earlytreatment and rehabilitation of emotional and behavioral disorders as they develop in a community. [PSSOCHOS]

Social work services: Organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination. [SOCWKHOS].

Sports medicine: Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries. [SPORTHOS].

Stereotactic radiosurgery: Stereotactic radiosurgery (SRS) is a radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes gamma knife, cyberknife, etc. [SRADHOS].

Substance Use Disorder: Provides diagnostic and therapeutic services to patients with a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over use of substances such as alcohol. prescription and non-prescription drugs. Substance use disorders range in severity, duration and complexity from mild to severe. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal. [ALCHHOS]. Formerly alcohol-chemical dependency.

Substance use disorder outpatient:

Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency. [ALCOPHOS].

Substance use disorder partial

hospitalization services: Organized hospital services providing intensive day/evening outpatient services of three hour or more duration, distinguisehd from other outpatient visits of one hour. [ACLPRHOS].

Substance use disorder - pediatric services: Provides diagnosis and therapeutic

services to pediatric patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal. [ALCPDHOS].

Suicide prevention services: A collection of efforts to reduce the risk of suicide. These efforts may occur at the individual, relationship, community and society levels. [PSPIHOS].

Supplies purchased directly: Indicates whether supplies are purchased directly through distributor. [SUPLY].

Supply expense: The net cost of all tangible items that are expensed including freight, standard distribution cost, and sales and use tax minus rebates. This would exclude labor, labor-related expenses and services as well as some tangible items that are frequently provided as part of labor costs. [SUPEXA].

Support groups: A hospital-sponsored program that allows a group of individuals with the same or similar problems who meet periodically to share experiences, problems, and solutions in order to support each other. [SUPPGHOS].

Surgical operations (inpatient): Surgical services provided to patients who remain in the hospital overnight. A surgical operation involving more than one surgical procedure is considered only one surgical operation. [SUROPIP].

Surgical operations (outpatient):

Scheduled surgical services provided to patients who do not remain in the hospital overnight. For the AHA Annual Survey, outpatient surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility. [SUROPOP].

Swing bed services: A hospital bed that can be used to provide either acute or long-term care

depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions. [SWBDHOS].

System member: Hospitals belonging to a corporate body that owns and/or manages health provider facilities or health-related subsidiaries. The system may also own non-health-related facilities. [MHSMEMB].

Т

Teen outreach services: A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion. [TEENSHOS].

Telehealth:

Consultation and office visits - A broad variety of technologies and tactics to deliver virtual medical, public health, health education delivery and support services using telecommunications technologies. Telehealth is used more commonly as it describes the wide range of diagnosis and management, education, and other related fields of health care. This includes, but are not limited to: dentistry, counseling, physical and occupational therapy, home health, chronic disease monitoring and management, disaster management and consumer and professional education. [COFVHOS].

eICU – An electronic intensive care unit also referred to as a tele-ICU is a form of telemedicine that uses state of the art technology to provide an additional layer of critical care service. The goal of an eICU is to optimize clinical experience and facilitate 24-hour a day care by ICU caregivers. [EICUHOS]. **Stroke care** – Stroke telemedicine is a consultative modality that facilitates the care of patients with acute stroke by specialists at stroke centers. [STRCHOS]

Psychiatric and addiction treatment -

Telepsychiatry can involve a range of services including psychiatric evaluations, therapy patient education, and medication management. [ADTRTHOS].

Remote patient monitoring – The use of digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit the information securely to health care providers in a different location for assessment and recommendation. [PDISHOS].

Telehealth/virtual care – The definitions used represent one approach to understanding telehealth/virtual care. The definitions we chose are meant to balance the statutory and regulatory use of the terms with the way they are understood by providers on the ground.

Video visits – Synchronous visits between patient and provider that are not co-located, through the use of two-way, interactive, real-time audio and video communication. [VIDVZ].

Audio visits – Synchronous visits between a patient and a provider that are not co-located, through the use of two-way, interactive, real-time audio-only communication. [AUVZ].

Remote patient monitoring – Asynchronous or synchronous interactions between patient and provider that are not co-located involving the collection, transmission, evaluation, and communication of physiological data. [PRPM].

Other virtual services – All other synchronous or asynchronous interactions between a provider and patient, or provider and provider, delivered remotely including messages, eConsults, and virtual check-ins. [VPSRV].

Temporary spaces: Temporary spaces set up during the reporting period for triage, testing or treatment.[COVIDU] **Tissue transplant:** The branch of medicine that transfers tissue from one person to another or from one part to another to replace a diseased structure or to restore function or to change appearance. [TISUHOS].

Tobacco treatment/cessation

program: Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine. [TOBHOS].

Total capital expenditures: Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property. [CEAMT].

Total facility employee benefits:

Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc. [NPAYBEN].

Total facility expenses (excluding bad

debt): Includes all expenses for the reporting period including payroll, non-payroll, and all operating expenses. *Payroll expenses* include all salaries and wages. *Non-payroll expenses* are all professional fees and those salary expenditures excluded from payroll. *Labor related expenses* are defined as payroll expenses plus employee benefits. *Non-labor related expenses* are all other non-payroll expenses. Bad debt has been reclassified from an expense to a deduction from revenue in accordance with the revised AICPA Audit Guide. [EXPTOT].

Total facility payroll expenses: Includes all salaries and wages. Dollar value of the facility's total payroll for all personnel, including medical/dental residents and interns and other trainees. The dollar value includes payroll for personnel working in the nursing home unit of a hospital that owns and operates a nursing hometype unit/facility. All professional fees and salary expenditures excluded from payroll, such as employee benefits, are defined as non-payroll expenses and are included in *total expenses*. [PAYTOT].

Total gross square feet: Include all inpatient, outpatient, office, and support space used for or in support of health care activities; exclude exterior, roof, and garage space in the figure. [GFEET].

Total Medicaid days: Inpatient days where a Medicaid Managed Care Plan is the source of payment. [MCDIPD].

Total Medicaid discharges: Discharge days where a Medicaid Managed Care Plan is the source of payment. [MCDDC].

Total Medicare days: Inpatient days where Medicare Managed Care Plan is the source of payment. [MCRIPD].

Total Medicare discharges: Discharge days where a Medicare Managed Care Plan is the source of payment. [MCRDC].

Total outpatient visits: Number of outpatient visits reported by the hospital. An outpatient visit is defined as a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits. [VTOT].

Total full-time personnel (FT): Sum of all categories of full-time personnel working for the hospital, including: physicians and dentists; medical/dental residents and interns; other trainees; registered nurses; licensed practical or vocational nurses; nursing assistive personnel; all other personnel. This number includes those personnel working in the nursing home unit of a hospital that owns and operates a nursing home-type unit/facility. Full-time personnel are defined as

those personnel working a minimum of 35 hours a week. [FTTOT].

Total part-time personnel (PT): Sum of all categories of part-time personnel working for the hospital, including: physicians and dentists; medical/dental residents and interns; other trainees; registered nurses; licensed practical or vocational nurses; nursing assistive personnel; all other personnel. This number includes those personnel working in the nursing home unit of a hospital that owns and operates a nursing hometype unit/facility. [PTTOT].

Total surgical operations: Those surgical operations, whether major or minor, performed in the operating room(s). A surgical operation involving more than one surgical procedure is still considered only one surgical operation. [SUROPTOT].

Traditional Medicare ACO Programs: MSSP: Medicare Shared Savings Program. For

fee-for-service beneficiaries. The Shared Savings Program has different tracks that allow ACOs to select an arrangement that makes the most sense for their organization. [MSSPT2] [MSSPT3] [MSSP1P].

NextGen: The Next Generation ACO model is an initiataive for ACOs that are experienced in coordinating care for populations of patients. It allows these provider groups to assume higher levels of financial risk and reward. [MSSPNG].

Comprehensive ESRD Care: This model is designed to identify, test, and evaluate new ways to improve care for Medicare beneficiaries with End-Stage Renal Disease (ESRD). [MSSPCE].

Transportation to health services: A

long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens. [TPORTHOS].

Trauma center certified level: Level 1: A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3: A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Level 4 or greater: Trauma centers are certified by the state in which they are located; sometimes, a hospital will supply the level designation assigned by the state, which may be different than the levels defined by AHA. [TRAUML90].

U

Ultrasound: The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures. [ULTSNHOS].

Urgent care center: A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals with which they may have backup affiliation arrangements. [URGCCHOS].



Ventilators:

Adult (start of reporting period). [BAIMV]

Adult (end of reporting period). [EAIMV]

Pediatric/NICU (start of reporting period). [BPIMV]

Pediatric/NICU (end of reporting

period). [EPIMV]

Violence prevention programs:

Workplace: A violence prevention program with goals and objectives for preventing workplace violence against staff and patients. **Community**: An organized program that attempts to marke a positive impact on the type(s) of violence a community is experiencing. For example, it can assist victims of violent crimes, e.g., rape, or incidents, e.g., bullying, to hospital or to community services to prevent further victimization or retalization. A program that targets the underlying circumstances that contribute to violence such as poor housing, insufficient job training, and/or substance abuse through means such as direct involvement and support, education, mentoring, anger management, crisis intervention and training programs would also qualify. [VWRKHOS][VCMMHOS]

Virtual colonoscopy: Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon. [VRCSHOS].

Volunteer services department: An

organized hospital department responsible for coordinating the services of volunteers working within the institution. [VOLSVHOS].



Women's health center / services: An

area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than obstetrics. [WOMHCHOS].

Wound Management Services -

hospital: Services for patients with chronic wounds and non-healing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. [WMGTHOS].