You can also find Home Health Compare data on data.medicare.gov. This website allows you to view the data files embedded on a webpage without downloading them. The data on data.medicare.gov can usually be viewed the same day it has been updated on Home Health Compare.

In the Home Health Compare comma separated value file (CSV), there are eight (8) flat files that are used:

HHC_SOCRATA_HHCAHPS_PRVDR.csv
1. State
2. CMS Certification Number (CCN)
3. Provider Name
4. Address
5. City
6. Zip
7. Phone
8. Type of Ownership
9. Offers Nursing Care Services
10. Offers Physical Therapy Services
11. Offers Occupational Therapy Services
12. Offers Speech Pathology Services
13. Offers Medical Social Services
14. Offers Home Health Aide Services
15. Date Certified
16. Patients who reported that their home health team gave care in a professional way
17. Footnote for patients who reported that their home health team gave care in a professional way
18. Patients who reported that their home health team communicated well with them
19. Footnote for patients who reported that their home health team communicated well with them
20. Patients who reported that their home health team discussed medicines, pain, and home safety with them
21. Footnote for patients who reported that their home health team discussed medicines, pain, and home safety with them
22. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
23. Footnote for Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
24. Patients who reported YES, they would definitely recommend the home health agency to friends and family
25. Footnote for Patients who reported YES, they would definitely recommend the home health agency to friends and family
26. Number of completed Surveys
27. Footnote for number of completed surveys
28. Response rate
29. Footnote for response rate

HHC_SOCRATA_HHCAHPS_ STATE.csv
1. State
2. Patients who reported that their home health team gave care in a professional way
3. Patients who reported that their home health team communicated well with them
4. Patients who reported that their home health team discussed medicines, pain, and home safety with them

5. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
6. Patients who reported YES, they would definitely recommend the home health agency to friends and family
7. Number of completed Surveys
8. Response rate

HHC_SOCRATA_HHCAHPS_NATIONAL.csv
1. Country
2. Patients who reported that their home health team gave care in a professional way
3. Patients who reported that their home health team communicated well with them
4. Patients who reported that their home health team discussed medicines, pain, and home safety with them
5. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
6. Patients who reported YES, they would definitely recommend the home health agency to friends and family
7. Number of completed Surveys
8. Response rate

HHC_SOCRATA_PRVDR.csv
1. State
2. CMS Certification Number (CCN)
3. Provider Name
4. Address
5. City
6. Zip
7. Phone
8. Type of Ownership
9. Offers Nursing Care Services
10. Offers Physical Therapy Services
11. Offers Occupational Therapy Services
12. Offers Speech Pathology Services
13. Offers Medical Social Services
14. Offers Home Health Aide Services
15. Date Certified
16. How often the home health team began their patients' care in a timely manner
17. Footnote for how often the home health team began their patients' care in a timely manner
18. How often the home health team taught patients (or their family caregivers) about their drugs
19. Footnote for how often the home health team taught patients (or their family caregivers) about their drugs
20. How often the home health team checked patients' risk of falling
21. Footnote for how often the home health team checked patients' risk of falling
22. How often the home health team checked patients for depression
23. Footnote for how often the home health team checked patients for depression
24. How often the home health team determined whether patients received a flu shot for the current flu season
25. Footnote for how often the home health team determined whether patients received a flu shot for the current flu season
26. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot)

27. Footnote as how often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot)
28. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care
29. Footnote for how often the home health team got doctor's orders, gave foot care, and taught patients about foot care
30. How often the home health team checked patients for pain
31. Footnote for how often the home health team checked patients for pain
32. How often the home health team treated their patients' pain
33. Footnote for often the home health team treated their patients' pain
34. How often the home health team treated heart failure (weakening of the heart) patients' symptoms
35. Footnote for how often the home health team treated heart failure (weakening of the heart) patients' symptoms
36. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)
37. Footnote for how often the home health team took doctor-ordered action to prevent pressure sores (bed sores)
38. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care
39. Footnote for how often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care
40. How often the home health team checked patients for the risk of developing pressure sores (bed sores)
41. Footnote for how often the home health team checked patients for the risk of developing pressure sores (bed sores)
42. How often patients got better at walking or moving around
43. Footnote for how often patients got better at walking or moving around
44. How often patients got better at getting in and out of bed
45. Footnote for how often patients got better at getting in and out of bed
46. How often patients got better at bathing
47. Footnote for how often patients got better at bathing
48. How often patients had less pain when moving around
49. Footnote for how often patients had less pain when moving around
50. How often patients' breathing improved
51. Footnote for how often patients' breathing improved
52. How often patients' wounds improved or healed after an operation
53. Footnote for how often patients' wounds improved or healed after an operation
54. How often patients had more pressure sores (bed sores) when home health care ended
55. Footnote for how often patients had more pressure sores (bed sores) when home health care ended
56. How often patients got better at taking their drugs correctly by mouth
57. Footnote for how often patients got better at taking their drugs correctly by mouth
58. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted
59. Footnote for how often patients receiving home health care needed urgent, unplanned care in the ER without being admitted
60. How often home health patients had to be admitted to the hospital
61. Footnote for how often home health patients had to be admitted to the hospital
62. Footnote

HHC_SOCRATA_ZIP.csv
1. State
2. CMS Certification Number (CCN)
3. ZIP Code

HHC_SOCRATA_STATE.csv
1. State
2. How often the home health team began their patients' care in a timely manner
3. How often the home health team taught patients (or their family caregivers) about their drugs
4. How often the home health team checked patients' risk of falling
5. How often the home health team checked patients for depression
6. How often the home health team determined whether patients received a flu shot for the current flu season
7. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot)
8. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care
9. How often the home health team checked patients for pain
10. How often the home health team treated their patients' pain
11. How often the home health team treated heart failure (weakening of the heart) patients' symptoms
12. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)
13. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care
14. How often the home health team checked patients for the risk of developing pressure sores (bed sores)
15. How often patients got better at walking or moving around
16. How often patients got better at getting in and out of bed
17. How often patients got better at bathing
18. How often patients had less pain when moving around
19. How often patients' breathing improved
20. How often patients' wounds improved or healed after an operation
21. How often patients had more pressure sores (bed sores) when home health care ended
22. How often patients got better at taking their drugs correctly by mouth
23. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted
24. How often home health patients had to be admitted to the hospital

HHC_SOCRATA_NATIONAL.csv
1. Country
2. How often the home health team began their patients' care in a timely manner
3. How often the home health team taught patients (or their family caregivers) about their drugs
4. How often the home health team checked patients' risk of falling
5. How often the home health team checked patients for depression
6. How often the home health team determined whether patients received a flu shot for the current flu season
7. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot)

8. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care
9. How often the home health team checked patients for pain
10. How often the home health team treated their patients' pain
11. How often the home health team treated heart failure (weakening of the heart) patients' symptoms
12. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores)
13. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care
14. How often the home health team checked patients for the risk of developing pressure sores (bed sores)
15. How often patients got better at walking or moving around
16. How often patients got better at getting in and out of bed
17. How often patients got better at bathing
18. How often patients had less pain when moving around
19. How often patients' breathing improved
20. How often patients' wounds improved or healed after an operation
21. How often patients had more pressure sores (bed sores) when home health care ended
22. How often patients got better at taking their drugs correctly by mouth
23. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted
24. How often home health patients had to be admitted to the hospital

HHC_SOCRATA_NATIONAL.csv
1. Measure Name
2. Measure Date Range

The flat file, HHC_SOCRATA_HHCAHPS_PRVDR.csv, contains twenty-nine (29) fields. This table displays the home health agencies' demographic data, the Medicare-certified services that a home health agency provides, and the measures and corresponding percentages value for the home health agencies' Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey result. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV.

HHC_SOCRATA_HHCAHPS_PRVDR.csv
1. State: text (2)
   Lists the abbreviations for all fifty (50) states, as well as:
   - AS for American Samoa
   - DC for Washington, D.C.
   - FM for Federal States of Micronesia
   - GU for Guam
   - MH for Marshall Islands
   - MP for Northern Mariana Islands
   - NM for New Mexico
   - PR for PR for Puerto Rico
   - PW for Palau
   - UM for U.S. Minor Outlying Islands
   - VI for Virgin Islands
2. CMS Certification Number (CCN): text(6)
   Lists the numeric code used to identify the provider listed.

3. Provider Name: text(225)
   Lists the name of the agency listed.
4. Address: text(255)
   Lists the physical street address that corresponds to the agency listed.
5. City: text(50)
   Lists the name of the city of the physical address that corresponds to the agency listed.
6. Zip: text(5)
   Lists the full postal zip code of the physical address that corresponds to the agency listed.
7. Phone: text(10)
   Lists the telephone number that corresponds to the agency listed.
8. Type of Ownership: text(255)
   Indicates the home health agency's type of ownership. Home health agencies can be run by private for-profit corporations, non-profit corporations, religious affiliated organizations, or government entities. Quality can vary in home health agencies within each of the different types of ownership.
9. Offers Nursing Care Services: Yes/No
   Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
10. Offers Physical Therapy Services: Yes/No
    Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
11. Offers Occupational Therapy Services: Yes/No
    Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
12. Offers Speech Pathology Services: Yes/No
    Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
13. Offers Medical Social Services: Yes/No
    Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
14. Offers Home Health Aide Services: Yes/No
    Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
15. Date Certified: date(8)
    Lists the certification date for the agency listed. These agencies are certified if they pass inspection. Medicare or Medicaid only covers care provided by certified providers. Being certified is not the same as being accredited. Medicare and Medicaid only covers care in a certified facility or program.
16. Patients who reported that their home health team gave care in a professional way: text(4)
    The percentage value for the given survey measure associated with the home health agency.
17. Footnote for patients who reported that their home health team gave care in a professional way: text(1500)

If applicable, lists the code corresponding to why a percentage is not available for this measure.

18. Patients who reported that their home health team communicated well with them: text(4)
    The percentage value for the given survey measure associated with the home health agency.
19. Footnote for patients who reported that their home health team communicated well with them: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
20. Patients who reported that their home health team discussed medicines, pain, and home safety with them: text(4)
    The percentage value for the given survey measure associated with the home health agency.
21. Footnote for patients who reported that their home health team discussed medicines, pain, and home safety with them: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
22. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) : text(4)
    The percentage value for the given survey measure associated with the home health agency.
23. Footnote for Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) : text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
24. Patients who reported YES, they would definitely recommend the home health agency to friends and family: text(4)
    The percentage value for the given survey measure associated with the home health agency.
25. Footnote for Patients who reported YES, they would definitely recommend the home health agency to friends and family: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
26. Number of completed Surveys: text(4)
    The value for the measure associated with the home health agency.
27. Footnote for number of completed surveys: text(1500)
    If applicable, lists the code corresponding to why a value is not available for this measure.
28. Response rate: text(4)
    The value for the measure associated with the home health agency.
29. Footnote for response rate: text(1500)
    If applicable, lists the code corresponding to why a value is not available for this measure.

The flat file, HHC_SOCRATA_HHCAHPS_STATE.csv, contains eight (8) fields. This flat file displays the state average for measures. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV. The flat file is designed to be searched individually.

HHC_SOCRATA_HHCAHPS_ STATE.csv
1. State: text (2)
   Lists the abbreviations for all fifty (50) states, as well as:

- AS for American Samoa
- DC for Washington, D.C.
- FM for Federal States of Micronesia
- GU for Guam
- MH for Marshall Islands
- MP for Northern Mariana Islands
- NM for New Mexico
- PR for PR for Puerto Rico
- PW for Palau
- UM for U.S. Minor Outlying Islands
- VI for Virgin Islands

2. Patients who reported that their home health team gave care in a professional way: text(4)
   The state average percentage value for the given survey measure.
3. Patients who reported that their home health team communicated well with them: text(4)
   The state average percentage value for the given survey measure.
4. Patients who reported that their home health team discussed medicines, pain, and home safety with them: text(4)
   The state average percentage value for the given survey measure.
5. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest): text(4)
   The state average percentage value for the given survey measure.
6. Patients who reported YES, they would definitely recommend the home health agency to friends and family: text(4)
   The state average percentage value for the given survey measure.
7. Number of completed Surveys: text(4)
   The state value for the given measure.
8. Response rate: text(4)
   The state value for the given measure.

The flat file, HHC_SOCRATA_HHCAHPS_NATIONAL.csv, contains eight (8) fields. The flat file displays the national average for measures. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV. The flat file is designed to be searched individually.

HHC_SOCRATA_HHCAHPS_NATIONAL.csv
1. Country: text(2)
   Lists the abbreviated country code.
2. Patients who reported that their home health team gave care in a professional way:text(3)
   The national average percentage value for the given survey measure.
3. Patients who reported that their home health team communicated well with them:text(3)
   The national average percentage value for the given survey measure.
4. Patients who reported that their home health team discussed medicines, pain, and home safety with them:text(3)
   The national average percentage value for the given survey measure.
5. Patients who gave their home health agency a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) :text(3)
   The national average percentage value for the given survey measure.

6. Patients who reported YES, they would definitely recommend the home health agency to friends and family:text(3)
   The national average percentage value for the given survey measure.
7. Number of completed Surveys:text(3)
   The national value for the given measure.
8. Response rate:text(3)
   The national percentage for the given measure.

The flat file, HHC_SOCRATA_PRVDR.csv, contains sixty (60) fields. This table displays the home health agencies' demographic data, the Medicare-certified services that a home health agency provides, and the measures and corresponding percentages value for a home health agency. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV.

1. State: text (2)
   Lists the abbreviations for all fifty (50) states, as well as:
   - AS for American Samoa
   - DC for Washington, D.C.
   - FM for Federal States of Micronesia
   - GU for Guam
   - MH for Marshall Islands
   - MP for Northern Mariana Islands
   - NM for New Mexico
   - PR for PR for Puerto Rico
   - PW for Palau
   - UM for U.S. Minor Outlying Islands
   - VI for Virgin Islands
2. CMS Certification Number (CCN): text(6)
   Lists the numeric code used to identify the provider listed.
3. Provider Name: text(225)
   Lists the name of the agency listed.
4. Address: text(255)
   Lists the physical street address that corresponds to the agency listed.
5. City: text(50)
   Lists the name of the city of the physical address that corresponds to the agency listed.
6. Zip: text(5)
   Lists the full postal zip code of the physical address that corresponds to the agency listed.
7. Phone: text(10)
   Lists the telephone number that corresponds to the agency listed.
8. Type of Ownership: text(255)
   Indicates the home health agency's type of ownership. Home health agencies can be run by private for-profit corporations, non-profit corporations, religious affiliated organizations, or government entities. Quality can vary in home health agencies within each of the different types of ownership.
9. Offers Nursing Care Services: Yes/No
   Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.
10. Offers Physical Therapy Services: Yes/No

Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.

11. Offers Occupational Therapy Services: Yes/No
Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.

12. Offers Speech Pathology Services: Yes/No
Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.

13. Offers Medical Social Services: Yes/No
Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.

14. Offers Home Health Aide Services: Yes/No
Indicates the availability of the specified service at this Home Health Facility. Yes signifies that the service is offered, no signifies that the service is not offered at this facility.

15. Date Certified: date(8)
Lists the certification date for the agency listed. These agencies are certified if they pass inspection. Medicare or Medicaid only covers care provided by certified providers. Being certified is not the same as being accredited. Medicare and Medicaid only covers care in a certified facility or program.

16. How often the home health team began their patients' care in a timely manner: text(4)
The percentage value for the given quality measure associated with the home health agency.

17. Footnote for how often the home health team began their patients' care in a timely manner: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

18. How often the home health team taught patients (or their family caregivers) about their drugs: text(4)
The percentage value for the given quality measure associated with the home health agency.

19. Footnote for how often the home health team taught patients (or their family caregivers) about their drugs: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

20. How often the home health team checked patients' risk of falling: text(4)
The percentage value for the given quality measure associated with the home health agency.

21. Footnote for how often the home health team checked patients' risk of falling: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

22. How often the home health team checked patients for depression: text(4)
The percentage value for the given quality measure associated with the home health agency.

23. Footnote for how often the home health team checked patients for depression: text(1500)

If applicable, lists the code corresponding to why a percentage is not available for this measure.

24. How often the home health team determined whether patients received a flu shot for the current flu season: text(4)
The percentage value for the given quality measure associated with the home health agency.

25. Footnote for how often the home health team determined whether patients received a flu shot for the current flu season: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

26. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot): text(4)
The percentage value for the given quality measure associated with the home health agency.

27. Footnote as how often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot): text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

28. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care: text(4)
The percentage value for the given quality measure associated with the home health agency.

29. Footnote for how often the home health team got doctor's orders, gave foot care, and taught patients about foot care: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

30. How often the home health team treated their patients' pain: text(4)
The percentage value for the given quality measure associated with the home health agency.

31. Footnote for often the home health team treated their patients' pain: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

32. How often the home health team treated heart failure (weakening of the heart) patients' symptoms: text(4)
The percentage value for the given quality measure associated with the home health agency.

33. Footnote for how often the home health team treated heart failure (weakening of the heart) patients' symptoms: text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

34. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores): text(4)
The percentage value for the given quality measure associated with the home health agency.

35. Footnote for how often the home health team took doctor-ordered action to prevent pressure sores (bed sores): text(1500)
If applicable, lists the code corresponding to why a percentage is not available for this measure.

36. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care: text(4)
The percentage value for the given quality measure associated with the home health agency.

37. Footnote for how often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
38. How often the home health team checked patients for the risk of developing pressure sores (bed sores): text(4)
    The percentage value for the given quality measure associated with the home health agency.
39. Footnote for how often the home health team checked patients for the risk of developing pressure sores (bed sores): text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
40. How often patients got better at walking or moving around: text(4)
    The percentage value for the given quality measure associated with the home health agency.
41. Footnote for how often patients got better at walking or moving around: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
42. How often patients got better at getting in and out of bed: text(4)
    The percentage value for the given quality measure associated with the home health agency.
43. Footnote for how often patients got better at getting in and out of bed: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
44. How often patients got better at bathing: text(4)
    The percentage value for the given quality measure associated with the home health agency.
45. Footnote for how often patients got better at bathing: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
46. How often patients had less pain when moving around: text(4)
    The percentage value for the given quality measure associated with the home health agency.
47. Footnote for how often patients had less pain when moving around: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
48. How often patients' breathing improved: text(4)
    The percentage value for the given quality measure associated with the home health agency.
49. Footnote for how often patients' breathing improved: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
50. How often patients' wounds improved or healed after an operation: text(4)
    The percentage value for the given quality measure associated with the home health agency.
51. Footnote for how often patients' wounds improved or healed after an operation: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
52. How often patients got better at taking their drugs correctly by mouth: text(4)
    The percentage value for the given quality measure associated with the home health agency.

53. Footnote for how often patients got better at taking their drugs correctly by mouth: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
54. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted: text(4)
    The percentage value for the given quality measure associated with the home health agency.
55. Footnote for how often patients receiving home health care needed urgent, unplanned care in the ER without being admitted: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
56. How often home health patients had to be admitted to the hospital: text(4)
    The percentage value for the given quality measure associated with the home health agency.
57. Footnote for how often home health patients had to be admitted to the hospital: text(1500)
    If applicable, lists the code corresponding to why a percentage is not available for this measure.
58. Footnote: text(255)
    The footnote associated with the home health facility.

The flat file, HHC_SOCRATA_ZIP.csv, contains three (3) fields. This flat file displays a list of providers in a ZIP Code. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV. The flat file is designed to be searched individually.
1. State: text (2)
   Lists the abbreviations for all fifty (50) states, as well as:
   - AS for American Samoa
   - DC for Washington, D.C.
   - FM for Federal States of Micronesia
   - GU for Guam
   - MH for Marshall Islands
   - MP for Northern Mariana Islands
   - NM for New Mexico
   - PR for PR for Puerto Rico
   - PW for Palau
   - UM for U.S. Minor Outlying Islands
   - VI for Virgin Islands
2. CMS Certification Number (CCN): text(6)
   Lists the numeric code used to identify the provider listed.
3. ZIP Code: text(5)
   Lists the full postal ZIP code of the physical address that corresponds to the agency listed.

The flat file, HHC_SOCRATA_STATE.csv, contains twenty-three (23) fields. This flat file displays the state average for measures. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV. The flat file is designed to be searched individually.
1. State: text (2)
   Lists the abbreviations for all fifty (50) states, as well as:
   - AS for American Samoa
   - DC for Washington, D.C.

- FM for Federal States of Micronesia
- GU for Guam
- MH for Marshall Islands
- MP for Northern Mariana Islands
- NM for New Mexico
- PR for PR for Puerto Rico
- PW for Palau
- UM for U.S. Minor Outlying Islands
- VI for Virgin Islands

2. How often the home health team began their patients' care in a timely manner: text(4)
   The state average percentage value for the given quality measure.
3. How often the home health team taught patients (or their family caregivers) about their drugs: text(4)
   The state average percentage value for the given quality measure.
4. How often the home health team checked patients' risk of falling: text(4)
   The state average percentage value for the given quality measure.
5. How often the home health team checked patients for depression: text(4)
   The state average percentage value for the given quality measure.
6. How often the home health team determined whether patients received a flu shot for the current flu season: text(4)
   The state average percentage value for the given quality measure.
7. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot): text(4)
   The state average percentage value for the given quality measure.
8. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care: text(4)
   The state average percentage value for the given quality measure.
9. How often the home health team treated their patients' pain: text(4)
   The state average percentage value for the given quality measure.
10. How often the home health team treated heart failure (weakening of the heart) patients' symptoms: text(4)
    The state average percentage value for the given quality measure.
11. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores): text(4)
    The state average percentage value for the given quality measure.
12. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care: text(4)
    The state average percentage value for the given quality measure.
13. How often the home health team checked patients for the risk of developing pressure sores (bed sores): text(4)
    The state average percentage value for the given quality measure.
14. How often patients got better at walking or moving around: text(4)
    The state average percentage value for the given quality measure.
15. How often patients got better at getting in and out of bed: text(4)
    The state average percentage value for the given quality measure.
16. How often patients got better at bathing: text(4)
    The state average percentage value for the given quality measure.
17. How often patients had less pain when moving around: text(4)
    The state average percentage value for the given quality measure.
18. How often patients' breathing improved: text(4)
    The state average percentage value for the given quality measure.

19. How often patients' wounds improved or healed after an operation: text(4)
    The state average percentage value for the given quality measure.
20. How often patients got better at taking their drugs correctly by mouth: text(4)
    The state average percentage value for the given quality measure.
21. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted: text(4)
    The state average percentage value for the given quality measure.
22. How often home health patients had to be admitted to the hospital: text(4)
    The state average percentage value for the given quality measure.

The flat file, HHC_SOCRATA_NATIONAL.csv, contains twenty-three (23) fields. The flat file displays the national average for measures. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV. The flat file is designed to be searched individually.

1. Country: text(2)
   Lists the abbreviated country code.
2. How often the home health team began their patients' care in a timely manner: text(3)
   The national average percentage value for the given quality measure.
3. How often the home health team taught patients (or their family caregivers) about their drugs: text(3)
   The national average percentage value for the given quality measure.
4. How often the home health team checked patients' risk of falling: text(3)
   The national average percentage value for the given quality measure.
5. How often the home health team checked patients for depression: text(3)
   The national average percentage value for the given quality measure.
6. How often the home health team determined whether patients received a flu shot for the current flu season: text(3)
   The national average percentage value for the given quality measure.
7. How often the home health team determined whether their patients received a pneumococcal vaccine (pneumonia shot): text(3)
   The national average percentage value for the given quality measure.
8. With diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care: text(3)
   The national average percentage value for the given quality measure.
9. How often the home health team treated their patients' pain: text(3)
   The national average percentage value for the given quality measure.
10. How often the home health team treated heart failure (weakening of the heart) patients' symptoms: text(3)
    The national average percentage value for the given quality measure.
11. How often the home health team took doctor-ordered action to prevent pressure sores (bed sores): text(3)
    The national average percentage value for the given quality measure.
12. How often the home health team included treatments to prevent pressure sores (bed sores) in the plan of care: text(3)
    The national average percentage value for the given quality measure.
13. How often the home health team checked patients for the risk of developing pressure sores (bed sores): text(3)
    The national average percentage value for the given quality measure.
14. How often patients got better at walking or moving around: text(3)
    The national average percentage value for the given quality measure.

15. How often patients got better at getting in and out of bed: text(3)
    The national average percentage value for the given quality measure.
16. How often patients got better at bathing: text(3)
    The national average percentage value for the given quality measure.
17. How often patients had less pain when moving around: text(3)
    The national average percentage value for the given quality measure.
18. How often patients' breathing improved: text(3)
    The national average percentage value for the given quality measure.
19. How often patients' wounds improved or healed after an operation: text(3)
    The national average percentage value for the given quality measure.
20. How often patients got better at taking their drugs correctly by mouth: text(3)
    The national average percentage value for the given quality measure.
21. How often patients receiving home health care needed urgent, unplanned care in the ER without being admitted: text(3)
    The national average percentage value for the given quality measure.
22. How often home health patients had to be admitted to the hospital: text(3)
    The national average percentage value for the given quality measure.

The flat file, HHC_SOCRATA_MSR_DT_RNG.csv, contains two (2) fields. This table displays the list of the current data collection periods for all Home Health Compare measures. This flat file is derived from a stand-alone table and not linked to the other flat files in this CSV.

HHC_SOCRATA_MSR_DT_RNG.csv
1. Measure Name: varchar(255)
   Lists the name of the measure.
2. Measure Date Range: varchar(50)
   Lists the date range with which the data was collected.