

Hospital ID Transition Matrix Methods

December 13, 2011

The hospital transition matrix includes all institutions found in the hospital segment of Center for Medicare and Medicaid Services (CMS) Provider of Services (POS) file. Skilled Nursing Facilities are not included. Hospitals in the matrix must have been open for at least part of a year from 1992 through 2009 and must be, or have been located in the 50 United States or the District of Columbia.

Rows in the file represent unique CMS provider IDs that have been associated with a hospital during the years 1992 through 2009. The provider ID is identified by the variable "PROVIDER", having a value, such as "__030118__". Underscores serve to separate the row label from the annual pairs of 6-digit numbers that are either the current number or the last number assigned to the hospital before it merged or closed.

The file has been sorted by the variable, PROVIDER. Institutions will be associated with more than one row in the file if they have had more than one 6-character ID in the 17-year period. If a hospital changed its identity, the most recent year for which there is complete data will indicate that it closed or was assigned a different 6-character provider ID.

Primary indicators of opening, closing, mergers and carve-outs are the POS's "participation" and "termination" dates. These events are corroborated by hospital discharge data. Some mergers and carve-outs are not well-described in the POS file because its cross-reference indicators represent one-to-one events. More complex changes such as "one-to-many" or "many-to-one" have been inferred from the data. In addition to CMS data (POS, MedPAR), information on hospital transitions also was obtained from AHA Annual Survey data (AHA Guides) and from hospital websites and other online sources. The matrix's designers do not claim perfection in this endeavor.