

Data Documentation

Data Dictionary: A catalog of file contents, including the variable names, types, lengths, definitions, values and What's New information about the patient-level data that is released.

Appendices

A – Disclosure Policy	HCAI's Policy on the Disclosure of Patient-Level Healthcare Data and Information.
B – Mitigation Specification	Description of masking technique used in Public Use File. [Only applicable 2010-2014]
C – Modifications and Exceptions	Modifications to standard data reporting requirements are granted to some facilities that were unable to complete specific fields as required or were determined to be out of compliance at the time of reporting. Exceptions are reported for facilities with records that were initially flagged as wrong but were actually reported correctly.
D – Facility Status	When multiple facility locations operate under one hospital license, the licensed entity is considered a consolidated provider. These types of facilities can report patient-level data as either separate entities or aggregated, as one consolidated provider. Status changes: openings, closures, and ownership changes
E – Counts of Unique Records	Count and percent of records in the Public Use File with suppressed data elements, by facility. [Only applicable 2010-2014].
F – Counts by Facility (PDD Discharges/ED & AS Encounters)	Count of discharges or visits by facility and across state.
G – Principal Language Spoken	Code set values and descriptions
H – Plan Code Numbers	Plan Code Numbers used as part of reporting Expected Source of Payer
I – Major Diagnostic Categories	MS-DRG code set values by year of use
J – Medicare Severity-Diagnosis Related Groups (MS-DRGs)	MS-DRG code set values by year of use
K –Crosswalk	Varies depending on the change made to certain years. Some years have no Appendix K as no changes were made.
L – Manual Abstract Reporting	Manual version of form used by reporting facilities.
M – Linkable RLNs	Valid, Invalid, and Unknown Social Security Numbers by age group.