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Chronic Conditions Warehouse Virtual Research Data Center

CODEBOOK:
Acute Hospital Care at Home (AHCAH)
Patient and Hospital Data Files

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Revision Log

Date	Changed by	Revisions	Version
January 2024	S. Pietzsch	Initial release of codebook	1.0

Tips on Navigating the Codebook

This document is a detailed codebook that describes each variable in the CMS Acute Hospital Care at Home (AHCAH) research files. Because the files have many variables, we have included several ways for users to quickly find the information they need:

- A complete listing of all variables in the files, in alphabetical order based on their SAS variable names.
- Individual entries for each variable that contain a short description of the variable, the possible values for the variable, and, in many cases, notes that discuss how the variable was constructed and should be used.

We have included hyperlinks throughout the codebook to make it easier for analysts to navigate between the table of contents and the detailed entries for the individual variables:

- Clicking on any variable name in the Table of Contents will take you to the detailed description for that variable.
- From the detailed description for any individual variable, clicking on the [^Back to TOC^](#) link after each variable description will take you back to the Table of Contents.

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This section of the codebook contains a list of all variables in alphabetical order based on the SAS variable name.

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Variable Details

This section of the codebook contains one entry for each variable in the CMS Acute Hospital Care at Home (AHCAH) data files. Each entry contains variable details to facilitate understanding and use of the variables.

ADMSN_DT

LABEL: Facility Admission Date

DESCRIPTION: Date of the patient's admission to the facility.

SHORT NAME: ADMSN_DT

LONG NAME: ADMSN_DT

TYPE: DATE

LENGTH: 8

FILE(S): Patient

SOURCE: AHCAH facility-submitted data

VALUES: 25NOV2020 forward

COMMENT: Formatted as MMDDYY10. in SAS. The earliest date a patient could be admitted to a facility under the AHCAH waiver is November 25, 2020.

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AHCAH_WVR_SUBMSN_ID

LABEL: AHCAH Waiver Submission ID

DESCRIPTION: The AHCAH waiver submission ID. The waiver ID is assigned to the participating hospital CCN (CMS Certification Number); there is only one AHCAH_WVR_SUBMSN_ID for each CCN.

SHORT NAME: AHCAH_WVR_SUBMSN_ID

LONG NAME: AHCAH_WVR_SUBMSN_ID

TYPE: CHAR

LENGTH: 15

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data

VALUES: Ex – AHCAH-1234, AHCAH-99887

COMMENT: Formatted as AHCAH-xxxxx

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BENE_ID

LABEL: Encrypted CCW Beneficiary ID

DESCRIPTION: The unique CCW identifier for a beneficiary.

The CCW assigns a unique beneficiary identification number to each individual who receives Medicare and/ or Medicaid and uses that number to identify an individual's records in all CCW data files (e.g., Medicare claims and enrollment, T-MSIS claims, and MDS assessment data).

This number does not change during a beneficiary's lifetime, and CCW uses each number only once.

The BENE_ID is specific to the CCW and is not applicable to any other identification system or data source.

SHORT NAME: BENE_ID

LONG NAME: BENE_ID

TYPE: CHAR

LENGTH: 15

FILE(S): Patient

SOURCE: CCW

VALUES: —

COMMENT: —

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CCN

LABEL:	CMS Certification Number (Facility Provider Number)
DESCRIPTION:	CMS Certification Number; the hospital provider number used to verify Medicare/Medicaid certification
SHORT NAME:	CCN
LONG NAME:	CCN
TYPE:	CHAR
LENGTH:	6
FILE(S):	Patient and hospital
SOURCE:	AHCAH facility-submitted data
VALUES:	Ex – 030036, 220110
COMMENT:	If attempting to join to Medicare claims files in the CCW, the 6-digit CCN is called the provider number (PRVDR_NUM).

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DISCHARGES

LABEL:	Count of AHCAH Discharges During the Data Submission Period
DESCRIPTION:	The number of patients discharged from the inpatient care episode during the data submission period.
SHORT NAME:	DISCHARGES
LONG NAME:	DISCHARGES
TYPE:	NUM
LENGTH:	8
FILE(S):	Hospital
SOURCE:	AHCAH facility-submitted data
VALUES:	0-###
COMMENT:	The data submission period represents the data submission for the previous month or week. Data submissions are due to CMS by midnight of Wednesday for the previous week or month; therefore, submission dates may be a few days after the last day of the week or month.

There are two tiers of experience (assigned by CMS during evaluation of the facility's waiver submission) that determine whether the facility submits data monthly or weekly: Tier 1 hospitals have treated "at home" at least 25 patients meeting inpatient admission criteria through their existing program prior to requesting an AHCAH waiver; Tier 2 hospitals have treated "at home" fewer than 25 patients, or none at all, prior to requesting a waiver. Tier 1 hospitals (variable called FAC_TIER=1) submit AHCAH data on a monthly basis; Tier 2 facilities (variable called FAC_TIER=2) submit data on a weekly basis.

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ESCALATIONS

LABEL: Count of AHCAH Patients Transferred Back to Inpatient Facility During the Data Submission Period

DESCRIPTION: The number of patients served by the hospital at home program who were transferred back to the traditional inpatient setting from the home during the data submission period.

SHORT NAME: ESCALATIONS

LONG NAME: ESCALATIONS

TYPE: NUM

LENGTH: 8

FILE(S): Hospital

SOURCE: AHCAH facility-submitted data

VALUES: 0, 1+

COMMENT: Occasionally a negative value may appear in a data submission; these are corrections to prior data. Data users should interpret the negative values to mean zero (no escalations).

The data submission period represents the data submission for the previous month or week. Data submissions are due to CMS by midnight of Wednesday for the previous week or month; therefore, submission dates may be a few days after the last day of the week or month.

There are two tiers of experience (assigned by CMS during evaluation of the facility's waiver submission) that determine whether the facility submits data monthly or weekly: Tier 1 hospitals have treated "at home" at least 25 patients meeting inpatient admission criteria through their existing program prior to requesting an AHCAH waiver; Tier 2 hospitals have treated "at home" fewer than 25 patients, or none at all, prior to requesting a waiver. Tier 1 hospitals (variable called FAC_TIER=1) submit AHCAH data on a monthly basis; Tier 2 facilities (variable called FAC_TIER=2) submit data on a weekly basis.

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FAC_DATA_SUBMSN_DT

LABEL:	Facility Data Submission Date
DESCRIPTION:	The date the facility submitted weekly or monthly data to CMS.
SHORT NAME:	FAC_DATA_SUBMSN_DT
LONG NAME:	FAC_DATA_SUBMSN_DT
TYPE:	DATE
LENGTH:	8
FILE(S):	Patient and hospital
SOURCE:	AHCAH facility-submitted data
VALUES:	23DEC2020 forward
COMMENT:	Formatted as MMDDYY10. in SAS

The data submission period represents the data submission for the previous month or week. Data submissions are due to CMS by midnight of Wednesday for the previous week or month; therefore, submission dates may be a few days after the last day of the week or month.

There are two tiers of experience (assigned by CMS during evaluation of the facility's waiver submission) that determine whether the facility submits data monthly or weekly: Tier 1 hospitals have treated "at home" at least 25 patients meeting inpatient admission criteria through their existing program prior to requesting an AHCAH waiver; Tier 2 hospitals have treated "at home" fewer than 25 patients, or none at all, prior to requesting a waiver. Tier 1 hospitals (variable called FAC_TIER=1) submit AHCAH data on a monthly basis; Tier 2 facilities (variable called FAC_TIER=2) submit data on a weekly basis.

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FAC_TIER

LABEL:	Tier 1: 25+ AHCAH Patients; Tier 2: <= 24 AHCAH Patients
DESCRIPTION:	The level of experience the facility had with providing hospital at home services at the time the CMS waiver for AHCAH was requested. Tier 1 hospitals treated “at home” at least 25 patients meeting inpatient admission criteria through their program prior to requesting an AHCAH waiver; Tier 2 hospitals treated “at home” 24 or fewer patients (or none at all) prior to requesting a CMS waiver.
SHORT NAME:	FAC_TIER
LONG NAME:	FAC_TIER
TYPE:	NUM
LENGTH:	1
FILE(S):	Patient and hospital
SOURCE:	AHCAH facility-submitted data
VALUES:	1 = hospital had 25+ patients who received hospital at home inpatient services 2 = hospital had <= 24 patients who received hospital at home inpatient services
COMMENT:	The categorization of hospitals into the facility tier (FAC_TIER) uses historical information and does not change during the AHCAH program. The FAC_TIER determines whether the hospital must submit data to CMS weekly or monthly. If FAC_TIER =1, the hospital submits data monthly; if FAC_TIER =2, the hospital submits data weekly.

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MORTALITIES

LABEL:	Count of AHCAH Mortalities During the Data Submission Period
DESCRIPTION:	The number of patients served by the hospital at home program who died during the data submission period, including those whose care was escalated to the hospital (excluding those on hospice or those for whom death was expected).
SHORT NAME:	MORTALITIES
LONG NAME:	MORTALITIES
TYPE:	NUM
LENGTH:	8
FILE(S):	Hospital
SOURCE:	AHCAH facility-submitted data
VALUES:	0, 1+
COMMENT:	Occasionally a negative value may appear in a data submission; these are corrections to prior data. Data users should interpret the negative values to mean zero (no mortalities).

The data submission period represents the data submission for the previous month or week. Data submissions are due to CMS by midnight of Wednesday for the previous week or month; therefore, submission dates may be a few days after the last day of the week or month.

There are two tiers of experience (assigned by CMS during evaluation of the facility's waiver submission) that determine whether the facility submits data monthly or weekly: Tier 1 hospitals have treated "at home" at least 25 patients meeting inpatient admission criteria through their existing program prior to requesting an AHCAH waiver; Tier 2 hospitals have treated "at home" fewer than 25 patients, or none at all, prior to requesting a waiver. Tier 1 hospitals (variable called FAC_TIER=1) submit AHCAH data on a monthly basis; Tier 2 facilities (variable called FAC_TIER=2) submit data on a weekly basis.

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PGM_ID

LABEL: Program Identifier (1=FFS Medicare; 2=FFS Medicaid; 3=Dual)

DESCRIPTION: A constructed data element identifying the applicable CMS program of which the patient is a beneficiary.

SHORT NAME: PGM_ID

LONG NAME: PGM_ID

TYPE: NUM

LENGTH: 1

FILE(S): Patient

SOURCE: AHCAH facility-submitted data

VALUES: 1 = FFS Medicare
2 = FFS Medicaid
3 = Dually eligible for both Medicare and Medicaid (and enrolled in FFS for both)

COMMENT: —

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PRVDR_ADR

LABEL: Facility Location Address

DESCRIPTION: The facility location's address.

SHORT NAME: PRVDR_ADR

LONG NAME: PRVDR_ADR

TYPE: CHAR

LENGTH: 510

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data (verified by CMS)

VALUES: Ex — 12345 Main St

COMMENT: —

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PRVDR_CITY

LABEL: Facility Location City

DESCRIPTION: The facility location's city.

SHORT NAME: PRVDR_CITY

LONG NAME: PRVDR_CITY

TYPE: CHAR

LENGTH: 255

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data (verified by CMS)

VALUES: Ex — Concord

COMMENT: —

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PRVDR_NAME

LABEL: Name of Facility

DESCRIPTION: The facility's name.

SHORT NAME: PRVDR_NAME

LONG NAME: PRVDR_NAME

TYPE: CHAR

LENGTH: 255

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data (verified by CMS)

VALUES: Ex – Best hospital

COMMENT: —

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PRVDR_PHNE_NUM

LABEL: Facility Phone Number

DESCRIPTION: The facility location's phone number.

SHORT NAME: PRVDR_PHNE_NUM

LONG NAME: PRVDR_PHNE_NUM

TYPE: CHAR

LENGTH: 22

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data (verified by CMS)

VALUES: Ex – (202)867-5309

COMMENT: Formatted (999)999–9999

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PRVDR_STATE

LABEL: Provider State

DESCRIPTION: The state in which the hospital facility is located.

SHORT NAME: PRVDR_STATE

LONG NAME: PRVDR_STATE

TYPE: CHAR

LENGTH: 2

FILE(S): Patient and hospital

SOURCE: AHCAH facility-submitted data (verified by CMS)

VALUES: Two-character postal state code

COMMENT: —

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PRVDR_ZIP_CD

LABEL:	Facility Location Zip Code
DESCRIPTION:	The facility location's ZIP code.
SHORT NAME:	PRVDR_ZIP_CD
LONG NAME:	PRVDR_ZIP_CD
TYPE:	CHAR
LENGTH:	10
FILE(S):	Patient and hospital
SOURCE:	AHCAH facility-submitted data (verified by CMS)
VALUES:	Formatted as either 5-digit or the full 9-digit (ZIP + 4) code Ex — 99999 or 99999-9999
COMMENT:	—

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STATE_BENE_MDCD_ID

LABEL:	Encrypted State-Specific Medicaid Beneficiary ID
DESCRIPTION:	The state-assigned beneficiary identifier for individual Medicaid beneficiaries receiving Medicaid services.
SHORT NAME:	STATE_BENE_MDCD_ID
LONG NAME:	STATE_BENE_MDCD_ID
TYPE:	CHAR
LENGTH:	32
FILE(S):	Patient
SOURCE:	AHCAH facility-submitted data
VALUES:	Ex - ABC123XYZ9875555555DDDDDDDD55DD
COMMENT:	This ID number may not be the state's Transformed Medicaid Statistical Information System (T-MSIS) identifier (MSIS_ID) for the patient. That means it may not be possible to join the AHCAH data with the CCW Medicaid T-MSIS data files (e.g., if interested in identifying the actual inpatient claims for these patients).

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