American Hospital Association™

Advancing Health in America

AHA Data & Insights

AHA ANNUAL SURVEY DATABASE™

REFERENCE GUIDE

FISCAL YEAR 2021

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Introduction

AHA Annual Survey Database™ for Fiscal Year 2021 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 in 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™.*

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 2020 Annual Survey Database.

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

Changes for Fiscal Year 2021

Added: We added the following fields to the Fiscal Year 2021 Database.

Field Label	Short Description	Survey Question
RESPTC	Regional Emerging Special Pathogen Treatment Center	B.3.h.1.
SPTC	Special Pathogen Treatment Center	B.3.h.2.
SPAH	Special Pathogen Assessment Center	B.3.h.3.
FRTLN	Frontline facility	B.3.h.4.
BIOBD	Biocontainment patient care unit beds	C.19.
BIOHOS	Biocontainment patient care unit - hospital	C.19.
BIOSYS	Biocontainment patient care unit - health system	C.19.
BIOVEN	Biocontainment patient care unit - joint venture	C.19.
DHER	Psychiatric disorders screening - emergency services	C.107.c.1.
DHPCS	Psychiatric disorders screening - primary care services	C.107.c.2.
DHACAR	Psychiatric disorders screening - acute inpatient care	C.107.c.3.
DHXCAR	Psychiatric disorders screening - extended care	C.107.c.4.
CHER	Substance use disorder screening - emergency services	C.107.d.1.
CHPCS	Substance use disorder screening - primary care services	C.107.d.2.
CHACAR	Substance use disorder screening - acute inpatient care	C.107.d.3.
CHXCAR	Substance use disorder screening - extended care	C.107.d.4.
STFCHG	Temporary increase in staffed beds during reporting period	C.111.a.
ICUCHG	Temporary increase in ICU beds during reporting period	C.111.b.
EDMCHG	Temporary increase in ED beds during reporting period	C.115.
MSSPBA	Traditional Medicare - MSSP BASIC Track, Level A	D.15.c.1.
MSSPBB	Traditional Medicare - MSSP BASIC Track, Level B	D.15.c.2.
MSSPBC	Traditional Medicare - MSSP BASIC Track, Level C	D.15.c.3.
MSSPBD	Traditional Medicare - MSSP BASIC Track, Level D	D.15.c.4.
MSSPBE	Traditional Medicare - MSSP BASIC Track, Level E	D.15.c.5.
MSSPTRK	Traditional Medicare - ENHANCED Track	D.15.c.6.
MSSP	Traditional Medicare - Original MSSP program, Tracks 1, 1+, 2 or 3	D.15.c.7.
WFAIPSN	AI or machine learning - predicting staffing needs	E.18.a.1
WFAIPPD	AI or machine learning - predicting patient demand	E.18.a.2
WFAISS	AI or machine learning - staff scheduling	E.18.a.3
WFAIART	AI or machine learning - automating routine tasks	E.18.a.4
WFAIOACW	AI or machine learning - optimizing administrative and clinical workflows	E.18.a.5
WFSTCNA	Incorporating workforce as part of strategic planning - conduct needs assessment	E.18.b.1
WFSTLSP	Incorporating workforce as part of strategic planning - leadership succession planning	E.18.b.2
WFSTTDP	Incorporating workforce as part of strategic planning – talent development plan	E.18.b.3

Added: We added the following fields to the Fiscal Year 2021 Database.

WFSTRRP	Incorporating workforce as part of strategic planning - recruitment & retention planning	E.18.b.4
WFSTHCC	Incorporating workforce as part of strategic planning - partnerships with elementary/HS to develop interest in health care careers	E.18.b.5
WFSTVTP	Incorporating workforce as part of strategic planning - training program partnership with community colleges, vocational training programs	E.18.b.6
HHEGCEO	Accountable for meeting health equity goals - CEO	F.5.a.
HHEGCDO	Accountable for meeting health equity goals - designated senior executive	F.5.b.
HHEGMDMN	Accountable for meeting health equity goals - middle management	F.5.c.
HHEGTKFC	Accountable for meeting health equity goals - committee or task force	F.5.d.
HHEGLEAD	Accountable for meeting health equity goals - division/department leaders	F.5.e.
HHEGERG	Accountable for meeting health equity goals - employee resource group	F.5.f.
SHEGCEO	Accountable for implementing strategies for health equity goals - CEO	F.6.a.
SHEGCDO	Accountable for implementing strategies for health equity goals - designated senior executive	F.6.b.
SHEGMDMN	Accountable for implementing strategies for health equity goals - middle management	F.6.c.
SHEGTKFC	Accountable for implementing strategies for health equity goals - committee or task force	F.6.d.
SHEGLEAD	Accountable for implementing strategies for health equity goals - division/department leaders	F.6.e.
SHEGERG	Accountable for implementing strategies for health equity goals - employee resource group	F.6.f.
DEIDPO	DEI disaggregated data to inform decisions - patient outcomes	F.7.a.
DEIDPROC	DEI disaggregated data to inform decisions - procurement	F.7.b.
DEIDSPCH	DEI disaggregated data to inform decisions - supply chain	F.7.c.
DEIDTRN	DEI disaggregated data to inform decisions - training	F.7.d.
DEIDPDEV	DEI disaggregated data to inform decisions - professional development	F.7.e.
PHEGEIOP	Health equity strategic planning - equitable and inclusive organizational policies	F.8.a.
PHEGACC	Health equity strategic planning - systematic and shared accountability for health equity	F.8.b.
PHEGLEAD	Health equity strategic planning - diverse representation in hospital and health care system leadership	F.8.c.
PHEGGOV	Health equity strategic planning - diverse representation in hospital and health care system governance	F.8.d.
PHEGCMTY	Health equity strategic planning -community engagement	F.8.e.
PHEGDATA	Health equity strategic planning - collection and use of segmented data to drive action	F.8.f.
PHEGCAPC	Health equity strategic planning - culturally appropriate patient care	F.8.g.
BHPRDNI	Area behavioral health providers - not involved	F.9.o.
BHPRDPSN	Area behavioral health providers - social needs	F.9.o.
BHPRDCNA	Area behavioral health providers - CHNA	F.9.o.
BHPRDCLI	Area behavioral health providers - community-level initiatives	F.9.o.

Added: We added the following fields to the Fiscal Year 2021 Database.

AAANI	Area agencies aging - not involved	F.9.p.
AAAPSN	Area agencies aging - social needs	F.9.p.
AAACNA	Area agencies aging - CHNA	F.9.p.
AAACLI	Area agencies aging - community-level initiatives	F.9.p.
CMHLT	Hospital partnership - community mental health center	G.6.a.
BHHLT	Hospital partnership - certified community behavioral health center	G.6.b.

Changes for Fiscal Year 2021

Removed: The following fields were in the FY2020 Database. We **removed** these fields from the FY2021 Annual Survey Database. 'Survey Question' refers to the 2020 questionnaire.

Field label	Field Description	Survey Question
BHER	Emergency services integrated with behavioral health care	C.106.c.1.
BHPCS	Primary care services integrated with behavioral health care	C.106.c.2.
BHACAR	Acute inpatient care integrated with behavioral health care	C.106.c.3.
BHXCAR	Extended care integrated with behavioral health care	C.106.c.4.
ISOCHG	Staffed bed change during reporting period	C.110.a.
IICUBD	ICU bed change during reporting period	C.110.b.
EDBDCHG	ED bed change during reporting period	C.114.c.
MSSPT1	Traditional Medicare - MSSP track 1	D.15.c.1.
MSSPT2	Traditional Medicare - MSSP track 2	D.15.c.2.
MSSPT3	Traditional Medicare - MSSP track 3	D.15.c.3.
MSSP1P	Traditional Medicare - MSSP track 1+	D.15.c.4.
MSSPNG	Traditional Medicare - NextGen	D.15.c.5.
SNTOP	Does your hospital provide services through satellite outpatient departments?	G.1.a.
SENDO	Airway endoscopy - Outpatient services	G.1.b.1.
SENDOC	Airway endoscopy - Number of on-campus sites	G.1.b.1.
SENDOF	Airway endoscopy - Number of off-campus sites	G.1.b.1.
SSAMBS	Ambulatory surgery - Outpatient services	G.1.b.2.
SAMOC	Ambulatory surgery - Number of on-campus sites	G.1.b.2.
SAMOF	Ambulatory surgery - Number of off-campus sites	G.1.b.2.
SBLD	Blood product exchange - Outpatient services	G.1.b.3.
SBLDOC	Blood product exchange - Number of on-campus sites	G.1.b.3.
SBLDOF	Blood product exchange - Number of off-campus sites	G.1.b.3.
SCARD	Cardiac/pulmonary rehabilitation - Outpatient services	G.1.b.4.
SCAROC	Cardiac/pulmonary rehabilitation - Number of on-campus sites	G.1.b.4.
SCAROF	Cardiac/pulmonary rehabilitation - Number of off-campus sites	G.1.b.4.
SDIAG	Diagnostic/screening test and other procedures - Outpatient services	G.1.b.5.
SDIGOC	Diagnostic/screening test and other procedures - Number of on-campus sites	G.1.b.5.
SDIGOF	Diagnostic/screening test and other procedures - Number of off-campus sites	G.1.b.5.
SONCL	Drug administration and clinical oncology - Outpatient services	G.1.b.6.
SONCOC	Drug administration and clinical oncology - Number of on-campus sites	G.1.b.6.
SONCOF	Drug administration and clinical oncology - Number of off-campus sites	G.1.b.6.
SENT	Ear, nose, throat (ENT) - Outpatient services	G.1.b.7.
SENTOC	Ear, nose, throat (ENT) - Number of on-campus sites	G.1.b.7.
SENTOF	Ear, nose, throat (ENT) - Number of off-campus sites	G.1.a.7.

AHA Annual Survey Database™
FY2021 removed fields
Contact Us: ahadatainfo@aha.org

Removed: The following fields were in the FY2020 Database. We **removed** these fields from the FY2021 Annual Survey Database. 'Survey Question' refers to the 2020 questionnaire.

SGEN	General surgery and related procedures - Outpatient services	G.1.a.8.
SGENOC	General surgery and related procedures - Number of on-campus sites	G.1.a.8.
SGENOF	General surgery and related procedures - Number of off-campus sites	G.1.a.8.
SGI	Gastrointestinal (GI) - Outpatient services	G.1.a.9.
SGIOC	Gastrointestinal (GI) - Number of on-campus sites	G.1.a.9.
SGIOF	Gastrointestinal (GI) - Number of off-campus sites	G.1.a.9.
SGYN	Gynecology - Outpatient services	G.1.a.10.
SGYNOC	Gynecology - Number of on-campus sites	G.1.a.10.
SGYNOF	Gynecology - Number of off-campus sites	G.1.a.10.
SSLAB	Laboratory - Outpatient services	G.1.a.11.
SLABOC	Laboratory - Number of on-campus sites	G.1.a.11.
SLABOF	Laboratory - Number of off-campus sites	G.1.a.11.
SMRI	Major imaging - Outpatient services	G.1.a.12.
SMRIOC	Major imaging - Number of on-campus sites	G.1.a.12.
SMRIOF	Major imaging - Number of off-campus sites	G.1.a.12.
SMIN	Minor imaging - Outpatient services	G.1.a.13.
SMINOC	Minor imaging - Number of on-campus sites	G.1.a.13.
SMINOF	Minor imaging - Number of off-campus sites	G.1.a.13.
SMUS	Musculoskeletal surgery - Outpatient services	G.1.a.14.
SMUSOC	Musculoskeletal surgery - Number of on-campus sites	G.1.a.14.
SMUSOF	Musculoskeletal surgery - Number of off-campus sites	G.1.a.14.
SNRV	Nervous system procedures - Outpatient services	G.1.a.15.
SNRVOC	Nervous system procedures - Number of on-campus sites	G.1.a.15.
SNRVOF	Nervous system procedures - Number of off-campus sites	G.1.a.15.
SOPH	Ophthalmology - Outpatient services	G.1.a.16.
SOPHOC	Ophthalmology - Number of on-campus sites	G.1.a.16.
SOPHOF	Ophthalmology - Number of off-campus sites	G.1.a.16.
SPATH	Pathology - Outpatient services	G.1.a.17.
SPAHOC	Pathology - Number of on-campus sites	G.1.a.17.
SPAHOF	Pathology - Number of off-campus sites	G.1.a.17.
SSPCC	Primary care - Outpatient services	G.1.a.18.
SPCOC	Primary care - Number of on-campus sites	G.1.a.18.
SPCOF	Primary care - Number of off-campus sites	G.1.a.18.
SPSYX	Psychiatric care - Outpatient services	G.1.a.19.
SPSYOC	Psychiatric care - Number of on-campus sites	G.1.a.19.
SPSYOF	Psychiatric care - Number of off-campus sites	G.1.a.19.
SSRAD	Radiation oncology - Outpatient services	G.1.a.20.
SRADOC	Radiation oncology - Number of on-campus sites	G.1.a.20.
SRADOF	Radiation oncology - Number of off-campus sites	G.1.a.20.
SSRHB	Rehabilitation - Outpatient services	G.1.a.21.
SRHBOC	Rehabilitation - Number of on-campus sites	G.1.a.21.
SRHBOF	Rehabilitation - Number of off-campus sites	G.1.a.21.
SSNRR	Skilled nursing - Outpatient services	G.1.a.22.
SSNROC	Skilled nursing - Number of on-campus sites	G.1.a.22.
SSNROF	Skilled nursing - Number of off-campus sites	G.1.a.22.
SSALOP	Substance use disorder care - Outpatient services	G.1.a.23.

AHA Annual Survey Database™
FY2021 removed fields
Contact Us: ahadatainfo@aha.org

Removed: The following fields were in the FY2020 Database. We **removed** these fields from the FY2021 Annual Survey Database. 'Survey Question' refers to the 2020 questionnaire.

SALPOC	Substance use disorder care - Number of on-campus sites	G.1.a.23.
SALPOF	Substance use disorder care - Number of off-campus sites	G.1.a.23.
SSUCAR	Urgent care - Outpatient services	G.1.a.24.
SUCOC	Urgent care - Number of on-campus sites	G.1.a.24.
SUCOF	Urgent care - Number of off-campus sites	G.1.a.24.
SURO	Urology - Outpatient services	G.1.a.25.
SUROOC	Urology - Number of on-campus sites	G.1.a.25.
SUROOF	Urology - Number of off-campus sites	G.1.a.25.
SVAS	Vascular/endovascular/cardiovascular - Outpatient services	G.1.a.26.
SVASOC	Vascular/endovascular/cardiovascular - Number of on-campus sites	G.1.a.26.
SVASOF	Vascular/endovascular/cardiovascular - Number of off-campus sites	G.1.a.26.
SVRS	Visits and related services - Outpatient services	G.1.a.27.
SVRSOC	Visits and related services - Number of on-campus sites	G.1.a.27.
SVRSOF	Visits and related services - Number of off-campus sites	G.1.a.27.
SATOTH	Other - Outpatient services	G.1.a.28.
SATOC	Other - Number of on-campus sites	G.1.a.28.
SATOF	Other - Number of off-campus sites	G.1.a.28.
SOTHSAT	Other satellite outpatient department - description	G.1.a.28.

AHA Annual Survey Database™
FY2021 removed fields
Contact Us: ahadatainfo@aha.org

Technical User Notes

The Annual Survey Database Fiscal Year 2021 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

AS2021.accdb	MS Access Database

/COMMA

AS21dem.xlsx	MS Excel file - demographic
AS21svc1.xlsx	MS Excel file – service 1 of 3
AS21svc2.xlsx	MS Excel file – service 2 of 3
AS21svc3.xlsx	MS Excel file – service 3 of 3
AS21util1.xlsx	MS Excel file – utilization 1 of 2
AS21util2.xlsx	MS Excel file – utilization 2 of 2
AS2021FULLFILE.xlsx	MS Excel full file
ASPUB21.csv	Comma delimited file
ASPUB21DCTfile.dct	Dictionary file

/DOCUMENTATION

AS2021lay.xlsx	File layout
SASLAYOUT2021.txt	SAS layout

/FLAT

AS2021PUB.sas7bdat	FY2021 Data file in SAS® format
PUBAS21.asc	The flat ascii fixed-length file

/UNITS

FUNIT_ID.xlsx	Hospital Units cross reference file

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

AS2021PUB.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.

PUBAS21.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.

ASPUBAS21.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.

AS2021.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:
AS21DEM — contains the demographic and descriptive fields for each facility
AS21SVC1 — contains facilities and services fields
AS21SVC2— contains facilities and services fields
AS21SVC3— contains facilities and services fields
AS21UTIL1— contains utilization, personnel and financial fields
AS21UTIL2— 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:

AS2021lay.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.*

SASLAYOUT2021.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 members 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 were retired beginning with the Fiscal Year 2019 data.* *Learn more about the single accreditation system here.*

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

System 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 2021 Database?

Each AHA Annual Survey Database represents the population of hospitals recognized by the 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 2021 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 children's 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 ahadatainfo@aha.org.

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 non-respondent'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 No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1	ID	NA	7	1	7	AHA Identification Number		as21dem	
	REG	NA	1	2	2	AHA Region Code		as21dem	
	STCD	NA	2	2	3	AHA State Code		as21dem	See Appendix C - Census Divisions and State Codes
	HOSPN	NA	4	4	7	AHA Hospital Number		as21dem	
2	DTBEG	N	10	8	17	Beginning of reporting period	A.1.	as21dem	MM/DD/YYYY
	DBEGM	N	2	8	9	Reporting Period Beginning Month		as21dem	
	DBEGD	N	2	11	12	Reporting Period Beginning Day		as21dem	
	DBEGY	N	4	14	17	Reporting Period Beginning Year		as21dem	
3	DTEND	N	10	18	27	End of reporting period	A.1.	as21dem	MM/DD/YYYY
	DENDM	N	2	18	19	Reporting Period End Month		as21dem	
	DENDD	N	2	21	22	Reporting Period End Day		as21dem	
	DENDY	N	4	24	27	Reporting Period End Year		as21dem	
4	DCOV	NA	3	28	30	Days open during reporting period	A.2.b.	as21dem	0 for non-reporters
5	FYR	N	1	31	31	Was the hospital in operation 12 full months to the end of the reporting period?	A.2.a.	as21dem	1=yes, 2=less than a full year
6	FISYR	N	10	32	41	Beginning date of fiscal year	A.3.	as21dem	MM/DD/YYYY
	FISM	N	2	32	33	Fiscal Year Beginning Month		as21dem	
	FISD	N	2	35	36	Fiscal Year Beginning Day		as21dem	
	FISY	N	4	38	41	Fiscal Year Beginning Year		as21dem	
7	CNTRL	NA	2	42	43	Control Code – type of authority responsible for establishing policy concerning overall operation of the hospital	B.1.	as21dem	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.	as21dem	See Appendix B - Primary Service Code Descriptions
9	SERVOTH	N	100	46	145	Special service description	B.2.	as21dem	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.	as21dem	1=yes, 0=no
11	HSACODE	NA	5	147	151	Health Service Area Code - Dartmouth		as21dem	
12	HSANAME	NA	30	152	181	Health Service Area Name - Dartmouth		as21dem	
13	HRRCODE	NA	3	182	184	Health Referral Region Code - Dartmouth		as21dem	
14	HRRNAME	NA	30	185	214	Health Referral Region Name - Dartmouth		as21dem	
15	LOS	NA	1	215	215	Short-term, long-term classification code		as21dem	1=short-term, 2=long-term, Source: AHA Membership
16	MNAME	NA	100	216	315	Hospital name		as21dem	Source: AHA Membership
17	MADMIN	NA	160	316	475	Name of chief administrator		as21dem	Source: AHA Membership
18	MLOCADDR	NA	60	476	535	Street address		as21dem	Source: AHA Membership
19	MLOCCITY	NA	30	536	565	City		as21dem	Source: AHA Membership

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
20	MLOCSTCD	NA	2	566	567	State code		as21dem	See Appendix C - Census Divisions and State Codes
21	MLOCZIP	NA	10	568	577	ZIP code		as21dem	Source: AHA Membership
22	MSTATE	NA	2	578	579	Hospital 2-letter state abbreviation		as21dem	Source: AHA Membership
23	AREA	NA	3	580	582	Area code		as21dem	Source: AHA Membership
24	TELNO	NA	7	583	589	Local telephone number		as21dem	Source: AHA Membership
25	RESP	NA	1	590	590	Response code		as21dem	1=yes, 2=no
26	CHC	NA	1	591	591	Community hospital code (as defined by AHA membership)		as21dem	1=community hospital, 2=not a community hospital
27	BSC	NA	1	592	592	Bed size code		as21dem	See Appendix D - Bed Size Codes
28	MHSMEMB	N	1	593	593	System member		as21dem	If SYSID is not blank then MHSMEMB = 1
29	SUBS	N	1	594	594	Does the hospital itself operate subsidiary corporations?	B.3.b.	as21dem	1=yes, 0=no
30	MNGT	N	1	595	595	Is the hospital contract managed?	B.3.c.	as21dem	1=yes, 0=no
31	MNGTNAME	NA	100	596	695	Management organization name	B.3.c.	as21dem	
32	MNGTCITY	NA	30	696	725	Management organization city	B.3.c.	as21dem	
33	MNGTSTCD	NA	2	726	727	Management organization state abbreviation	B.3.c.	as21dem	
34	GROUP	N	1	728	728	Does the hospital participate in a group purchasing agreement?	G.1.	as21dem	1=yes, 0=no
35	GPONAME	N	100	729	828	Group purchasing organization name	G.1.	as21dem	
36	GPOCITY	N	30	829	858	Group purchasing organization city	G.1.	as21dem	
37	GPOST	N	2	859	860	Group purchasing organization state	G.1.	as21dem	
38	SUPLY	N	1	861	861	Supplies purchased directly through distributor	G.2.	as21dem	1=yes, 0=no
39	SUPNM	N	100	862	961	Distributor's name	G.2.	as21dem	Literal Description
40	PHYGP	N	1	962	962	Is hospital owned in whole or in part by physicians or a physician group?	B.3.d.	as21dem	1=yes, 0=no
41	LTCHF	N	1	963	963	Freestanding LTCH	B.3.e.	as21dem	1=yes, 0=no
42	LTCHC	N	1	964	964	LTCH arranged within a general acute care hospital	B.3.e.	as21dem	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.	as21dem	Literal Description
44	LTCT	N	30	1065	1094	Host hospital's city	B.3.e.	as21dem	
45	LTST	N	2	1095	1096	Host hospital's state	B.3.e.	as21dem	
46	COHSP	N	1	1097	1097	Are any other types of hospitals co-located in your hospital?	B.3.f.	as21dem	1=yes, 0=no
47	COTYCAN	N	1	1098	1098	Type of co-located hospital - Cancer	B.3.g.1.	as21dem	1=yes, 0=no
48	COTYCAR	N	1	1099	1099	Type of co-located hospital - Cardiac	B.3.g.2.	as21dem	1=yes, 0=no
49	COTYORT	N	1	1100	1100	Type of co-located hospital - Orthopedic	B.3.g.3.	as21dem	1=yes, 0=no
50	COTYPED	N	1	1101	1101	Type of co-located hospital - Pediatric	B.3.g.4.	as21dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
51	COTYPSY	N	1	1102	1102	Type of co-located hospital - Psychiatric	B.3.g.5.	as21dem	1=yes, 0=no
52	COTYSUR	N	1	1103	1103	Type of co-located hospital - Surgical	B.3.g.6.	as21dem	1=yes, 0=no
53	COTYOTH	N	1	1104	1104	Type of co-located hospital - Other	B.3.g.7.	as21dem	1=yes, 0=no
54	COTYDESC	N	100	1105	1204	Type of co-located hospital - Other description	B.3.g.7.	as21dem	Literal Description
55	RESPTC	N	1	1205	1205	Regional Emerging Special Pathogen Treatment Center	B.3.h.1.	as21dem	1=yes, 0=no
56	SPTC	N	1	1206	1206	Special Pathogen Treatment Center	B.3.h.2.	as21dem	1=yes, 0=no
57	SPAH	N	1	1207	1207	Special Pathogen Assessment Center	B.3.h.3.	as21dem	1=yes, 0=no
58	FRTLN	N	1	1208	1208	Frontline facility	B.3.h.4.	as21dem	1=yes, 0=no
59	CLUSTER	NA	1	1209	1209	AHA System Cluster Code		as21dem	See Appendix G - Cluster Codes
60	SYSID	NA	4	1210	1213	Health care system ID		as21dem	AHA Health Care System Identifier unique values (last four digits)
61	SYSNAME	NA	100	1214	1313	System name		as21dem	Source: AHA Membership
62	SYSADDR	NA	60	1314	1373	System address		as21dem	Source: AHA Membership
63	SYSCITY	NA	30	1374	1403	System city		as21dem	Source: AHA Membership
64	SYSST	NA	2	1404	1405	System state		as21dem	Source: AHA Membership
65	SYSZIP	NA	10	1406	1415	System ZIP code		as21dem	Source: AHA Membership
66	SYSAREA	NA	3	1416	1418	System area code		as21dem	Source: AHA Membership
67	SYSTELN	NA	8	1419	1426	System telephone number		as21dem	Source: AHA Membership
68	SYSTEM_PRIMARY_CONTACT	NA	30	1427	1456	System primary contact		as21dem	Source: AHA Membership
69	SYSTITLE	NA	100	1457	1556	System contact's title		as21dem	Source: AHA Membership
70	COMMTY	NA	1	1557	1557	Community Hospital flag - to foot to AHA Hospital Statistics™		as21dem	Y=community hospital as defined in AHA Hospital Statistics™, N=not a community hospital
71	MCRNUM	NA	6	1558	1563	Medicare Provider ID		as21dem	Sources: Centers for Medicare and Medicaid and AHA Membership
72	LAT	NA	10	1564	1573	Hospital, Latitude		as21dem	Source: Federal Emergency Management Agency
73	LONG	NA	10	1574	1583	Hospital, Longitude		as21dem	Source: Federal Emergency Management Agency
74	CNTYNAME	NA	60	1584	1643	County Name, State Abbreviation		as21dem	Source: U.S. Census Bureau
75	CBSANAME	NA	60	1644	1703	Core-Based Statistical Area Name, State Abbreviation		as21dem	Source: U.S. Census Bureau, March 2020 Delineation file
76	CBSATYPE	NA	8	1704	1711	Core-Based Statistical Area Type		as21dem	Metro, Micro, Rural; Source: U.S. Census Bureau (*see 'Census Division Name'* for Census Bureau Division names*)*
77	CBSACODE	NA	5	1712	1716	Core-Based Statistical Area Code		as21dem	Source: U.S. Census Bureau (*see 'Census Division Code'* for Census Bureau Division codes)
78	DIVNAME	NA	60	1717	1776	Metropolitan Division name		as21dem	Source: U.S. Census Bureau
79	DIVCODE	NA	5	1777	1781	Metropolitan Division code		as21dem	Source: U.S. Census Bureau

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
80	CSANAME	NA	60	1782	1841	Combined Statistical Area name		as21dem	Source: U.S. Census Bureau
81	CSACODE	NA	3	1842	1844	Combined Statistical Area code		as21dem	Source: U.S. Census Bureau
82	MCNTYCD	NA	3	1845	1847	Modified FIPS County Code		as21dem	AHA derived code
83	FCOUNTY	NA	5	1848	1852	FIPS State and County Code		as21dem	Source: U.S. Census Bureau
84	FSTCD	NA	2	1853	1854	FIPS State code		as21dem	Source: U.S. Census Bureau
85	FCNTYCD	NA	3	1855	1857	FIPS County code		as21dem	Source: U.S. Census Bureau
86	CITYRK	NA	3	1858	1860	Ranking of 100 largest cities		as21dem	See Appendix F - City Rank Code
87	MAPP1	NA	1	1861	1861	Accreditation by The Joint Commission		as21dem	1=yes, 2=no; Source: The Joint Commission
88	MAPP2	NA	1	1862	1862	Cancer program approved by American College of Surgeons		as21dem	1=yes, 2=no; Source: American College of Surgeons, Commission on Cancer
89	MAPP3	NA	1	1863	1863	Participating site recognized for one or more Accreditation Council for Graduate Medical Education accredited programs		as21dem	1=yes, 2=no; Source: Accreditation Council of Graduate Medical Education (ACGME)
90	MAPP5	NA	1	1864	1864	Medical school affiliation reported to American Medical Association		as21dem	1=yes, 2=no; Source: American Medical Association
91	MAPP7	NA	1	1865	1865	Accreditation by Commission on Accreditation of Rehabilitation Facilities (CARF)		as21dem	1=yes, 2=no; Source: Commission on Accreditation of Rehabilitation Facilities
92	MAPP8	NA	1	1866	1866	Member of Council of Teaching Hospital of the Association of American Medical Colleges (COTH)		as21dem	1=yes, 2=no; Source: Association of American Medical Colleges
93	MAPP10	NA	1	1867	1867	Medicare certification by the U.S. Department of Health and Human Services		as21dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
94	MAPP11	NA	1	1868	1868	Accreditation by Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association		as21dem	1=yes, 2=no; Source: Healthcare Facilities Accreditation Program
95	MAPP16	NA	1	1869	1869	Catholic Church Operated		as21dem	1=yes, 2=no
96	MAPP18	NA	1	1870	1870	Critical Access Hospital		as21dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
97	MAPP19	NA	1	1871	1871	Rural Referral Center		as21dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
98	MAPP20	NA	1	1872	1872	Sole Community Provider		as21dem	1=yes, 2=no; Source: Centers for Medicare and Medicaid
99	MAPP21	NA	1	1873	1873	DNV Healthcare Accreditation		as21dem	1=yes, 2=no; Source: DNV Healthcare
100	MAPP22	NA	1	1874	1874	Center for Improvement in Healthcare Quality accreditation		as21dem	1=yes, 2=no; Source: Center for Improvement in Healthcare Quality
101	AHAMBR	NA	1	1875	1875	AHA Membership Flag		as21dem	1=yes, 0=no
102	SUNITS	N	1	1876	1876	Does the hospital maintain a separate nursing home type of long-term care unit?		as21dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
103	HHPLAN	N	1	1877	1877	Does hospital own or jointly own a health plan?	D.1.	as21dem	1=yes, 0=no
104	SPLAN	N	1	1878	1878	Does health system own or jointly own a health plan?	D.2.	as21dem	1=yes, 0=no
105	IINSPT	N	1	1879	1879	Does your hospital/health system have a significant partnership with an insurer or an insurance company/health plan?	D.3.	as21dem	1=yes, 0=no
106	MEDADHOS	N	1	1880	1880	Medicare Advantage - hospital	D.4.a.	as21dem	1=yes
107	MEDADSYS	N	1	1881	1881	Medicare Advantage - system	D.4.a.	as21dem	1=yes
108	MEDADVEN	N	1	1882	1882	Medicare Advantage - joint venture	D.4.a.	as21dem	1=yes
109	MEDNP	N	1	1883	1883	Medicare Advantage - new product	D.4.a.	as21dem	1=yes
110	MEDADN	N	1	1884	1884	Medicare Advantage - no	D.4.a.	as21dem	1=yes
111	MEDADDK	N	1	1885	1885	Medicare Advantage - do not know	D.4.a.	as21dem	1=yes
112	MMCHOS	N	1	1886	1886	Medicaid managed care - hospital	D.4.b.	as21dem	1=yes
113	MMCSYS	N	1	1887	1887	Medicaid managed care - system	D.4.b.	as21dem	1=yes
114	MMCVEN	N	1	1888	1888	Medicaid managed care - joint venture	D.4.b.	as21dem	1=yes
115	MMCNP	N	1	1889	1889	Medicaid managed care - new product	D.4.b.	as21dem	1=yes
116	MMCN	N	1	1890	1890	Medicaid managed care - no	D.4.b.	as21dem	1=yes
117	MMCDK	N	1	1891	1891	Medicaid managed care - do not know	D.4.b.	as21dem	1=yes
118	HLINHOS	N	1	1892	1892	Health insurance marketplace (exchange) - hospital	D.4.c.	as21dem	1=yes
119	HLINSYS	N	1	1893	1893	Health insurance marketplace (exchange) - system	D.4.c.	as21dem	1=yes
120	HLINVEN	N	1	1894	1894	Health insurance marketplace (exchange) - joint venture	D.4.c.	as21dem	1=yes
121	HLINNP	N	1	1895	1895	Health insurance marketplace (exchange) - new product	D.4.c.	as21dem	1=yes
122	HLINN	N	1	1896	1896	Health insurance marketplace (exchange) - no	D.4.c.	as21dem	1=yes
123	HLINDK	N	1	1897	1897	Health insurance marketplace (exchange) - do not know	D.4.c.	as21dem	1=yes
124	OTHIMHOS	N	1	1898	1898	Other individual market - hospital	D.4.d.	as21dem	1=yes
125	OTHIMSYS	N	1	1899	1899	Other individual market - system	D.4.d.	as21dem	1=yes
126	OTHIMVEN	N	1	1900	1900	Other individual market - joint venture	D.4.d.	as21dem	1=yes
127	OTHINP	N	1	1901	1901	Other individual market - new product	D.4.d.	as21dem	1=yes
128	OTHIMN	N	1	1902	1902	Other individual market - no	D.4.d.	as21dem	1=yes
129	OTHIMDK	N	1	1903	1903	Other individual market - do not know	D.4.d.	as21dem	1=yes
130	SMGRPHOS	N	1	1904	1904	Small group - hospital	D.4.e.	as21dem	1=yes
131	SMGRPSYS	N	1	1905	1905	Small group - system	D.4.e.	as21dem	1=yes
132	SMGRPVEN	N	1	1906	1906	Small group - joint venture	D.4.e.	as21dem	1=yes
133	SMGPNP	N	1	1907	1907	Small group - new product	D.4.e.	as21dem	1=yes
134	SMGRPN	N	1	1908	1908	Small group - no	D.4.e.	as21dem	1=yes
135	SMGPDK	N	1	1909	1909	Small group - do not know	D.4.e.	as21dem	1=yes
136	LGRPHOS	N	1	1910	1910	Large group - hospital	D.4.f.	as21dem	1=yes

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
137	LGRPSYS	N	1	1911	1911	Large group - system	D.4.f.	as21dem	1=yes
138	LGRPVEN	N	1	1912	1912	Large group - joint venture	D.4.f.	as21dem	1=yes
139	LGRPNP	N	1	1913	1913	Large group - new product	D.4.f.	as21dem	1=yes
140	LGRPN	N	1	1914	1914	Large group - no	D.4.f.	as21dem	1=yes
141	LGRPDK	N	1	1915	1915	Large group - do not know	D.4.f.	as21dem	1=yes
142	OSMGHOS	N	1	1916	1916	Other insurance product - hospital	D.4.g.	as21dem	1=yes
143	OSMGSYS	N	1	1917	1917	Other insurance product - system	D.4.g.	as21dem	1=yes
144	OSMGVEN	N	1	1918	1918	Other insurance product - joint venture	D.4.g.	as21dem	1=yes
145	OSMGNP	N	1	1919	1919	Other insurance product - new product	D.4.g.	as21dem	1=yes
146	OSMGN	N	1	1920	1920	Other insurance product - no	D.4.g.	as21dem	1=yes
147	OSMGDK	N	1	1921	1921	Other insurance product - do not know	D.4.g.	as21dem	1=yes
148	OSMGOTH	N	100	1922	2021	Other insurance product - description	D.4.g.	as21dem	Literal Description
149	SLFPLN	N	1	2022	2022	Does hospital or health system fund the health benefits of your employees?	D.8.	as21dem	1=yes, 0=no
150	FNDBN	N	1	2023	2023	Does the hospital or health system also administer benefits?	D.8.a.	as21dem	1=yes, 0=no
151	CPPCT	N	4	2024	2027	What % of the hospital's patient revenue is paid on a capitated basis?	D.9.	as21dem	Percent
152	BDPY	N	1	2028	2028	Does hospital participate in any bundled payment arrangements?	D.10.	as21dem	0=no, 1=yes, 2=did previously but no longer doing so
153	PAYTYPTM	N	1	2029	2029	Payer bundled payment arrangement - traditional Medicare	D.10.a.1.	as21dem	1=yes, 0=no
154	PAYTYAD	N	1	2030	2030	Payer bundled payment arrangement - Medicare Advantage plan	D.10.a.2.	as21dem	1=yes, 0=no
155	PAYTYPCI	N	1	2031	2031	Payer bundled payment arrangement - commercial insurance plan	D.10.a.3.	as21dem	1=yes, 0=no
156	PAYTYPMD	N	1	2032	2032	Payer bundled payment arrangement - Medicaid	D.10.a.4.	as21dem	1=yes, 0=no
157	CNDTYPCV	N	1	2033	2033	Medical/Surgical condition bundled payment arrangement - cardiovascular	D.10.b.1.	as21dem	1=yes, 0=no
158	CNDTYPOR	N	1	2034	2034	Medical/Surgical condition bundled payment arrangement - orthopedic	D.10.b.2.	as21dem	1=yes, 0=no
159	CNDTYPON	N	1	2035	2035	Medical/Surgical condition bundled payment arrangement - oncologic	D.10.b.3.	as21dem	1=yes, 0=no
160	CNDTYPNG	N	1	2036	2036	Medical/Surgical condition bundled payment arrangement - neurology	D.10.b.4.	as21dem	1=yes, 0=no
161	CNDTYPHM	N	1	2037	2037	Medical/Surgical condition bundled payment arrangement - hematology	D.10.b.5.	as21dem	1=yes, 0=no
162	CNDTYPGI	N	1	2038	2038	Medical/Surgical condition bundled payment arrangement - gastrointestinal	D.10.b.6.	as21dem	1=yes, 0=no
163	CNDTYPPM	N	1	2039	2039	Medical/Surgical condition bundled payment arrangement - pulmonary	D.10.b.7.	as21dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
164	CNDTYPID	N	1	2040	2040	Medical/Surgical condition bundled payment arrangement - infectious disease	D.10.b.8.	as21dem	1=yes, 0=no
165	CNDTYPOS	N	1	2041	2041	Medical/Surgical condition bundled payment arrangement - other	D.10.b.9.	as21dem	1=yes, 0=no
166	CNDOTH	N	100	2042	2141	Medical/Surgical condition bundled payment arrangement - other description	D.10.b.9.	as21dem	Literal Description
167	BNDPCT	N	4	2142	2145	Percent of hospital's patient revenue paid through bundled payment arrangements	D.10.c.	as21dem	Percent
168	BNDPAY	N	1	2146	2146	Does the hospital participate in a bundled payment program involving care settings outside the hospital?	D.11.	as21dem	1=yes, 0=no
169	BNDRSK	N	1	2147	2147	Hospital shares upside or downside risk for outside providers	D.11.a.	as21dem	1=yes, 0=no
170	CAPRSK	N	4	2148	2151	Percent of the hospital's net patient revenue paid on a shared risk basis	D.12.	as21dem	Percent
171	CAPCON94	N	1	2152	2152	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.	as21dem	1=yes, 0=no
172	CMRPAY	N	1	2153	2153	Does the hospital have contracts with commercial payers where payment is tied to performance on quality/safety metrics?	D.14.	as21dem	1=yes, 0=no
173	ACOORG	N	1	2154	2154	Has your hospital or health care system established an accountable care organization?	D.15.a.	as21dem	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
174	ACOTYPT	N	1	2155	2155	Accountable care contract - traditional Medicare	D.15.b.1.	as21dem	1=yes, 0=no
175	ACOTYPAD	N	1	2156	2156	Accountable care contract - Medicare Advantage plan	D.15.b.2.	as21dem	1=yes, 0=no
176	ACOTYPCI	N	1	2157	2157	Accountable care contract - commercial insurance plan	D.15.b.3.	as21dem	1=yes, 0=no
177	ACOTYPMD	N	1	2158	2158	Accountable care contract - Medicaid	D.15.b.4.	as21dem	1=yes, 0=no
178	MSSPBA	N	1	2159	2159	Traditional Medicare - MSSP BASIC Track, Level A	D.15.c.1.	as21dem	1=yes, 0=no
179	MSSPBB	N	1	2160	2160	Traditional Medicare - MSSP BASIC Track, Level B	D.15.c.2.	as21dem	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
180	MSSPBC	N	1	2161	2161	Traditional Medicare - MSSP BASIC Track, Level C	D.15.c.3.	as21dem	1=yes, 0=no
181	MSSPBD	N	1	2162	2162	Traditional Medicare - MSSP BASIC Track, Level D	D.15.c.4.	as21dem	1=yes, 0=no
182	MSSPBE	N	1	2163	2163	Traditional Medicare - MSSP BASIC Track, Level E	D.15.c.5.	as21dem	1=yes, 0=no
183	MSSPTRK	N	1	2164	2164	Traditional Medicare - ENHANCED Track	D.15.c.6.	as21dem	1=yes, 0=no
184	MSSP	N	1	2165	2165	Traditional Medicare - Original MSSP program, Tracks 1, 1+, 2 or 3	D.15.c.7.	as21dem	1=yes, 0=no
185	MSSPCE	N	1	2166	2166	Traditional Medicare - Comprehensive ESRD care	D.15.c.8.	as21dem	1=yes, 0=no
186	ACOPCT	N	4	2167	2170	Percent of hospital/system patients covered by accountable care contracts	D.15.d.	as21dem	Percent
187	ACOCN	N	4	2171	2174	What percent of hospital/system patient revenue came from ACO contracts in 2021?	D.15.e.	as21dem	Percent
188	MEDHME	N	1	2175	2175	*Hospital* established a medical home program	D.18.a.	as21dem	1=yes, 0=no
189	MEDHSE	N	1	2176	2176	*System* established a medical home program	D.18.b.	as21dem	1=yes, 0=no
190	FAMADV	N	1	2177	2177	Does hospital have an established patient and family advisory council that meets regularly to actively engage the perspectives of patients and families?	G.4.	as21dem	1=yes, 0=no
191	GENBD	N	4	2178	2181	General medical and surgical (adult) beds	C.1.	as21svc1	
192	PEDBD	N	4	2182	2185	General medical and surgical (pediatric) beds	C.2.	as21svc1	
193	OBLEV	N	1	2186	2186	Obstetric unit care level	C.3.	as21svc1	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
194	OBBD	N	4	2187	2190	Obstetric care beds	C.3.	as21svc1	
195	MSICBD	N	4	2191	2194	Medical/surgical intensive care beds	C.4.	as21svc1	
196	CICBD	N	4	2195	2198	Cardiac intensive care beds	C.5.	as21svc1	
197	NICBD	N	4	2199	2202	Neonatal intensive care beds	C.6.	as21svc1	
198	NINTBD	N	4	2203	2206	Neonatal intermediate care beds	C.7.	as21svc1	
199	PEDICBD	N	4	2207	2210	Pediatric intensive care beds	C.8.	as21svc1	
200	BRNBD	N	4	2211	2214	Burn care beds	C.9.	as21svc1	
201	SPCICBD	N	4	2215	2218	Other special care beds	C.10.	as21svc1	
202	OSPOTH	N	100	2219	2318	Other special care beds, description	C.10.	as21svc1	Literal Description

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
203	OTHICBD	N	4	2319	2322	Other intensive care beds	C.11.	as21svc1	
204	OTHIC	N	100	2323	2422	Other intensive care beds, description	C.11.	as21svc1	Literal Description
205	REHABBD	N	4	2423	2426	Physical rehabilitation care beds	C.12.	as21svc1	
206	ALCHBD	N	4	2427	2430	Substance use disorder care beds	C.13.	as21svc1	
207	PSYBD	N	4	2431	2434	Psychiatric care beds	C.14.	as21svc1	
208	SNBD88	N	4	2435	2438	Skilled nursing care beds	C.15.	as21svc1	
209	ICFBD88	N	4	2439	2442	Intermediate nursing care beds	C.16.	as21svc1	
210	ACULTBD	N	4	2443	2446	Acute long-term care beds	C.17.	as21svc1	
211	OTHLBD94	N	4	2447	2450	Other long-term care beds	C.18.	as21svc1	
212	BIOBD	N	4	2451	2454	Biocontainment patient care unit beds	C.19.	as21svc1	
213	OTHBD94	N	4	2455	2458	Other care beds	C.20.	as21svc1	
214	OTHOTH	N	100	2459	2558	Other care beds, description	C.20.	as21svc1	Literal Description
215	HOSPBD	N	4	2559	2562	Total hospital beds (calculated)		as21svc1	Calculated Field: Sum of all individual bed counts
216	GENHOS	N	1	2563	2563	General medical and surgical care (adult) - hospital	C.1.	as21svc1	1=yes, 0=no
217	GENSYS	N	1	2564	2564	General medical and surgical care (adult) - health system	C.1.	as21svc1	1=yes, 0=no
218	GENVEN	N	1	2565	2565	General medical and surgical care (adult) - joint venture	C.1.	as21svc1	1=yes, 0=no
219	PEDHOS	N	1	2566	2566	General medical and surgical care (pediatric) - hospital	C.2.	as21svc1	1=yes, 0=no
220	PEDSYS	N	1	2567	2567	General medical and surgical care (pediatric) - health system	C.2.	as21svc1	1=yes, 0=no
221	PEDVEN	N	1	2568	2568	General medical and surgical care (pediatric) - joint venture	C.2.	as21svc1	1=yes, 0=no
222	OBHOS	N	1	2569	2569	Obstetrics care - hospital	C.3.	as21svc1	1=yes, 0=no
223	OBSYS	N	1	2570	2570	Obstetrics care - health system	C.3.	as21svc1	1=yes, 0=no
224	OBVEN	N	1	2571	2571	Obstetrics care - joint venture	C.3.	as21svc1	1=yes, 0=no
225	MSICHOS	N	1	2572	2572	Medical/surgical intensive care - hospital	C.4.	as21svc1	1=yes, 0=no
226	MSICSYS	N	1	2573	2573	Medical/surgical intensive care - health system	C.4.	as21svc1	1=yes, 0=no
227	MSICVEN	N	1	2574	2574	Medical/surgical intensive care - joint venture	C.4.	as21svc1	1=yes, 0=no
228	CICHOS	N	1	2575	2575	Cardiac intensive care - hospital	C.5.	as21svc1	1=yes, 0=no
229	CICSYS	N	1	2576	2576	Cardiac intensive care - health system	C.5.	as21svc1	1=yes, 0=no
230	CICVEN	N	1	2577	2577	Cardiac intensive care - joint venture	C.5.	as21svc1	1=yes, 0=no
231	NICHOS	N	1	2578	2578	Neonatal intensive care - hospital	C.6.	as21svc1	1=yes, 0=no
232	NICSYS	N	1	2579	2579	Neonatal intensive care - health system	C.6.	as21svc1	1=yes, 0=no
233	NICVEN	N	1	2580	2580	Neonatal intensive care - joint venture	C.6.	as21svc1	1=yes, 0=no
234	NINTHOS	N	1	2581	2581	Neonatal intermediate care - hospital	C.7.	as21svc1	1=yes, 0=no
235	NINTSYS	N	1	2582	2582	Neonatal intermediate care - health system	C.7.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
236	NINTVEN	N	1	2583	2583	Neonatal intermediate care - joint venture	C.7.	as21svc1	1=yes, 0=no
237	PEDICHOS	N	1	2584	2584	Pediatric intensive care - hospital	C.8.	as21svc1	1=yes, 0=no
238	PEDICSYS	N	1	2585	2585	Pediatric intensive care - health system	C.8.	as21svc1	1=yes, 0=no
239	PEDICVEN	N	1	2586	2586	Pediatric intensive care - joint venture	C.8.	as21svc1	1=yes, 0=no
240	BRNHOS	N	1	2587	2587	Burn care - hospital	C.9.	as21svc1	1=yes, 0=no
241	BRNSYS	N	1	2588	2588	Burn care - health system	C.9.	as21svc1	1=yes, 0=no
242	BRNVEN	N	1	2589	2589	Burn care - joint venture	C.9.	as21svc1	1=yes, 0=no
243	SPCICHOS	N	1	2590	2590	Other special care - hospital	C.10.	as21svc1	1=yes, 0=no
244	SPCICSYS	N	1	2591	2591	Other special care - health system	C.10.	as21svc1	1=yes, 0=no
245	SPCICVEN	N	1	2592	2592	Other special care - joint venture	C.10.	as21svc1	1=yes, 0=no
246	OTHIHOS	N	1	2593	2593	Other intensive care - hospital	C.11.	as21svc1	1=yes, 0=no
247	OTHISYS	N	1	2594	2594	Other intensive care - health system	C.11.	as21svc1	1=yes, 0=no
248	OTHIVEN	N	1	2595	2595	Other intensive care - joint venture	C.11.	as21svc1	1=yes, 0=no
249	REHABHOS	N	1	2596	2596	Physical rehabilitation care - hospital	C.12.	as21svc1	1=yes, 0=no
250	REHABSYS	N	1	2597	2597	Physical rehabilitation care - health system	C.12.	as21svc1	1=yes, 0=no
251	REHABVEN	N	1	2598	2598	Physical rehabilitation care - joint venture	C.12.	as21svc1	1=yes, 0=no
252	ALCHHOS	N	1	2599	2599	Substance use disorder care - hospital	C.13.	as21svc1	1=yes, 0=no
253	ALCHSYS	N	1	2600	2600	Substance use disorder care - health system	C.13.	as21svc1	1=yes, 0=no
254	ALCHVEN	N	1	2601	2601	Substance use disorder care - joint venture	C.13.	as21svc1	1=yes, 0=no
255	PSYHOS	N	1	2602	2602	Psychiatric care - hospital	C.14.	as21svc1	1=yes, 0=no
256	PSYSYS	N	1	2603	2603	Psychiatric care - health system	C.14.	as21svc1	1=yes, 0=no
257	PSYVEN	N	1	2604	2604	Psychiatric care - joint venture	C.14.	as21svc1	1=yes, 0=no
258	SNHOS	N	1	2605	2605	Skilled nursing care - hospital	C.15.	as21svc1	1=yes, 0=no
259	SNSYS	N	1	2606	2606	Skilled nursing care - health system	C.15.	as21svc1	1=yes, 0=no
260	SNVEN	N	1	2607	2607	Skilled nursing care - joint venture	C.15.	as21svc1	1=yes, 0=no
261	ICFHOS	N	1	2608	2608	Intermediate nursing care - hospital	C.16.	as21svc1	1=yes, 0=no
262	ICFSYS	N	1	2609	2609	Intermediate nursing care - health system	C.16.	as21svc1	1=yes, 0=no
263	ICFVEN	N	1	2610	2610	Intermediate nursing care - joint venture	C.16.	as21svc1	1=yes, 0=no
264	ACUHOS	N	1	2611	2611	Acute long-term care - hospital	C.17.	as21svc1	1=yes, 0=no
265	ACUSYS	N	1	2612	2612	Acute long-term care - health system	C.17.	as21svc1	1=yes, 0=no
266	ACUVEN	N	1	2613	2613	Acute long-term care - joint venture	C.17.	as21svc1	1=yes, 0=no
267	OTHLTHOS	N	1	2614	2614	Other long-term care - hospital	C.18.	as21svc1	1=yes, 0=no
268	OTHLTSYS	N	1	2615	2615	Other long-term care - health system	C.18.	as21svc1	1=yes, 0=no
269	OTHLTVEN	N	1	2616	2616	Other long-term care - joint venture	C.18.	as21svc1	1=yes, 0=no
270	BIOHOS	N	1	2617	2617	Biocontainment patient care unit - hospital	C.19.	as21svc1	1=yes, 0=no
271	BIOSYS	N	1	2618	2618	Biocontainment patient care unit - health system	C.19.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
272	BIOVEN	N	1	2619	2619	Biocontainment patient care unit - joint venture	C.19.	as21svc1	1=yes, 0=no
273	OTHCRHOS	N	1	2620	2620	Other care - hospital	C.20.	as21svc1	1=yes, 0=no
274	OTHCRSYS	N	1	2621	2621	Other care - health system	C.20.	as21svc1	1=yes, 0=no
275	OTHCRVEN	N	1	2622	2622	Other care - joint venture	C.20.	as21svc1	1=yes, 0=no
276	ADULTHOS	N	1	2623	2623	Adult day care program - hospital	C.21.	as21svc1	1=yes, 0=no
277	ADULTSYS	N	1	2624	2624	Adult day care program - health system	C.21.	as21svc1	1=yes, 0=no
278	ADULTVEN	N	1	2625	2625	Adult day care program - joint venture	C.21.	as21svc1	1=yes, 0=no
279	AIRBHOS	N	1	2626	2626	Airborne infection isolation room - hospital	C.22.	as21svc1	1=yes, 0=no
280	AIRBSYS	N	1	2627	2627	Airborne infection isolation room - health system	C.22.	as21svc1	1=yes, 0=no
281	AIRBVEN	N	1	2628	2628	Airborne infection isolation room - joint venture	C.22.	as21svc1	1=yes, 0=no
282	AIRBROOM	N	4	2629	2632	Number of airborne infection isolation rooms	C.22.	as21svc1	Number of rooms
283	ALZHOS	N	1	2633	2633	Alzheimer Center - hospital	C.23.	as21svc1	1=yes, 0=no
284	ALZSYS	N	1	2634	2634	Alzheimer Center - health system	C.23.	as21svc1	1=yes, 0=no
285	ALZVEN	N	1	2635	2635	Alzheimer Center - joint venture	C.23.	as21svc1	1=yes, 0=no
286	AMBHOS	N	1	2636	2636	Ambulance services - hospital	C.24.	as21svc1	1=yes, 0=no
287	AMBSYS	N	1	2637	2637	Ambulance services - health system	C.24.	as21svc1	1=yes, 0=no
288	AMBVEN	N	1	2638	2638	Ambulance services - joint venture	C.24.	as21svc1	1=yes, 0=no
289	AMBAHOS	N	1	2639	2639	Air ambulance services - hospital	C.25.	as21svc1	1=yes, 0=no
290	AMBASYS	N	1	2640	2640	Air ambulance services - health system	C.25.	as21svc1	1=yes, 0=no
291	AMBAVEN	N	1	2641	2641	Air ambulance services - joint venture	C.25.	as21svc1	1=yes, 0=no
292	AMBSHOS	N	1	2642	2642	Ambulatory surgery center - hospital	C.26.	as21svc1	1=yes, 0=no
293	AMBSSYS	N	1	2643	2643	Ambulatory surgery center - health system	C.26.	as21svc1	1=yes, 0=no
294	AMBSVEN	N	1	2644	2644	Ambulatory surgery center - joint venture	C.26.	as21svc1	1=yes, 0=no
295	ARTHCHOS	N	1	2645	2645	Arthritis treatment center - hospital	C.27.	as21svc1	1=yes, 0=no
296	ARTHCSYS	N	1	2646	2646	Arthritis treatment center - health system	C.27.	as21svc1	1=yes, 0=no
297	ARTHCVEN	N	1	2647	2647	Arthritis treatment center - joint venture	C.27.	as21svc1	1=yes, 0=no
298	AUXHOS	N	1	2648	2648	Auxiliary - hospital	C.28.	as21svc1	1=yes, 0=no
299	AUXSYS	N	1	2649	2649	Auxiliary - health system	C.28.	as21svc1	1=yes, 0=no
300	AUXVEN	N	1	2650	2650	Auxiliary - joint venture	C.28.	as21svc1	1=yes, 0=no
301	BWHTHOS	N	1	2651	2651	Bariatric/weight control services - hospital	C.29.	as21svc1	1=yes, 0=no
302	BWHTSYS	N	1	2652	2652	Bariatric/weight control services - health system	C.29.	as21svc1	1=yes, 0=no
303	BWHTVEN	N	1	2653	2653	Bariatric/weight control services - joint venture	C.29.	as21svc1	1=yes, 0=no
304	BROOMHOS	N	1	2654	2654	Birthing room/LDR room/LDRP room - hospital	C.30.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
305	BROOMSYS	N	1	2655	2655	Birthing room/LDR room/LDRP room - health system	C.30.	as21svc1	1=yes, 0=no
306	BROOMVEN	N	1	2656	2656	Birthing room/LDR room/LDRP room - joint venture	C.30.	as21svc1	1=yes, 0=no
307	BLDOHOS	N	1	2657	2657	Blood donor center - hospital	C.31.	as21svc1	1=yes, 0=no
308	BLDOSYS	N	1	2658	2658	Blood donor center - health system	C.31.	as21svc1	1=yes, 0=no
309	BLDOVEN	N	1	2659	2659	Blood donor center - joint venture	C.31.	as21svc1	1=yes, 0=no
310	MAMMSHOS	N	1	2660	2660	Breast cancer screening/mammograms - hospital	C.32.	as21svc1	1=yes, 0=no
311	MAMMSSYS	N	1	2661	2661	Breast cancer screening/mammograms - health system	C.32.	as21svc1	1=yes, 0=no
312	MAMMSVEN	N	1	2662	2662	Breast cancer screening/mammograms - joint venture	C.32.	as21svc1	1=yes, 0=no
313	ACARDHOS	N	1	2663	2663	Adult cardiology services - hospital	C.33.a.	as21svc1	1=yes, 0=no
314	ACARDSYS	N	1	2664	2664	Adult cardiology services - health system	C.33.a.	as21svc1	1=yes, 0=no
315	ACARDVEN	N	1	2665	2665	Adult cardiology services - joint venture	C.33.a.	as21svc1	1=yes, 0=no
316	PCARDHOS	N	1	2666	2666	Pediatric cardiology services - hospital	C.33.b.	as21svc1	1=yes, 0=no
317	PCARDSYS	N	1	2667	2667	Pediatric cardiology services - health system	C.33.b.	as21svc1	1=yes, 0=no
318	PCARDVEN	N	1	2668	2668	Pediatric cardiology services - joint venture	C.33.b.	as21svc1	1=yes, 0=no
319	ACLABHOS	N	1	2669	2669	Adult diagnostic catheterization - hospital	C.33.c.	as21svc1	1=yes, 0=no
320	ACLABSYS	N	1	2670	2670	Adult diagnostic catheterization - health system	C.33.c.	as21svc1	1=yes, 0=no
321	ACLABVEN	N	1	2671	2671	Adult diagnostic catheterization - joint venture	C.33.c.	as21svc1	1=yes, 0=no
322	PCLABHOS	N	1	2672	2672	Pediatric diagnostic catheterization - hospital	C.33.d.	as21svc1	1=yes, 0=no
323	PCLABSYS	N	1	2673	2673	Pediatric diagnostic catheterization - health system	C.33.d.	as21svc1	1=yes, 0=no
324	PCLABVEN	N	1	2674	2674	Pediatric diagnostic catheterization - joint venture	C.33.d.	as21svc1	1=yes, 0=no
325	ICLABHOS	N	1	2675	2675	Adult interventional cardiac catheterization - hospital	C.33.e.	as21svc1	1=yes, 0=no
326	ICLABSYS	N	1	2676	2676	Adult interventional cardiac catheterization - health system	C.33.e.	as21svc1	1=yes, 0=no
327	ICLABVEN	N	1	2677	2677	Adult interventional cardiac catheterization - joint venture	C.33.e.	as21svc1	1=yes, 0=no
328	PELABHOS	N	1	2678	2678	Pediatric interventional cardiac catheterization - hospital	C.33.f.	as21svc1	1=yes, 0=no
329	PELABSYS	N	1	2679	2679	Pediatric interventional cardiac catheterization - health system	C.33.f.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
330	PELABVEN	N	1	2680	2680	Pediatric interventional cardiac catheterization - joint venture	C.33.f.	as21svc1	1=yes, 0=no
331	ADTCHOS	N	1	2681	2681	Adult cardiac surgery - hospital	C.33.g.	as21svc1	1=yes, 0=no
332	ADTCSYS	N	1	2682	2682	Adult cardiac surgery - health system	C.33.g.	as21svc1	1=yes, 0=no
333	ADTCVEN	N	1	2683	2683	Adult cardiac surgery - joint venture	C.33.g.	as21svc1	1=yes, 0=no
334	PEDCSHOS	N	1	2684	2684	Pediatric cardiac surgery - hospital	C.33.h.	as21svc1	1=yes, 0=no
335	PEDCSSYS	N	1	2685	2685	Pediatric cardiac surgery - health system	C.33.h.	as21svc1	1=yes, 0=no
336	PEDCSVEN	N	1	2686	2686	Pediatric cardiac surgery - joint venture	C.33.h.	as21svc1	1=yes, 0=no
337	ADTEHOS	N	1	2687	2687	Adult cardiac electrophysiology - hospital	C.33.i.	as21svc1	1=yes, 0=no
338	ADTESYS	N	1	2688	2688	Adult cardiac electrophysiology - health system	C.33.i.	as21svc1	1=yes, 0=no
339	ADTEVEN	N	1	2689	2689	Adult cardiac electrophysiology - joint venture	C.33.i.	as21svc1	1=yes, 0=no
340	PEDEHOS	N	1	2690	2690	Pediatric cardiac electrophysiology - hospital	C.33.j.	as21svc1	1=yes, 0=no
341	PEDESYS	N	1	2691	2691	Pediatric cardiac electrophysiology - health system	C.33.j.	as21svc1	1=yes, 0=no
342	PEDEVEN	N	1	2692	2692	Pediatric cardiac electrophysiology - joint venture	C.33.j.	as21svc1	1=yes, 0=no
343	CHABHOS	N	1	2693	2693	Cardiac rehabilitation - hospital	C.33.k.	as21svc1	1=yes, 0=no
344	CHABSYS	N	1	2694	2694	Cardiac rehabilitation - health system	C.33.k.	as21svc1	1=yes, 0=no
345	CHABVEN	N	1	2695	2695	Cardiac rehabilitation - joint venture	C.33.k.	as21svc1	1=yes, 0=no
346	CMNGTHOS	N	1	2696	2696	Case management - hospital	C.34.	as21svc1	1=yes, 0=no
347	CMNGTSYS	N	1	2697	2697	Case management - health system	C.34.	as21svc1	1=yes, 0=no
348	CMNGTVEN	N	1	2698	2698	Case management - joint venture	C.34.	as21svc1	1=yes, 0=no
349	CHAPHOS	N	1	2699	2699	Chaplaincy/pastoral care services - hospital	C.35.	as21svc1	1=yes, 0=no
350	CHAPSYS	N	1	2700	2700	Chaplaincy/pastoral care services - health system	C.35.	as21svc1	1=yes, 0=no
351	CHAPVEN	N	1	2701	2701	Chaplaincy/pastoral care services - joint venture	C.35.	as21svc1	1=yes, 0=no
352	CHTHHOS	N	1	2702	2702	Chemotherapy - hospital	C.36.	as21svc1	1=yes, 0=no
353	CHTHSYS	N	1	2703	2703	Chemotherapy - health system	C.36.	as21svc1	1=yes, 0=no
354	CHTHVEN	N	1	2704	2704	Chemotherapy - joint venture	C.36.	as21svc1	1=yes, 0=no
355	CWELLHOS	N	1	2705	2705	Children's wellness program - hospital	C.37.	as21svc1	1=yes, 0=no
356	CWELLSYS	N	1	2706	2706	Children's wellness program - health system	C.37.	as21svc1	1=yes, 0=no
357	CWELLVEN	N	1	2707	2707	Children's wellness program - joint venture	C.37.	as21svc1	1=yes, 0=no
358	CHIHOS	N	1	2708	2708	Chiropractic services - hospital	C.38.	as21svc1	1=yes, 0=no
359	CHISYS	N	1	2709	2709	Chiropractic services - health system	C.38.	as21svc1	1=yes, 0=no
360	CHIVEN	N	1	2710	2710	Chiropractic services - joint venture	C.38.	as21svc1	1=yes, 0=no
361	COUTRHOS	N	1	2711	2711	Community outreach - hospital	C.39.	as21svc1	1=yes, 0=no
362	COUTRSYS	N	1	2712	2712	Community outreach - health system	C.39.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
363	COUTRVEN	N	1	2713	2713	Community outreach - joint venture	C.39.	as21svc1	1=yes, 0=no
364	COMPHOS	N	1	2714	2714	Complementary and alternative medicine services - hospital	C.40.	as21svc1	1=yes, 0=no
365	COMPSYS	N	1	2715	2715	Complementary and alternative medicine services - health system	C.40.	as21svc1	1=yes, 0=no
366	COMPVEN	N	1	2716	2716	Complementary and alternative medicine services - joint venture	C.40.	as21svc1	1=yes, 0=no
367	CAOSHOS	N	1	2717	2717	Computer assisted orthopedic surgery (CAOS) - hospital	C.41.	as21svc1	1=yes, 0=no
368	CAOSSYS	N	1	2718	2718	Computer assisted orthopedic surgery (CAOS) - health system	C.41.	as21svc1	1=yes, 0=no
369	CAOSVEN	N	1	2719	2719	Computer assisted orthopedic surgery (CAOS) - joint venture	C.41.	as21svc1	1=yes, 0=no
370	CPREVHOS	N	1	2720	2720	Crisis prevention - hospital	C.42.	as21svc1	1=yes, 0=no
371	CPREVSYS	N	1	2721	2721	Crisis prevention - health system	C.42.	as21svc1	1=yes, 0=no
372	CPREVVEN	N	1	2722	2722	Crisis prevention - joint venture	C.42.	as21svc1	1=yes, 0=no
373	DENTSHOS	N	1	2723	2723	Dental services - hospital	C.43.	as21svc1	1=yes, 0=no
374	DENTSSYS	N	1	2724	2724	Dental services - health system	C.43.	as21svc1	1=yes, 0=no
375	DENTSVEN	N	1	2725	2725	Dental services - joint venture	C.43.	as21svc1	1=yes, 0=no
376	DPPHOS	N	1	2726	2726	Diabetes prevention program - hospital	C.44.	as21svc1	1=yes, 0=no
377	DPPSYS	N	1	2727	2727	Diabetes prevention program - health system	C.44.	as21svc1	1=yes, 0=no
378	DPPVEN	N	1	2728	2728	Diabetes prevention program - joint venture	C.44.	as21svc1	1=yes, 0=no
379	EMDEPHOS	N	1	2729	2729	On-campus emergency department - hospital	C.45.a.	as21svc1	1=yes, 0=no
380	EMDEPSYS	N	1	2730	2730	On-campus emergency department - health system	C.45.a.	as21svc1	1=yes, 0=no
381	EMDEPVEN	N	1	2731	2731	On-campus emergency department - joint venture	C.45.a.	as21svc1	1=yes, 0=no
382	FSERHOS	N	1	2732	2732	Off-campus emergency department - hospital	C.45.b.	as21svc1	1=yes, 0=no
383	FSERSYS	N	1	2733	2733	Off-campus emergency department - health system	C.45.b.	as21svc1	1=yes, 0=no
384	FSERVEN	N	1	2734	2734	Off-campus emergency department - joint venture	C.45.b.	as21svc1	1=yes, 0=no
385	PEMERHOS	N	1	2735	2735	Pediatric emergency department - hospital	C.45.c.	as21svc1	1=yes, 0=no
386	PEMERSYS	N	1	2736	2736	Pediatric emergency department - health system	C.45.c.	as21svc1	1=yes, 0=no
387	PEMERVEN	N	1	2737	2737	Pediatric emergency department - joint venture	C.45.c.	as21svc1	1=yes, 0=no
388	TRAUMHOS	N	1	2738	2738	Certified trauma center - hospital	C.45.d.	as21svc1	1=yes, 0=no
389	TRAUMSYS	N	1	2739	2739	Certified trauma center - health system	C.45.d.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
390	TRAUMVEN	N	1	2740	2740	Certified trauma center - joint venture	C.45.d.	as21svc1	1=yes, 0=no
391	TRAUML90	N	1	2741	2741	Level of trauma center	C.45.d.	as21svc1	1=regional resource trauma center, 2=community trauma center, 3=rural trauma center, 4 or greater=other (specific to some states)
392	ENBHOS	N	1	2742	2742	Enabling services - hospital	C.46.	as21svc1	1=yes, 0=no
393	ENBSYS	N	1	2743	2743	Enabling services - health system	C.46.	as21svc1	1=yes, 0=no
394	ENBVEN	N	1	2744	2744	Enabling services - joint venture	C.46.	as21svc1	1=yes, 0=no
395	ENDOCHOS	N	1	2745	2745	Optical colonoscopy - hospital	C.47.a.	as21svc1	1=yes, 0=no
396	ENDOCSYS	N	1	2746	2746	Optical colonoscopy - health system	C.47.a.	as21svc1	1=yes, 0=no
397	ENDOCVEN	N	1	2747	2747	Optical colonoscopy - joint venture	C.47.a.	as21svc1	1=yes, 0=no
398	ENDOUHOS	N	1	2748	2748	Endoscopic ultrasound - hospital	C.47.b.	as21svc1	1=yes, 0=no
399	ENDOUSYS	N	1	2749	2749	Endoscopic ultrasound - health system	C.47.b.	as21svc1	1=yes, 0=no
400	ENDOUVEN	N	1	2750	2750	Endoscopic ultrasound - joint venture	C.47.b.	as21svc1	1=yes, 0=no
401	ENDOAHOS	N	1	2751	2751	Ablation of Barrett's esophagus - hospital	C.47.c.	as21svc1	1=yes, 0=no
402	ENDOASYS	N	1	2752	2752	Ablation of Barrett's esophagus - health system	C.47.c.	as21svc1	1=yes, 0=no
403	ENDOAVEN	N	1	2753	2753	Ablation of Barrett's esophagus - joint venture	C.47.c.	as21svc1	1=yes, 0=no
404	ENDOEHOS	N	1	2754	2754	Esophageal impedance study - hospital	C.47.d.	as21svc1	1=yes, 0=no
405	ENDOESYS	N	1	2755	2755	Esophageal impedance study - health system	C.47.d.	as21svc1	1=yes, 0=no
406	ENDOEVEN	N	1	2756	2756	Esophageal impedance study - joint venture	C.47.d.	as21svc1	1=yes, 0=no
407	ENDORHOS	N	1	2757	2757	Endoscopic retrograde cholangiopancreatography (ERCP) - hospital	C.47.e.	as21svc1	1=yes, 0=no
408	ENDORSYS	N	1	2758	2758	Endoscopic retrograde cholangiopancreatography (ERCP) - health system	C.47.e.	as21svc1	1=yes, 0=no
409	ENDORVEN	N	1	2759	2759	Endoscopic retrograde cholangiopancreatography (ERCP) - joint venture	C.47.e.	as21svc1	1=yes, 0=no
410	ENRHOS	N	1	2760	2760	Enrollment (insurance) assistance services - hospital	C.48.	as21svc1	1=yes, 0=no
411	ENRSYS	N	1	2761	2761	Enrollment (insurance) assistance services - health system	C.48.	as21svc1	1=yes, 0=no
412	ENRVEN	N	1	2762	2762	Enrollment (insurance) assistance services - joint venture	C.48.	as21svc1	1=yes, 0=no
413	EMSSHOS	N	1	2763	2763	Employment support services - hospital	C.49.	as21svc1	1=yes, 0=no
414	EMSSSYS	N	1	2764	2764	Employment support services - health system	C.49.	as21svc1	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
415	EMSSVEN	N	1	2765	2765	Employment support services - joint venture	C.49.	as21svc1	1=yes, 0=no
416	ESWLHOS	N	1	2766	2766	Extracorporeal shock waved lithotripter (ESWL) - hospital	C.50.	as21svc1	1=yes, 0=no
417	ESWLSYS	N	1	2767	2767	Extracorporeal shock waved lithotripter (ESWL) - health system	C.50.	as21svc1	1=yes, 0=no
418	ESWLVEN	N	1	2768	2768	Extracorporeal shock waved lithotripter (ESWL) - joint venture	C.50.	as21svc1	1=yes, 0=no
419	FRTCHOS	N	1	2769	2769	Fertility clinic - hospital	C.51.	as21svc1	1=yes, 0=no
420	FRTCSYS	N	1	2770	2770	Fertility clinic - health system	C.51.	as21svc1	1=yes, 0=no
421	FRTCVEN	N	1	2771	2771	Fertility clinic - joint venture	C.51.	as21svc1	1=yes, 0=no
422	FITCHOS	N	1	2772	2772	Fitness center - hospital	C.52.	as21svc1	1=yes, 0=no
423	FITCSYS	N	1	2773	2773	Fitness center - health system	C.52.	as21svc1	1=yes, 0=no
424	FITCVEN	N	1	2774	2774	Fitness center - joint venture	C.52.	as21svc1	1=yes, 0=no
425	OPCENHOS	N	1	2775	2775	Freestanding outpatient care center - hospital	C.53.	as21svc1	1=yes, 0=no
426	OPCENSYS	N	1	2776	2776	Freestanding outpatient care center - health system	C.53.	as21svc1	1=yes, 0=no
427	OPCENVEN	N	1	2777	2777	Freestanding outpatient care center - joint venture	C.53.	as21svc1	1=yes, 0=no
428	GERSVHOS	N	1	2778	2778	Geriatric services - hospital	C.54.	as21svc1	1=yes, 0=no
429	GERSVSYS	N	1	2779	2779	Geriatric services - health system	C.54.	as21svc1	1=yes, 0=no
430	GERSVVEN	N	1	2780	2780	Geriatric services - joint venture	C.54.	as21svc1	1=yes, 0=no
431	HLTHFHOS	N	1	2781	2781	Health fair - hospital	C.55.	as21svc2	1=yes, 0=no
432	HLTHFSYS	N	1	2782	2782	Health fair - health system	C.55.	as21svc2	1=yes, 0=no
433	HLTHFVEN	N	1	2783	2783	Health fair - joint venture	C.55.	as21svc2	1=yes, 0=no
434	HLTHCHOS	N	1	2784	2784	Community health education - hospital	C.56.	as21svc2	1=yes, 0=no
435	HLTHCSYS	N	1	2785	2785	Community health education - health system	C.56.	as21svc2	1=yes, 0=no
436	HLTHCVEN	N	1	2786	2786	Community health education - joint venture	C.56.	as21svc2	1=yes, 0=no
437	GNTCHOS	N	1	2787	2787	Genetic testing/counseling - hospital	C.57.	as21svc2	1=yes, 0=no
438	GNTCSYS	N	1	2788	2788	Genetic testing/counseling - health system	C.57.	as21svc2	1=yes, 0=no
439	GNTCVEN	N	1	2789	2789	Genetic testing/counseling - joint venture	C.57.	as21svc2	1=yes, 0=no
440	HLTHSHOS	N	1	2790	2790	Health screenings - hospital	C.58.	as21svc2	1=yes, 0=no
441	HLTHSSYS	N	1	2791	2791	Health screenings - health system	C.58.	as21svc2	1=yes, 0=no
442	HLTHSVEN	N	1	2792	2792	Health screenings - joint venture	C.58.	as21svc2	1=yes, 0=no
443	HLTRHOS	N	1	2793	2793	Health research - hospital	C.59.	as21svc2	1=yes, 0=no
444	HLTRSYS	N	1	2794	2794	Health research - health system	C.59.	as21svc2	1=yes, 0=no
445	HLTRVEN	N	1	2795	2795	Health research - joint venture	C.59.	as21svc2	1=yes, 0=no
446	HEMOHOS	N	1	2796	2796	Hemodialysis - hospital	C.60.	as21svc2	1=yes, 0=no
447	HEMOSYS	N	1	2797	2797	Hemodialysis - health system	C.60.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
448	HEMOVEN	N	1	2798	2798	Hemodialysis - joint venture	C.60.	as21svc2	1=yes, 0=no
449	AIDSSHOS	N	1	2799	2799	HIV-AIDS services - hospital	C.61.	as21svc2	1=yes, 0=no
450	AIDSSSYS	N	1	2800	2800	HIV-AIDS services - health system	C.61.	as21svc2	1=yes, 0=no
451	AIDSSVEN	N	1	2801	2801	HIV-AIDS services - joint venture	C.61.	as21svc2	1=yes, 0=no
452	HOMEHHOS	N	1	2802	2802	Home health services - hospital	C.62.	as21svc2	1=yes, 0=no
453	HOMEHSYS	N	1	2803	2803	Home health services - health system	C.62.	as21svc2	1=yes, 0=no
454	HOMEHVEN	N	1	2804	2804	Home health services - joint venture	C.62.	as21svc2	1=yes, 0=no
455	HOSPCHOS	N	1	2805	2805	Hospice program - hospital	C.63.	as21svc2	1=yes, 0=no
456	HOSPCSYS	N	1	2806	2806	Hospice program - health system	C.63.	as21svc2	1=yes, 0=no
457	HOSPCVEN	N	1	2807	2807	Hospice program - joint venture	C.63.	as21svc2	1=yes, 0=no
458	OPHOSHOS	N	1	2808	2808	Hospital-based outpatient care center/services - hospital	C.64.	as21svc2	1=yes, 0=no
459	OPHOSSYS	N	1	2809	2809	Hospital-based outpatient care center/services - health system	C.64.	as21svc2	1=yes, 0=no
460	OPHOSVEN	N	1	2810	2810	Hospital-based outpatient care center/services - joint venture	C.64.	as21svc2	1=yes, 0=no
461	ASSTLHOS	N	1	2811	2811	Assisted living services - hospital	C.65.a.	as21svc2	1=yes, 0=no
462	ASSTLSYS	N	1	2812	2812	Assisted living services - health system	C.65.a.	as21svc2	1=yes, 0=no
463	ASSTLVEN	N	1	2813	2813	Assisted living services - joint venture	C.65.a.	as21svc2	1=yes, 0=no
464	RETIRHOS	N	1	2814	2814	Retirement housing - hospital	C.65.b.	as21svc2	1=yes, 0=no
465	RETIRSYS	N	1	2815	2815	Retirement housing - health system	C.65.b.	as21svc2	1=yes, 0=no
466	RETIRVEN	N	1	2816	2816	Retirement housing - joint venture	C.65.b.	as21svc2	1=yes, 0=no
467	SPHSHOS	N	1	2817	2817	Supportive housing services - hospital	C.65.c.	as21svc2	1=yes, 0=no
468	SPHSSYS	N	1	2818	2818	Supportive housing services - health system	C.65.c.	as21svc2	1=yes, 0=no
469	SPHSVEN	N	1	2819	2819	Supportive housing services - joint venture	C.65.c.	as21svc2	1=yes, 0=no
470	IMPRHOS	N	1	2820	2820	Immunization program - hospital	C.66.	as21svc2	1=yes, 0=no
471	IMPRSYS	N	1	2821	2821	Immunization program - health system	C.66.	as21svc2	1=yes, 0=no
472	IMPRVEN	N	1	2822	2822	Immunization program - joint venture	C.66.	as21svc2	1=yes, 0=no
473	ICARHOS	N	1	2823	2823	Indigent care clinic - hospital	C.67.	as21svc2	1=yes, 0=no
474	ICARSYS	N	1	2824	2824	Indigent care clinic - health system	C.67.	as21svc2	1=yes, 0=no
475	ICARVEN	N	1	2825	2825	Indigent care clinic - joint venture	C.67.	as21svc2	1=yes, 0=no
476	LINGHOS	N	1	2826	2826	Linguistic/translation services - hospital	C.68.	as21svc2	1=yes, 0=no
477	LINGSYS	N	1	2827	2827	Linguistic/translation services - health system	C.68.	as21svc2	1=yes, 0=no
478	LINGVEN	N	1	2828	2828	Linguistic/translation services - joint venture	C.68.	as21svc2	1=yes, 0=no
479	MEALSHOS	N	1	2829	2829	Meal delivery services - hospital	C.69.	as21svc2	1=yes, 0=no
480	MEALSSYS	N	1	2830	2830	Meal delivery services - health system	C.69.	as21svc2	1=yes, 0=no
481	MEALSVEN	N	1	2831	2831	Meal delivery services - joint venture	C.69.	as21svc2	1=yes, 0=no
482	MOHSHOS	N	1	2832	2832	Mobile health services - hospital	C.70.	as21svc2	1=yes, 0=no
483	MOHSSYS	N	1	2833	2833	Mobile health services - health system	C.70.	as21svc2	1=yes, 0=no
484	MOHSVEN	N	1	2834	2834	Mobile health services - joint venture	C.70.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
485	NEROHOS	N	1	2835	2835	Neurological services - hospital	C.71.	as21svc2	1=yes, 0=no
486	NEROSYS	N	1	2836	2836	Neurological services - health system	C.71.	as21svc2	1=yes, 0=no
487	NEROVEN	N	1	2837	2837	Neurological services - joint venture	C.71.	as21svc2	1=yes, 0=no
488	NUTRPHOS	N	1	2838	2838	Nutrition program - hospital	C.72.	as21svc2	1=yes, 0=no
489	NUTRPSYS	N	1	2839	2839	Nutrition program - health system	C.72.	as21svc2	1=yes, 0=no
490	NUTRPVEN	N	1	2840	2840	Nutrition program - joint venture	C.72.	as21svc2	1=yes, 0=no
491	OCCHSHOS	N	1	2841	2841	Occupational health services - hospital	C.73.	as21svc2	1=yes, 0=no
492	OCCHSSYS	N	1	2842	2842	Occupational health services - health system	C.73.	as21svc2	1=yes, 0=no
493	OCCHSVEN	N	1	2843	2843	Occupational health services - joint venture	C.73.	as21svc2	1=yes, 0=no
494	ONCOLHOS	N	1	2844	2844	Oncology services - hospital	C.74.	as21svc2	1=yes, 0=no
495	ONCOLSYS	N	1	2845	2845	Oncology services - health system	C.74.	as21svc2	1=yes, 0=no
496	ONCOLVEN	N	1	2846	2846	Oncology services - joint venture	C.74.	as21svc2	1=yes, 0=no
497	ORTOHOS	N	1	2847	2847	Orthopedic services - hospital	C.75.	as21svc2	1=yes, 0=no
498	ORTOSYS	N	1	2848	2848	Orthopedic services - health system	C.75.	as21svc2	1=yes, 0=no
499	ORTOVEN	N	1	2849	2849	Orthopedic services - joint venture	C.75.	as21svc2	1=yes, 0=no
500	OPSRGHOS	N	1	2850	2850	Outpatient surgery - hospital	C.76.	as21svc2	1=yes, 0=no
501	OPSRGSYS	N	1	2851	2851	Outpatient surgery - health system	C.76.	as21svc2	1=yes, 0=no
502	OPSRGVEN	N	1	2852	2852	Outpatient surgery - joint venture	C.76.	as21svc2	1=yes, 0=no
503	PAINHOS	N	1	2853	2853	Pain management program - hospital	C.77.	as21svc2	1=yes, 0=no
504	PAINSYS	N	1	2854	2854	Pain management program - health system	C.77.	as21svc2	1=yes, 0=no
505	PAINVEN	N	1	2855	2855	Pain management program - joint venture	C.77.	as21svc2	1=yes, 0=no
506	PALHOS	N	1	2856	2856	Palliative care program - hospital	C.78.	as21svc2	1=yes, 0=no
507	PALSYS	N	1	2857	2857	Palliative care program - health system	C.78.	as21svc2	1=yes, 0=no
508	PALVEN	N	1	2858	2858	Palliative care program - joint venture	C.78.	as21svc2	1=yes, 0=no
509	IPALHOS	N	1	2859	2859	Inpatient palliative care unit - hospital	C.79.	as21svc2	1=yes, 0=no
510	IPALSYS	N	1	2860	2860	Inpatient palliative care unit - health system	C.79.	as21svc2	1=yes, 0=no
511	IPALVEN	N	1	2861	2861	Inpatient palliative care unit - joint venture	C.79.	as21svc2	1=yes, 0=no
512	PCAHOS	N	1	2862	2862	Patient controlled analgesia (PCA) - hospital	C.80.	as21svc2	1=yes, 0=no
513	PCASYS	N	1	2863	2863	Patient controlled analgesia (PCA) - health system	C.80.	as21svc2	1=yes, 0=no
514	PCAVEN	N	1	2864	2864	Patient controlled analgesia (PCA) - joint venture	C.80.	as21svc2	1=yes, 0=no
515	PATEDHOS	N	1	2865	2865	Patient education center - hospital	C.81.	as21svc2	1=yes, 0=no
516	PATEDSYS	N	1	2866	2866	Patient education center - health system	C.81.	as21svc2	1=yes, 0=no
517	PATEDVEN	N	1	2867	2867	Patient education center - joint venture	C.81.	as21svc2	1=yes, 0=no
518	PATRPHOS	N	1	2868	2868	Patient representative services - hospital	C.82.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
519	PATRPSYS	N	1	2869	2869	Patient representative services - health system	C.82.	as21svc2	1=yes, 0=no
520	PATRPVEN	N	1	2870	2870	Patient representative services - joint venture	C.82.	as21svc2	1=yes, 0=no
521	RASTHOS	N	1	2871	2871	Assistive technology center - hospital	C.83.a.	as21svc2	1=yes, 0=no
522	RASTSYS	N	1	2872	2872	Assistive technology center - health system	C.83.a.	as21svc2	1=yes, 0=no
523	RASTVEN	N	1	2873	2873	Assistive technology center - joint venture	C.83.a.	as21svc2	1=yes, 0=no
524	REDSHOS	N	1	2874	2874	Electrodiagnostic services - hospital	C.83.b.	as21svc2	1=yes, 0=no
525	REDSSYS	N	1	2875	2875	Electrodiagnostic services - health system	C.83.b.	as21svc2	1=yes, 0=no
526	REDSVEN	N	1	2876	2876	Electrodiagnostic services - joint venture	C.83.b.	as21svc2	1=yes, 0=no
527	RHBOPHOS	N	1	2877	2877	Physical rehabilitation outpatient services - hospital	C.83.c.	as21svc2	1=yes, 0=no
528	RHBOPSYS	N	1	2878	2878	Physical rehabilitation outpatient services - health system	C.83.c.	as21svc2	1=yes, 0=no
529	RHBOPVEN	N	1	2879	2879	Physical rehabilitation outpatient services - joint venture	C.83.c.	as21svc2	1=yes, 0=no
530	RPRSHOS	N	1	2880	2880	Prosthetic and orthotic services - hospital	C.83.d.	as21svc2	1=yes, 0=no
531	RPRSSYS	N	1	2881	2881	Prosthetic and orthotic services - health system	C.83.d.	as21svc2	1=yes, 0=no
532	RPRSVEN	N	1	2882	2882	Prosthetic and orthotic services - joint venture	C.83.d.	as21svc2	1=yes, 0=no
533	RBOTHOS	N	1	2883	2883	Robot-assisted walking therapy - hospital	C.83.e.	as21svc2	1=yes, 0=no
534	RBOTSYS	N	1	2884	2884	Robot-assisted walking therapy - health system	C.83.e.	as21svc2	1=yes, 0=no
535	RBOTVEN	N	1	2885	2885	Robot-assisted walking therapy - joint venture	C.83.e.	as21svc2	1=yes, 0=no
536	RSIMHOS	N	1	2886	2886	Simulated rehabilitation environment - hospital	C.83.f.	as21svc2	1=yes, 0=no
537	RSIMSYS	N	1	2887	2887	Simulated rehabilitation environment - health system	C.83.f.	as21svc2	1=yes, 0=no
538	RSIMVEN	N	1	2888	2888	Simulated rehabilitation environment - joint venture	C.83.f.	as21svc2	1=yes, 0=no
539	PCDEPHOS	N	1	2889	2889	Primary care department - hospital	C.84.	as21svc2	1=yes, 0=no
540	PCDEPSYS	N	1	2890	2890	Primary care department - health system	C.84.	as21svc2	1=yes, 0=no
541	PCDEPVEN	N	1	2891	2891	Primary care department - joint venture	C.84.	as21svc2	1=yes, 0=no
542	PSYLSHOS	N	1	2892	2892	Psychiatric consultation/liaison services - hospital	C.85.a.	as21svc2	1=yes, 0=no
543	PSYLSSYS	N	1	2893	2893	Psychiatric consultation/liaison services - health system	C.85.a.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
544	PSYLSVEN	N	1	2894	2894	Psychiatric consultation/liaison services - joint venture	C.85.a.	as21svc2	1=yes, 0=no
545	PSCBD	N	4	2895	2898	Psychiatric pediatric care beds	C.85.b.	as21svc2	
546	PSYCAHOS	N	1	2899	2899	Psychiatric pediatric care - hospital	C.85.b.	as21svc2	1=yes, 0=no
547	PSYCASYS	N	1	2900	2900	Psychiatric pediatric care - health system	C.85.b.	as21svc2	1=yes, 0=no
548	PSYCAVEN	N	1	2901	2901	Psychiatric pediatric care - joint venture	C.85.b.	as21svc2	1=yes, 0=no
549	PSGBD	N	4	2902	2905	Psychiatric geriatric care beds	C.85.c.	as21svc2	
550	PSYGRHOS	N	1	2906	2906	Psychiatric geriatric care - hospital	C.85.c.	as21svc2	1=yes, 0=no
551	PSYGRSYS	N	1	2907	2907	Psychiatric geriatric care - health system	C.85.c.	as21svc2	1=yes, 0=no
552	PSYGRVEN	N	1	2908	2908	Psychiatric geriatric care - joint venture	C.85.c.	as21svc2	1=yes, 0=no
553	PSYEDHOS	N	1	2909	2909	Psychiatric education services - hospital	C.85.d.	as21svc2	1=yes, 0=no
554	PSYEDSYS	N	1	2910	2910	Psychiatric education services - health system	C.85.d.	as21svc2	1=yes, 0=no
555	PSYEDVEN	N	1	2911	2911	Psychiatric education services - joint venture	C.85.d.	as21svc2	1=yes, 0=no
556	PSYEMHOS	N	1	2912	2912	Psychiatric emergency services - hospital	C.85.e.	as21svc2	1=yes, 0=no
557	PSYEMSYS	N	1	2913	2913	Psychiatric emergency services - health system	C.85.e.	as21svc2	1=yes, 0=no
558	PSYEMVEN	N	1	2914	2914	Psychiatric emergency services - joint venture	C.85.e.	as21svc2	1=yes, 0=no
559	PSYOPHOS	N	1	2915	2915	Psychiatric outpatient services - hospital	C.85.f.	as21svc2	1=yes, 0=no
560	PSYOPSYS	N	1	2916	2916	Psychiatric outpatient services - health system	C.85.f.	as21svc2	1=yes, 0=no
561	PSYOPVEN	N	1	2917	2917	Psychiatric outpatient services - joint venture	C.85.f.	as21svc2	1=yes, 0=no
562	PSYOIHOS	N	1	2918	2918	Psychiatric intensive outpatient services - hospital	C.85.g.	as21svc2	1=yes, 0=no
563	PSYOISYS	N	1	2919	2919	Psychiatric intensive outpatient services - health system	C.85.g.	as21svc2	1=yes, 0=no
564	PSYOIVEN	N	1	2920	2920	Psychiatric intensive outpatient services - joint venture	C.85.g.	as21svc2	1=yes, 0=no
565	PSSOCHOS	N	1	2921	2921	Social and community psychiatry - hospital	C.85.h.	as21svc2	1=yes, 0=no
566	PSSOCSYS	N	1	2922	2922	Social and community psychiatry - health system	C.85.h.	as21svc2	1=yes, 0=no
567	PSSOCVEN	N	1	2923	2923	Social and community psychiatry - joint venture	C.85.h.	as21svc2	1=yes, 0=no
568	PSCISHOS	N	1	2924	2924	Forensic psychiatry services - hospital	C.85.i.	as21svc2	1=yes, 0=no
569	PSCISSYS	N	1	2925	2925	Forensic psychiatry services - health system	C.85.i.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
570	PSCISVEN	N	1	2926	2926	Forensic psychiatry services - joint venture	C.85.i.	as21svc2	1=yes, 0=no
571	PPNHOS	N	1	2927	2927	Prenatal and postpartum psychiatric services - hospital	C.85.j.	as21svc2	1=yes, 0=no
572	PPNSYS	N	1	2928	2928	Prenatal and postpartum psychiatric services - health system	C.85.j.	as21svc2	1=yes, 0=no
573	PPNVEN	N	1	2929	2929	Prenatal and postpartum psychiatric services - joint venture	C.85.j.	as21svc2	1=yes, 0=no
574	PSYPHAHOS	N	1	2930	2930	Psychiatric partial hospitalization services (adult) - hospital	C.85.k.	as21svc2	1=yes, 0=no
575	PSYPHASYS	N	1	2931	2931	Psychiatric partial hospitalization services (adult) - health system	C.85.k.	as21svc2	1=yes, 0=no
576	PSYPHAVEN	N	1	2932	2932	Psychiatric partial hospitalization services (adult) - joint venture	C.85.k.	as21svc2	1=yes, 0=no
577	PSYPHCHOS	N	1	2933	2933	Psychiatric partial hospitalization services (pediatric) - hospital	C.85.l.	as21svc2	1=yes, 0=no
578	PSYPHCSYS	N	1	2934	2934	Psychiatric partial hospitalization services (pediatric) - health system	C.85.l.	as21svc2	1=yes, 0=no
579	PSYPHCVEN	N	1	2935	2935	Psychiatric partial hospitalization services (pediatric) - joint venture	C.85.l.	as21svc2	1=yes, 0=no
580	PSYTRAHOS	N	1	2936	2936	Psychiatric residential treatment (adult) - hospital	C.85.m.	as21svc2	1=yes, 0=no
581	PSYTRASYS	N	1	2937	2937	Psychiatric residential treatment (adult) - health system	C.85.m.	as21svc2	1=yes, 0=no
582	PSYTRAVEN	N	1	2938	2938	Psychiatric residential treatment (adult) - joint venture	C.85.m.	as21svc2	1=yes, 0=no
583	PSYTRPHOS	N	1	2939	2939	Psychiatric residential treatment (pediatric) - hospital	C.85.n.	as21svc2	1=yes, 0=no
584	PSYTRPSYS	N	1	2940	2940	Psychiatric residential treatment (pediatric) - health system	C.85.n.	as21svc2	1=yes, 0=no
585	PSYTRPVEN	N	1	2941	2941	Psychiatric residential treatment (pediatric) - joint venture	C.85.n.	as21svc2	1=yes, 0=no
586	PSPIHOS	N	1	2942	2942	Suicide prevention services - hospital	C.85.o.	as21svc2	1=yes, 0=no
587	PSPISYS	N	1	2943	2943	Suicide prevention services - health system	C.85.o.	as21svc2	1=yes, 0=no
588	PSPIVEN	N	1	2944	2944	Suicide prevention services - joint venture	C.85.o.	as21svc2	1=yes, 0=no
589	CTSCNHOS	N	1	2945	2945	Computed Tomography (CT) scanner - hospital	C.86.a.	as21svc2	1=yes, 0=no
590	CTSCNSYS	N	1	2946	2946	Computed Tomography (CT) scanner - health system	C.86.a.	as21svc2	1=yes, 0=no
591	CTSCNVEN	N	1	2947	2947	Computed Tomography (CT) scanner - joint venture	C.86.a.	as21svc2	1=yes, 0=no
592	DRADFHOS	N	1	2948	2948	Diagnostic radioisotope facility - hospital	C.86.b.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
593	DRADFSYS	N	1	2949	2949	Diagnostic radioisotope facility - health system	C.86.b.	as21svc2	1=yes, 0=no
594	DRADFVEN	N	1	2950	2950	Diagnostic radioisotope facility - joint venture	C.86.b.	as21svc2	1=yes, 0=no
595	EBCTHOS	N	1	2951	2951	Electron Beam Computed Tomography (EBCT) - hospital	C.86.c.	as21svc2	1=yes, 0=no
596	EBCTSYS	N	1	2952	2952	Electron Beam Computed Tomography (EBCT) - health system	C.86.c.	as21svc2	1=yes, 0=no
597	EBCTVEN	N	1	2953	2953	Electron Beam Computed Tomography (EBCT) - joint venture	C.86.c.	as21svc2	1=yes, 0=no
598	FFDMHOS	N	1	2954	2954	Full-field digital mammography (FFDM) - hospital	C.86.d.	as21svc2	1=yes, 0=no
599	FFDMSYS	N	1	2955	2955	Full-field digital mammography (FFDM) - health system	C.86.d.	as21svc2	1=yes, 0=no
600	FFDMVEN	N	1	2956	2956	Full-field digital mammography (FFDM) - joint venture	C.86.d.	as21svc2	1=yes, 0=no
601	MRIHOS	N	1	2957	2957	Magnetic resonance imaging (MRI) - hospital	C.86.e.	as21svc2	1=yes, 0=no
602	MRISYS	N	1	2958	2958	Magnetic resonance imaging (MRI) - health system	C.86.e.	as21svc2	1=yes, 0=no
603	MRIVEN	N	1	2959	2959	Magnetic resonance imaging (MRI) - joint venture	C.86.e.	as21svc2	1=yes, 0=no
604	IMRIHOS	N	1	2960	2960	Intraoperative magnetic resonance imaging - hospital	C.86.f.	as21svc2	1=yes, 0=no
605	IMRISYS	N	1	2961	2961	Intraoperative magnetic resonance imaging - health system	C.86.f.	as21svc2	1=yes, 0=no
606	IMRIVEN	N	1	2962	2962	Intraoperative magnetic resonance imaging - joint venture	C.86.f.	as21svc2	1=yes, 0=no
607	MEGHOS	N	1	2963	2963	Magnetoencephalography (MEG) - hospital	C.86.g.	as21svc2	1=yes, 0=no
608	MEGSYS	N	1	2964	2964	Magnetoencephalography (MEG) - health system	C.86.g.	as21svc2	1=yes, 0=no
609	MEGVEN	N	1	2965	2965	Magnetoencephalography (MEG) - joint venture	C.86.g.	as21svc2	1=yes, 0=no
610	MSCTHOS	N	1	2966	2966	Multi-slice spiral computed tomography < 64 slice - hospital	C.86.h.	as21svc2	1=yes, 0=no
611	MSCTSYS	N	1	2967	2967	Multi-slice spiral computed tomography < 64 slice - health system	C.86.h.	as21svc2	1=yes, 0=no
612	MSCTVEN	N	1	2968	2968	Multi-slice spiral computed tomography < 64 slice - joint venture	C.86.h.	as21svc2	1=yes, 0=no
613	MSCTGHOS	N	1	2969	2969	Multi-slice spiral computed tomography 64 + slice - hospital	C.86.i.	as21svc2	1=yes, 0=no
614	MSCTGSYS	N	1	2970	2970	Multi-slice spiral computed tomography 64 + slice - health system	C.86.i.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
615	MSCTGVEN	N	1	2971	2971	Multi-slice spiral computed tomography 64 + slice - joint venture	C.86.i.	as21svc2	1=yes, 0=no
616	PETHOS	N	1	2972	2972	Positron emission tomography (PET) - hospital	C.86.j.	as21svc2	1=yes, 0=no
617	PETSYS	N	1	2973	2973	Positron emission tomography (PET) - health system	C.86.j.	as21svc2	1=yes, 0=no
618	PETVEN	N	1	2974	2974	Positron emission tomography (PET) - joint venture	C.86.j.	as21svc2	1=yes, 0=no
619	PETCTHOS	N	1	2975	2975	Positron emission tomography/CT (PET/CT) - hospital	C.86.k.	as21svc2	1=yes, 0=no
620	PETCTSYS	N	1	2976	2976	Positron emission tomography/CT (PET/CT) - health system	C.86.k.	as21svc2	1=yes, 0=no
621	PETCTVEN	N	1	2977	2977	Positron emission tomography/CT (PET/CT) - joint venture	C.86.k.	as21svc2	1=yes, 0=no
622	SPECTHOS	N	1	2978	2978	Single photon emission computerized tomography (SPECT) - hospital	C.86.l.	as21svc2	1=yes, 0=no
623	SPECTSYS	N	1	2979	2979	Single photon emission computerized tomography (SPECT) - health system	C.86.l.	as21svc2	1=yes, 0=no
624	SPECTVEN	N	1	2980	2980	Single photon emission computerized tomography (SPECT) - joint venture	C.86.l.	as21svc2	1=yes, 0=no
625	ULTSNHOS	N	1	2981	2981	Ultrasound - hospital	C.86.m.	as21svc2	1=yes, 0=no
626	ULTSNSYS	N	1	2982	2982	Ultrasound - health system	C.86.m.	as21svc2	1=yes, 0=no
627	ULTSNVEN	N	1	2983	2983	Ultrasound - joint venture	C.86.m.	as21svc2	1=yes, 0=no
628	IGRTHOS	N	1	2984	2984	Image-guided radiation therapy - hospital	C.87.a.	as21svc2	1=yes, 0=no
629	IGRTSYS	N	1	2985	2985	Image-guided radiation therapy - health system	C.87.a.	as21svc2	1=yes, 0=no
630	IGRTVEN	N	1	2986	2986	Image-guided radiation therapy - joint venture	C.87.a.	as21svc2	1=yes, 0=no
631	IMRTHOS	N	1	2987	2987	Intensity-modulated radiation therapy (IMRT) - hospital	C.87.b.	as21svc2	1=yes, 0=no
632	IMRTSYS	N	1	2988	2988	Intensity-modulated radiation therapy (IMRT) - health system	C.87.b.	as21svc2	1=yes, 0=no
633	IMRTVEN	N	1	2989	2989	Intensity-modulated radiation therapy (IMRT) - joint venture	C.87.b.	as21svc2	1=yes, 0=no
634	PTONHOS	N	1	2990	2990	Proton beam therapy - hospital	C.87.c.	as21svc2	1=yes, 0=no
635	PTONSYS	N	1	2991	2991	Proton beam therapy - health system	C.87.c.	as21svc2	1=yes, 0=no
636	PTONVEN	N	1	2992	2992	Proton beam therapy - joint venture	C.87.c.	as21svc2	1=yes, 0=no
637	BEAMHOS	N	1	2993	2993	Shaped beam radiation system - hospital	C.87.d.	as21svc2	1=yes, 0=no
638	BEAMSYS	N	1	2994	2994	Shaped beam radiation system - health system	C.87.d.	as21svc2	1=yes, 0=no
639	BEAMVEN	N	1	2995	2995	Shaped beam radiation system - joint venture	C.87.d.	as21svc2	1=yes, 0=no
640	SRADHOS	N	1	2996	2996	Stereotactic radiosurgery - hospital	C.87.e.	as21svc2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
641	SRADSYS	N	1	2997	2997	Stereotactic radiosurgery - health system	C.87.e.	as21svc2	1=yes, 0=no
642	SRADVEN	N	1	2998	2998	Stereotactic radiosurgery - joint venture	C.87.e.	as21svc2	1=yes, 0=no
643	BRADHOS	N	1	2999	2999	Basic interventional radiology - hospital	C.87.f.	as21svc2	1=yes, 0=no
644	BRADSYS	N	1	3000	3000	Basic interventional radiology - health system	C.87.f.	as21svc2	1=yes, 0=no
645	BRADVEN	N	1	3001	3001	Basic interventional radiology - joint venture	C.87.f.	as21svc2	1=yes, 0=no
646	ROBOHOS	N	1	3002	3002	Robotic surgery - hospital	C.88.	as21svc2	1=yes, 0=no
647	ROBOSYS	N	1	3003	3003	Robotic surgery - health system	C.88.	as21svc2	1=yes, 0=no
648	ROBOVEN	N	1	3004	3004	Robotic surgery - joint venture	C.88.	as21svc2	1=yes, 0=no
649	RURLHOS	N	1	3005	3005	Rural health clinic - hospital	C.89.	as21svc3	1=yes, 0=no
650	RURLSYS	N	1	3006	3006	Rural health clinic - health system	C.89.	as21svc3	1=yes, 0=no
651	RURLVEN	N	1	3007	3007	Rural health clinic - joint venture	C.89.	as21svc3	1=yes, 0=no
652	SLEPHOS	N	1	3008	3008	Sleep center - hospital	C.90.	as21svc3	1=yes, 0=no
653	SLEPSYS	N	1	3009	3009	Sleep center - health system	C.90.	as21svc3	1=yes, 0=no
654	SLEPVEN	N	1	3010	3010	Sleep center - joint venture	C.90.	as21svc3	1=yes, 0=no
655	SOCWKHOS	N	1	3011	3011	Social work services - hospital	C.91.	as21svc3	1=yes, 0=no
656	SOCWKSYS	N	1	3012	3012	Social work services - health system	C.91.	as21svc3	1=yes, 0=no
657	SOCWKVEN	N	1	3013	3013	Social work services - joint venture	C.91.	as21svc3	1=yes, 0=no
658	SPORTHOS	N	1	3014	3014	Sports medicine - hospital	C.92.	as21svc3	1=yes, 0=no
659	SPORTSYS	N	1	3015	3015	Sports medicine - health system	C.92.	as21svc3	1=yes, 0=no
660	SPORTVEN	N	1	3016	3016	Sports medicine - joint venture	C.92.	as21svc3	1=yes, 0=no
661	ALDBD	N	4	3017	3020	Substance use disorder pediatric services beds	C.93.a.	as21svc3	
662	ALCPDHOS	N	1	3021	3021	Substance use disorder pediatric services - hospital	C.93.a.	as21svc3	1=yes, 0=no
663	ALCPDSYS	N	1	3022	3022	Substance use disorder pediatric services - health system	C.93.a.	as21svc3	1=yes, 0=no
664	ALCPDVEN	N	1	3023	3023	Substance use disorder pediatric services - joint venture	C.93.a.	as21svc3	1=yes, 0=no
665	ALCOPHOS	N	1	3024	3024	Substance use disorder outpatient services - hospital	C.93.b.	as21svc3	1=yes, 0=no
666	ALCOPSYS	N	1	3025	3025	Substance use disorder outpatient services - health system	C.93.b.	as21svc3	1=yes, 0=no
667	ALCOPVEN	N	1	3026	3026	Substance use disorder outpatient services - joint venture	C.93.b.	as21svc3	1=yes, 0=no
668	ALCPRHOS	N	1	3027	3027	Substance use disorder partial hospitalization services - hospital	C.93.c.	as21svc3	1=yes, 0=no
669	ALCPRSYS	N	1	3028	3028	Substance use disorder partial hospitalization services - health system	C.93.c.	as21svc3	1=yes, 0=no
670	ALCPRVEN	N	1	3029	3029	Substance use disorder partial hospitalization services - joint venture	C.93.c.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
671	MEDOPHOS	N	1	3030	3030	Medication assisted treatment for opioid use disorder - hospital	C.93.d.	as21svc3	1=yes, 0=no
672	MEDOPSYS	N	1	3031	3031	Medication assisted treatment for opioid use disorder - system	C.93.d.	as21svc3	1=yes, 0=no
673	MEDOPVEN	N	1	3032	3032	Medication assisted treatment for opioid use disorder - joint venture	C.93.d.	as21svc3	1=yes, 0=no
674	MEDSUBHOS	N	1	3033	3033	Medication assisted treatment for other substance use disorders - hospital	C.93.e.	as21svc3	1=yes, 0=no
675	MEDSUBSYS	N	1	3034	3034	Medication assisted treatment for other substance use disorders - system	C.93.e.	as21svc3	1=yes, 0=no
676	MEDSUBVEN	N	1	3035	3035	Medication assisted treatment for other substance use disorders - joint venture	C.93.e.	as21svc3	1=yes, 0=no
677	SUPPGHOS	N	1	3036	3036	Support groups - hospital	C.94.	as21svc3	1=yes, 0=no
678	SUPPGSYS	N	1	3037	3037	Support groups - health system	C.94.	as21svc3	1=yes, 0=no
679	SUPPGVEN	N	1	3038	3038	Support groups - joint venture	C.94.	as21svc3	1=yes, 0=no
680	SWBDHOS	N	1	3039	3039	Swing bed services - hospital	C.95.	as21svc3	1=yes, 0=no
681	SWBDSYS	N	1	3040	3040	Swing bed services - health system	C.95.	as21svc3	1=yes, 0=no
682	SWBDVEN	N	1	3041	3041	Swing bed services - joint venture	C.95.	as21svc3	1=yes, 0=no
683	TEENSHOS	N	1	3042	3042	Teen outreach services - hospital	C.96.	as21svc3	1=yes, 0=no
684	TEENSSYS	N	1	3043	3043	Teen outreach services - health system	C.96.	as21svc3	1=yes, 0=no
685	TEENSVEN	N	1	3044	3044	Teen outreach services - joint venture	C.96.	as21svc3	1=yes, 0=no
686	TOBHOS	N	1	3045	3045	Tobacco treatment services - hospital	C.97.	as21svc3	1=yes, 0=no
687	TOBSYS	N	1	3046	3046	Tobacco treatment services - health system	C.97.	as21svc3	1=yes, 0=no
688	TOBVEN	N	1	3047	3047	Tobacco treatment services - joint venture	C.97.	as21svc3	1=yes, 0=no
689	COFVHOS	N	1	3048	3048	Telehealth consultation and office visits - hospital	C.98.a.	as21svc3	1=yes, 0=no
690	COFVSYS	N	1	3049	3049	Telehealth consultation and office visits - health system	C.98.a.	as21svc3	1=yes, 0=no
691	COFVVEN	N	1	3050	3050	Telehealth consultation and office visits - joint venture	C.98.a.	as21svc3	1=yes, 0=no
692	EICUHOS	N	1	3051	3051	Telehealth eICU - hospital	C.98.b.	as21svc3	1=yes, 0=no
693	EICUSYS	N	1	3052	3052	Telehealth eICU - health system	C.98.b.	as21svc3	1=yes, 0=no
694	EICUVEN	N	1	3053	3053	Telehealth eICU - joint venture	C.98.b.	as21svc3	1=yes, 0=no
695	STRCHOS	N	1	3054	3054	Telehealth stroke care - hospital	C.98.c.	as21svc3	1=yes, 0=no
696	STRCSYS	N	1	3055	3055	Telehealth stroke care - health system	C.98.c.	as21svc3	1=yes, 0=no
697	STRCVEN	N	1	3056	3056	Telehealth stroke care - joint venture	C.98.c.	as21svc3	1=yes, 0=no
698	ADTRTHOS	N	1	3057	3057	Telehealth psychiatric and addiction treatment - hospital	C.98.d.	as21svc3	1=yes, 0=no
699	ADTRTSYS	N	1	3058	3058	Telehealth psychiatric and addiction treatment - health system	C.98.d.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
700	ADTRTVEN	N	1	3059	3059	Telehealth psychiatric and addiction treatment - joint venture	C.98.d.	as21svc3	1=yes, 0=no
701	PDISHOS	N	1	3060	3060	Telehealth remote patient monitoring: post-discharge - hospital	C.98.e.1.	as21svc3	1=yes, 0=no
702	PDISSYS	N	1	3061	3061	Telehealth remote patient monitoring: post-discharge - health system	C.98.e.1.	as21svc3	1=yes, 0=no
703	PDISVEN	N	1	3062	3062	Telehealth remote patient monitoring: post-discharge - joint venture	C.98.e.1.	as21svc3	1=yes, 0=no
704	CHCARHOS	N	1	3063	3063	Telehealth remote patient monitoring: ongoing chronic care management - hospital	C.98.e.2.	as21svc3	1=yes, 0=no
705	CHCARSYS	N	1	3064	3064	Telehealth remote patient monitoring: ongoing chronic care management - health system	C.98.e.2.	as21svc3	1=yes, 0=no
706	CHCARVEN	N	1	3065	3065	Telehealth remote patient monitoring: ongoing chronic care management - joint venture	C.98.e.2.	as21svc3	1=yes, 0=no
707	ORPMHOS	N	1	3066	3066	Telehealth other remote patient monitoring - hospital	C.98.e.3.	as21svc3	1=yes, 0=no
708	ORPMSYS	N	1	3067	3067	Telehealth other remote patient monitoring - health system	C.98.e.3.	as21svc3	1=yes, 0=no
709	ORPMVEN	N	1	3068	3068	Telehealth other remote patient monitoring - joint venture	C.98.e.3.	as21svc3	1=yes, 0=no
710	OTHTHOS	N	1	3069	3069	Other telehealth - hospital	C.98.f.	as21svc3	1=yes, 0=no
711	OTHTSYS	N	1	3070	3070	Other telehealth - health system	C.98.f.	as21svc3	1=yes, 0=no
712	OTHTVEN	N	1	3071	3071	Other telehealth - joint venture	C.98.f.	as21svc3	1=yes, 0=no
713	OTBONHOS	N	1	3072	3072	Bone marrow transplant - hospital	C.99.a.	as21svc3	1=yes, 0=no
714	OTBONSYS	N	1	3073	3073	Bone marrow transplant - health system	C.99.a.	as21svc3	1=yes, 0=no
715	OTBONVEN	N	1	3074	3074	Bone marrow transplant - joint venture	C.99.a.	as21svc3	1=yes, 0=no
716	HARTHOS	N	1	3075	3075	Heart transplant - hospital	C.99.b.	as21svc3	1=yes, 0=no
717	HARTSYS	N	1	3076	3076	Heart transplant - health system	C.99.b.	as21svc3	1=yes, 0=no
718	HARTVEN	N	1	3077	3077	Heart transplant - joint venture	C.99.b.	as21svc3	1=yes, 0=no
719	KDNYHOS	N	1	3078	3078	Kidney transplant - hospital	C.99.c.	as21svc3	1=yes, 0=no
720	KDNYSYS	N	1	3079	3079	Kidney transplant - health system	C.99.c.	as21svc3	1=yes, 0=no
721	KDNYVEN	N	1	3080	3080	Kidney transplant - joint venture	C.99.c.	as21svc3	1=yes, 0=no
722	LIVRHOS	N	1	3081	3081	Liver transplant - hospital	C.99.d.	as21svc3	1=yes, 0=no
723	LIVRSYS	N	1	3082	3082	Liver transplant - health system	C.99.d.	as21svc3	1=yes, 0=no
724	LIVRVEN	N	1	3083	3083	Liver transplant - joint venture	C.99.d.	as21svc3	1=yes, 0=no
725	LUNGHOS	N	1	3084	3084	Lung transplant - hospital	C.99.e.	as21svc3	1=yes, 0=no
726	LUNGSYS	N	1	3085	3085	Lung transplant - health system	C.99.e.	as21svc3	1=yes, 0=no
727	LUNGVEN	N	1	3086	3086	Lung transplant - joint venture	C.99.e.	as21svc3	1=yes, 0=no
728	TISUHOS	N	1	3087	3087	Tissue transplant - hospital	C.99.f.	as21svc3	1=yes, 0=no
729	TISUSYS	N	1	3088	3088	Tissue transplant - health system	C.99.f.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
730	TISUVEN	N	1	3089	3089	Tissue transplant - joint venture	C.99.f.	as21svc3	1=yes, 0=no
731	OTOTHHOS	N	1	3090	3090	Other transplant - hospital	C.99.g.	as21svc3	1=yes, 0=no
732	OTOTHSYS	N	1	3091	3091	Other transplant - health system	C.99.g.	as21svc3	1=yes, 0=no
733	OTOTHVEN	N	1	3092	3092	Other transplant - joint venture	C.99.g.	as21svc3	1=yes, 0=no
734	TPORTHOS	N	1	3093	3093	Transportation to health services - hospital	C.100.	as21svc3	1=yes, 0=no
735	TPORTSYS	N	1	3094	3094	Transportation to health services - health system	C.100.	as21svc3	1=yes, 0=no
736	TPORTVEN	N	1	3095	3095	Transportation to health services - joint venture	C.100.	as21svc3	1=yes, 0=no
737	URGCCHOS	N	1	3096	3096	Urgent care center - hospital	C.101.	as21svc3	1=yes, 0=no
738	URGCCSYS	N	1	3097	3097	Urgent care center - health system	C.101.	as21svc3	1=yes, 0=no
739	URGCCVEN	N	1	3098	3098	Urgent care center - joint venture	C.101.	as21svc3	1=yes, 0=no
740	VWRKHOS	N	1	3099	3099	Violence prevention programs for the workplace - hospital	C.102.a.	as21svc3	1=yes, 0=no
741	VWRKSYS	N	1	3100	3100	Violence prevention programs for the workplace - health system	C.102.a.	as21svc3	1=yes, 0=no
742	VWRKVEN	N	1	3101	3101	Violence prevention programs for the workplace - joint venture	C.102.a.	as21svc3	1=yes, 0=no
743	VCMMHOS	N	1	3102	3102	Violence prevention programs for the community - hospital	C.102.b.	as21svc3	1=yes, 0=no
744	VCMMSYS	N	1	3103	3103	Violence prevention programs for the community - health system	C.102.b.	as21svc3	1=yes, 0=no
745	VCMMVEN	N	1	3104	3104	Violence prevention programs for the community - joint venture	C.102.b.	as21svc3	1=yes, 0=no
746	VRCSHOS	N	1	3105	3105	Virtual colonoscopy - hospital	C.103.	as21svc3	1=yes, 0=no
747	VRCSSYS	N	1	3106	3106	Virtual colonoscopy - health system	C.103.	as21svc3	1=yes, 0=no
748	VRCSVEN	N	1	3107	3107	Virtual colonoscopy - joint venture	C.103.	as21svc3	1=yes, 0=no
749	VOLSVHOS	N	1	3108	3108	Volunteer services department - hospital	C.104.	as21svc3	1=yes, 0=no
750	VOLSVSYS	N	1	3109	3109	Volunteer services department - health system	C.104.	as21svc3	1=yes, 0=no
751	VOLSVVEN	N	1	3110	3110	Volunteer services department - joint venture	C.104.	as21svc3	1=yes, 0=no
752	WOMHCHOS	N	1	3111	3111	Women's health center/services - hospital	C.105.	as21svc3	1=yes, 0=no
753	WOMHCSYS	N	1	3112	3112	Women's health center/services - health system	C.105.	as21svc3	1=yes, 0=no
754	WOMHCVEN	N	1	3113	3113	Women's health center/services - joint venture	C.105.	as21svc3	1=yes, 0=no
755	WMGTHOS	N	1	3114	3114	Wound management services - hospital	C.106.	as21svc3	1=yes, 0=no
756	WMGTSYS	N	1	3115	3115	Wound management services - health system	C.106.	as21svc3	1=yes, 0=no
757	WMGTVEN	N	1	3116	3116	Wound management services - joint venture	C.106.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
758	PHER	N	1	3117	3117	Psychiatric consultation and liaison services - emergency services	C.107.a.1.	as21svc3	1=yes, 0=no
759	PHPCS	N	1	3118	3118	Psychiatric consultation and liaison services - primary care services	C.107.a.2.	as21svc3	1=yes, 0=no
760	PHACAR	N	1	3119	3119	Psychiatric consultation and liaison services - acute inpatient care	C.107.a.3.	as21svc3	1=yes, 0=no
761	PHXCAR	N	1	3120	3120	Psychiatric consultation and liaison services - extended care	C.107.a.4.	as21svc3	1=yes, 0=no
762	SHER	N	1	3121	3121	Addiction/substance use disorder consultation and liaison services - emergency services	C.107.b.1.	as21svc3	1=yes, 0=no
763	SHPCS	N	1	3122	3122	Addiction/substance use disorder consultation and liaison services - primary care services	C.107.b.2.	as21svc3	1=yes, 0=no
764	SHACAR	N	1	3123	3123	Addiction/substance use disorder consultation and liaison services - acute inpatient care	C.107.b.3.	as21svc3	1=yes, 0=no
765	SHXCAR	N	1	3124	3124	Addiction/substance use disorder consultation and liaison services - extended care	C.107.b.4.	as21svc3	1=yes, 0=no
766	DHER	N	1	3125	3125	Psychiatric disorder screening - emergency services	C.107.c.1.	as21svc3	1=yes, 0=no
767	DHPCS	N	1	3126	3126	Psychiatric disorder screening - primary care services	C.107.c.2.	as21svc3	1=yes, 0=no
768	DHACAR	N	1	3127	3127	Psychiatric disorder screening - acute inpatient care	C.107.c.3.	as21svc3	1=yes, 0=no
769	DHXCAR	N	1	3128	3128	Psychiatric disorder screening - extended care	C.107.c.4.	as21svc3	1=yes, 0=no
770	CHER	N	1	3129	3129	Substance use disorder screening - emergency services	C.107.d.1.	as21svc3	1=yes, 0=no
771	CHPCS	N	1	3130	3130	Substance use disorder screening - primary care services	C.107.d.2.	as21svc3	1=yes, 0=no
772	CHACAR	N	1	3131	3131	Substance use disorder screening - acute inpatient care	C.107.d.3.	as21svc3	1=yes, 0=no
773	CHXCAR	N	1	3132	3132	Substance use disorder screening - extended care	C.107.d.4.	as21svc3	1=yes, 0=no
774	IPAP	N	8	3133	3140	Number of physicians, independent practice association	C.108.a.1.	as21svc3	
775	GPWP	N	8	3141	3148	Number of physicians, group practice without walls	C.108.a.2.	as21svc3	
776	OPHP	N	8	3149	3156	Number of physicians, open physician-hospital organization (PHO)	C.108.a.3.	as21svc3	
777	CPHP	N	8	3157	3164	Number of physicians, closed physician-hospital organization (PHO)	C.108.a.4.	as21svc3	

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
778	MSOP	N	8	3165	3172	Number of physicians, management service organization (MSO)	C.108.a.5.	as21svc3	
779	ISMP	N	8	3173	3180	Number of physicians, integrated salary model	C.108.a.6.	as21svc3	
780	EQMP	N	8	3181	3188	Number of physicians, equity model	C.108.a.7.	as21svc3	
781	FNDP	N	8	3189	3196	Number of physicians, foundation	C.108.a.8.	as21svc3	
782	PHYP	N	8	3197	3204	Number of physicians, other	C.108.a.9.	as21svc3	
783	IPAHOS	N	1	3205	3205	Independent practice association - hospital	C.108.1.1.	as21svc3	1=yes, 0=no
784	IPASYS	N	1	3206	3206	Independent practice association - health system	C.108.a.1.2.	as21svc3	1=yes, 0=no
785	GPWWHOS	N	1	3207	3207	Group practice without walls - hospital	C.108.a.2.1.	as21svc3	1=yes, 0=no
786	GPWWSYS	N	1	3208	3208	Group practice without walls - health system	C.108.a.2.2.	as21svc3	1=yes, 0=no
787	OPHOHOS	N	1	3209	3209	Open physician-hospital organization - hospital	C.108.a.3.1.	as21svc3	1=yes, 0=no
788	OPHOSYS	N	1	3210	3210	Open physician-hospital organization - health system	C.108.a.3.2.	as21svc3	1=yes, 0=no
789	CPHOHOS	N	1	3211	3211	Closed physician-hospital organization - hospital	C.108.a.4.1	as21svc3	1=yes, 0=no
790	CPHOSYS	N	1	3212	3212	Closed physician-hospital organization - health system	C.108.a.4.2.	as21svc3	1=yes, 0=no
791	MSOHOS	N	1	3213	3213	Management service organization - hospital	C.108.a.5.1.	as21svc3	1=yes, 0=no
792	MSOSYS	N	1	3214	3214	Management service organization - health system	C.108.a.5.2.	as21svc3	1=yes, 0=no
793	ISMHOS	N	1	3215	3215	Integrated salary model - hospital	C.108.a.6.1.	as21svc3	1=yes, 0=no
794	ISMSYS	N	1	3216	3216	Integrated salary model - health system	C.108.a.6.2.	as21svc3	1=yes, 0=no
795	EQMODHOS	N	1	3217	3217	Equity model - hospital	C.108.a.7.1.	as21svc3	1=yes, 0=no
796	EQMODSYS	N	1	3218	3218	Equity model - health system	C.108.a.7.2.	as21svc3	1=yes, 0=no
797	FOUNDHOS	N	1	3219	3219	Foundation - hospital	C.108.a.8.1.	as21svc3	1=yes, 0=no
798	FOUNDSYS	N	1	3220	3220	Foundation - health system	C.108.a.8.2.	as21svc3	1=yes, 0=no
799	PHYOTH	N	100	3221	3320	Other, please specify	C.108.a.9.	as21svc3	Literal Description
800	PHYHOS	N	1	3321	3321	Other - hospital	C.108.a.9.1	as21svc3	1=yes, 0=no
801	PHYSYS	N	1	3322	3322	Other - health system	C.108.a.9.2	as21svc3	1=yes, 0=no
802	IPPAHOS	N	4	3323	3326	Independent practice association - hospital ownership share	C.108.b.1.	as21svc3	Percent
803	IPAPOS	N	4	3327	3330	Independent practice association - physician ownership share	C.108.b.1.	as21svc3	Percent
804	IPACOS	N	4	3331	3334	Independent practice association - parent corporation ownership share	C.108.b.1.	as21svc3	Percent
805	IPAIOS	N	4	3335	3338	Independent practice association - insurance ownership share	C.108.b.1.	as21svc3	Percent

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
806	GPWHOS	N	4	3339	3342	Group practice without walls - hospital ownership share	C.108.b.2.	as21svc3	Percent
807	GPWPOS	N	4	3343	3346	Group practice without walls - physician ownership share	C.108.b.2.	as21svc3	Percent
808	GPWCOS	N	4	3347	3350	Group practice without walls - parent corporation ownership share	C.108.b.2.	as21svc3	Percent
809	GPWIOS	N	4	3351	3354	Group practice without wall - insurance ownership share	C.108.b.2.	as21svc3	Percent
810	OPHHOS	N	4	3355	3358	Open physician-hospital organization - hospital ownership share	C.108.b.3.	as21svc3	Percent
811	OPHPOS	N	4	3359	3362	Open physician-hospital organization - physician ownership share	C.108.b.3.	as21svc3	Percent
812	OPHCOS	N	4	3363	3366	Open physician-hospital organization - parent corporation ownership share	C.108.b.3.	as21svc3	Percent
813	OPHIOS	N	4	3367	3370	Open physician-hospital organization - insurance ownership share	C.108.b.3.	as21svc3	Percent
814	CPHHOS	N	4	3371	3374	Closed physician-hospital organization - hospital ownership share	C.108.b.4.	as21svc3	Percent
815	CPHPOS	N	4	3375	3378	Closed physician-hospital organization - physician ownership share	C.108.b.4.	as21svc3	Percent
816	CPHCOS	N	4	3379	3382	Closed physician-hospital organization - parent corporation ownership share	C.108.b.4.	as21svc3	Percent
817	CPHIOS	N	4	3383	3386	Closed physician-hospital organization - insurance ownership share	C.108.b.4.	as21svc3	Percent
818	MMSOHOS	N	4	3387	3390	Management service organization - hospital ownership share	C.108.b.5.	as21svc3	Percent
819	MSOPOS	N	4	3391	3394	Management service organization - physician ownership share	C.108.b.5.	as21svc3	Percent
820	MSOCOS	N	4	3395	3398	Management service organization - parent corporation ownership share	C.108.b.5.	as21svc3	Percent
821	MSOIOS	N	4	3399	3402	Management service organization - insurance ownership share	C.108.b.5.	as21svc3	Percent
822	IISMHOS	N	4	3403	3406	Integrated salary model - hospital ownership share	C.108.b.6.	as21svc3	Percent
823	ISMPOS	N	4	3407	3410	Integrated salary model - physician ownership share	C.108.b.6.	as21svc3	Percent
824	ISMCOS	N	4	3411	3414	Integrated salary model - parent corporation ownership share	C.108.b.6.	as21svc3	Percent
825	ISMIOS	N	4	3415	3418	Integrated salary model - insurance ownership share	C.108.b.6.	as21svc3	Percent
826	EQMHOS	N	4	3419	3422	Equity model - hospital ownership share	C.108.b.7.	as21svc3	Percent
827	EQMPOS	N	4	3423	3426	Equity mode - physician ownership share	C.108.b.7.	as21svc3	Percent

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
828	EQMCOS	N	4	3427	3430	Equity mode - parent corporation ownership share	C.108.b.7.	as21svc3	Percent
829	EQMIOS	N	4	3431	3434	Equity mode - insurance ownership share	C.108.b.7.	as21svc3	Percent
830	FNDHOS	N	4	3435	3438	Foundation - hospital ownership share	C.108.b.8.	as21svc3	Percent
831	FNDPOS	N	4	3439	3442	Foundation - physician ownership share	C.108.b.8.	as21svc3	Percent
832	FNDCOS	N	4	3443	3446	Foundation - parent corporation ownership share	C.108.b.8.	as21svc3	Percent
833	FNDIOS	N	4	3447	3450	Foundation - insurance ownership share	C.108.b.8.	as21svc3	Percent
834	PPHYHOS	N	4	3451	3454	Other physician-organization arrangement - hospital ownership share	C.108.b.9.	as21svc3	Percent
835	PHYPOS	N	4	3455	3458	Other physician-organization arrangement - physician ownership share	C.108.b.9.	as21svc3	Percent
836	PHYCOS	N	4	3459	3462	Other physician-organization arrangement - parent corporation ownership share	C.108.b.9.	as21svc3	Percent
837	PHYIOS	N	4	3463	3466	Other physician-organization arrangement - insurance ownership share	C.108.b.9.	as21svc3	Percent
838	PHYPR	N	4	3467	3470	Hospital owned physician practice - solo practice, percent	C.108.c.1.	as21svc3	Percent
839	PHYPRN	N	4	3471	3474	Hospital owned physician practice - solo practice, number	C.108.c.1.	as21svc3	Number of physicians
840	SSGRP	N	4	3475	3478	Hospital owned physician practice - single specialty group, percent	C.108.c.2.	as21svc3	Percent
841	SSGRPN	N	4	3479	3482	Hospital owned physician practice - single specialty group, number	C.108.c.2.	as21svc3	Number of physicians
842	MSGRP	N	4	3483	3486	Hospital owned physician practice - multi-specialty group, percent	C.108.c.3.	as21svc3	Percent
843	MSGRPN	N	4	3487	3490	Hospital owned physician practice - multi-specialty group, number	C.108.c.3.	as21svc3	Number of physicians
844	PHYCPT	N	4	3491	3494	Hospital owned physician practice - percent primary care	C.108.d.	as21svc3	Percent
845	PHYOCPT	N	4	3495	3498	Hospital owned physician practice - percent specialty care	C.108.e.	as21svc3	Percent
846	FTMT	N	8	3499	3506	Total physicians engaged in arrangement with hospital	C.109.	as21svc3	Number of physicians
847	JNTPH	N	1	3507	3507	Does your hospital participate in any joint venture arrangements with physicians or physician groups?	C.110.a.	as21svc3	1=yes, 0=no
848	JNLS	N	1	3508	3508	Limited service hospital	C.110.b.1.	as21svc3	1=yes, 0=no
849	JNTAMB	N	1	3509	3509	Ambulatory surgical centers	C.110.b.2.	as21svc3	1=yes, 0=no
850	JNTCTR	N	1	3510	3510	Imaging centers	C.110.b.3.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
851	JNTOTH	N	1	3511	3511	Other joint venture	C.110.b.4.	as21svc3	1=yes, 0=no
852	LSHTXT	N	100	3512	3611	Other joint venture, description	C.110.b.4.	as21svc3	Literal Description
853	JNTLSC	N	1	3612	3612	Cardiac - Limited service hospital	C.110.c.1.	as21svc3	1=yes, 0=no
854	JNTLSO	N	1	3613	3613	Orthopedic - Limited service hospital	C.110.c.2.	as21svc3	1=yes, 0=no
855	JNTLSS	N	1	3614	3614	Surgical - Limited service hospital	C.110.c.3.	as21svc3	1=yes, 0=no
856	JNTLST	N	1	3615	3615	Other - Limited service hospital	C.110.c.4.	as21svc3	1=yes, 0=no
857	JNTTXT	N	100	3616	3715	Other - Limited service hospital, description	C.110.c.4.	as21svc3	Literal Description
858	JNTMD	N	1	3716	3716	Does hospital participate in joint venture arrangements with organizations other than physician groups?	C.110.d.	as21svc3	1=yes, 0=no
859	SOCHSE	N	1	3717	3717	Housing program/strategy	F.1.a.	as21svc3	1=yes, 0=no
860	SOCFOD	N	1	3718	3718	Food insecurity or hunger program/strategy	F.1.b.	as21svc3	1=yes, 0=no
861	SOCNED	N	1	3719	3719	Utility needs program/strategy	F.1.c.	as21svc3	1=yes, 0=no
862	SOCV	N	1	3720	3720	Interpersonal violence program/strategy	F.1.d.	as21svc3	1=yes, 0=no
863	SOCTRN	N	1	3721	3721	Transportation program/strategy	F.1.e.	as21svc3	1=yes, 0=no
864	SOCINC	N	1	3722	3722	Employment and income program/strategy	F.1.f.	as21svc3	1=yes, 0=no
865	SOCED	N	1	3723	3723	Education program/strategy	F.1.g.	as21svc3	1=yes, 0=no
866	SOCIOS	N	1	3724	3724	Social isolation program/strategy	F.1.h	as21svc3	1=yes, 0=no
867	SOCBH	N	1	3725	3725	Health behaviors program/strategy	F.1.i	as21svc3	1=yes, 0=no
868	SOCOT	N	1	3726	3726	Other program/strategy	F.1.j.	as21svc3	1=yes, 0=no
869	SOCOTH	N	100	3727	3826	Other program/strategy, description	F.1.j.	as21svc3	Literal Description
870	SCNED	N	1	3827	3827	Does hospital or health system screen patients for social needs?	F.2.	as21svc3	1=yes for all patients, 2=yes for some patients, 0=no
871	SCHSE	N	1	3828	3828	Housing screening	F.2.a.1.	as21svc3	1=yes, 0=no
872	SCFOD	N	1	3829	3829	Food insecurity or hunger screening	F.2.a.2.	as21svc3	1=yes, 0=no
873	SCUND	N	1	3830	3830	Utility needs screening	F.2.a.3.	as21svc3	1=yes, 0=no
874	SCV	N	1	3831	3831	Interpersonal violence screening	F.2.a.4.	as21svc3	1=yes, 0=no
875	SCTRN	N	1	3832	3832	Transportation screening	F.2.a.5.	as21svc3	1=yes, 0=no
876	SCSTAT	N	1	3833	3833	Employment status or income screening	F.2.a.6.	as21svc3	1=yes, 0=no
877	SCEDL	N	1	3834	3834	Education level screening	F.2.a.7.	as21svc3	1=yes, 0=no
878	SCIOS	N	1	3835	3835	Social isolation screening	F.2.a.8.	as21svc3	1=yes, 0=no
879	SCBH	N	1	3836	3836	Health behaviors screening	F.2.a.9.	as21svc3	1=yes, 0=no
880	SCROT	N	1	3837	3837	Other screening	F.2.a.10.	as21svc3	1=yes, 0=no
881	SCOTH	N	100	3838	3937	Other screening, description	F.2.a.10.	as21svc3	Literal Description
882	SOCEHR	N	1	3938	3938	Hospital or health system records social needs screening results in EHR	F.2.b.	as21svc3	1=yes, 0=no
883	OUTMTX	N	1	3939	3939	Utilization of outcome metrics to assess effectiveness of interventions to address social needs	F.3.	as21svc3	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
884	BHLTA	N	1	3940	3940	Better health outcomes for patients	F.4.a.	as21svc3	1=yes, 0=no
885	DECUTLA	N	1	3941	3941	Decreased utilization of hospital or health system services	F.4.b.	as21svc3	1=yes, 0=no
886	DECHC	N	1	3942	3942	Decreased health care costs	F.4.c.	as21svc3	1=yes, 0=no
887	IMPSTAT	N	1	3943	3943	Improved community health status	F.4.d.	as21svc3	1=yes, 0=no
888	STFCHG	N	1	3944	3944	Temporary increase in staffed beds during reporting period	C.111.a.	as21svc3	1=yes, 0=no
889	ICUCHG	N	1	3945	3945	Temporary increase in ICU beds during reporting period	C.111.b.	as21svc3	1=yes, 0=no
890	ISORMB	N	4	3946	3949	Number of isolation rooms at start of reporting period	C.112.a.	as21svc3	
891	ISORME	N	4	3950	3953	Number of isolation rooms at end of reporting period	C.112.b.	as21svc3	
892	ISORMC	N	4	3954	3957	Number of rooms that can be converted to isolation rooms	C.112.c.	as21svc3	
893	COVIDU	N	1	3958	3958	Temporary spaces set up during reporting period	C.113	as21svc3	1=yes, 0=no
894	BAIMV	N	4	3959	3962	Number of adult ventilators at start of reporting period	C.114.a.	as21svc3	
895	EAIMV	N	4	3963	3966	Number of adult ventilators at end of reporting period	C.114.b.	as21svc3	
896	BPIMV	N	4	3967	3970	Number of pediatric/NICU ventilators at start of reporting period	C.114.c.	as21svc3	
897	EPIMV	N	4	3971	3974	Number of pediatric/NICU ventilators at end of reporting period	C.114.d.	as21svc3	
898	EDMCHG	N	1	3975	3975	Temporary increase in ED beds during reporting period	C.115.	as21svc3	1=yes, 0=no
899	EXPTOT	Y	15	3976	3990	Total facility expenses, excluding bad debt	E.3.m.	as21util1	Total expenses
900	EXPTHA	Y	15	3991	4005	Hospital unit total expenses, excluding bad debt		as21util1	Calculated Field: Total expenses less nursing home unit expense
901	EXPTLA	Y	15	4006	4020	Nursing home expenses, excluding bad debt	E.3.m.	as21util1	Total expenses (nursing home unit)
902	DPEXA	N	10	4021	4030	Depreciation expense	E.3.h.	as21util1	Expense
903	INTEXA	N	10	4031	4040	Interest expense	E.3.i.	as21util1	Expense
904	PHREXA	N	10	4041	4050	Pharmacy expense	E.3.j.	as21util1	Expense
905	SUPEXA	N	10	4051	4060	Supply expense	E.3.k.	as21util1	Expense
906	OTHEXPA	N	10	4061	4070	All other expenses	E.3.l.	as21util1	Expense
907	NPAYBEN	Y	10	4071	4080	Total facility employee benefits	E.3.g.	as21util1	Employee benefits
908	PAYTOT	Y	10	4081	4090	Total facility payroll expenses	E.3.f.	as21util1	Payroll expenses
909	PAYTOTH	Y	10	4091	4100	Hospital unit payroll expenses		as21util1	Calculated Field: Total facility payroll expenses less nursing home facility payroll expenses

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
910	NPAYBENH	Y	10	4101	4110	Hospital unit employee benefits		as21util1	Calculated Field: Total facility employee benefits expenses less nursing home facility employee benefits expenses
911	PAYTOTLT	Y	10	4111	4120	Nursing home payroll expenses	E.3.f.	as21util1	Payroll expenses (nursing home unit)
912	NPAYBENL	Y	10	4121	4130	Nursing home employee benefits	E.3.g.	as21util1	Employee benefits (nursing home unit)
913	LBEDSA	N	6	4131	4136	Licensed beds total facility	E.1.a.	as21util1	Total licensed beds
914	BDTOT	NA	4	4137	4140	Total facility beds set up and staffed at the end of reporting period	E.1.b.	as21util1	Beds set up and staffed (total facility)
915	ADMTOT	Y	6	4141	4146	Total facility admissions	E.1.e.	as21util1	Admissions (total facility)
916	IPDTOT	Y	8	4147	4154	Total facility inpatient days	E.1.f.	as21util1	Inpatient days (total facility)
917	BDH	N	4	4155	4158	Hospital unit beds set up and staffed		as21util1	Calculated Field: Total facility beds less nursing home unit beds
918	ADMH	N	6	4159	4164	Hospital unit admissions		as21util1	Calculated Field: Total facility admissions less nursing home unit admissions
919	IPDH	N	8	4165	4172	Hospital unit inpatient days		as21util1	Calculated Field: Total facility inpatient days less nursing home unit inpatient days
920	LBEDLA	N	6	4173	4178	Nursing home licensed beds	E.1.a.	as21util1	Licensed beds (nursing home unit)
921	BDLT	N	4	4179	4182	Nursing home beds set up and staffed	E.1.b.	as21util1	Nursing home beds set up and staffed
922	ADMLT	N	6	4183	4188	Nursing home admissions	E.1.e.	as21util1	Nursing home admissions
923	IPDLT	N	8	4189	4196	Nursing home inpatient days	E.1.f.	as21util1	Nursing home inpatient days
924	MCRDC	Y	6	4197	4202	Total facility Medicare discharges	E.2.a1.	as21util1	Medicare discharges (total facility)
925	MCRIPD	Y	8	4203	4210	Total facility Medicare inpatient days	E.2.b1.	as21util1	Medicare inpatient days (total facility)
926	MCDDC	Y	6	4211	4216	Total facility Medicaid discharges	E.2.c1.	as21util1	Medicaid discharges (total facility)
927	MCDIPD	Y	8	4217	4224	Total facility Medicaid inpatient days	E.2.d1.	as21util1	Medicaid Inpatient days (total facility)
928	MCRDCH	N	6	4225	4230	Hospital unit Medicare discharges		as21util1	Calculated Field: Total facility Medicare discharges less nursing home unit Medicare discharges
929	MCRIPDH	N	8	4231	4238	Hospital unit Medicare inpatient days		as21util1	Calculated Field: Total facility Medicare days less nursing home unit Medicare days
930	MCDDCH	N	6	4239	4244	Hospital unit Medicaid discharges		as21util1	Calculated Field: Total facility Medicaid discharges less nursing home unit Medicaid discharges
931	MCDIPDH	N	8	4245	4252	Hospital unit Medicaid inpatient days		as21util1	Calculated Field: Total facility Medicaid days less nursing home unit Medicaid days
932	MCRDCLT	N	6	4253	4258	Nursing home Medicare discharges	E.2.a1.	as21util1	Medicare discharges (nursing home unit)
933	MCRIPDLT	N	8	4259	4266	Nursing home Medicare inpatient days	E.2.b1.	as21util1	Medicare inpatient days (nursing home unit)
934	MCDDCLT	N	6	4267	4272	Nursing home Medicaid discharges	E.2.c1.	as21util1	Medicaid discharges (nursing home unit)
935	MCDIPDLT	N	8	4273	4280	Nursing home Medicaid inpatient days	E.2.d1.	as21util1	Medicaid inpatient days (nursing home unit)
936	BASSIN	NA	4	4281	4284	Bassinets set up and staffed	E.1.c.	as21util1	Bassinets set up and staffed

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
937	BIRTHS	Y	6	4285	4290	Total births (excluding fetal deaths)	E.1.d.	as21util1	Births (exclude fetal deaths)
938	SUROPIP	Y	6	4291	4296	Inpatient surgical operations	E.1.i.	as21util1	Inpatient surgeries
939	SUROPOP	Y	6	4297	4302	Outpatient surgical operations	E.1.k.	as21util1	Outpatient surgeries
940	SUROPTOT	Y	6	4303	4308	Total surgical operations		as21util1	Calculated Field: Inpatient surgical operations + outpatient surgical operations
941	VEM	Y	8	4309	4316	Emergency department visits	E.1.g.	as21util1	Emergency department visits
942	VOTH	Y	8	4317	4324	Other outpatient visits		as21util1	Calculated Field: Total outpatient visits less emergency department visits
943	VTOT	Y	8	4325	4332	Total outpatient visits	E.1.h.	as21util1	Total outpatient visits
Note: Numbers in parentheses below indicate survey questionnaire columns. Full-Time, Part-Time and Vacancy categories represent headcounts.									
944	FTMDTF	Y	5	4333	4337	Full-time physicians and dentists	E.12.a.(1)	as21util1	Full-time physicians and dentists
945	FTRES	Y	5	4338	4342	Full-time medical and dental residents and interns	E.12.c.(1)	as21util1	Full-time medical and dental residents/interns
946	FTTRAN84	Y	5	4343	4347	Full-time other trainees	E.12.e.(1)	as21util1	Full-time other trainees
947	FTRNTF	Y	5	4348	4352	Full-time registered nurses	E.12.f.(1)	as21util1	Full-time registered nurses
948	FTLPNTF	Y	5	4353	4357	Full-time licensed practical (vocational) nurses	E.12.g.(1)	as21util1	Full-time licensed practical (vocational) nurses
949	FTAST	Y	5	4358	4362	Full-time nursing assistive personnel	E.12.h.(1)	as21util1	Full-time nursing assistive personnel
950	FTRAD	Y	5	4363	4367	Full-time radiology technicians	E.12.i.(1)	as21util1	Full-time radiology technicians
951	FTLAB	Y	5	4368	4372	Full-time laboratory technicians	E.12.j.(1)	as21util1	Full-time laboratory technicians
952	FTPHR	Y	5	4373	4377	Full-time pharmacists, licensed	E.12.k.(1)	as21util1	Full-time pharmacists, licensed
953	FTPHT	Y	5	4378	4382	Full-time pharmacy technicians	E.12.l.(1)	as21util1	Full-time pharmacy technicians
954	FTRESP	Y	5	4383	4387	Full-time respiratory therapists	E.12.m.(1)	as21util1	Full-time respiratory therapists
955	FTOTHTF	Y	5	4388	4392	Full-time all other personnel	E.12.n.(1)	as21util1	Full-time all other personnel
956	FTTOT	Y	5	4393	4397	Full-time total facility personnel	E.12.o.(1)	as21util1	Full-time total facility personnel
957	PTMDTF	Y	5	4398	4402	Part-time physicians and dentists	E.12.a.(2)	as21util1	Part-time physicians and dentists
958	PTRES	Y	5	4403	4407	Part-time medical and dental residents and interns	E.12.c.(2)	as21util1	Part-time medical and dental residents/interns
959	PTTRAN84	Y	5	4408	4412	Part-time other trainees	E.12.e.(2)	as21util1	Part-time other trainees
960	PTRNTF	Y	5	4413	4417	Part-time registered nurses	E.12.f.(2)	as21util1	Part-time registered nurses
961	PTLPNTF	Y	5	4418	4422	Part-time licensed practical (vocational) nurses	E.12.g.(2)	as21util1	Part-time licensed practical (vocational) nurses
962	PTAST	Y	5	4423	4427	Part-time nursing assistive personnel	E.12.h.(2)	as21util1	Part-time nursing assistive personnel
963	PTRAD	Y	5	4428	4432	Part-time radiology technicians	E.12.i.(2)	as21util1	Part-time radiology technicians
964	PTLAB	Y	5	4433	4437	Part-time laboratory technicians	E.12.j.(2)	as21util1	Part-time laboratory technicians
965	PTPHR	Y	5	4438	4442	Part-time pharmacists, licensed	E.12.k.(2)	as21util1	Part-time pharmacists, licensed
966	PTPHT	Y	5	4443	4447	Part-time pharmacy technicians	E.12.l.(2)	as21util1	Part-time pharmacy technicians
967	PTRESP	Y	5	4448	4452	Part-time respiratory therapists	E.12.m.(2)	as21util1	Part-time respiratory therapists
968	PTOTHTF	Y	5	4453	4457	Part-time all other personnel	E.12.n.(2)	as21util1	Part-time all other personnel
969	PTTOT	Y	5	4458	4462	Part-time total facility personnel	E.12.o.(2)	as21util1	Part-time total facility personnel
970	FTTOTH	Y	5	4463	4467	Total full-time hospital unit personnel		as21util1	Calculated Field: Total full-time facility personnel less total full-time nursing home personnel

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
971	PTTOTH	Y	5	4468	4472	Total part-time hospital unit personnel		as21util1	Calculated Field: Total part-time facility personnel less total part-time nursing home personnel
972	FTRNLT	N	5	4473	4477	Total full-time nursing home type unit/facility registered nurses	E.12.p.(1)	as21util1	Total full-time nursing home type unit/facility registered nurses
973	PTRNLT	N	5	4478	4482	Total part-time nursing home type unit/facility registered nurses	E.12.p.(2)	as21util1	Total part-time nursing home type unit/facility registered nurses
974	FTTOTLT	Y	5	4483	4487	Total full-time nursing home personnel	E.12.q.(1)	as21util1	Total full-time nursing home personnel
975	PTTOTLT	Y	5	4488	4492	Total part-time nursing home personnel	E.12.q.(2)	as21util1	Total part-time nursing home personnel
976	FTED	N	8	4493	4500	Physicians and dentists FTE	E.12.a.(3)	as21util1	Physicians and dentists FTE (Reported)
977	FTER	N	8	4501	4508	Medical and dental residents FTE	E.12.c.(3)	as21util1	Medical and dental residents FTE (Reported)
978	FTET	N	8	4509	4516	Other trainees FTE	E.12.e.(3)	as21util1	Other trainees FTE (Reported)
979	FTEN	N	8	4517	4524	Registered nurses FTE	E.12.f.(3)	as21util1	Registered nurses FTE (Reported)
980	FTEP	N	8	4525	4532	Licensed practical (vocational) nurses FTE	E.12.g.(3)	as21util1	Licensed practical (vocational) nurses FTE (Reported)
981	FTEAP	N	8	4533	4540	Nursing assistive personnel FTE	E.12.h.(3)	as21util1	Nursing assistive personnel FTE (Reported)
982	FTERAD	N	8	4541	4548	Radiology technicians FTE	E.12.i.(3)	as21util1	Radiology technicians FTE (Reported)
983	FTELAB	N	8	4549	4556	Laboratory technicians FTE	E.12.j.(3)	as21util1	Laboratory technicians FTE (Reported)
984	FTEPH	N	8	4557	4564	Pharmacists, licensed FTE	E.12.k.(3)	as21util1	Pharmacists, licensed FTE (Reported)
985	FTEPHT	N	8	4565	4572	Pharmacy technicians FTE	E.12.l.(3)	as21util1	Pharmacy technicians FTE (Reported)
986	FTERESP	N	8	4573	4580	Respiratory therapists FTE	E.12.m.(3)	as21util1	Respiratory therapists FTE (Reported)
987	FTEO	N	8	4581	4588	All other personnel FTE	E.12.n.(3)	as21util1	All other personnel FTE (Reported)
988	FTETF	N	8	4589	4596	Total facility personnel FTE	E.12.o.(3)	as21util1	Total facility personnel FTE (Reported)
989	FTERNLT	N	8	4597	4604	Nursing home type unit/facility registered nurses FTE	E.12.p.(3)	as21util1	Nursing home registered nurses FTE (Reported)
990	FTEU	N	8	4605	4612	Nursing home personnel FTE	E.12.q.(3)	as21util1	Nursing home personnel FTE (Reported)
991	VMD	N	8	4613	4620	Physician and dentists - vacancies	E.12.a.(4)	as21util1	Physician and dentists - vacancies
992	VRES	N	8	4621	4628	Medical and dental residents/interns - vacancies	E.12.c.(4)	as21util1	Medical and dental residents/interns- vacancies
993	VTTRN	N	8	4629	4636	Other trainees - vacancies	E.12.e.(4)	as21util1	Other trainees - vacancies
994	VRN	N	8	4637	4644	Registered nurses - vacancies	E.12.f.(4)	as21util1	Registered nurses - vacancies
995	VLPN	N	8	4645	4652	Licensed practical (vocational) nurses - vacancies	E.12.g.(4)	as21util1	Licensed practical (vocational) nurses - vacancies
996	VAST	N	8	4653	4660	Nursing assistive personnel - vacancies	E.12.h.(4)	as21util1	Nursing assistive personnel - vacancies
997	VRAD	N	8	4661	4668	Radiology technicians - vacancies	E.12.i.(4)	as21util1	Radiology technicians - vacancies
998	VLAB	N	8	4669	4676	Laboratory technicians - vacancies	E.12.j.(4)	as21util1	Laboratory technicians - vacancies
999	VPHR	N	8	4677	4684	Pharmacists, licensed - vacancies	E.12.k.(4)	as21util1	Pharmacists, licensed - vacancies
1000	VPHT	N	8	4685	4692	Pharmacy technicians - vacancies	E.12.l.(4)	as21util1	Pharmacy technicians - vacancies
1001	VRSP	N	8	4693	4700	Respiratory therapists - vacancies	E.12.m.(4)	as21util1	Respiratory therapists - vacancies
1002	VOTHL	N	8	4701	4708	All other personnel - vacancies	E.12.n.(4)	as21util1	All other personnel - vacancies
1003	VTOTL	N	8	4709	4716	Total facility personnel - vacancies	E.12.o.(4)	as21util1	Total facility personnel - vacancies

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1004	VRNH	N	8	4717	4724	Nursing home type unit/facility registered nurses - vacancies	E.12.p.(4)	as21util1	Nursing home type unit/facility registered nurses- vacancies
1005	VTNH	N	8	4725	4732	Total nursing home type unit/facility personnel - vacancies	E.12.q.(4)	as21util1	Total nursing home type unit/facility personnel - vacancies
1006	ERNFTE	N	8	4733	4740	Number of direct patient care RN FTEs	E.12.r.	as21util1	Number of FTEs (among employed RNs) involved in direct patient care
1007	PCMRES	N	8	4741	4748	Medical residents/interns - primary care	E.12.s.1.	as21util1	Full-time on payroll medical residents/interns - primary care
1008	OTHPCR	N	8	4749	4756	Medical residents/interns - other specialties	E.12.s.2.	as21util1	Full-time on payroll medical residents/interns - other specialties
1009	ADC	NA	8	4757	4764	Average daily census		as21util1	Inpatient Days / Days Covered
1010	ADJADM	NA	8	4765	4772	Adjusted admissions		as21util1	Admissions + (Admissions * (Outpatient Revenue/Inpatient Revenue))
1011	ADJPD	NA	8	4773	4780	Adjusted patient days		as21util1	Inpatient Days + (Inpatient Days * (Outpatient Revenue/Inpatient Revenue))
1012	ADJADC	NA	8	4781	4788	Adjusted average daily census		as21util1	Adjusted Patient Days/Number of Days in Reporting Period
1013	ADJPDH	NA	8	4789	4796	Adjusted patient days hospital unit		as21util1	Inpatient days hospital unit + (Inpatient days hospital unit * (Outpatient Revenue/Inpatient Revenue))
1014	ADJADCH	NA	8	4797	4804	Adjusted average daily census hospital unit		as21util1	Adjusted Patient Days Hospital Unit/Number of days in reporting period
1015	FTERNH	NA	8	4805	4812	Full time equivalent hospital unit registered nurses		as21util1	Calculated Field: Total facility RN FTE less nursing home unit RN FTE
1016	FTEMD	NA	8	4813	4820	Full time equivalent physicians and dentists		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1017	FTERN	NA	8	4821	4828	Full time equivalent registered nurses		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1018	FTELPN	NA	8	4829	4836	Full time equivalent licensed practical (vocational) nurses		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1019	FTERES	NA	8	4837	4844	Full time equivalent medical and dental residents and interns		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1020	FTETRAN	NA	8	4845	4852	Full time equivalent other trainees		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1021	FTECAP	NA	8	4853	4860	Full time equivalent nursing assistive personnel		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1022	FTECRAD	NA	8	4861	4868	Full time equivalent radiology technicians		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1023	FTECLAB	NA	8	4869	4876	Full time equivalent laboratory technicians		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1024	FTECPH	NA	8	4877	4884	Full time equivalent pharmacists, licensed		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1025	FTECPHT	NA	8	4885	4892	Full time equivalent pharmacy technicians		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1026	FTECRESP	NA	8	4893	4900	Full time equivalent respiratory therapists		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1027	FTETTRN	NA	8	4901	4908	Full time equivalent total trainees		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1028	FTEOTH94	NA	8	4909	4916	Full time equivalent all other personnel		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1029	FTEH	NA	8	4917	4924	Full time equivalent hospital unit total personnel		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1030	FTENH	NA	8	4925	4932	Full time equivalent nursing home total personnel		as21util1	All full time equivalent personnel fields are calculated by adding full-time personnel to 0.5 * related part-time personnel.
1031	FTE	NA	8	4933	4940	Full time equivalent total personnel		as21util1	Excludes medical and dental residents, interns and other trainees
1032	OPRA	N	4	4941	4944	Number of operating rooms	E.1.j.	as21util1	Number of operating rooms
1033	EADMTOT	NA	1	4945	4945	(Estimation Flag) Admissions		as21util1	0=reported, 1=estimated, 2=expanded
1034	EIPDTOT	NA	1	4946	4946	(Estimation Flag) Inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1035	EADMH	NA	1	4947	4947	(Estimation Flag) Hospital unit admissions		as21util1	0=reported, 1=estimated, 2=expanded
1036	EIPDH	NA	1	4948	4948	(Estimation Flag) Hospital unit inpatient days		as21util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1037	EADMLT	NA	1	4949	4949	(Estimation Flag) Nursing home unit admissions		as21util1	0=reported, 1=estimated, 2=expanded
1038	EIPDLT	NA	1	4950	4950	(Estimation Flag) Nursing home unit inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1039	EMCRDC	NA	1	4951	4951	(Estimation Flag) Medicare inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1040	EMCRIPD	NA	1	4952	4952	(Estimation Flag) Medicare inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1041	EMCDDC	NA	1	4953	4953	(Estimation Flag) Medicaid inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1042	EMCDIPD	NA	1	4954	4954	(Estimation Flag) Medicaid inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1043	EMCRDCH	NA	1	4955	4955	(Estimation Flag) Hospital unit Medicare inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1044	EMCRIPDH	NA	1	4956	4956	(Estimation Flag) Hospital unit Medicare inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1045	EMCDDCH	NA	1	4957	4957	(Estimation Flag) Hospital unit Medicaid inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1046	EMCDIPDH	NA	1	4958	4958	(Estimation Flag) Hospital unit Medicaid inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1047	EMCRDCLT	NA	1	4959	4959	(Estimation Flag) Nursing home unit Medicare inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1048	EMCRPDLT	NA	1	4960	4960	(Estimation Flag) Nursing home unit Medicare inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1049	EMCDDCLT	NA	1	4961	4961	(Estimation Flag) Nursing home unit Medicaid inpatient discharges		as21util1	0=reported, 1=estimated, 2=expanded
1050	EMCDPDLT	NA	1	4962	4962	(Estimation Flag) Nursing home unit Medicaid inpatient days		as21util1	0=reported, 1=estimated, 2=expanded
1051	EBIRTHS	NA	1	4963	4963	(Estimation Flag) Births		as21util1	0=reported, 1=estimated, 2=expanded
1052	ESUROPIP	NA	1	4964	4964	(Estimation Flag) Inpatient surgical operations		as21util1	0=reported, 1=estimated, 2=expanded
1053	ESUROPOP	NA	1	4965	4965	(Estimation Flag) Outpatient surgical operations		as21util1	0=reported, 1=estimated, 2=expanded
1054	ESUROPTO	NA	1	4966	4966	(Estimation Flag) Total surgical operations		as21util1	0=reported, 1=estimated, 2=expanded
1055	EVEM	NA	1	4967	4967	(Estimation Flag) Outpatient visits emergency		as21util1	0=reported, 1=estimated, 2=expanded
1056	EVOTH	NA	1	4968	4968	(Estimation Flag) Outpatient visits other		as21util1	0=reported, 1=estimated, 2=expanded
1057	EVTOT	NA	1	4969	4969	(Estimation Flag) Outpatient visits total		as21util1	0=reported, 1=estimated, 2=expanded
1058	EPAYTOT	NA	1	4970	4970	(Estimation Flag) Total payroll expenses		as21util1	0=reported, 1=estimated, 2=expanded
1059	ENPAYBEN	NA	1	4971	4971	(Estimation Flag) Employee benefits		as21util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1060	EPAYTOTH	NA	1	4972	4972	(Estimation Flag) Hospital unit payroll expenses		as21util1	0=reported, 1=estimated, 2=expanded
1061	ENPYBENH	NA	1	4973	4973	(Estimation Flag) Hospital unit employee benefits		as21util1	0=reported, 1=estimated, 2=expanded
1062	EPYTOTLT	NA	1	4974	4974	(Estimation Flag) Nursing home unit payroll expenses		as21util1	0=reported, 1=estimated, 2=expanded
1063	ENPBENLT	NA	1	4975	4975	(Estimation Flag) Nursing home unit employee benefits		as21util1	0=reported, 1=estimated, 2=expanded
1064	EFTMDTF	NA	1	4976	4976	(Estimation Flag) Full-time physicians and dentists		as21util1	0=reported, 1=estimated, 2=expanded
1065	EFTRES	NA	1	4977	4977	(Estimation Flag) Full-time medical and dental residents		as21util1	0=reported, 1=estimated, 2=expanded
1066	EFTTRN84	NA	1	4978	4978	(Estimation Flag) Full-time other trainees		as21util1	0=reported, 1=estimated, 2=expanded
1067	EFTRNTF	NA	1	4979	4979	(Estimation Flag) Full-time registered nurses		as21util1	0=reported, 1=estimated, 2=expanded
1068	EFTLPNTF	NA	1	4980	4980	(Estimation Flag) Full-time licensed practical (vocational) nurses		as21util1	0=reported, 1=estimated, 2=expanded
1069	EFTAST	NA	1	4981	4981	(Estimation Flag) Full-time nursing assistive personnel		as21util1	0=reported, 1=estimated, 2=expanded
1070	EFTRAD	NA	1	4982	4982	(Estimation Flag) Full-time radiology technicians		as21util1	0=reported, 1=estimated, 2=expanded
1071	EFTLAB	NA	1	4983	4983	(Estimation Flag) Full-time laboratory technicians		as21util1	0=reported, 1=estimated, 2=expanded
1072	EFTPHR	NA	1	4984	4984	(Estimation Flag) Full-time pharmacists, licensed		as21util1	0=reported, 1=estimated, 2=expanded
1073	EFTPHT	NA	1	4985	4985	(Estimation Flag) Full-time pharmacy technicians		as21util1	0=reported, 1=estimated, 2=expanded
1074	EFTRESP	NA	1	4986	4986	(Estimation Flag) Full-time respiratory therapists		as21util1	0=reported, 1=estimated, 2=expanded
1075	EFTOTHTF	NA	1	4987	4987	(Estimation Flag) Full-time all other personnel		as21util1	0=reported, 1=estimated, 2=expanded
1076	EFTTOT	NA	1	4988	4988	(Estimation Flag) Full-time total personnel		as21util1	0=reported, 1=estimated, 2=expanded
1077	EPTMDTF	NA	1	4989	4989	(Estimation Flag) Part-time physicians and dentists		as21util1	0=reported, 1=estimated, 2=expanded
1078	EPTRES	NA	1	4990	4990	(Estimation Flag) Part-time medical and dental residents		as21util1	0=reported, 1=estimated, 2=expanded
1079	EPTTRN84	NA	1	4991	4991	(Estimation Flag) Part-time other trainees		as21util1	0=reported, 1=estimated, 2=expanded
1080	EPTRNTF	NA	1	4992	4992	(Estimation Flag) Part-time registered nurses		as21util1	0=reported, 1=estimated, 2=expanded
1081	EPTLPNTF	NA	1	4993	4993	(Estimation Flag) Part-time licensed practical (vocational) nurses		as21util1	0=reported, 1=estimated, 2=expanded

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1082	EPTAST	NA	1	4994	4994	(Estimation Flag) Part-time nursing assistive personnel		as21util1	0=reported, 1=estimated, 2=expanded
1083	EPTRAD	NA	1	4995	4995	(Estimation Flag) Part-time radiology technicians		as21util1	0=reported, 1=estimated, 2=expanded
1084	EPTLAB	NA	1	4996	4996	(Estimation Flag) Part-time laboratory technicians		as21util1	0=reported, 1=estimated, 2=expanded
1085	EPTPHR	NA	1	4997	4997	(Estimation Flag) Part-time pharmacists, licensed		as21util1	0=reported, 1=estimated, 2=expanded
1086	EPTPHT	NA	1	4998	4998	(Estimation Flag) Part-time pharmacy technicians		as21util1	0=reported, 1=estimated, 2=expanded
1087	EPTRESP	NA	1	4999	4999	(Estimation Flag) Part-time respiratory therapists		as21util1	0=reported, 1=estimated, 2=expanded
1088	EPTOTHTF	NA	1	5000	5000	(Estimation Flag) Part-time all other personnel		as21util1	0=reported, 1=estimated, 2=expanded
1089	EPTTOT	NA	1	5001	5001	(Estimation Flag) Part-time total personnel		as21util1	0=reported, 1=estimated, 2=expanded
1090	EFTTOTH	NA	1	5002	5002	(Estimation Flag) Hospital unit total full-time personnel		as21util1	0=reported, 1=estimated, 2=expanded
1091	EPTTOTH	NA	1	5003	5003	(Estimation Flag) Hospital unit total part-time personnel		as21util1	0=reported, 1=estimated, 2=expanded
1092	EFTTOTLT	NA	1	5004	5004	(Estimation Flag) Nursing home unit total full-time personnel		as21util1	0=reported, 1=estimated, 2=expanded
1093	EPTTOTLT	NA	1	5005	5005	(Estimation Flag) Nursing home unit total part-time personnel		as21util1	0=reported, 1=estimated, 2=expanded
1094	EEXPTOT	NA	1	5006	5006	(Estimation Flag) Total expenses		as21util1	0=reported, 1=estimated, 2=expanded
1095	EXPTHB	NA	1	5007	5007	(Estimation Flag) Hospital unit total expenses, excluding bad debt		as21util1	0=reported, 1=estimated, 2=expanded
1096	EXPTLB	NA	1	5008	5008	(Estimation Flag) Nursing home total expenses, excluding bad debt		as21util1	0=reported, 1=estimated, 2=expanded
1097	TECAR	N	8	5009	5016	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total employed	E.13.a.1.	as21util2	Number of physicians with privileges
1098	TEOB	N	8	5017	5024	Obstetrics/gynecology - total employed	E.13.b.1.	as21util2	Number of physicians with privileges
1099	TEMER	N	8	5025	5032	Emergency medicine - total employed	E.13.c.1.	as21util2	Number of physicians with privileges
1100	TEHSP	N	8	5033	5040	Hospitalist - total employed	E.13.d.1.	as21util2	Number of physicians with privileges
1101	TEINT	N	8	5041	5048	Intensivist - total employed	E.13.e.1.	as21util2	Number of physicians with privileges
1102	TEGST	N	8	5049	5056	Radiologist/pathologist/anesthesiologist - total employed	E.13.f.1.	as21util2	Number of physicians with privileges
1103	TEOTH	N	8	5057	5064	Other specialists - total employed	E.13.g.1.	as21util2	Number of physicians with privileges
1104	TETOT	N	8	5065	5072	Total - total employed	E.13.h.1.	as21util2	Number of physicians with privileges

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1105	TCCAR	N	8	5073	5080	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total individual contract	E.13.a.2.	as21util2	Number of physicians with privileges
1106	TCOB	N	8	5081	5088	Obstetrics/gynecology - total individual contract	E.13.b.2.	as21util2	Number of physicians with privileges
1107	TCMER	N	8	5089	5096	Emergency medicine - total individual contract	E.13.c.2.	as21util2	Number of physicians with privileges
1108	TCHSP	N	8	5097	5104	Hospitalist - total individual contract	E.13.d.2.	as21util2	Number of physicians with privileges
1109	TCINT	N	8	5105	5112	Intensivist - total individual contract	E.13.e.2.	as21util2	Number of physicians with privileges
1110	TCGST	N	8	5113	5120	Radiologist/pathologist/anesthesiologist - total individual contract	E.13.f.2.	as21util2	Number of physicians with privileges
1111	TCOTH	N	8	5121	5128	Other specialist - total individual contract	E.13.g.2.	as21util2	Number of physicians with privileges
1112	TCTOT	N	8	5129	5136	Total - total individual contract	E.13.h.2.	as21util2	Number of physicians with privileges
1113	TGCAR	N	8	5137	5144	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total group contract	E.13.a.3.	as21util2	Number of physicians with privileges
1114	TGOB	N	8	5145	5152	Obstetrics/gynecology - total group contract	E.13.b.3.	as21util2	Number of physicians with privileges
1115	TGMER	N	8	5153	5160	Emergency medicine - total group contract	E.13.c.3.	as21util2	Number of physicians with privileges
1116	TGHSP	N	8	5161	5168	Hospitalist - total group contract	E.13.d.3.	as21util2	Number of physicians with privileges
1117	TGINT	N	8	5169	5176	Intensivist - total group contract	E.13.e.3.	as21util2	Number of physicians with privileges
1118	TGGST	N	8	5177	5184	Radiologist/pathologist/anesthesiologist - total group contract	E.13.f.3.	as21util2	Number of physicians with privileges
1119	TGOTH	N	8	5185	5192	Other specialist - total group contract	E.13.g.3.	as21util2	Number of physicians with privileges
1120	TGTOT	N	8	5193	5200	Total - total group contract	E.13.h.3.	as21util2	Number of physicians with privileges
1121	NECAR	N	8	5201	5208	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - not employed or under contract	E.13.a.4.	as21util2	Number of physicians with privileges
1122	NEOB	N	8	5209	5216	Obstetrics/gynecology - not employed or under contract	E.13.b.4.	as21util2	Number of physicians with privileges
1123	NEMER	N	8	5217	5224	Emergency medicine - not employed or under contract	E.13.c.4.	as21util2	Number of physicians with privileges
1124	NEHSP	N	8	5225	5232	Hospitalist - not employed or under contract	E.13.d.4.	as21util2	Number of physicians with privileges
1125	NEINT	N	8	5233	5240	Intensivist - not employed or under contract	E.13.e.4.	as21util2	Number of physicians with privileges
1126	NEGST	N	8	5241	5248	Radiologist/pathologist/anesthesiologist - not employed or under contract	E.13.f.4.	as21util2	Number of physicians with privileges

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1127	NEOTH	N	8	5249	5256	Other specialist - not employed or under contract	E.13.g.4.	as21util2	Number of physicians with privileges
1128	NETOT	N	8	5257	5264	Total - total not employed or under contract	E.13.h.4.	as21util2	Number of physicians with privileges
1129	TPCAR	N	8	5265	5272	Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) - total privileged	E.13.a.5.	as21util2	Number of physicians with privileges
1130	TPOB	N	8	5273	5280	Obstetrics/gynecology - total privileged	E.13.b.5.	as21util2	Number of physicians with privileges
1131	TPMER	N	8	5281	5288	Emergency medicine - total privileged	E.13.c.5.	as21util2	Number of physicians with privileges
1132	TPHSP	N	8	5289	5296	Hospitalist - total privileged	E.13.d.5.	as21util2	Number of physicians with privileges
1133	TPINT	N	8	5297	5304	Intensivist - total privileged	E.13.e.5.	as21util2	Number of physicians with privileges
1134	TPGST	N	8	5305	5312	Radiologist/pathologist/anesthesiologist - total privileged	E.13.f.5.	as21util2	Number of physicians with privileges
1135	TPOTH	N	8	5313	5320	Other specialist - total privileged	E.13.g.5.	as21util2	Number of physicians with privileges
1136	TPRTOT	N	8	5321	5328	Total - total privileged	E.13.h.5.	as21util2	Number of physicians with privileges
1137	HSPTL	N	1	5329	5329	Hospitalists provide care	E.14.a.	as21util2	1 = yes, 0 = no
1138	FTEHSP	N	8	5330	5337	Hospitalist FTE	E.14.b.	as21util2	Hospitalists FTE
1139	INTCAR	N	1	5338	5338	Intensivists provide care	E.15.a.	as21util2	1 = yes, 0 = no
1140	FTEMSI	N	8	5339	5346	Intensivist FTE Medical-surgical intensive care	E.15.b.1.	as21util2	Intensivists FTE Medical-surgical intensive care
1141	FTECIC	N	8	5347	5354	Intensivist FTE Cardiac intensive care	E.15.b.2.	as21util2	Intensivists FTE Cardiac intensive care
1142	FTENIC	N	8	5355	5362	Intensivist FTE Neonatal intensive care	E.15.b.3.	as21util2	Intensivists FTE Neonatal intensive care
1143	FTEPIC	N	8	5363	5370	Intensivist FTE Pediatric intensive care	E.15.b.4.	as21util2	Intensivists FTE Pediatric intensive care
1144	FTEOIC	N	8	5371	5378	Intensivist FTE Other intensive care	E.15.b.5.	as21util2	Intensivists FTE Other intensive care
1145	FTEINT	N	8	5379	5386	Intensivist FTE Total	E.15.b.6.	as21util2	Intensivists FTE Total
1146	CLSMSI	N	1	5387	5387	Closed unit - medical surgical intensive care	E.15.b.1.	as21util2	1=yes
1147	CLSCIC	N	1	5388	5388	Closed unit - cardiac intensive care	E.15.b.2.	as21util2	1=yes
1148	CLSNIC	N	1	5389	5389	Closed unit - neonatal intensive care	E.15.b.3.	as21util2	1=yes
1149	CLSPIC	N	1	5390	5390	Closed unit - pediatric intensive care	E.15.b.4.	as21util2	1=yes
1150	CLSOIC	N	1	5391	5391	Closed unit - other intensive care	E.15.b.5.	as21util2	1=yes
1151	APRN	N	1	5392	5392	Do advanced practice nurses/physician assistants provide care for patients in your hospital?	E.16.a.	as21util2	1=yes, 0=no
1152	FTAPRN	N	8	5393	5400	Full-time advanced practice nurses	E.16.b.	as21util2	Number of full-time advanced practice nurses
1153	PTAPRN	N	8	5401	5408	Part-time advanced practice nurses	E.16.b.	as21util2	Number of part-time advanced practice nurses
1154	FTEAPN	N	8	5409	5416	FTE advanced practice nurses	E.16.b.	as21util2	Number of advanced practice nurse FTEs
1155	FTPHRN	N	8	5417	5424	Full-time physician assistants	E.16.b.	as21util2	Number of full-time physician assistants
1156	PTPHRN	N	8	5425	5432	Part-time physician assistants	E.16.b.	as21util2	Number of part-time physician assistants

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1157	FTEPHRN	N	8	5433	5440	FTE physician assistants	E.16.b.	as21util2	Number of physician assistant FTEs
1158	APCAR	N	1	5441	5441	Primary care, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1159	APANES	N	1	5442	5442	Anesthesia services, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1160	APEMER	N	1	5443	5443	Emergency department care, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1161	APSPC	N	1	5444	5444	Other specialty care, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1162	APED	N	1	5445	5445	Patient education, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1163	APCASE	N	1	5446	5446	Case management, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1164	APOTH	N	1	5447	5447	Other care, advanced practice nurses/physician assistants	E.16.c.	as21util2	1=yes, 0=no
1165	FORNRSA	N	1	5448	5448	Did your facility hire more foreign-educated nurses to help fill RN vacancies in 2021 vs. 2020?	E.17.a.	as21util2	0=did not hire, 1=more, 2=less, 3=same
1166	AFRICA	N	1	5449	5449	From which countries/continents are you recruiting foreign-educated nurses? Africa	E.17.b.	as21util2	1=yes, 0=no
1167	KOREA	N	1	5450	5450	From which countries/continents are you recruiting foreign-educated nurses? South Korea	E.17.b.	as21util2	1=yes, 0=no
1168	CANADA	N	1	5451	5451	From which countries/continents are you recruiting foreign-educated nurses? Canada	E.17.b.	as21util2	1=yes, 0=no
1169	PH	N	1	5452	5452	From which countries/continents are you recruiting foreign-educated nurses? Philippines	E.17.b.	as21util2	1=yes, 0=no
1170	CHINA	N	1	5453	5453	From which countries/continents are you recruiting foreign-educated nurses? China	E.17.b.	as21util2	1=yes, 0=no
1171	INDIA	N	1	5454	5454	From which countries/continents are you recruiting foreign-educated nurses? India	E.17.b.	as21util2	1=yes, 0=no
1172	OFRNRS	N	1	5455	5455	From which countries/continents are you recruiting foreign-educated nurses? Other	E.17.b.	as21util2	1=yes, 0=no
1173	WFAIPSN	N	1	5456	5456	AI or machine learning - predicting staffing needs	E.18.a.1	as21util2	1=yes, 0=no
1174	WFAIPPD	N	1	5457	5457	AI or machine learning - predicting patient demand	E.18.a.2	as21util2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1175	WFAISS	N	1	5458	5458	AI or machine learning - staff scheduling	E.18.a.3	as21util2	1=yes, 0=no
1176	WFAIART	N	1	5459	5459	AI or machine learning - automating routine tasks	E.18.a.4	as21util2	1=yes, 0=no
1177	WFAIOACW	N	1	5460	5460	AI or machine learning - optimizing administrative and clinical workflows	E.18.a.5	as21util2	1=yes, 0=no
1178	WFSTCNA	N	1	5461	5461	Incorporating workforce as part of strategic planning - conduct needs assessment	E.18.b.1	as21util2	1=yes, 0=no
1179	WFSTLSP	N	1	5462	5462	Incorporating workforce as part of strategic planning - leadership succession planning	E.18.b.2	as21util2	1=yes, 0=no
1180	WFSTTDP	N	1	5463	5463	Incorporating workforce as part of strategic planning - talent development plan	E.18.b.3	as21util2	1=yes, 0=no
1181	WFSTRRP	N	1	5464	5464	Incorporating workforce as part of strategic planning - recruitment & retention planning	E.18.b.4	as21util2	1=yes, 0=no
1182	WFSTHCC	N	1	5465	5465	Incorporating workforce as part of strategic planning - partnerships with elementary/HS to develop interest in health care careers	E.18.b.5	as21util2	1=yes, 0=no
1183	WFSTVTP	N	1	5466	5466	Incorporating workforce as part of strategic planning - training program partnership with community colleges, vocational training programs	E.18.b.6	as21util2	1=yes, 0=no
1184	HHEGCEO	N	1	5467	5467	Accountable for meeting health equity goals - CEO	F.5.a.	as21util2	1=yes, 0=no
1185	HHEGCDO	N	1	5468	5468	Accountable for meeting health equity goals - designated senior executive	F.5.b.	as21util2	1=yes, 0=no
1186	HHEGMDMN	N	1	5469	5469	Accountable for meeting health equity goals - middle management	F.5.c.	as21util2	1=yes, 0=no
1187	HHEGTKFC	N	1	5470	5470	Accountable for meeting health equity goals - committee or task force	F.5.d.	as21util2	1=yes, 0=no
1188	HHEGLEAD	N	1	5471	5471	Accountable for meeting health equity goals - division/department leaders	F.5.e.	as21util2	1=yes, 0=no
1189	HHEGERG	N	1	5472	5472	Accountable for meeting health equity goals - employee resource group	F.5.f.	as21util2	1=yes, 0=no
1190	SHEGCEO	N	1	5473	5473	Accountable for implementing strategies for health equity goals - CEO	F.6.a.	as21util2	1=yes, 0=no
1191	SHEGCDO	N	1	5474	5474	Accountable for implementing strategies for health equity goals - designated senior executive	F.6.b.	as21util2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1192	SHEGMDMN	N	1	5475	5475	Accountable for implementing strategies for health equity goals - middle management	F.6.c.	as21util2	1=yes, 0=no
1193	SHEGTKFC	N	1	5476	5476	Accountable for implementing strategies for health equity goals - committee or task force	F.6.d.	as21util2	1=yes, 0=no
1194	SHEGLEAD	N	1	5477	5477	Accountable for implementing strategies for health equity goals - division/department leaders	F.6.e.	as21util2	1=yes, 0=no
1195	SHEGERG	N	1	5478	5478	Accountable for implementing strategies for health equity goals - employee resource group	F.6.f.	as21util2	1=yes, 0=no
1196	DEIDPO	N	1	5479	5479	DEI disaggregated data to inform decisions - patient outcomes	F.7.a.	as21util2	1=yes, 0=no
1197	DEIDPROC	N	1	5480	5480	DEI disaggregated data to inform decisions - procurement	F.7.b.	as21util2	1=yes, 0=no
1198	DEIDSPCH	N	1	5481	5481	DEI disaggregated data to inform decisions - supply chain	F.7.c.	as21util2	1=yes, 0=no
1199	DEIDTRN	N	1	5482	5482	DEI disaggregated data to inform decisions - training	F.7.d.	as21util2	1=yes, 0=no
1200	DEIDPDEV	N	1	5483	5483	DEI disaggregated data to inform decisions - professional development	F.7.e.	as21util2	1=yes, 0=no
1201	PHEGEIOP	N	1	5484	5484	Health equity strategic planning - equitable and inclusive organizational policies	F.8.a.	as21util2	1=yes, 0=no
1202	PHEGACC	N	1	5485	5485	Health equity strategic planning - systematic and shared accountability for health equity	F.8.b.	as21util2	1=yes, 0=no
1203	PHEGLEAD	N	1	5486	5486	Health equity strategic planning - diverse representation in hospital and health care system leadership	F.8.c.	as21util2	1=yes, 0=no
1204	PHEGGOV	N	1	5487	5487	Health equity strategic planning - diverse representation in hospital and health care system governance	F.8.d.	as21util2	1=yes, 0=no
1205	PHEGCMTY	N	1	5488	5488	Health equity strategic planning - community engagement	F.8.e.	as21util2	1=yes, 0=no
1206	PHEGDATA	N	1	5489	5489	Health equity strategic planning - collection and use of segmented data to drive action	F.8.f.	as21util2	1=yes, 0=no
1207	PHEGCAPC	N	1	5490	5490	Health equity strategic planning - culturally appropriate patient care	F.8.g.	as21util2	1=yes, 0=no
1208	HCOCNI	N	1	5491	5491	Healthcare providers outside your system - not involved	F.9.a.	as21util2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1209	HCOCPSN	N	1	5492	5492	Healthcare providers outside your system - social needs	F.9.a.	as21util2	1=yes, 0=no
1210	HCOCCNA	N	1	5493	5493	Healthcare providers outside your system - CHNA	F.9.a.	as21util2	1=yes, 0=no
1211	HCOCCLI	N	1	5494	5494	Healthcare providers outside your system - community-level initiatives	F.9.a.	as21util2	1=yes, 0=no
1212	HICOCNI	N	1	5495	5495	Health insurance providers outside your system - not involved	F.9.b.	as21util2	1=yes, 0=no
1213	HICOCPSN	N	1	5496	5496	Health insurance providers outside your system - social needs	F.9.b.	as21util2	1=yes, 0=no
1214	HICOCCNA	N	1	5497	5497	Health insurance providers outside your system - CHNA	F.9.b.	as21util2	1=yes, 0=no
1215	HICOCCLI	N	1	5498	5498	Health insurance providers outside your system - community-level initiatives	F.9.b.	as21util2	1=yes, 0=no
1216	LORGNI	N	1	5499	5499	Local or state public health departments - not involved	F.9.c.	as21util2	1=yes, 0=no
1217	LORGPSN	N	1	5500	5500	Local or state public health departments - social needs	F.9.c.	as21util2	1=yes, 0=no
1218	LORGCNA	N	1	5501	5501	Local or state public health departments - CHNA	F.9.c.	as21util2	1=yes, 0=no
1219	LORGCLI	N	1	5502	5502	Local or state public health departments - community-level initiatives	F.9.c.	as21util2	1=yes, 0=no
1220	OTLSNI	N	1	5503	5503	Other local, state government or social service organizations - not involved	F.9.d.	as21util2	1=yes, 0=no
1221	OTLSPSN	N	1	5504	5504	Other local, state government or social service organizations - social needs	F.9.d.	as21util2	1=yes, 0=no
1222	OTLSCNA	N	1	5505	5505	Other local, state government or social service organizations - CHNA	F.9.d.	as21util2	1=yes, 0=no
1223	OTLSCLI	N	1	5506	5506	Other local, state government or social service organizations - community-level initiatives	F.9.d.	as21util2	1=yes, 0=no
1224	FBORNI	N	1	5507	5507	Faith-based organizations - not involved	F.9.e.	as21util2	1=yes, 0=no
1225	FBORPSN	N	1	5508	5508	Faith-based organizations - social needs	F.9.e.	as21util2	1=yes, 0=no
1226	FBORCNA	N	1	5509	5509	Faith-based organizations - CHNA	F.9.e.	as21util2	1=yes, 0=no
1227	FBORCLI	N	1	5510	5510	Faith-based organizations - community-level initiatives	F.9.e.	as21util2	1=yes, 0=no
1228	LOCFNI	N	1	5511	5511	Local organizations addressing food insecurity - not involved	F.9.f.	as21util2	1=yes, 0=no
1229	LOCFPSN	N	1	5512	5512	Local organizations addressing food insecurity - social needs	F.9.f.	as21util2	1=yes, 0=no
1230	LOCFCNA	N	1	5513	5513	Local organizations addressing food insecurity - CHNA	F.9.f.	as21util2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1231	LOCFCLI	N	1	5514	5514	Local organizations addressing food insecurity - community-level initiatives	F.9.f.	as21util2	1=yes, 0=no
1232	LOCTRNI	N	1	5515	5515	Local organizations addressing transportation needs - not involved	F.9.g.	as21util2	1=yes, 0=no
1233	LOCTRPSN	N	1	5516	5516	Local organizations addressing transportation needs - social needs	F.9.g.	as21util2	1=yes, 0=no
1234	LOCTRCNA	N	1	5517	5517	Local organizations addressing transportation needs - CHNA	F.9.g.	as21util2	1=yes, 0=no
1235	LOCTRCLI	N	1	5518	5518	Local organizations addressing transportation needs - community-level initiatives	F.9.g.	as21util2	1=yes, 0=no
1236	LOCHSNI	N	1	5519	5519	Local organizations addressing housing insecurity - not involved	F.9.h.	as21util2	1=yes, 0=no
1237	LOCHSPSN	N	1	5520	5520	Local organizations addressing housing insecurity - social needs	F.9.h.	as21util2	1=yes, 0=no
1238	LOCHSCNA	N	1	5521	5521	Local organizations addressing housing insecurity - CHNA	F.9.h.	as21util2	1=yes, 0=no
1239	LOCHSCLI	N	1	5522	5522	Local organizations addressing housing insecurity - community-level initiatives	F.9.h.	as21util2	1=yes, 0=no
1240	LOCLGNI	N	1	5523	5523	Local organizations providing legal assistance - not involved	F.9.i.	as21util2	1=yes, 0=no
1241	LOCLGPSN	N	1	5524	5524	Local organizations providing legal assistance - social needs	F.9.i.	as21util2	1=yes, 0=no
1242	LOCLGCNA	N	1	5525	5525	Local organizations providing legal assistance - CHNA	F.9.i.	as21util2	1=yes, 0=no
1243	LOCLGCLI	N	1	5526	5526	Local organizations providing legal assistance - community-level initiatives	F.9.i.	as21util2	1=yes, 0=no
1244	OTCOMNI	N	1	5527	5527	Other community non-profit organizations - not involved	F.9.j.	as21util2	1=yes, 0=no
1245	OTCOMPSN	N	1	5528	5528	Other community non-profit organizations - social needs	F.9.j.	as21util2	1=yes, 0=no
1246	OTCOMCNA	N	1	5529	5529	Other community non-profit organizations - CHNA	F.9.j.	as21util2	1=yes, 0=no
1247	OTCOMCLI	N	1	5530	5530	Other community non-profit organizations - community-level initiatives	F.9.j.	as21util2	1=yes, 0=no
1248	KSCHNI	N	1	5531	5531	K-12 schools - not involved	F.9.k.	as21util2	1=yes, 0=no
1249	KSCHPSN	N	1	5532	5532	K-12 schools - social needs	F.9.k.	as21util2	1=yes, 0=no
1250	KSCHCNA	N	1	5533	5533	K-12 schools - CHNA	F.9.k.	as21util2	1=yes, 0=no
1251	KSCHCLI	N	1	5534	5534	K-12 schools - community-level initiatives	F.9.k.	as21util2	1=yes, 0=no
1252	COLLNI	N	1	5535	5535	Colleges or universities - not involved	F.9.l.	as21util2	1=yes, 0=no
1253	COLLPSN	N	1	5536	5536	Colleges or universities - social needs	F.9.l.	as21util2	1=yes, 0=no
1254	COLLCNA	N	1	5537	5537	Colleges or universities - CHNA	F.9.l.	as21util2	1=yes, 0=no

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1255	COLLCLI	N	1	5538	5538	Colleges or universities - community-level initiatives	F.9.l.	as21util2	1=yes, 0=no
1256	LOCOCNI	N	1	5539	5539	Local businesses or chambers of commerce - not involved	F.9.m.	as21util2	1=yes, 0=no
1257	LOCOCPSN	N	1	5540	5540	Local businesses or chambers of commerce - social needs	F.9.m.	as21util2	1=yes, 0=no
1258	LOCOCCNA	N	1	5541	5541	Local businesses or chambers of commerce - CHNA	F.9.m.	as21util2	1=yes, 0=no
1259	LOCOCCLI	N	1	5542	5542	Local businesses or chambers of commerce - community-level initiatives	F.9.m.	as21util2	1=yes, 0=no
1260	PLCENI	N	1	5543	5543	Law enforcement/safety forces - not involved	F.9.n.	as21util2	1=yes, 0=no
1261	PLCEPSN	N	1	5544	5544	Law enforcement/safety forces - social needs	F.9.n.	as21util2	1=yes, 0=no
1262	PLCECNA	N	1	5545	5545	Law enforcement/safety forces - CHNA	F.9.n.	as21util2	1=yes, 0=no
1263	PLCECLI	N	1	5546	5546	Law enforcement/safety forces - community-level initiatives	F.9.n.	as21util2	1=yes, 0=no
1264	BHPRDNI	N	1	5547	5547	Area behavioral health service providers - not involved	F.9.o.	as21util2	1=yes, 0=no
1265	BHPRDPSN	N	1	5548	5548	Area behavioral health service providers - social needs	F.9.o.	as21util2	1=yes, 0=no
1266	BHPRDCNA	N	1	5549	5549	Area behavioral health service providers - CHNA	F.9.o.	as21util2	1=yes, 0=no
1267	BHPRDCLI	N	1	5550	5550	Area behavioral health service providers - community-level initiatives	F.9.o.	as21util2	1=yes, 0=no
1268	AAANI	N	1	5551	5551	Area agencies on aging - not involved	F.9.p.	as21util2	1=yes, 0=no
1269	AAAPSN	N	1	5552	5552	Area agencies on aging - social needs	F.9.p.	as21util2	1=yes, 0=no
1270	AAACNA	N	1	5553	5553	Area agencies on aging - CHNA	F.9.p.	as21util2	1=yes, 0=no
1271	AAACLI	N	1	5554	5554	Area agencies on aging - community-level initiatives	F.9.p.	as21util2	1=yes, 0=no
1272	RNSCH	N	10	5555	5564	If your hospital hired RNs during the reporting period, how many were new graduates from nursing schools?	G.3.	as21util2	Number of new graduate RNs
1273	PLNTA	N	10	5565	5574	Property, plant and equipment at cost	E.9.a.	as21util2	Property, plant and equipment at cost
1274	ADEPRA	N	10	5575	5584	Accumulated depreciation	E.9.b.	as21util2	Accumulated depreciation
1275	ASSNET	N	10	5585	5594	Net property, plant and equipment	E.9.c.	as21util2	Net property, plant and equipment
1276	GFEET	N	10	5595	5604	Total gross square feet of your physical plant	E.9.d.	as21util2	Total gross square feet
1277	CEAMT	N	10	5605	5614	Total capital expenses	E.10.	as21util2	Total capital expenses
1278	ITEXPA	N	10	5615	5624	IT operating expense	E.11.a.	as21util2	IT operating expense
1279	ITBUGT	N	10	5625	5634	IT capital expense	E.11.b.	as21util2	IT capital expense
1280	ITFTE	N	10	5635	5644	Number of employed IT staff (in FTEs)	E.11.c.	as21util2	Number of employed IT staff (in FTEs)
1281	OSFTE	N	10	5645	5654	Number of outsourced IT staff (in FTEs)	E.11.d.	as21util2	Number of outsourced IT staff (in FTEs)

Item No.	FieldName	Estimated	Length	Start	End	Field Description	Survey Question	Access Table	Notes
1282	VIDVZ	N	8	5655	5662	Telehealth/virtual care - number of video visits	G.5.a.	as21util2	Number of telehealth video visits
1283	AUVZ	N	8	5663	5670	Telehealth/virtual care - number of audio visits	G.5.b.	as21util2	Number of telehealth audio visits
1284	PRPM	N	8	5671	5678	Telehealth/virtual care - number of patients monitored through remote patient monitoring	G.5.c.	as21util2	Number of patients monitored through remote of telehealth
1285	VPSRV	N	8	5679	5686	Telehealth/virtual care - number of patients receiving other virtual services	G.5.d.	as21util2	Number of patients receiving other virtual services
1286	CMHLT	N	1	5687	5687	Hospital partnership - community mental health center	G.6.a.	as21util2	1=yes, 0=no
1287	BHHLT	N	1	5688	5688	Hospital partnership - certified community behavioral health center	G.6.b.	as21util2	1=yes, 0=no
1288	ENDMARK	N	1	5689	5689	End of Survey			

Appendix A - Control Code Descriptions

Code	Description
Government, Nonfederal	
12	State
13	County
14	City
15	City-county
16	Hospital district or authority
Nongovernment, not-for-profit	
21	Church operated
23	Other not-for-profit
Investor-owned (for-profit)	
31	Individual
32	Partnership
33	Corporation
Government, 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: ***Starting in FY2019, 'Department of Defense' replaced 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	Vermont	43	Illinois	73	Oklahoma
14	Massachusetts	44	Michigan	74	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	Wyoming
22	New Jersey	53	Alabama	84	Colorado
23	Pennsylvania	54	Mississippi	85	New Mexico
				86	Arizona
CENSUS DIVISION 3: SOUTH ATLANTIC		**CENSUS DIVISION 6: WEST NORTH CENTRAL**		87	Utah
31	Delaware	61	Minnesota	88	Nevada
32	Maryland	62	Iowa		
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	66	Nebraska	93	California
37	South Carolina	67	Kansas	94	Alaska
38	Georgia			95	Hawaii
39	Florida				
				ASSOCIATED AREAS	
				3	Marshall Islands
				4	Puerto Rico
				5	Virgin Islands
				6	Guam
				7	American Samoa
				8	Northern Mariana Islands

Appendix D - Bed Size Code Descriptions

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

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	Label	Description
1	Centralized Health System	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 2021 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	Bed Size code
Control/Ownership	CEO Name	Length of Stay code
Primary Service code	Address	County code
Number of Bassinets	City	City Rank
Total Beds	State	All accreditation and affiliation flags
Membership Type	ZIP code	(MAPP1 through MAPP22)
Long term/Short term flag	Area code	
Control Code – Membership	Telephone number	
Service Code - Membership		

- 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 FY2020 to FY2021
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, Accreditation Commission for Health Care, Inc. (ACHC), 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 2020 Database but not on the FY 2021 Database.
- Organizations newly added to the Fiscal Year 2021 Database.

Note: The Summary of Changes for FY2021 is also available in soft format in the 'DOCUMENTATION' folder of the product deliverable.

Summary of Hospitals

2020 vs. 2021 AHA Annual Survey Data

CLASSIFICATION	TOTAL	UNITED STATES	ASSOCIATED AREAS
2020 TOTAL	**6,165**	**6,093**	**72**
DELETIONS			
Changed to inpatient care other than a hospital	-	-	-
Changed to an outpatient facility	1	1	-
Closed	30	30	-
Demerged/Dissolution	-	-	-
Duplicate record	-	-	-
Merged to form a new hospital	-	-	-
Merged into a hospital already on file	10	10	-
Temporarily inactive record	2	2	-
Under Construction			-
TOTAL DELETIONS	**43**	**43**	**0**
	-	-	-
ADDITIONS	-	-	-
Demerger result	3	3	-
Merger result	-	-	-
Newly added	74	74	-
Previously closed/reopened	2	2	-
Changed to hospital from other inpatient care	-	-	-
Changed to hospital from outpatient care	-	-	-
TOTAL ADDITIONS	**79**	**79**	**0**
2021 TOTAL	**6,201**	**6,129**	**72**

Deletions: FY 2020 vs. FY 2021

The following hospitals were on the FY 2020 Database but do not have a record on the FY 2021 Database.

ID	Name	City	State	Reason for Deletion	Parent Name	Parent Location
6210395	NYC Health + Hospitals / North Central Bronx	Bronx	NY	Merged into 6212700	NYC Health & Hospitals	Bronx, NY
6231405	Tyler Memorial Hospital	Tunkhannock	PA	Closed		
6320370	University of Maryland Shore Medical Center at Dorchester	Cambridge	MD	Closed		
6390843	Plantation General Hospital	Plantation	FL	Closed		
6410037	Vibra Hospital of Mahoning Valley	Boardman	OH	Closed		
6410045	Select Specialty Hospital - Cincinnati North	Cincinnati	OH	Merged into 6410046	Select Specialty Hospital-Cincinnati	Cincinnati, OH
6410068	Acuity Specialty Hospitals Ohio Valley	Steubenville	OH	Closed		
6412150	Mercy St. Anne Hospital	Toledo	OH	Merged into 6412170	Mercy Health - St. Vincent Medical Center	Toledo, OH
6412155	Mercy Health - St. Charles Hospital	Oregon	OH	Merged into 6412170	Mercy Health - St. Vincent Medical Center	Toledo, OH
6420002	Community Howard Specialty Hospital	Kokomo	IN	Closed		
6430420	Kindred Chicago-Central Hospital	Chicago	IL	Closed		
6431740	Galesburg Cottage Hospital	Galesburg	IL	Closed		
6432780	Javon Bea Hospital-Rockton	Rockford	IL	Merged into 6430484	Mercyhealth Javon Bea Hospital - Riverside Campus	Rockford, IL
6441531	Henry Ford Allegiance Specialty Hospital	Jackson	MI	Closed		
6441880	Mercy Health Hackley Campus	Muskegon	MI	Closed		
6451500	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	WI	Merged into 6450244	Ascension Columbia St. Mary's Hospital Milwaukee	Milwaukee, WI
6520044	Curahealth Nashville	Nashville	TN	Closed		
6540790	North Oak Regional Medical Center	Senatobia	MS	Closed		
6610615	Regina Hospital	Hastings	MN	Merged into 6611585	United Hospital	Saint Paul, MN
6660417	Select Specialty Hospital - Lincoln	Lincoln	NE	Closed		
6670005	Wesley Rehabilitation Hospital	Wichita	KS	Closed		
6670011	AMG Specialty Hospital-Wichita	Wichita	KS	Closed		
6670341	Hospital District 6 - Harper Campus	Harper	KS	Closed		

Deletions: FY 2020 vs. FY 2021

The following hospitals were on the FY 2020 Database but do not have a record on the FY 2021 Database.

ID	Name	City	State	Reason for Deletion	Parent Name	Parent Location
6720076	Omega Hospital	Metairie	LA	Temporarily Closed		
6729126	Seaside Behavioral Center - New Orleans	New Orleans	LA	Closed		
6729132	Allegiance Behavioral Health Centers of Ruston	Ruston	LA	Temporarily Closed		
6731010	AllianceHealth Seminole	Seminole	OK	Merged into 6730051	AllianceHealth Seminole	Shawnee, OK
6740113	Methodist Ambulatory Surgery Hospital - Northwest	San Antonio	TX	Closed		
6740154	Cornerstone Hospital-Medical Center of Houston	Houston	TX	Closed		
6740290	Highlands Rehabilitation Hospital	El Paso	TX	Merged into 6741315	Las Palmas Medical Center	El Paso, TX
6740328	Magnolia Behavioral Hospital of East Texas	Longview	TX	Closed		
6740329	Pine Creek Medical Center	Dallas	TX	Closed		
6740657	Odessa Regional Medical Center South Campus	Odessa	TX	Closed		
6740916	Memorial Hermann First Colony Hospital	Sugar Land	TX	Closed		
6740926	Texas General Hospital	Grand Prairie	TX	Closed		
6740947	Westside Surgical Hospital	Houston	TX	Closed		
6741017	Cameron Hospital	Cameron	TX	Closed		
6741023	Rock Prairie Behavioral Health	College Station	TX	Closed		
6741123	The Colony ER Hospital	The Colony	TX	Not operating as a hospital		
6742009	Shriners Hospitals for Children-Houston	Houston	TX	Closed		
6820009	Safe Haven Hospital of Pocatello	Pocatello	ID	Closed		
6880115	West Hills Hospital	Reno	NV	Closed		
6933258	San Leandro Hospital	San Leandro	CA	Merged into 6930275	Highland Hospital	Oakland, CA

Additions: FY 2020 vs. FY 2021

The following hospitals are on the FY 2021 Database but did not have a record on the FY 2020 Database.

ID	Name	City	State	Reason for Addition	Parent Name	Parent Location
6140028	Vibra Hospital of Western Massachusetts-Central Campus	Rochdale	MA	Demerged from 6141965	Vibra Hospital of Western Massachusetts	Springfield, MA
6410922	University Hospitals Rainbow Babies and Children's	Cleveland	OH	Demerged from 6410920	University Hospitals of Cleveland	Cleveland, OH
6860390	Tempe St. Luke's Hospital	Tempe	AZ	Demerged from 6860290	St. Luke's Medical Center 6860290	Phoenix, AZ
6140439	Westborough Behavioral Healthcare Hospital	Westborough	MA	Newly added		
6140441	Hospital for Behavioral Medicine	Worcester	MA	Newly added		
6230558	Lancaster Behavioral Health Hospital	Lancaster	PA	Newly added		
6230589	AHN Hempfield Neighborhood Hospital	Greensburg	PA	Newly added		
6232330	Wills Eye Hospital	Philadelphia	PA	Newly added		
6310370	Sun Behavioral Delaware	Georgetown	DE	Newly added		
6319061	PAM Rehabilitation Hospital of Dover	Dover	DE	Newly added		
6350419	Acuity Specialty Hospital-Ohio Valley at Weirton	Weirton	WV	Newly added		
6359124	Select Specialty Hospital - Morgantown	Morgantown	WV	Newly added		
6360433	Novant Health Mint Hill Medical Center	Charlotte	NC	Newly added		
6370471	Midlands Regional Rehabilitation Hospital	Elgin	SC	Newly added		
6370473	Encompass Health Rehabilitation Hospital of Bluffton	Bluffton	SC	Newly added		
6390755	Halifax Health/UF Health Medical Center of Deltona	Deltona	FL	Newly added		
6390757	Encompass Health Rehabilitation Hospital of Pensacola	Pensacola	FL	Newly added		
6399258	Palm Point Behavioral Health	Titusville	FL	Newly added		
6399259	The Blackberry Center	Saint Cloud	FL	Newly added		
6410539	Georgetown Behavioral Hospital	Georgetown	OH	Newly added		
6410541	Sojourn at Seneca Senior Behavioral Health	Tiffin	OH	Newly added		
6410543	University Hospitals Beachwood Medical Center	Beachwood	OH	Newly added		
6411035	Mount Carmel Grove City	Grove City	OH	Newly added		
6418083	Mount Carmel East Hospital	Columbus	OH	Newly added		
6420494	NeuroBehavioral Hospital of NW Indiana/Greater Chicago	Crown Point	IN	Newly added		
6429162	Indiana Spine Hospital	Carmel	IN	Newly added		
6430484	Mercyhealth Javon Bea Hospital - Riverside Campus	Rockford	IL	Newly added		
6440024	Mercy Health Muskegon	Muskegon	MI	Newly added		
6440499	Cedar Creek Hospital of Michigan	Saint Johns	MI	Newly added		
6529210	Pinewood Springs	Columbia	TN	Newly added		
6529211	Perimeter Behavioral Hospital of Jackson	Jackson	TN	Newly added		
6529212	Unity Psych Care-Memphis	Memphis	TN	Newly added		
6529214	Creekside Behavioral Health	Kingsport	TN	Newly added		
6529215	Behavioral Health of Rocky Top	Rocky Top	TN	Newly added		
6539163	Thomasville Regional Medical Center	Thomasville	AL	Newly added		
6540459	Delta Health-Highland Hills	Senatobia	MS	Newly added		
6620447	University of Iowa Rehabilitation Hospital, a venture with Encompass Health	Coralville	IA	Newly added		

Additions: FY 2020 vs. FY 2021

The following hospitals are on the FY 2021 Database but did not have a record on the FY 2020 Database.

ID	Name	City	State	Reason for Addition	Parent Name	Parent Location
6620448	Eagle View Behavioral Health	Bettendorf	IA	Newly added		
6629083	Clive Behavioral Health	Clive	IA	Newly added		
6640402	PAM Rehabilitation Hospital of Fargo	Fargo	ND	Newly added		
6659062	Encompass Health Rehabilitation Hospital of Sioux Falls	Sioux Falls	SD	Newly added		
6670013	Patterson Health Center	Anthony	KS	Newly added		
6670454	AdventHealth South Overland Park	Overland Park	KS	Newly added		
6710471	Mercy Rehabilitation Hospital	Fort Smith	AR	Newly added		
6719170	Everest Rehabilitation Hospital NWA	Rogers	AR	Newly added		
6720235	Acadian Medical Center	Eunice	LA	Newly added		
6720744	Seaside Behavioral Center	New Orleans	LA	Newly added		
6729143	Regions Behavioral Hospital	Baton Rouge	LA	Newly added		
6729151	Encompass Health Rehabilitation Hospital	Shreveport	LA	Newly added		
6730475	Mercy Rehabilitation Hospital Oklahoma City South	Oklahoma City	OK	Newly added		
6741159	PAM Rehabilitation Hospital of Round Rock	Round Rock	TX	Newly added		
6741160	PAM Rehabilitation Hospital of Corpus Christi	Corpus Christi	TX	Newly added		
6741172	Texas Health Hospital Mansfield	Mansfield	TX	Newly added		
6741176	ClearSky Rehabilitation Hospital of Flower Mound	Flower Mound	TX	Newly added		
6741177	Canyon Creek Behavioral Health	Temple	TX	Newly added		
6741182	Methodist Midlothian Medical Center	Midlothian	TX	Newly added		
6741239	Medical Behavioral Hospital of Clear Lake	Houston	TX	Newly added		
6741254	Texas Rehabilitation Hospital of Keller	Keller	TX	Newly added		
6819101	The Rehabilitation Hospital of Montana	Billings	MT	Newly added		
6820393	Saint Alphonsus Regional Rehabilitation Hospital, an affiliate of Encompass Health	Boise	ID	Newly added		
6850405	ClearSky Rehabilitation Hospital of Rio Rancho	Rio Rancho	NM	Newly added		
6850422	Central Desert Behavioral Health Center	Albuquerque	NM	Newly added		
6850435	Three Crosses Regional Hospital	Las Cruces	NM	Newly added		
6860470	Avenir Behavioral Health Center	Surprise	AZ	Newly added		
6860473	Banner Ocotillo Medical Center	Chandler	AZ	Newly added		
6860522	HonorHealth Sonoran Crossing Medical Center	Phoenix	AZ	Newly added		
6870417	Intermountain Spanish Fork Hospital	Spanish Fork	UT	Newly added		
6880420	Sana Behavioral Hospital	Las Vegas	NV	Newly added		
6910410	Inland Northwest Behavioral Health	Spokane	WA	Newly added		
6910411	Wellfound Behavioral Health Hospital	Tacoma	WA	Newly added		
6919097	CHI Franciscan Rehabilitation	Tacoma	WA	Newly added		
6930701	Santa Cruz County Psychiatric Health Facility	Santa Cruz	CA	Newly added		
6930702	Totally Kids Rehabilitation Hospital	Loma Linda	CA	Newly added		
6930703	Vibra Rehabilitation Hospital Rancho Mirage	Rancho Mirage	CA	Newly added		
6930705	DOCS Surgical Hospital	Los Angeles	CA	Newly added		
6930778	Encompass Health Rehabilitation Hospital of Murrieta	Murrieta	CA	Newly added		
6930779	Palomar Health Rehabilitation Institute	Escondido	CA	Newly added		

Additions: FY 2020 vs. FY 2021

The following hospitals are on the FY 2021 Database but did not have a record on the FY 2020 Database.

ID	Name	City	State	Reason for Addition	Parent Name	Parent Location
6521145	Lauderdale Community Hospital	Ripley	TN	Temporarily Closed, Reopened		
6731088	Stroud Regional Medical Center	Stroud	OK	Temporarily Closed, Reopened		

ID	Name	City	State	Merger Result	Parent Hospital	Parent Location
6210395	NYC Health + Hospitals / North Central Bronx	Bronx	NY	Merged into 6212700	NYC Health & Hospitals	Bronx, NY
6410045	Select Specialty Hospital - Cincinnati North	Cincinnati	OH	Merged into 6410046	Select Specialty Hospital-Cincinnati	Cincinnati, OH
6412150	Mercy St. Anne Hospital	Toledo	OH	Merged into 6412170	Mercy Health - St. Vincent Medical Center	Toledo, OH
6412155	Mercy Health - St. Charles Hospital	Oregon	OH	Merged into 6412170	Mercy Health - St. Vincent Medical Center	Toledo, OH
6432780	Javon Bea Hospital-Rockton	Rockford	IL	Merged into 6430484	Mercyhealth Javon Bea Hospital - Riverside Campus	Rockford, IL
6451500	Ascension Columbia St. Mary's Hospital Ozaukee	Mequon	WI	Merged into 6450244	Ascension Columbia St. Mary's Hospital Milwaukee	Milwaukee, WI
6610615	Regina Hospital (United Hospital-Hastings Regina Campus)	Hastings	MN	Merged into 6611585	United Hospital	St. Paul, MN
6731010	AllianceHealth Seminole	Seminole	OK	Merged into 6730051	AllianceHealth Seminole	Seminole, OK
6740290	Highlands Rehabilitation Hospital	El Paso	TX	Merged into 6741315	Las Palmas Medical Center	El Paso, TX
6933258	San Leandro Hospital	San Leandro	CA	Merged into 6930275	Highland Hospital	Oakland, CA

ID	Name	City	State	Demerger	Former Parent Hospital	Former Parent Location
6140028	Vibra Hospital of Western Massachusetts-Central Campus	Rochdale	MA	Demerged from 6141965	Vibra Hospital of Western Massachusetts	Springfield, MA
6410922	University Hospitals Rainbow Babies and Children's	Cleveland	OH	Demerged from 6410920	University Hospitals of Cleveland	Cleveland, OH
6860390	Tempe St. Luke's Hospital	Tempe	AZ	Demerged from 6860290	St. Luke's Medical Center	Phoenix, AZ

2021 AHA Annual Survey
American Hospital Association

HOSPITAL NAME: _____

CITY & STATE: _____

A. REPORTING PERIOD (please refer to the instructions and definitions at the end of this questionnaire)

Report data for a full 12-month period, preferably your last completed fiscal year (365 days). Be consistent in using the same reporting period for responses throughout various sections of this survey.

1. Reporting Period used (beginning and ending date) …… __ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ __
  Month   Day   Year   Month   Day   Year

2. a. Were you in operation 12 full months   **b.** Number of days open
   at the end of your reporting period? .…………………….. YES ☐   NO ☐   during reporting period ……. _____

3. Indicate the beginning of your current fiscal year ……… __ __ / __ __ / __ __ __ __
  Month   Day   Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL
Indicate the type of organization that is responsible for establishing policy for 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 (NFP)
☐ 21 Church-operated
☐ 23 Other not-for-profit (including NFP Corporation)

Investor-owned, for-profit
☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

Government, federal
☐ 40 Department of Defense
☐ 44 Public Health Service
☐ 45 Veterans' 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 describes your hospital or the type of service it provides to the MAJORITY of patients:

☐ 10 General medical and surgical
☐ 11 Hospital unit of an institution (prison hospital, college infirmary)
☐ 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
☐ 62 Intellectual disabilities
☐ 80 Acute long-term care hospital
☐ 82 Substance use disorder
☐ 49 Other - specify treatment area: _____

B. ORGANIZATIONAL STRUCTURE (continued)

3. OTHER

    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 ☐   NO ☐

    Name: _____   City: _____   State: _____

    d. Is your hospital owned in whole or in part by physicians or a physician group?... YES ☐   NO ☐

    e. If you checked 80 Acute long-term care hospital (LTCH) in Section B2 (Service), please indicate if you are a freestanding LTCH or a LTCH arranged within a general acute care hospital.

    ☐ 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?

    Name_____ City_____ State_____

    f. Are any other types of hospitals co-located in your hospital?   YES ☐   NO ☐

    g. If you checked yes for 3f, what type of hospital is co-located? (Check all that apply)

        1. ☐ Cancer
        2. ☐ Cardiac
        3. ☐ Orthopedic
        4. ☐ Pediatric
        5. ☐ Psychiatric
        6. ☐ Surgical
        7. ☐ Other _____

    h. Is your hospital designated as a state, jurisdiction, or federal Ebola or other Special Pathogens facility? (Check all that apply)

        1. ☐ Federal designation: Regional Emerging Special Pathogen Treatment Center
        2. ☐ State/Jurisdiction designation: Special Pathogen Treatment Center
        3. ☐ State/Jurisdiction designation: Special Pathogen Assessment Hospital
        4. ☐ Frontline facility

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) C1-20, please include the number of **staffed beds**.
**The sum of the beds reported in 1-20 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 ....(#Beds_____)	☐	☐	☐	☐
15. Skilled nursing care ....(#Beds_____)	☐	☐	☐	☐
16. Intermediate nursing care ....(#Beds_____)	☐	☐	☐	☐
17. Acute long-term care ....(#Beds_____)	☐	☐	☐	☐
18. Other long-term care ....(#Beds_____)	☐	☐	☐	☐
19. Biocontainment patient care unit ....(#Beds_____)	☐	☐	☐	☐
20. Other care _____ ....(#Beds_____)	☐	☐	☐	☐
21. Adult day care program	☐	☐	☐	☐
22. Airborne infection isolation room..............................(#rooms_____)	☐	☐	☐	☐
23. Alzheimer center...	☐	☐	☐	☐
24. Ambulance services	☐	☐	☐	☐
25. Air Ambulance services	☐	☐	☐	☐
26. Ambulatory surgery center..	☐	☐	☐	☐
27. Arthritis treatment center	☐	☐	☐	☐
28. Auxiliary..	☐	☐	☐	☐
29. Bariatric/weight control services.......................................	☐	☐	☐	☐
30. Birthing room/LDR room/LDRP room................................	☐	☐	☐	☐
31. Blood donor center	☐	☐	☐	☐
32. Breast cancer screening/mammograms............................	☐	☐	☐	☐
33. 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	☐	☐	☐	☐
j. Pediatric cardiac electrophysiology	☐	☐	☐	☐
k. Cardiac rehabilitation	☐	☐	☐	☐

C. FACILITIES AND SERVICES (continued)

	(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
34. Case management	☐	☐	☐	☐
35. Chaplaincy/pastoral care services	☐	☐	☐	☐
36. Chemotherapy	☐	☐	☐	☐
37. Children's wellness program	☐	☐	☐	☐
38. Chiropractic services	☐	☐	☐	☐
39. Community outreach	☐	☐	☐	☐
40. Complementary and alternative medicine services	☐	☐	☐	☐
41. Computer assisted orthopedic surgery (CAOS)	☐	☐	☐	☐
42. Crisis prevention	☐	☐	☐	☐
43. Dental services	☐	☐	☐	☐
44. Diabetes prevention program	☐	☐	☐	☐
45. 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) _____]	☐	☐	☐	☐
46. Enabling services	☐	☐	☐	☐
47. Endoscopic services				
a. Optical colonoscopy	☐	☐	☐	☐
b. Endoscopic ultrasound	☐	☐	☐	☐
c. Ablation of Barrett's esophagus	☐	☐	☐	☐
d. Esophageal impedance study	☐	☐	☐	☐
e. Endoscopic retrograde cholangiopancreatography (ERCP)	☐	☐	☐	☐
48. Enrollment (insurance) assistance services	☐	☐	☐	☐
49. Employment support services	☐	☐	☐	☐
50. Extracorporeal shock wave lithotripter (ESWL)	☐	☐	☐	☐
51. Fertility clinic	☐	☐	☐	☐
52. Fitness center	☐	☐	☐	☐
53. Freestanding outpatient care center	☐	☐	☐	☐
54. Geriatric services	☐	☐	☐	☐
55. Health fair	☐	☐	☐	☐
56. Community health education	☐	☐	☐	☐
57. Genetic testing/counseling	☐	☐	☐	☐
58. Health screenings	☐	☐	☐	☐
59. Health research	☐	☐	☐	☐
60. Hemodialysis	☐	☐	☐	☐
61. HIV/AIDS services	☐	☐	☐	☐
62. Home health services	☐	☐	☐	☐
63. Hospice program	☐	☐	☐	☐
64. Hospital-based outpatient care center services	☐	☐	☐	☐
65. Housing services				
a. Assisted living	☐	☐	☐	☐
b. Retirement housing	☐	☐	☐	☐
c. Supportive housing services	☐	☐	☐	☐

C. FACILITIES AND SERVICES (continued)

	(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
66. Immunization program	☐	☐	☐	☐
67. Indigent care clinic	☐	☐	☐	☐
68. Linguistic/translation services	☐	☐	☐	☐
69. Meal delivery services	☐	☐	☐	☐
70. Mobile health services	☐	☐	☐	☐
71. Neurological services	☐	☐	☐	☐
72. Nutrition program	☐	☐	☐	☐
73. Occupational health services	☐	☐	☐	☐
74. Oncology services	☐	☐	☐	☐
75. Orthopedic services	☐	☐	☐	☐
76. Outpatient surgery	☐	☐	☐	☐
77. Pain management program	☐	☐	☐	☐
78. Palliative care program	☐	☐	☐	☐
79. Palliative care inpatient unit	☐	☐	☐	☐
80. Patient controlled analgesia (PCA)	☐	☐	☐	☐
81. Patient education center	☐	☐	☐	☐
82. Patient representative services	☐	☐	☐	☐
83. 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	☐	☐	☐	☐
84. Primary care department	☐	☐	☐	☐
85. 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	☐	☐	☐	☐
l. Psychiatric partial hospitalization services – pediatric	☐	☐	☐	☐
m. Psychiatric residential treatment – adult	☐	☐	☐	☐
n. Psychiatric residential treatment – pediatric	☐	☐	☐	☐
o. Suicide prevention services	☐	☐	☐	☐

C. FACILITIES AND SERVICES (continued)

	(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
86. 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/CT (PET/CT)	☐	☐	☐	☐
l. Single photon emission computerized tomography (SPECT)	☐	☐	☐	☐
m. Ultrasound	☐	☐	☐	☐
87. 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	☐	☐	☐	☐
88. Robotic surgery	☐	☐	☐	☐
89. Rural health clinic	☐	☐	☐	☐
90. Sleep center	☐	☐	☐	☐
91. Social work services	☐	☐	☐	☐
92. Sports medicine	☐	☐	☐	☐
93. Substance use disorder services				
a. Substance use disorder pediatric services (#Beds____)	☐	☐	☐	☐
b. Substance use disorder outpatient services	☐	☐	☐	☐
c. Substance use disorder partial hospitalization services	☐	☐	☐	☐
d. Medication assisted treatment for Opioid Use Disorder	☐	☐	☐	☐
e. Medication assisted treatment for other substance use disorders	☐	☐	☐	☐
94. Support groups	☐	☐	☐	☐
95. Swing bed services	☐	☐	☐	☐
96. Teen outreach services	☐	☐	☐	☐
97. Tobacco treatment/cessation program	☐	☐	☐	☐
98. Telehealth				
a. Consultation and office visits	☐	☐	☐	☐
b. eICU	☐	☐	☐	☐
c. Stroke care	☐	☐	☐	☐
d. Psychiatric and addiction treatment	☐	☐	☐	☐

C. FACILITIES AND SERVICES (continued)

	(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
98. Telehealth services (continued)				
e. Remote patient monitoring				
1. Post-discharge	☐	☐	☐	☐
2. Ongoing chronic care management	☐	☐	☐	☐
3. Other remote patient monitoring	☐	☐	☐	☐
f. Other telehealth	☐	☐	☐	☐
99. Transplant services				
a. Bone marrow	☐	☐	☐	☐
b. Heart	☐	☐	☐	☐
c. Kidney	☐	☐	☐	☐
d. Liver	☐	☐	☐	☐
e. Lung	☐	☐	☐	☐
f. Tissue	☐	☐	☐	☐
g. Other	☐	☐	☐	☐
100. Transportation to health services (non-emergency)	☐	☐	☐	☐
101. Urgent care center	☐	☐	☐	☐
102. Violence prevention programs				
a. For the workplace	☐	☐	☐	☐
b. For the community	☐	☐	☐	☐
103. Virtual colonoscopy	☐	☐	☐	☐
104. Volunteer services department	☐	☐	☐	☐
105. Women's health center/services	☐	☐	☐	☐
106. Wound management services	☐	☐	☐	☐

107a. 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	☐	☐

107b. 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	☐	☐

C. FACILITIES AND SERVICES (continued)

107c. Does your organization routinely screen for **psychiatric disorders** in the following care areas?
Screens can include, but are not limited to the PHQ-2 and PHQ9 depression screen, the Columbia DISC Depression Scale, and/or the GAD-2 and GAD-7 for anxiety disorders.

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

107d. Does your organization routinely screen for **substance use disorders** in the following care areas?
Screens can include but are not limited to the CAGE Substance Abuse Screening Tool; NIDA's drug screening tool; and/or TAPS: Tobacco, Alcohol, Prescription medication, and other Substance use Tool

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

108a. 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 _____	_____	☐	☐	☐

108b. For those arrangements reported in 108a, 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, specified above	_____ %	_____ %	_____ %	_____ %

108c. 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	_____ %	_____

C. FACILITIES AND SERVICES (continued)

108d. Of the physician practices owned by the hospital, what percentage are primary care? _____%

108e. Of the physician practices owned by the hospital, what percentage are specialty care? _____%

109. Looking across all the relationships identified in question 108a, 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

110a. Does your hospital participate in any joint venture arrangements with physicians or physician groups? Yes ☐ No ☐

110b. If your hospital participates in any joint ventures with physicians or physician groups, please indicate which types of services are involved in those joint ventures. (Check all that apply)

  1. ☐ Limited service hospital
  2. ☐ Ambulatory surgical centers
  3. ☐ Imaging centers
  4. ☐ Other _____

110c. If you selected '1. Limited service hospital', above, please tell us what type(s) of services are provided. (Check all that apply)

  1. ☐ Cardiac
  2. ☐ Orthopedic
  3. ☐ Surgical
  4. ☐ Other _____

110d. Does your hospital participate in joint venture arrangements with organizations other than physician groups? Yes ☐ No ☐

111. Bed Changes
  a. Was there a temporary **increase** in the total number of **beds set up and staffed** for use during the reporting period? Yes ☐ No ☐

  b. Was there a temporary **increase** in the total number of **ICU beds set up and staffed** for use during the reporting period? Yes ☐ No ☐

112. Airborne infection isolation rooms
  a. Please indicate the total number of airborne infection isolation rooms set up and staffed at the start of the reporting period. _____
  b. Please indicate the total number of airborne infection isolation rooms set up and staffed at the end of the reporting period. _____
  c. Please indicate how many rooms not set up and staffed as airborne infection isolation rooms at the end of the reporting period can be converted to airborne infection isolation rooms. _____

113. Temporary spaces
  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. Yes ☐ No ☐

C. FACILITIES AND SERVICES (continued)

114. Ventilators

    a. How many **adult** (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period?   _____

    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. How many **pediatric/NICU** (in use and not in use) mechanical ventilators were there in your facility at the start of the reporting period?   _____

    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?   _____

115. Emergency Departments

    Was there a temporary **increase** in the total number of **emergency department beds set up and staffed** for use during the reporting period?   Yes ☐   No ☐

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS

INSURANCE

1. Does your hospital own or jointly own a health plan? Yes ☐ No ☐

   a. If yes, in what states? States: _____

2. Does your system own or jointly own a health plan? Yes ☐ No ☐

   a. If yes, in what states? States: _____

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. If yes to 1, 2 and/or 3 above, please indicate the insurance products and the total medical enrollment. (Check all that apply)

Insurance Products	Hospital	System	JV	Medical Enrollment	New Product	No	Do not know
a. Medicare Advantage	☐	☐	☐	_____	☐	☐	☐
b. Medicaid Managed Care	☐	☐	☐	_____	☐	☐	☐
c. Health Insurance Marketplace ("exchange")	☐	☐	☐	_____	☐	☐	☐
d. Other Individual Market	☐	☐	☐	_____	☐	☐	☐
e. Small Group	☐	☐	☐	_____	☐	☐	☐
f. Large Group	☐	☐	☐	_____	☐	☐	☐
g. Other _____	☐	☐	☐	_____	☐	☐	☐

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 ☐

   b. Providers outside your network Yes ☐ No ☐ Do not know ☐

   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 ☐ Do not know ☐

   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 ☐ No ☐

   a. If yes, does the hospital or health system also administer the benefits (as opposed to contracting with a third party administrator)? Yes ☐ No ☐

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

9. What percentage of your **hospital's** patient revenue is paid on a capitated basis?   _____%

   a. In total, how many enrollees do you serve under capitated contracts?   Total enrollees: _____

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 bundled payment arrangement? (Check all that apply)

      1. ☐ Traditional Medicare

      2. ☐ A Medicare Advantage plan

      3. ☐ A commercial insurance plan including ACA participants, individual, group or employer markets

      4. ☐ Medicaid

   b. For which of the following medical/surgical conditions does your **hospital** have a bundled payment arrangement? (Check all that apply)

      1. ☐ Cardiovascular

      2. ☐ Orthopedic

      3. ☐ Oncologic

      4. ☐ Neurology

      5. ☐ Hematology

      6. ☐ Gastrointestinal

      7. ☐ Pulmonary

      8. ☐ Infectious disease

      9. ☐ Other, (e.g., psychiatric) please specify: _____

   c. What percentage of the **hospital's** patient revenue is paid through bundled payment arrangements?   _____%

11. Does your **hospital** participate in a bundled payment program involving care settings outside of the hospital (e.g., physician, outpatient, post-acute)?   Yes ☐   No ☐

   a. If yes, does your **hospital** share upside or downside risk for any of those outside providers?   Yes ☐   No ☐

12. What percentage of your **hospital's** patient revenue is paid on a shared risk basis (other than capitated or bundled payments)?   _____%

13. Does your **hospital** contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis?   Yes ☐   No ☐

14. Does your **hospital** have contracts with commercial payers where payment is tied to performance on quality/safety metrics?   Yes ☐   No ☐

15a. Has your **hospital** or **health care system** established an accountable care organization (ACO)?

   1. ☐ My hospital/system currently leads an ACO **(Skip to 15b)**

   2. ☐ My hospital/system currently participates in an ACO (but is not its leader) **(Skip to 17)**

   3. ☐ My hospital/system previously led or participated in an ACO but is no longer doing so **(Skip to 17)**

   4. ☐ My hospital/system has never participated or led an ACO **(Skip to 16)**

15b. With which of the following types of payers does your hospital/system have an accountable care contract? (Check 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, individual, group, and employer markets) **(Skip to 15d)**

   4. ☐ Medicaid **(Skip to 15d)**

D. INSURANCE AND ALTERNATIVE PAYMENT MODELS (continued)

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

1. ☐ MSSP BASIC Track, Level A
2. ☐ MSSP BASIC Track, Level B
3. ☐ MSSP BASIC Track, Level C
4. ☐ MSSP BASIC Track, Level D
5. ☐ MSSP BASIC Track, Level E
6. ☐ MSSP ENHANCED Track
7. ☐ Original MSSP program, Tracks 1, 1+, 2 or 3
8. ☐ 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 2021? _____% **(Skip to 17)**

16. 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. ☐ Bundled payment
c. ☐ Capitation
d. ☐ ACO (ownership)
e. ☐ ACO (joint venture)
f. ☐ Health plan (ownership)
g. ☐ Health plan (joint venture)
h. ☐ Primary care transformation, including direct contracting
i. ☐ Other, please specify: _____
j. ☐ None

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

a. Hospital   Yes ☐   No ☐

b. System   Yes ☐   No ☐

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

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 34-36.)

> **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
*a. Net patient revenue **(treat bad debt as a deduction from gross revenue)**	_____.00	_____.00
*b. Tax appropriations	_____.00	
*c. Other operating revenue	_____.00	
*d. Nonoperating revenue	_____.00	
e. **TOTAL REVENUE (add 3a thru 3d)**	_____.00	_____.00
f. Payroll expense (only)	_____.00	_____.00
g. Employee benefits	_____.00	_____.00
h. Depreciation expense (for reporting period only)	_____.00	
i. Interest expense	_____.00	
j. Pharmacy expense	_____.00	
k. Supply expense (other than pharmacy)	_____.00	
l. All other expenses	_____.00	
m. **TOTAL EXPENSES (add 3f thru 3l. Exclude bad debt)**	_____.00	_____.00
n. Do your total expenses (E3.m) reflect full allocation from your corporate office?	Yes ☐	No ☐

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

4. REVENUE BY TYPE

*a. 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. Include in gross revenue.) .... _____.00

*c. Is your bad debt (5a) reported on the basis of full charges?   Yes ☐   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/assessment amount is included in:

    1. Total expenses   Yes ☐   No ☐

    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:		
a) Fee for service patient revenue	_____.00	_____.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	_____.00	_____.00
(2) Third-party payers:		
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. Total net should equal 3a on page 14.)

	(1) Inpatient	(2) Outpatient
*d. If you report Medicaid Supplemental Payments on line 6a (2) e, please break the 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 program?   Yes ☐   No ☐

	(1) Gross	(2) Net
*f. If yes, please report gross and net revenue.	_____.00	_____.00

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

7. COVID RELIEF FUNDS

Include all funds received from federal and state governments for COVID relief, such as CARES Act Provider Relief Fund payments. Do not include any funds that constitute a loan and may be on the balance sheet as a liability.

*a. Provider/COVID Relief Funds recognized as revenue in **2021** _____.00

*b. On which survey line did you report this revenue?

   *1. Net patient revenue   Yes ☐ No ☐
   *2. Other operating revenue   Yes ☐ No ☐
   *3. Nonoperating revenue   Yes ☐ No ☐

*c. Provider/COVID Relief Funds recognized as revenue in **2020** _____.00
(please do not include these dollars in 7a)

*d. Did you include these funds as revenue on the **2020** survey?   Yes ☐ No ☐

*e. If yes, on which survey line did you report this revenue

   *1. Net patient revenue   Yes ☐ No ☐
   *2. Other operating revenue   Yes ☐ No ☐
   *3. Nonoperating revenue   Yes ☐ No ☐

8. FINANCIAL PERFORMANCE – MARGIN

*a. Total Margin   _____ %

*b. Operating Margin   _____ %

*c. EBITDA Margin   _____ %

*d. Medicare Margin   _____ %

*e. Medicaid Margin   _____ %

9. FIXED ASSETS

a. Property, plant and equipment at <u>cost</u>.. _____.00

b. Accumulated <u>depreciation</u>.. _____.00

c. Net property, plant and equipment (a–b).. _____.00

d. Total gross square feet of your physical plant used for or in support of your healthcare activities...................... _____

10. TOTAL CAPITAL EXPENSES

Include all expenses used to acquire assets, including buildings, remodeling projects, equipment, or property .... _____.00

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

11. 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 currently deploy?
(check all that apply)

    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?   Yes ☐   No ☐   Unsure ☐

*h. Does your hospital or health system have cybersecurity insurance?   Yes ☐   No ☐   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?   Yes ☐   No ☐   Unsure ☐

Are the financial data on pages 14-16 from your audited financial statement?	Yes ☐	No ☐

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

12. 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.

	(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)
a. 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	_____	_____	_____	_____
l. Pharmacy technicians	_____	_____	_____	_____
m. Respiratory therapists	_____	_____	_____	_____
n. All other personnel	_____	_____	_____	_____
o. Total facility personnel (add 12a through 12n)	_____	_____	_____	_____

(Total facility personnel (a-o) should include hospital and nursing home type unit/facility, if applicable.

Nursing home type unit/facility personnel should also be reported separately in 12p and 12q.)

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.12f, column 3) please report the number of full-time equivalents who are involved in direct patient care. _____ Number of direct patient care FTEs

s. For your medical residents/interns reported above (E.12c. column 1) please indicate the number of full-time on payroll by specialty.

Full-Time (35 hr/wk or more) On Payroll (Headcount)

  1. Primary care (general practitioner, general internal medicine, family practice, general pediatrics, geriatrics) _____

  2. Other specialties _____

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

13. 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 in 13a-13g should equal the total number of privileged physicians (13h) in the hospital.</u>

	(1) Total Employed	(2) Total Individual Contract	(3) Total Group Contract	(4) Not Employed or Under Contract	(5) Total Privileged (add columns 1-4)
a. Primary care (general practitioner, general internal medicine, family practice, general pediatrics).......					
b. Obstetrics/gynecology					
c. Emergency medicine					
d. Hospitalist..					
e. Intensivist					
f. Radiologist/pathologist/anesthesiologist					
g. Other specialist..					
h. Total (add 13a-13g)...					

14. HOSPITALISTS

a. Do hospitalists provide care for patients in your hospital? (if no, please skip to 15)................. Yes ☐ No ☐ (If yes, please report in E.13d)

b. If yes, please report the total number of full-time equivalent (FTE) hospitalists .... _____ FTE

15. INTENSIVISTS

a. Do intensivists provide care for patients in your hospital? (if no, please skip to 16)................. Yes ☐ No ☐ (If yes, please report in E.13.e)

b. If yes, please report the total number of FTE intensivists and assign them to the following areas. Please indicate whether the intensive care area is closed to intensivists. (Meaning that only intensivists are authorized to care for ICU patients.)

		FTE	Closed to Intensivists
1.	Medical-surgical intensive care	_____	☐
2.	Cardiac intensive care	_____	☐
3.	Neonatal intensive care	_____	☐
4.	Pediatric intensive care	_____	☐
5.	Other intensive care	_____	☐
6.	**Total**	_____	

16. 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 17) YES ☐ NO ☐

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(s) 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

17. FOREIGN EDUCATED NURSES

a. Did your facility hire more foreign-educated nurses (including contract or agency nurses) to help fill RN vacancies in 2021 vs. 2020?

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 ☐

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

18. WORKFORCE

a. Does your hospital use artificial intelligence (AI) or machine learning in the following? (Check all that apply)

1. ☐ Predicting staffing needs
2. ☐ Predicting patient demand
3. ☐ Staff scheduling
4. ☐ Automating routine tasks
5. ☐ Optimizing administrative and clinical workflows

b. How is your hospital incorporating workforce as part of the strategic planning process? (Check all that apply)

1. ☐ Conduct needs assessment
2. ☐ Leadership succession planning
3. ☐ Talent development plan
4. ☐ Recruitment & retention planning
5. ☐ Partnerships with elementary/HS to develop interest in health care careers
6. ☐ Training program partnership with community colleges, vocational training programs

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. ☐ Food 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. ☐ 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 record?   Yes ☐   No ☐

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. Who in your hospital or health care system is accountable for meeting health equity goals? (Check all that apply)

   a. ☐ CEO
   b. ☐ Designated Senior Executive (Chief Diversity Office, VP for DEI, etc.)
   c. ☐ Middle Management
   d. ☐ Committee or Task Force
   e. ☐ Division/Department Leaders
   f. ☐ Employee Resource Group

6. Who in your hospital or health care system is accountable for implementing strategies for health equity goals? (Check all that apply)

   a. ☐ CEO
   b. ☐ Designated Senior Executive (Chief Diversity Office, VP for DEI, etc.)
   c. ☐ Middle Management
   d. ☐ Committee or Task Force
   e. ☐ Division/Department Leaders
   f. ☐ Employee Resource Group

7. Does your hospital or health care system use DEI disaggregated data to inform decisions on the following? (Check all that apply)

   a. ☐ Patient outcomes
   b. ☐ Procurement
   c. ☐ Supply chain
   d. ☐ Training
   e. ☐ Professional Development

8. Does your hospital or health care system have a health equity strategic plan for the following? (Check all that apply)

   a. ☐ Equitable and inclusive organizational policies
   b. ☐ Systematic and shared accountability for health equity
   c. ☐ Diverse representation in hospital and health care system leadership
   d. ☐ Diverse representation in hospital and health care system governance
   e. ☐ Community engagement
   f. ☐ Collection and use of segmented data to drive action
   g. ☐ Culturally appropriate patient care

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

9. 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)

	(1) Not Involved	(2) Work together to meet patient social needs (e.g., referral arrangement or case management)	(3) Participates in our Community Health Needs Assessment process	(4) 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 transportation needs	☐	☐	☐	☐
h. Local organizations addressing housing insecurity	☐	☐	☐	☐
i. Local organizations providing legal assistance for individuals	☐	☐	☐	☐
j. Other community non-profit organizations	☐	☐	☐	☐
k. K-12 schools	☐	☐	☐	☐
l. Colleges or universities	☐	☐	☐	☐
m. Local businesses or chambers of commerce	☐	☐	☐	☐
n. Law enforcement/safety forces	☐	☐	☐	☐
o. Area Behavioral Health Service Providers	☐	☐	☐	☐
p. Area Agencies on Aging (AAA)	☐	☐	☐	☐

G. SUPPLEMENTAL INFORMATION

1. Does the hospital participate in a group purchasing arrangement?   YES ☐   NO ☐
If yes, please provide the name, city, and state of your primary group purchasing organization.

Name: _____ City: _____ State: _____

2. Does the hospital purchase medical/surgical supplies directly through a distributor?   YES ☐   NO ☐
If yes, please provide the name of your primary distributor.

Name: _____

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

4. 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 ☐

5. 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. 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, evaluation, and communication of physiological data. _____

   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. _____

6. Does your hospital have a partnership with a Community Mental Health Center or a Certified Community Behavioral Health Center?

   a. Community Mental Health Center   Yes ☐   No ☐

   b. Certified Community Behavioral Health Center   Yes ☐   No ☐

7. Which of the following best describes your organization's decarbonization efforts?
   a. ☐ We have set a decarbonization percentage reduction goal

         1. % reduction goal _____
         2. Target year to meet goal _____
         3. Baseline year _____

   b. ☐ We have set a "net-zero emissions" goal
         1. Target year to meet goal _____
         2. Baseline year _____

   c. ☐ We have set both a decarbonization percentage reduction and a "net-zero emissions goal"

         % Reduction Goal
         1. % reduction goal _____
         2. Target year to meet goal _____
         3. Baseline year _____
         "Net-Zero Emissions" Goal
         4. Target year to meet goal _____
         5. Baseline year _____

   d. ☐ We have not set any decarbonization targets/goals but plan to within the year
   e. ☐ We have not set any decarbonization targets/goals and uncertain if any plans to within the year

G. SUPPLEMENTAL INFORMATION (continued)

Please feel free to expand on your response:

_____

_____

_____

8. The federal government has recently released ambitious goals for federal facilities. They include achieving a carbon-pollution free electricity sector by 2035 and net-zero emissions economy-wide by no later than 2050 with a 65% reduction in Scope 1 and 2 GHG emissions from federal operation by 2050 (from 2008 levels). Irrespective of the exact targets and years, would your organization, in principle, be willing to support similar types of goals for the health sector?

Yes ☐   No ☐   Unsure ☐

Please feel free to expand on your response:

_____

_____

_____

9. Do you believe the decarbonization goals for the health sector should be similar, more ambitious, or less ambitious than the targets set by the federal government?

Similar ☐   More ambitious ☐   Less ambitious ☐   Unsure ☐

Please feel free to expand on your response:

_____

_____

_____

10. Does your organization have an executive leader responsible for environmental sustainability, including climate change mitigation?

Yes ☐   No ☐

Please feel free to expand on your response:

_____

_____

_____

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 2021 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, 2021 should be shown as 01/01/2021. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 365 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 365 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.
8. **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. **Biocontainment patient care unit.** A permanent unit that provides the first line of treatment for people affected by bio-terrorism or highly hazardous communicable diseases. The unit is equipped to safely care for anyone exposed to a highly contagious and dangerous disease. Please do not report temporary COVID-19 units on this line.
20. **Other care.** (specify) Any type of care other than those listed above.
    The sum of the beds reported in Section C 1-20 should equal what you have reported in Section E(1b) for beds set up and staffed.
21. **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.

22. **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.
23. **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.
24. **Ambulance services.** Provision of ambulance service to the ill and injured who require medical attention on a scheduled and unscheduled basis.
25. **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.
26. **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.
27. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
28. **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.
29. **Bariatric/weight control services.** The medical practice of weight reduction.
30. **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 three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
31. **Blood donor center.** A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
32. **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.
33. **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.
34. **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.
35. **Chaplaincy/pastoral care services.** A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
36. **Chemotherapy.** An organized program for the treatment of cancer by the use of drugs or chemicals.
37. **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.
38. **Chiropractic services.** An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
39. **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.
40. **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.
41. **Computer assisted orthopedic surgery (CAOS).** Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
42. **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.
43. **Dental services.** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
44. **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.
45. **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.

46. **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.

47. **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.

48. **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.

49. **Employment support services.** Services designed to support individuals with significant disabilities to seek and maintain employment.

50. **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.

51. **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.

52. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.

53. **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.

54. **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.

55. **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.

56. **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.

57. **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.

58. **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.

59. **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.

60. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.

61. **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.

62. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.

63. **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.

64. **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.

65. **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.

66. **Immunization program.** Program that plans, coordinates and conducts immunization services in the community.

67. **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.

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

69. **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.

70. **Mobile health services.** Vans and other vehicles used for delivery of primary care services.
71. **Neurological services.** Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous systems.
72. **Nutrition programs.** Services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
73. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
74. **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.
75. **Orthopedic services.** Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
76. **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.
77. **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.
78. **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.
79. **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.
80. **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.
81. **Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self-care.
82. **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.
83. **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.
84. **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.
85. **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. The beds reported here should be included in the staffed bed count for 14 psychiatric care.
    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. l. **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.

86. **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 CT).** 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.
   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.
   l. **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.
87. **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 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.
   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.
88. **Robotic surgery.** The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
89. **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.
90. **Sleep center.** Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
91. **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.
92. **Sports medicine.** Provision of diagnostic screening, assessment, clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
93. **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. The beds reported here should be included in the staffed bed count for 13 substance use disorder care.
   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.

94. **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.

95. **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.

96. **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.

97. **Tobacco treatment/cessation program.** Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.

98. **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.

99. **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. Please include heart/lung or other multi-transplant surgeries in 'other'.

100. **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.

101. **Urgent care center.** A facility that provides care and treatment for problems that are not life threatening but require attention over the short term.

102. **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.

103. **Virtual colonoscopy.** Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.

104. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.

105. **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.

106. **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.

107. **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.

108a-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.
    1. **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.

108c-e. Report the number of physicians and specialty breakdown for physician practices wholly owned by the hospital.

109. Of all physician arrangements listed in question 108a. (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.

110a-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.

114. Ventilators. Report both transport and regular ventilators. Count non-invasive ventilators that can be converted to invasive ventilators. For ventilators that can be used for both adult and pediatric patients, please report these as adult ventilators; do not report on both lines (i.e., pediatric ventilators can only be used for pediatric patients. The exception is pediatric hospitals – ventilators that can be used for both adult and pediatric patients should be reported on the pediatric lines for these hospitals.)

SECTION D
INSURANCE AND ALTERNATIVE PAYMENT MODELS
Definitions

4. 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 27) 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. (E9b).

    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.

    3l. 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 uncollectables resulting from the extension of credit. Report as a deduction from gross revenue. <u>**For Question 6 (Revenue by payer), if you cannot break out your bad debt by payer, deduct the amount from self-pay.**</u>
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. <u>For purposes of this survey, charity care is measured on the basis of revenue forgone, at full-established rates.</u>
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. <u>Report in 'net' column only.</u>
   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. **COVID RELIEF FUNDS.** Include all funds received from federal and state government for COVID relief, such as CARES Act Provider Relief Fund payments. Do not include any funds that constitute a loan and may be on the balance sheet as a liability.
8. **FINANCIAL PERFORMANCE – MARGIN**
   8a. Total Margin. Total income over total revenue. Nonoperating income is included in revenue in the total margin.
   8b. Operating Margin. Measure of profit per dollar of revenue calculated by dividing net operating income by operating revenues.
   8c. EBITDA Margin. Earnings before interest, tax depreciation and amortization (EBITDA) divided by total revenue.
   8d. 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.
   8e. 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.
9. **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.
   9d. 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.
   10. Capital Expenses. Expenses used to acquire assets, including buildings, remodeling projects, equipment, or property.
   11. 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

12. **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. (12n)
   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 12c-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. (12n)
   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.
l. **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 12a-12n. 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 (12a-12n) but cannot be broken out, please leave blank.
r. **Direct 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.)

13. **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 13a-13g 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.
16. **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 specialty area of nursing practice. CNSs are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions.
16c. **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.
17. **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

1. **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.
2. **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.
4. **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.
5. **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. Please report only hospital-based services on these lines. Please do not report system-level numbers.

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.

6. **6a.Certified Community Behavioral Health Clinics (CCBHCs).** These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are non-profit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

   6b.Community Mental Health Centers: According to the American Psychological Association, a community mental health center is a facility or facilities that are community-based and provide mental health services, sometimes as an alternative to the care that mental hospitals provide. SAMHSA reported that, as of 2019, approximately 2,700 community mental health centers were in operation. They are supported by sources such as county and state funding programs, federal funding through programs such as Medicaid and Medicare, private insurance and cash payments. The centers treat both children and adults, including individuals who are chronically mentally ill or have been discharged from an inpatient mental health facility.

7. **Decarbonization.** Decarbonization is the key term used to describe phasing out carbon dioxide equivalent emissions, both operational and embodied carbon. In the strictest sense, decarbonization means removing carbon from the process chain as well as carbon released from producing building materials.

   Net-Zero Emissions. Net-zero is a balance between all emissions produced and the emissions removed from the atmosphere. For example, a building that generates as much energy as it uses.

*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.*

A

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].

B

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]

Biocontainment patient care unit: A permanent unit that provides the first line of

treatment for people affected by bio-terrorism or highly hazardous communicable diseases. The unit is equipped to safely care for anyone exposed to a highly contagious and dangerous disease. [BIOBD] [BIOHOS] [BIOSYS] [BIOVEN]

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 post-acute 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) 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. [BRNHOS].

C

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 cost-effectiveness 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].

E

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 to legal 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].

H

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 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. [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 high-resolution 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].
  b. **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 government-regulated 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 sub-specialty 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].

L

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].

M

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 non-physician 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 AHA-derived 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].

O

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].

P

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 decision-making 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 interventional 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 post-

pregnancy. 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 long-term 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 employees. [SLFPLN].

Separate long-term nursing home: 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 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. [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].

T

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 home-type 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 home-type 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:

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].

V

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].

W

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].