

System Requirements Specification Centers for Medicare & Medicaid Services Medicare.gov/HospitalCompare Downloadable Databases

Table of Contents

Document Purpose	3
Background	3
Hospital Compare Measures Description/Background and Reporting Cycles	4
Data Collection Period Information	8
Hospital Compare Downloadable Database	9
Access and CSV Downloadable File Contents	10
Access and CSV Data Content Summary	12
CSV Revised Flat Files and Data.Medicare.gov Data File Summary	29
CSV Revised Flat Files and Data.Medicare.gov Data Content Summary	31
Appendix A – Hospital Compare Measures	67
Appendix B – HCAHPS Survey Question Listing	72
Appendix C – Footnote Crosswalk	74

Document Purpose

The purpose of this document is to identify the requirements for maintenance and support of the Hospital Compare Downloadable Databases, which can be found by clicking the following links: <u>http://www.medicare.gov/download/downloaddb.asp</u> and <u>https://data.medicare.gov</u>. The data is displayed on the Hospital Compare Web site and can include additional information about hospital performance that may not be publicly reported on the Web site.

Background

Hospital Compare was created as a result of the Hopsital Quality Initiative through the efforts of the Centers for Medicare and Medicaid Services (CMS) and the Hospital Quality Alliance (HQA). The HQA was a public-private collaboration established in December 2002 to promote data collection and public reporting on hospital quality of care. The HQA consisted of organizations that represented consumers, payers, hospitals, clinicians, accrediting organizations, federal agencies, and other stakeholders. The HQA effort was intended to help consumers make informed health care decisions and to support efforts to improve quality in U.S. hospitals. The HQA disbanded in December 2011, and CMS currently maintains the Hospital Compare Web site.

Hospital Compare is a tool that provides valid, credible, and user-friendly information about the quality of care delivered in the nation's acute care, critical access, VA, and Children's hospitals. This information can help consumers make informed decisions about health care. Hospital Compare allows consumers to select multiple hospitals and directly compare performance measure information related to acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), surgery, and other conditions. See <u>Appendix A</u> for a full list of the Hospital Compare measures. These results are organized by:

- Patient Survey Results
- Timely and Effective Care (Process of Care) measures
- Readmissions, Complications, and Deaths
- Use of Medical Imaging
- Medicare Payment
- Number of Medicare Patients Treated
- Linking Quality to Payment
 - Hospital Readmissions Reduction
 - Hospital Value-Based Purchasing

To access the Hospital Compare Web site, please visit <u>www.medicare.gov/hospitalcompare</u>.

Hospital Compare Measures Description/Background and Reporting Cycles

Data is collected in differing timeframes from the various quality measurement contractors. Below is a brief description of the collection process and report timing for each measure set.

Name	Structural Measures
Description/B	A Structural measure reflects the environment in which providers care for patients. For example, whether
ackground	or not a hospital uses an electronic health record is a Structural measure. Hospitals submit Structural
_	measure data using an online data entry tool made available to hospitals and their vendors.
Reporting	The collection period for the Structural measures is 12 months. The Structural measures are typically
Cycle	refreshed annually.

Name	Timely and Effective Care
Description/B	The measures of Timely and Effective Care measure the percentage of hospital patients who receive
ackground	treatments known to get the best results for certain common, serious medical conditions or surgical
	procedures, and how quickly hospitals treat patients who come to the hospital with certain medical
	emergencies. The measures only apply to patients for whom the recommended treatment would be
	appropriate. The measures of Timely and Effective Care apply to adults and children treated at hospitals
	paid under the Inpatient Prospective Payment System (IPPS) or the Outpatient Prospective Payment
	System (OPPS) or those that voluntarily report data on measures for whom the recommended treatments
	would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare
	patients.
Reporting	The collection period for the Timely and Effective Care measures is generally 12 months. The Timely
Cycle	and Effective Care measures are typically refreshed quarterly, based on a rolling four quarters.

Name	30-Day Mortality and Readmission Measures
Description/B	The risk-standardized AMI, HF, and PN 30-Day Mortality and Readmission measures were developed by
ackground	a team of clinical and statistical experts from Yale and Harvard universities, using a methodology that has
	been published in peer reviewed literature. The measures comply with standards for publicly reported
	outcomes models set forth by the American Heart Association and the American College of Cardiology.
	CMS calculates hospital-specific 30-day mortality and readmission rates using Medicare claims and
	eligibility information as well as VA administrative information. Using administrative data makes it
	possible to calculate mortality and readmission rates without performing medical chart reviews or
	requiring hospitals to report additional information to CMS. To make comparisons between hospitals fair,
	calculation of the 30-Day Mortality and Readmission measures adjust for patient characteristics that may
	make death or readmission more likely, even if the hospital provided quality care—including the patient's
	age, gender, past medical history, and other diseases or conditions (comorbidities) the patient had at
	hospital arrival that are known to increase the patient's risk of dying or readmission.
Reporting	The collection period for the 30-Day Mortality and Readmission measures is 36 months. The 30-Day
Cycle	Mortality and Readmission measures for AMI, HF, and PN are produced from Medicare claims and
	enrollment data. The 30-Day Mortality and Readmission measures are typically refreshed annually.

Name	AHRQ Patient Safety Indicators (PSIs) and Inpatient Quality Indicators (IQIs)
Description/B	The AHRQ PSIs and IQIs reflect quality of care for hospitalized adults and focus on potentially avoidable
ackground	complications and iatrogenic events. CMS currently publicly reports six PSI measures and three IQI
	measures.
Reporting	The collection period for the PSIs and IQIs is 24 months. The PSI and IQI measures are typically
Cycle	refreshed annually.

Name	Hospital-Acquired Condition	ns (HACs)
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Description/B	On July 31, 2008, in the IPPS Fiscal Year (FY) 2009 Final Rule, CMS selected 10 categories of
ackground	conditions for a HAC payment provision. Hospitals no longer receive additional payment for cases in
	which one of the selected conditions was not present on admission. CMS will use eight of these 10 HACs
	for the Hospital Inpatient Quality Reporting (IQR) Program. Only hospitals participating in the IQR
	Program and paid under the IPPS will have results for the HAC measures on Hospital Compare because
	the HAC measures rely on Present on Admission (POA) coding, which is only required of IPPS hospitals.
Reporting	The collection period for the HAC measures is 24 months. The HAC measures are typically refreshed
Cycle	annually.

Name	Healthcare-Associated Infections (HAIs)
Description/B	HAIs are among the leading causes of death in the United States. HAIs put the patient at risk for serious
ackground	injury, morbidity, mortality, increase the days of hospitalization required for patients, and add to
	healthcare costs. HAIs are largely preventable using widely publicized guidelines and interventions, such
	as better hygiene and advanced scientifically tested techniques. HAI measure data are collected by the
	Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN)
	tool. Hospitals must enroll and complete NHSN training to comply with CMS' IQR Program HAI
	requirements.
Reporting	The collection period for the HAI measures is 12 months. The HAI measures are typically refreshed
Cycle	quarterly, based on a rolling four quarters.

Name	Outpatient Imaging Efficiency
Description/B	CMS has adopted six measures (OP-8 through OP-11, OP-13, and OP-14) which capture the quality of
ackground	outpatient care in the area of imaging. CMS notes that the purpose of these measures is to promote high-
-	quality efficient care. Each of the measures currently utilize both the Hospital OPPS claims and Physician
	Part B claims in the calculations. These calculations are based on the administrative claims of the
	Medicare fee-for-service population and no additional data submission is required by hospitals.
Reporting	The collection period for the Outpatient Imaging Efficiency measures is 12 months. The Outpatient
Cycle	Imaging Efficiency measures are typically refreshed annually.

Name	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey
Description/B	The HCAHPS Patient Survey is a 32-item survey instrument and data collection methodology for
ackground	measuring patients' perceptions of their hospital experience. The survey is administered to a random
	sample of adult inpatients between 48 hours and six weeks after discharge. Six summary measures, two
	individual items, and two global items are publicly reported on the Hospital Compare Web site for each
	participating hospital. The six composites summarize how well nurses and doctors communicate with
	patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients manage
	pain, how well the staff communicates with patients about medicines, and whether key information is
	provided at discharge. The two individual items address the cleanliness and quietness of patients' rooms,
	while the two global items report patients' overall rating of the hospital, and whether they would
	recommend the hospital to family and friends. The new Care Transitions composite will be publicly
	reported in late 2014. See Appendix B for a full list of HCAHPS Survey items and response options
	questions. More information about the HCAHPS Survey can be found in the official HCAHPS Online
	Web site, <u>www.HCAHPSonline.org</u> .
Reporting	The collection period for the HCAHPS measures is 12 months. The HCAHPS measures are typically
Cycle	refreshed quarterly.

Name	Number of Medicare Patients and Medicare Payment
Description/B	The payment and volume information reflects inpatient hospital services provided by hospitals to
ackground	Medicare beneficiaries. CMS has posted this information for the public to view the cost to the Medicare
	program of treating beneficiaries with certain illnesses in their community and the number of Medicare
	patients treated. Payment and volume information can provide users with a general overview of hospitals'
	experience with Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs are payment
	groups of patients who have similar clinical characteristics and similar costs. The median payment refers
	to the midpoint of all payments to the hospital for a particular MS-DRG, that is, half the payments were
	lower and half the payments were higher than the median payment.
Reporting	The collection period for the Number of Medicare Patients and Medicare Payment measures is 12
Cycle	months. The Number of Medicare Patients and Medicare Payment measures are typically refreshed
	annually.

Name	Hospital Readmissions Reduction Program
Description/B	In October 2012, CMS began reducing Medicare payments for IPPS hospitals with excess readmissions.
ackground	Excess readmissions are measured using a ratio, by dividing a hospital's number of "predicted" 30-day
-	readmissions for AMI, HF, and PN by the number that would be "expected," based on an average
	hospital with similar patients. A ratio greater than one indicates excess readmissions. The calculations
	include only acute care hospitals paid under IPPS and Maryland hospitals.
Reporting	The collection period for the Hospital Readmissions Reduction Program is 36 months. The Hospital
Cycle	Readmissions Reduction Program measures are typically refreshed annually.

Name	Hospital Value-Based Purchasing (HVBP)
Description/B	The HVBP program is part of CMS' long-standing effort to link Medicare's payment system to quality.
ackground	The program implements value-based purchasing to the payment system that accounts for the largest
	share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the
	country. Hospitals are paid for inpatient acute care services based on the quality of care, not just quantity
	of the services they provide. For the first FY of the HVBP Program, two domains will be used to assess
	hospital performance: 1) Patient Experience of Care and 2) Clinical Process of Care. The Patient
	Experience of Care domain is comprised of the HCAHPS Survey measures. The Clinical Process of Care
	domain is comprised of selected IQR Program's Process of Care measures from the AMI, HAI, HF, PN,
	and Surgical Care Improvement Project (SCIP) measure sets. A performance score and an improvement
	score are calculated for each measure, a domain score is then calculated for each of the two domains. The
	Total Performance Score (TPS) is calculated using the weighted domain scores. For FY 2013 the Clinical
	Process of Care domain score is weighted as 70 percent of the TPS, and the Patient Experience of Care
	domain is weighted as 30 percent of the TPS.
Reporting	The collection period for HVBP measures is 12 months. The HVBP measures are typically refreshed
Cycle	annually.

Data Collection Period Information

The Downloadable Databases are refreshed within 24 hours of the Hospital Compare data update as indicated in the bottom left corner of the Hospital Compare home page. For more information, there is a file that provides the measurement dates for each of the measure types being reported in that file. A sample of the measurement date file is shown below:

Measure	Measure	Measure	Measure	Measure
Code	Start Quarter	Start Date	End Quarter	End Date
AMI-10	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-2	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-7a	2Q2011	4/1/2011	1Q2012	3/31/2012
AMI-8a	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-1	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-2	2Q2011	4/1/2011	1Q2012	3/31/2012
CAC-3	2Q2011	4/1/2011	1Q2012	3/31/2012
Composite 6				
(Q19 & Q20)	2Q2011	4/1/2011	1Q2012	3/31/2012
ED-1b	1Q2012	1/1/2012	1Q2012	3/31/2012
ED-2b	1Q2012	1/1/2012	1Q2012	3/31/2012
HAC-1	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-2	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-3	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-4	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-5	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-6	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-7	3Q2009	7/1/2009	2Q2011	6/30/2011
HAC-8	3Q2009	7/*****	20201	6/30/2011
		-		
Control (Control)		η 1 ₁ 2011	102012	3/31/2012
SCIP-VTE-2	2Q2011	4/1/2011	1Q2012	3/31/2012

Hospital Compare Downloadable Database

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The Official U.S. (-	are		▶ Lea	arn about your he	alth care option
Sign Up / Yo Change Plans	ur Medicare Costs	What Medicare Covers	Drug Coverage (Part D)	Supplements & Other Insurance	Claims & Appeals	Manage Your Health	Forms, Help, & Resources
Download Data Data Last Updated: Frid You have the option of do	lay, February (01, 2013 🚽 🗕	<u>-</u>	ess 2000 database or as	s .CSV file.		
Interactive Dat	abase	←	-			http://data.medic	are.gov
The data can now be acc Microsoft Access Datab		an interactive databa	ase using the new Me	dicare data website.			<u></u>
This data can be downloa his data you will need Mi					pped" file. To use		
The database file can be pen the compressed file Extract command from th ase, open an MS-DOS v	using WinZip, s e Actions menu	elect the file with th , and then specify th	e .MDB extension fro ne directory where the	m the list of files display e extracted file is to be s	ed, choose the aved. In the latter	Download	
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where "compressed name executable PKUNZIP.exe CSV Flat Files				isk drive. This case assu	umes that the		
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CSV Flat Files - Revise							
The CSV Flat Files - Revi evised format where any equivalent. In the original codes. However, this Rev more useful for some use	numerical code CSV Flat File fo sed Format inte	s (i.e., footnote code rmat, a PDF docum	s, value codes, mes ent accompanied the	sage codes) are replaced flat files that explained t	l with their text he numerical		
his data can be downloa le. These files are viewal				ntained within a compres rams.	ressed, or "zipped" Download		
ompressed file using Wi ommand from the Actior	nZip, select the is menu, and th	file with the .MDB e en specify the direct	xtension from the list ory where the extract	NZIP utility. In the former of files displayed, choos ted file is to be saved. In and execute the comma	se the Extract the latter case,		
PKUNZIP "compressed n	ame file" *.zip					,	
where "compressed name executable PKUNZIP.exe				isk drive. This case assu	umes that the		
ownload the latest versi	on of Microsoft A	Access Viewer <u>http:</u>	//office.microsoft.co	om/en-us/downloads/H	A010449811033.as	<u>px.</u>	
The latest version of Win2	lip can be down	loaded from <u>http://w</u>	ww.winzip.com.				
		oaded from http://pl					

The Downloadable Database Interface page has six sections:

- **Header** In the header of the screen you will see the name of the Downloadable Database you have selected and the last date that database was updated in the database repository. This date should be the same as the date shown in the "Additional Information" section of the Hospital Compare home page.
- There are four formats of the Hospital Compare data available from the Downloadable Database interface. Each database is a zip file containing multiple files.
 - 1. Interactive You can go to Data.Medicare.gov and view the data within your browser.
 - 2. **Microsoft Access Database** Allows you to download a single database that has multiple tables containing various datasets.

- 3. **CSV Flat File** Allows you to download a series of CSV files that have the same names and data as is stored in the Access database.
- 4. **CSV Flat File Revised Format** Allows you to download a series of CSV files that have the same data as the other two formats but is translated to plain English rather than technical attributes. Data are also grouped differently to meet the needs of differing user groups. The data in the Revised CSV files are the same as the data available from Data.Medicare.gov.
- The **footer** section of the Downloadable Data Interface provides links to download the following complementary applications:
 - Microsoft Access Viewer, which allows users that do not have Microsoft Access installed on their workstation to interact with the Access database data.
 - Winzip and PKUnzip, which allow the users to unzip the zipped files that contain the downloadable data.

Access and CSV Downloadable File Contents

When looking at the Access table names and CSV file names, the following acronyms tell the type of data reported in a given table.

Acronym	Meaning
FTNT	Footnote
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
IMG	Imaging
IMM	Immunizations
MSR	Measure
READM	Readmissions
MPV	Medicare Payments and Volume
SPP	Spending per Patient

Access and CSV Data File Summary The table below shows the titles of the Access table names and CSV file names.

	COV CL N
MSAccess file name:	CSV file Name:
Hospital.zip	Hospital_flatfiles.zip
Hospital.pdf	Hospital_flatfiles.pdf
Readme.txt	Readme.txt
Access Table Names	CSV Data File Names (.csv)
dbo_vwHQI_FTNT	HQL_FTNT
dbo_vwHQI_HOSP	HQI_HOSP
vwHQI_HOSP_AHRQ	HQI_HOSP_AHRQ
vwHQI_HOSP_AHRQ_NATIONAL	HQI_HOSP_AHRQ_NATIONAL
vwHQI_HOSP_AHRQ_STATE	HQI_HOSP_AHRQ_STATE
dbo_vwHQI_HOSP_ED	HQI_HOSP_ED
vwHQI_HOSP_ED_State	HQI_HOSP_ED_State
vwHQI_HOSP_ED_National	HQI_HOSP_ED_US
vwHQI_HOSP_HAC	HQI_HOSP_HAC
vwHQI_HOSP_HAC_NATIONAL	HQI_HOSP_HAC_NATIONAL
vwHQI_HOSP_HAI	HQI_HOSP_HAI
vwHQI_HOSP_HAI_NATIONAL	HQI_HOSP_HAI_National
vwHQI_HOSP_HAI_STATE	HQI_HOSP_HAI_State
dbo_vwHQI_HOSP_HCAHPS_MSR	HQI_HOSP_HCAHPS_MSR
dbo_vwHQI_HOSP_IMG_XWLK	HQI_HOSP_IMG_XWLK
dbo_vwHQI_HOSP_IMM	HQI_HOSP_IMM
vwHQI_HOSP_IMM_State	HQI_HOSP_IMM_State
vwHQI_HOSP_IMM_National	HQI_HOSP_IMM_US
dbo_vwHQI_HOSP_MORTALITY_READM_XWLK	HQI_HOSP_MORTALITY_READM_XWLK
dbo_vwHQI_HOSP_MPV_MSR	HQI_HOSP_MPV_MSR
vwMeasure_Dates	HQI_HOSP_MSR_DT
dbo_vwHQI_HOSP_MSR_XWLK	HQI_HOSP_MSR_XWLK
vwHQI_HOSP_SPP	HQI_HOSP_SPP
vwHQI_HOSP_SPP_National	HQI_HOSP_SPP_National
vwHQI_HOSP_SPP_State	HQI_HOSP_SPP_State
dbo_vwHQI_HOSP_STRUCTURAL_XWLK	HQI_HOSP_STRUCTURAL_XWLK
dbo_vwHQI_PCTL_MSR_XWLK	HQI_PCTL_MSR_XWLK
vwHQI_READM_REDUCTION	HQI_READM_REDUCTION
dbo_vwHQI_STATE_HCAHPS_MSR	HQI_STATE_HCAHPS_MSR
dbo_vwHQI_STATE_IMG_AVG	HQI_STATE_IMG_AVG
dbo_vwHQI_STATE_MORTALITY_READM_SCR	HQI_STATE_MORTALITY_READM_SCRE
dbo_vwHQI_STATE_MPV_MSR	HQI_STATE_MPV_MSR
dbo_vwHQI_STATE_MSR_AVG	HQI_STATE_MSR_AVG
dbo_vwHQI_US_NATIONAL_HCAHPS_MSR	HQI_US_NATIONAL_HCAHPS_MSR
dbo_vwHQI_US_NATIONAL_IMG_AVG	HQI_US_NATIONAL_IMG_AVG
dbo_vwHQI_US_NATIONAL_MORTALITY_READM_R	HQI_US_NATIONAL_MORTALITY_READM_RATE
ATE	
dbo_vwHQI_US_NATIONAL_MPV_MSR	HQI_US_NATIONAL_MPV_MSR
dbo_vwHQI_US_National_MSR_AVG	HQI_US_National_MSR_AVG
Hvbp_pn_02_07_2013	hvbp_pn_02_07_2013
Hvbp_pn_02_07_2013	hvbp_pn_02_07_2013

MSAccess file name:	CSV file Name:
Hospital.zip	Hospital_flatfiles.zip
Hospital.pdf	Hospital_flatfiles.pdf
Readme.txt	Readme.txt
Access Table Names	CSV Data File Names (.csv)
Hvbp_scip_02_07_2013	hvbp_scip_02_07_2013
Hvbp_tps_02_07_2013	hvbp_tps_02_07_2013
Hvbp_ami_02_07_2013	hvbp_ami_02_07_2013
Hvbp_hai_02_07_2013	hvbp_hai_02_07_2013
Hvbp_hcahps_02_07_2013	hvbp_hcahps_02_07_2013
Hvbp_hf_02_07_2013	hvbp_hf_02_07_2013

Access and CSV Data Content Summary Note: Fields having the data type of "memo" do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of "Text" require the corresponding length provided.

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_FTNT	HQI_FTNT	Footnotes
Description	Look up table for footnote text in the various data files		
Column Name		DD	B Data Type
Footnote			Text (50)
Footnote Text			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_HOSP	HQI_HOSP	Hospital Characteristics
Description	General information on hospita	ls within the dataset	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address1			Memo
Address2			Memo
Address3			Memo
City			Memo
State			Text(2)
ZIP Code			Text(5)
County Name			Text(25)
Phone Number			Text(10)
Hospital Type			Text(50)
Hospital Ownership			Text(100)
Emergency Service			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ	HQI_HOSP_AHRQ	AHRQ PSI and IQI Hospital
			Results
Description	AHRQ PSI and IQI measures ho	spital-level results	
Column Name			DDB Data Type
Prvdr_id			Memo
PSI_4_SURG_COMP			Memo
Hagnital Door			$\mathbf{D}_{\text{acco}} = 12 \text{ of } 76$

Table Name	Physical: Access	Physical: CSV Flat Files	Business		
(<u>Back to Table Listing</u>)	vwHQI_HOSP_AHRQ	HQI_HOSP_AHRQ	AHRQ PSI and IQI Hospital		
			Results		
Description	AHRQ PSI and IQI measures	s hospital-level results			
Column Name			DDB Data Type		
PSI_4_SURG_COMP	P_F		Memo		
PSI_6_IAT_PTX	Memo				
PSI_6_IAT_PTX_F	Memo				
PSI_11_POSTOP_RE	CSPFAIL		Memo		
PSI_11_POSTOP_RE			Memo		
PSI_12_POSTOP_PU	LMEMB_DVT		Memo		
PSI_12_POSTOP_PU			Memo		
PSI_14_POSTOP_DE			Memo		
PSI_14_POSTOP_DE	EHIS_F		Memo		
PSI_15_ACC_LAC			Memo		
PSI_15_ACC_LAC_H	7		Memo		
PSI_90_SAFETY			Memo		
PSI_90_SAFETY_F			Memo		
IQI_11_AAA			Memo		
IQI_11_AAA_F			Memo		
IQI_19_HIP_FX			Memo		
IQI_19_HIP_FX_F			Memo		
IQI_91_CONDS			Memo		
IQI_91_CONDS_F			Memo		
PSI_4_SURG_COMP			Memo		
PSI_4_SURG_COMP			Memo		
PSI_4_SURG_COMP			Memo		
PSI_4_SURG_COMP			Memo		
PSI_6_IAT_PTX_NU			Memo		
PSI_6_IAT_PTX_RA			Memo		
PSI_6_IAT_PTX_LO			Memo		
PSI_6_IAT_PTX_HIC	—		Memo		
PSI_11_POSTOP_RE			Memo		
PSI_11_POSTOP_RE			Memo		
PSI_11_POSTOP_RE			Memo		
PSI_11_POSTOP_RE			Memo		
	LMEMB_DVT_NUM_DC		Memo		
	LMEMB_DVT_RATE		Memo		
PSI_12_POSTOP_PU	Memo				
PSI_12_POSTOP_PU	Memo				
PSI_14_POSTOP_DE	Memo				
PSI_14_POSTOP_DE	Memo				
PSI_14_POSTOP_DE	Memo				
PSI_14_POSTOP_DE	Memo				
PSI_15_ACC_LAC_N	Memo				
PSI_15_ACC_LAC_F	Memo Memo				
	PSI_15_ACC_LAC_LOW_EST				
PSI_15_ACC_LAC_H	HIGH_EST		Memo		

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_AHRQ	HQI_HOSP_AHRQ	AHRQ PSI and IQI Hospital
			Results
Description	AHRQ PSI and IQI measures	s hospital-level results	
Column Name			DDB Data Type
PSI_90_SAFETY_NU	JM_DC		Memo
PSI_90_SAFETY_RA	ATE		Memo
PSI_90_SAFETY_LO	DW_EST		Memo
PSI_90_SAFETY_HI	GH_EST		Memo
IQI_11_AAA_NUM_	DC		Memo
IQI_11_AAA_RATE			Memo
IQI_11_AAA_LOW_I	EST		Memo
IQI_11_AAA_HIGH_	EST		Memo
IQI_19_HIP_FX_NU	M_DC		Memo
IQI_19_HIP_FX_RAT	ГЕ		Memo
IQI_19_HIP_FX_LOV	W_EST		Memo
IQI_19_HIP_FX_HIG	H_EST		Memo
IQI_91_CONDS_NUM_DC			Memo
IQI_91_CONDS_RATE			Memo
IQI_91_CONDS_LOW_EST			Memo
IQI_91_CONDS_HIG	H_EST		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ_STAT	HOSP_AHRQ_STATE	AHRQ PSI and IQI State
	Е		Results
Description	AHRQ PSI and IQI measures sta	ate-level results	
Column Name			DDB Data Type
State			Memo
PSI_4_SURG_COMP	_WORSE		Memo
PSI_4_SURG_COMP	SAME		Memo
PSI_4_SURG_COMP	_BETTER		Memo
PSI_4_SURG_COMP			Memo
PSI_6_IAT_PTX_WC	DRSE		Memo
PSI_6_IAT_PTX_SA	ME		Memo
PSI_6_IAT_PTX_BE	TTER		Memo
PSI_6_IAT_PTX_TO			Memo
PSI_11_POSTOP_RE			Memo
PSI_11_POSTOP_RE			Memo
PSI_11_POSTOP_RE	SPFAIL_BETTER		Memo
PSI_11_POSTOP_RE	SPFAIL_TOOFEW		Memo
	LMEMB_DVT_WORSE		Memo
	LMEMB_DVT_SAME		Memo
	LMEMB_DVT_BETTER		Memo
PSI_12_POSTOP_PU	LMEMB_DVT_TOOFEW		Memo
PSI_14_POSTOP_DEHIS_WORSE			Memo
PSI_14_POSTOP_DE	EHIS_SAME		Memo
PSI_14_POSTOP_DE	EHIS_BETTER		Memo
PSI_14_POSTOP_DE	EHIS_TOOFEW		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ_STAT	HOSP_AHRQ_STATE	AHRQ PSI and IQI State
	Е		Results
Description	AHRQ PSI and IQI measures sta	ate-level results	
Column Name			DDB Data Type
PSI_15_ACC_LAC_W	VORSE		Memo
PSI_15_ACC_LAC_S	SAME		Memo
PSI_15_ACC_LAC_E	BETTER		Memo
PSI_15_ACC_LAC_T	TOOFEW		Memo
PSI_90_SAFETY_WO	ORSE		Memo
PSI_90_SAFETY_SA			Memo
PSI_90_SAFETY_BE	TTER		Memo
PSI_90_SAFETY_TO	OFEW		Memo
IQI_11_AAA_WORSE			Memo
IQI_11_AAA_SAME			Memo
IQI_11_AAA_BETTER			Memo
IQI_11_AAA_TOOFEW			Memo
IQI_19_HIP_FX_WO	RSE		Memo
IQI_19_HIP_FX_SAM	МЕ		Memo
IQI_19_HIP_FX_BET	IQI_19_HIP_FX_BETTER		
IQI_19_HIP_FX_TOOFEW			Memo
IQI_91_CONDS_WORSE			Memo
IQI_91_CONDS_SAME			Memo
IQI_91_CONDS_BET	TTER		Memo
IQI_91_CONDS_TOO	OFEW		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_AHRQ_NATI	HQI_HOSP_AHRQ_NATION	AHRQ PSI and IQI National
	ONAL	AL	Results
Description	AHRQ PSI and IQI measures na	tional results	
Column Name			DDB Data Type
MSR_CD			Memo
NATIONAL			Memo
PSI_NATIONAL_SCR			Memo
IQI_NATIONAL_SCR			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_HCAHPS	HQI_HOSP_HCAHPS_MSR	HCAHPS Hospital Results
	_MSR		_
Description	HCAHPS measures hospital-leve	el results	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
HCAHPS Measure Code			Text(25)
HCAHPS Question			Memo
HCAHPS Answer Description			Memo
HCAHPS Answer Percent			Text(50)
Number of Completed Surveys			Text(50)
Survey Response Rate Percent			Text(50)
Footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_STATE_HCAHP	HQI_STATE_HCAHPS_MSR	HCAHPS State Results
	S_MSR		
Description	HCAHPS measures state-level re	esults	
Column Name			DDB Data Type
State			Text(50)
HCAHPS Question			Memo
HCAHPS Measure Code			Text(25)
HCAHPS Answer Description			Memo
HCAHPS Answer Percent			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_US_NATIONAL	HQI_US_NATIONAL_HCA	HCAHPS National Results
	_HCAHPS_MSR	HPS_MSR	
Description	HCAHPS measures national resu	ults	
Column Name			DDB Data Type
HCAHPS Measure Code			Text(25)
HCAHPS Question			Memo
HCAHPS Answer Description			Memo
HCAHPS Answer Percent			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_HOSP_MSR_X	HQI_HOSP_MSR_XWLK	Process of Care Hospital
	WLK		Results
Description	Process of Care measures hospit	al-level results	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
Condition			Memo
Measure Code			Text(25)
Measure Name			Memo
Score			Text(50)
Sample			Text(50)
Footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_STATE_MSR_A	HQI_STATE_MSR_AVG	Process of Care State Results
	VG		
Description	Process of Care measures state-l	evel results	
Column Name			DDB Data Type
State			Text(50)
Condition			Memo
Measure Name			Memo
Measure Code			Text(25)
Score			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business	
(Back to Table Listing)	dbo_vwHQI_US_National_M	HQI_US_National_MSR_AV	Process of Care National	
	SR_AVG	G	Results	
Description	Process of Care measures nation	Process of Care measures national results		
Column Name			DDB Data Type	
Provider Number (Defaults to Nation)			Text(50)	
Condition			Text(33)	
Measure Name			Memo	
Score			Text(50)	

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_PCTL_MSR_X	HQI_PCTL_MSR_XWLK	Process of Care Top Percentile
	WLK		Scores
Description	Scores achieved by the top ten (10) percent of hospitals and the na	tional average score for each
	Process of Care measure		-
Column Name			DDB Data Type
Measure Name			Memo
Condition			Memo
Measure Code			Text(25)
Percentile			Text(68)
Score			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_ED	HQI_HOSP_ED	Process of Care — Emergency
			Department Hospital Results
Description	Process of Care—Emergency De	epartment measures hospital-level	results
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
scr			Memo
footnote			Memo
Sample			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_ED_State	HQI_HOSP_ED_State	Process of Care — Emergency
			Department State Results
Description	Process of Care—Emergency De	epartment measures state-level res	sults
Column Name			DDB Data Type
prvdr_id (Two character state abbreviaton)			Memo
msr_cd			Memo
scr			Memo
footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_ED_National	HQI_HOSP_ED_US	Process of Care — Emergency
			Department National Results
Description	Process of Care—Emergency D	epartment measures national resul	ts
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
scr			Memo
footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_HOSP_IMG_X	HQI_HOSP_IMG_XWLK	Outpatient Imaging Efficiency
	WLK		Hospital Results
Description	Outpatient Imaging Efficiency n	neasures hospital-level results	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
Condition			Text(22)
Measure Code			Text(25)
Measure Name			Memo
Score			Text(50)
Sample			Text(50)
Footnote			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_STATE_IMG_A	HQI_STATE_IMG_AVG	Outpatient Imaging Efficiency
	VG		State Results
Description	Outpatient Imaging Efficiency n	neasures state-level results	
Column Name DDB Data Type			DDB Data Type
State		Text(50)	
Condition		Text(22)	
Measure Code		Text(25)	
Measure Name			Memo
Score			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_US_NATIONAL	HQI_US_NATIONAL_IMG_	Outpatient Imaging Efficiency
	_IMG_AVG	AVG	National Results
Description	Outpatient Imaging Efficiency measures national results		
Column Name	Column Name		
Condition			Text(22)
Measure Code			Text(25)
Measure Name			Memo
Score			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_IMM	HQI_HOSP_IMM	Process of Care —
			Immunization Hospital Results
Description	Process of Care—Immunization	measures hospital-level results	
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
Scr			Memo
footnote			Memo
Sample			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_IMM_State	HQI_HOSP_IMM_State	Process of Care —
			Immunization State Results
Description	Process of Care—Immunization	n measures state-level results	
Column Name			DDB Data Type
prvdr_id (Two character state abbreviaton)			Memo
msr_cd			Memo
scr			Memo
footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_IMM_Nationa	HQI_HOSP_IMM_US	Process of Care —
	1		Immunization National Results
Description	Process of Care — Immunization measures national results		
Column Name			DDB Data Type

prvdr_id	Memo
msr_cd	Memo
scr	Memo
footnote	Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_MORTA	HQI_HOSP_MORTALITY_R	30-Day Mortality and
	LITY_READM_XWLK	EADM_XWLK	Readmission Hospital Results
Description	30-Day Mortality and Readmiss	ion measures hospital-level results	8
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
Condition		Text(13)	
Measure Name			Memo
Mortality_Readm Rate			Text(50)
Comparison to Nation	al Rate		Text(50)
Lower Mortality_Readm Estimate			Text(50)
Upper Mortality_Readm Estimate		Text(50)	
Number of Patients		Text(50)	
Footnote			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_STATE_MORT	HQI_STATE_MORTALITY_	30-Day Mortality and
	ALITY_READM_SCRE	READM_SCRE	Readmission State Results
Description	30-Day Mortality and Readmiss	ion measures state-level results	
Column Name	Column Name DDB Data Type		
State			Text(50)
Condition			Memo
Measure Name			Memo
Category			Text(36)
Number of Hospitals Text(50)			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_US_NATIONAL	HQI_US_NATIONAL_MOR	30-Day Mortality and
	_MORTALITY_READM_RA	TALITY_READM_RATE	Readmission National Results
	TE		
Description	30-Day Mortality and Readmission measures national results		•
Column Name	Column Name DDB Data Type		
Condition			Memo
Measure Name			Memo
National Mortality_Readm Rate		Text(50)	

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_READM_REDUCTI	HQI_READM_REDUCTION	Readmission Reduction
	ON		Hospital Results
Description	Readmission Reduction measures hospital-level results		

Column Name	DDB Data Type
Hospital Name	Text(255)
Provider Number	Text(255)
State	Text(255)
Measure Name	Text(255)
Number of Discharges	Text(255)
Footnote	Text(255)
Excess Readmission Ratio	Text(255)
Predicted Readmission Rate	Text(255)
Expected Readmission Rate	Text(255)
Number of Readmissions	Text(255)
Start Date	Text(255)
End Date	Text(255)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_MPV_M	HQI_HOSP_MPV_MSR	Medicare Volume Hospital
	SR		Results
Description	Medicare Volume measures hos	pital-level results	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
Diagnosis Related Group ID			Text(25)
Diagnosis Related Group Name			Memo
Number Of Cases			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_STATE_MPV_	HQI_STATE_MPV_MSR	Medicare Volume State
	MSR		Results
Description	Medicare Volume measures state		
Column Name			DDB Data Type
State			Text(50)
Diagnosis Related Group ID			Text(25)
Diagnosis Related Group Name			Memo
Number Of Cases			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	dbo_vwHQI_US_NATIONAL	HQI_US_NATIONAL_MPV_	Medicare Volume National
	_MPV_MSR	MSR	Results
Description	Medicare Volume measures nati	onal results	
Column Name			DDB Data Type
State (Defaults to NATION)			Text(50)
Diagnosis Related Group ID			Text(25)
Diagnosis Related Group Name			Memo
Number Of Cases			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business

(Back to Table Listing)	vwHQI_HOSP_HAC	HQI_HOSP_HAC	Hospital-Acquired Conditions
			Hospital Results
Description	Hospital-Acquired Conditions m	neasures hospital-level results	
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
scr			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_HAC_NATIO	HQI_HOSP_HAC_NATIONA	Hospital-Acquired Conditions
	NAL	L	National Results
Description	Hospital-Acquired Conditions m		
Column Name			DDB Data Type
msr_cd			Memo
scr			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_HAI	HQI_HOSP_HAI	Healthcare-Associated
			Infections Hospital Results
Description	Healthcare-Associated Infections		
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
scr			Memo
footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business	
(Back to Table Listing)	vwHQI_HOSP_HAI_STATE	HQI_HOSP_HAI_STATE	Healthcare-Associated	
			Infections State Results	
Description	Healthcare-Associated Infection	Healthcare-Associated Infections measures state-level results		
Column Name			DDB Data Type	
state (Two digit state abbreviation)			Memo	
msr_cd			Memo	
scr			Memo	
footnote			Memo	

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_HAI_National	HQI_HOSP_HAI_National	Healthcare-Associated
			Infections National Results
Description			
Column Name			DDB Data Type
prvdr_id (Defaults to NATION)			Memo
msr_cd			Memo
scr			Memo
footnote			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	dbo_vwHQI_HOSP_STRUCT	HQI_HOSP_STRUCTURAL_	Structural Hospital Results
	URAL_XWLK	XWLK	
Description	Structural measures hospital-leve	el results	
Column Name DDB Data Type			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
State			Text(2)
Measure Code	Measure Code		
Measure Name			Memo
Measure Response			Text(50)

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_SPP	HQI_HOSP_SPP	Medicare Spending Per Patient
			Hospital Results
Description	Medicare Spending Per Patient		
Column Name			DDB Data Type
prvdr_id			Memo
scr			Memo
msr_cd			Memo
ftnt_id			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	vwHQI_HOSP_SPP_State	HQI_HOSP_SPP_State	Medicare Spending Per Patient
			State Results
Description	Medicare Spending Per Patient		
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd			Memo
scr			Memo
ftnt_value			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwHQI_HOSP_SPP_National	HQI_HOSP_SPP_National	Medicare Spending Per Patient
			National Results
Description	Medicare Spending Per Patient	measure national results	
Column Name			DDB Data Type
prvdr_id			Memo
msr_cd		Memo	
scr			Memo
ftnt_value			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	vwMeasure_Dates	HQI_HOSP_MSR_DT	Measure Data Collection
			Periods
Description	Current collection dates for avail	lable measures included in the Do	wnloadable Database
Column Name	Column Name DDB Data Type		
msr_cd			Memo
msr_strt_qtr			Memo
msr_strt_dt			Memo
msr_end_qtr			Memo
msr_end_dt			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_pn_02_07_2013	hvbp_pn_02_07_2013	HVBP Process of Care—
			Pneumonia Results
Description	Hospital Value-Based Purchasin	g Process of Care—Pneumonia m	easure results
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City			Memo
State			Memo
ZIP Code			Memo
County Name Memo			Memo
PN-3b Performance Rate Memo			Memo
PN-3b Achievement Points		Memo	
PN-3b Improvement Points		Memo	
PN-3b Measure Score	PN-3b Measure Score		Memo
PN-6 Performance Rate		Memo	
PN-6 Achievement Points		Memo	
PN-6 Improvement Points			Memo
PN-6 Measure Score	PN-6 Measure Score		
PN Condition/Procedu	ire Score		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_scip_02_07_2013	hvbp_scip_02_07_2013	HVBP Process of Care—
			Surgical Improvement Care
			Program Results
Description	Hospital Value-Based Purchas	sing Process of Care—Surgical Imp	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City			Memo
State			Memo
ZIP Code			Memo
County Name			Memo
SCIP-Card-2 Performance Rate		Memo	
SCIP-Card-2 Achievement Points		Memo	
SCIP-Card-2 Improvement Points		Memo	
SCIP-Card-2 Measure Score		Memo	
SCIP-VTE-1 Performa	SCIP-VTE-1 Performance Rate		Memo
SCIP-VTE-1 Achiever			Memo
SCIP-VTE-1 Improvement Points		Memo	
SCIP-VTE-1 Measure Score		Memo	
SCIP-VTE-2 Performance Rate		Memo	
SCIP-VTE-2 Achievement Points		Memo	
SCIP-VTE-2 Improvement Points		Memo	
	SCIP-VTE-2 Measure Score		
SCIP Condition/Proce	dure Score		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	Hvbp_tps_02_07_2013	hvbp_tps_02_07_2013	HVBP Total Performance
			Score Results
Description	Overall performance score for H	Iospital Value-Based Purchasing	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City		Memo	
State		Memo	
ZIP Code		Memo	
County Name		Memo	
Unweighted Normalized Clinical Process of Care Domain Score		in Score	Memo
Weighted Clinical Process of Care Domain Score		Memo	
Unweighted Patient Experience of Care Domain Score		Memo	
Weighted Patient Experience of Care Domain Score			Memo
Total Performance Sco	ore		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_ami _02_07_2013	hvbp_ami_02_07_2013	HVBP Process of Care—AMI
	_	_	Results

Description	Description Hospital Value-Based Purchasing Acute Myocardial Infarction results	
Column Name		DDB Data Type
Provider Number		Memo
Hospital Name		Memo
Address		Memo
City		Memo
State		Memo
ZIP Code		Memo
County Name		Memo
AMI-7a Performan	ice Rate	Memo
AMI-7a Achievem	ent Points	Memo
AMI-7a Improvem	ent Points	Memo
AMI-7a Measure S	Score	Memo
AMI-8a Performan	ice Rate	Memo
AMI-8a Achievement Points		Memo
AMI-8a Improvement Points		Memo
AMI-8a Measure Score		Memo
AMI Condition/Pro	ocedure Score	Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(<u>Back to Table Listing</u>)	Hvbp_hai_02_07_2013	hvbp_hai_02_07_2013	HVBP Healthcare-Associated
			Infections Results
Description	Hospital Value-Based Purcha	asing Healthcare-Associated Infecti	ons results
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City			Memo
State			Memo
ZIP Code			Memo
County Name			Memo
SCIP-Inf-1 Performan			Memo
SCIP-Inf-1 Achievem			Memo
SCIP-Inf-1 Improvem			Memo
SCIP-Inf-1 Measure S			Memo
SCIP-Inf-2 Performan			Memo
SCIP-Inf-2 Achievement Points			Memo
SCIP-Inf-2 Improvement Points			Memo
SCIP-Inf-2 Measure Score		Memo	
SCIP-Inf-3 Performan	ce Rate		Memo
SCIP-Inf-3 Achievem			Memo
SCIP-Inf-3 Improvement Points			Memo
SCIP-Inf-3 Measure Score			Memo
SCIP-Inf-4 Performance Rate			Memo
SCIP-Inf-4 Achievement Points			Memo
SCIP-Inf-4 Improvement Points			Memo
SCIP-Inf-4 Measure S	core		Memo
HAI Condition/Procee	lure Score		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_hcahps_02_07_2013	hvbp_hcahps_02_07_2013	HVBP HCAHPS Results
Description	Hospital Value-Based Purchasi	ing HCAHPS results	
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City			Memo
State			Memo
ZIP Code			Memo
County Name			Memo
Communication with	Nurses Achievement Points		Memo
Communication with	Nurses Improvement Points		Memo
Communication with	Nurses Dimension Score		Memo
Communication with	Doctors Achievement Points		Memo
Communication with	Doctors Improvement Points		Memo
Communication with	Doctors Dimension Score		Memo
Responsiveness of Ho	spital Staff Achievement Points		Memo
Responsiveness of Ho	spital Staff Improvement Points		Memo
	spital Staff Dimension Score		Memo
Pain Management Ac	hievement Points		Memo
Pain Management Imp			Memo
Pain Management Dir			Memo
Communication about	t Medicines Achievement Points		Memo
Communication about	t Medicines Improvement Points		Memo
Communication about	t Medicines Dimension Score		Memo
Cleanliness and Quiet	ness of Hospital Environment Ac	chievement Points	Memo
Cleanliness and Quiet	ness of Hospital Environment Im	provement Points	Memo
Cleanliness and Quiet	ness of Hospital Environment Di	mension Score	Memo
Discharge Information	n Achievement Points		Memo
Discharge Information Improvement Points			Memo
Discharge Information Dimension Score			Memo
Overall Rating of Hospital Achievement Points		Memo	
Overall Rating of Hospital Improvement Points		Memo	
Overall Rating of Hos	Overall Rating of Hospital Dimension Score		
HCAHPS Base Score			Memo
HCAHPS Consistency	y Score		Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_hf_02_07_2013	hvbp_hf_02_07_2013	HVBP Process of Care—Heart
			Failure Results
Description	Hospital Value-Based Purchasi	ng Process of Care—Heart Failure	e results
Column Name			DDB Data Type
Provider Number			Memo
Hospital Name			Memo
Address			Memo
City			Memo

Table Name	Physical: Access	Physical: CSV Flat Files	Business
(Back to Table Listing)	Hvbp_hf_02_07_2013	hvbp_hf_02_07_2013	HVBP Process of Care—Heart
			Failure Results
Description	Hospital Value-Based Purchasi	ing Process of Care—Heart Failur	e results
Column Name			DDB Data Type
State			Memo
ZIP Code		Memo	
County Name		Memo	
HF-1 Performance Rate		Memo	
HF-1 Achievement Points		Memo	
HF-1 Improvement Points		Memo	
HF-1 Measure Score		Memo	
HF-1 Condition/Proced	lure Score		Memo

CSV Revised Flat Files and Data.Medicare.gov Data File Summary

The table below shows the titles of the CSV Revised Flat File and Data.Medicare.gov file names.

CSV Revised file name:	Data.Medicare.gov
Hospital_Revised_flatfiles.zip	
Hospital_Revised_Flatfiles.pdf	
Readme.txt	
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names
Agency for Healthcare Research and Quality – National	Serious Complications and Deaths (AHRQ) - National
Agency for Healthcare Research and Quality - State	Serious Complications and Deaths (AHRQ) - State
Agency for Healthcare Research and Quality	Serious Complications and Deaths (AHRQ) - Provider
Emergency Department Throughput	Timely and Effective Care - Emergency Dept Care - Provider
Emergency Department Throughput-National	Timely and Effective Care - Emergency Dept Care - National
Emergency Department Throughput-State	Timely and Effective Care - Emergency Dept Care - State
FootNote	Hospital Footnote Crosswalk
HCAHPS Measures - National	Survey of Patients' Hospital Experiences (HCAHPS) – National Average
HCAHPS Measures - State	Survey of Patients' Hospital Experiences (HCAHPS) – State Average
HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS) - Provider
Healthcare_Associated_Infections	Healthcare Associated Infections - Provider
Healthcare_Associated_Infections_National	Healthcare Associated Infections – National Measures
Healthcare_Associated_Infections_State	Healthcare Associated Infections – State Measures
Hospital Acquired Condition - National	Hospital Acquired Condition – National Measures
Hospital Acquired Condition	Hospital Acquired Conditions - Provider
Hospital_Data	Hospital General Information
Immunization	Timely and Effective Care - Preventive Care - Immunization - Provider
Immunization-National	Timely and Effective Care - Preventive Care - National
Immunization-State	Timely and Effective Care - Preventive Care - Immunization - State
Measure Dates	Hospital Compare - Data Collection Periods (Measure Dates)
Medicare Spending Per Patient - National	Medicare Payment/Spending per Hospital Patient with Medicare - National
Medicare Spending Per Patient - State	Medicare Payment/Spending per Hospital Patient with Medicare - State
Medicare Spending Per Patient	Medicare Payment/Spending per Hospital Patient with Medicare
Medicare Volume Measures - National	Hospital Medicare Volume Measures – National Average
Medicare Volume Measures - State	Hospital Medicare Volume Measures – State
Medicare Volume Measures	Hospital Medicare Volume Measures – Provider
Outcome of Care Measures - National	Hospital Outcome Of Care Measures – National
Outcome of Care Measures - State	Hospital Outcome Of Care Measures – State

CSV Revised file name:	Data.Medicare.gov			
Hospital_Revised_flatfiles.zip				
Hospital_Revised_Flatfiles.pdf				
Readme.txt				
CSV Revised Data File Names (.csv)	Data.Medicare.gov File Names			
Outcome of Care Measures	Hospital Outcome Of Care Measures – Provider			
Outpatient Imaging Efficiency Measures - National.	Use Of Medical Imaging - National			
Outpatient Imaging Efficiency Measures - State	Use Of Medical Imaging - State			
Outpatient Imaging Efficiency Measures	Use Of Medical Imaging Measures - Provider			
Process of Care Measures – Children	Timely and Effective Care - Children's Asthma - Provider			
Process of Care Measures – Heart Attack	Timely and Effective Care - Heart Attack - Provider			
Process of Care Measures – Heart Failure	Timely and Effective Care - Heart Failure - Provider			
Process of Care Measures – National	Timely and Effective Care - National			
Process of Care Measures - Pneumonia	Timely and Effective Care - Pneumonia - Provider			
Process of Care Measures - SCIP	Timely and Effective Care - Surgical Care Improvement			
	Project - Provider			
Process of Care Measures - State	Timely and Effective Care - State			
READMISSION REDUCTION	Hospital Readmission Reduction			
Structural Measures	Hospital Structural Measures – Cardiac Surgery Registry			
hvbp_ami_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Acute			
	Myocardial Infarction Scores			
hvbp_hai_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Healthcare-			
	Associated Infection Scores			
hvbp_hf_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Heart Failure			
	Scores			
hvbp_pn_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Pneumonia			
	Scores			
hvbp_scip_02_07_2013	Hospital Value-Based Purchasing (HVBP) – Surgical Care			
	Improvement Project Scores			
hvbp_tps_02_07_2013	Hospital Value-Based Purchasing (HVBP) - Total			
	Performance Scores			
hvbp_hcahps_02_07_2013	Hospital Value-Based Purchasing (Hospital VBP) -			
	Patient Experience of Care Domain Scores (HCAHPS)			

CSV Revised Flat Files and Data.Medicare.gov Data Content Summary

Note: Fields having the data type of "memo" do not require a length. They allow the user to input large amounts of text without limit. Fields having the data type of "Text" require the corresponding length provided.

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	FootNote		Hospital Footnote Crosswalk	Footnotes	
Description	Look up table for footnote text in the various data files				
CSV Revised File Column Name		Data.	Medicare.gov Column Name		DDB Data Type
Footnote Foo		Footno	ote		Text (50)
Footnote Text	Footnote Text Foot		ote Text		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV F File	Flat	Physical: Data.Medicare.gov	Business	
	Hospital_Data		Hospital General Information	Hospital C	Characteristics
Description	General information on ho	ospital	s within the dataset		
CSV Revised File Co	lumn Name	Data	.Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hosp	ital Name		Memo
Address1		Addr	ess1		Memo
Address2		Addr	ess2	Memo	
Address3		Address3			Memo
City		City		Memo	
State		State			Text(2)
ZIP Code		ZIP Code		Text(5)	
County		County Name		Text(25)	
Phone Number		Phone Number		Text(10)	
Hospital Type		Hosp	Hospital Type		Text(50)
Hospital Ownership Hosp		Hosp	ital Owner		Text(100)
Emergency Services		Emer	gency Services		Text(50)
		Loca	tion		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Fl File	lat	Physical: Data.Medicare.gov	Business	
	Agency for Healthcare		Serious Complications and	AHRQ PS	I and IQI National
	Research and Quality -		Deaths (AHRQ) - National	Results	
	National				
Description	AHRQ PSI and IQI measured	res na	tional results		
CSV Revised File Co	lumn Name	Data.Medicare.gov Column Name		DDB Data Type	
U.S. National Rate		U.S. National Rate			Memo
National Patient Safet	y Measure Performance	National Patient Safety Measure Performance		Memo	
National Inpatient Quality Indicators Measure		National Inpatient Quality Indicators Measure		<i>A</i> easure	Memo
Performance Pe		Performance			
Measure		Meas	sure		Memo

Table Name	Physical: Revised CSV Flat	Physical: Data.Medicare.gov	Business
(Back to Table Listing)	File		

Agency for Healthcare	Serious Complications and	AHRQ PSI and IQI State
Research and Quality - St		Results
Description AHRQ PSI and IQI measurements		
CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
State	State	Memo
Worse - Death from serious treatable	Worse - Death from serious treatable	Memo
complications after surgery	complications after surgery	
Same - Death from serious treatable	Same - Death from serious treatable	Memo
complications after surgery	complications after surgery	
Better - Death from serious treatable	Better - Death from serious treatable	Memo
complications after surgery	complications after surgery	
Too few - Death from serious treatable	Too few - Death from serious treatable	Memo
complications after surgery	complications after surgery	
Worse - Collapsed lung due to medical	Worse - Collapsed lung due to medical	treatment Memo
treatment		
Same - Collapsed lung due to medical treatment	Same - Collapsed lung due to medical t	
Better - Collapsed lung due to medical treatment	Better - Collapsed lung due to medical	
Too few - Collapsed lung due to medical	Too few - Collapsed lung due to medic	al Memo
treatment	treatment	
Worse - Breathing failure after surgery	Worse - Breathing failure after surgery	Memo
Same - Breathing failure after surgery	Same - Breathing failure after surgery	Memo
Better - Breathing failure after surgery	Better - Breathing failure after surgery	Memo
Too few - Breathing failure after surgery	Too few - Breathing failure after surger	
Worse - Serious blood clots after surgery	Worse - Serious blood clots after surger	ry Memo
Same - Serious blood clots after surgery	Same - Serious blood clots after surger	y Memo
Better - Serious blood clots after surgery	Better - Serious blood clots after surger	y Memo
Too few - Serious blood clots after surgery	Too few - Serious blood clots after surg	gery Memo
Worse - A wound that splits open after surgery	Worse - A wound that splits open after	surgery Memo
Same - A wound that splits open after surgery	Same - A wound that splits open after s	urgery Memo
Better - A wound that splits open after surgery	Better - A wound that splits open after	surgery Memo
Too few - A wound that splits open after surgery	Too few - A wound that splits open after	er surgery Memo
Worse - Accidental cuts and tears from medical	Worse - Accidental cuts and tears from	medical Memo
treatment	treatment	
Same - Accidental cuts and tears from medical	Same - Accidental cuts and tears from a	medical Memo
treatment	treatment	
Better - Accidental cuts and tears from medical	Better - Accidental cuts and tears from	medical Memo
treatment	treatment	
Too few - Accidental cuts and tears from	Too few - Accidental cuts and tears from	m medical Memo
medical treatment	treatment	
Worse - Serious Complications	Worse - Serious Complications	Memo
Same - Serious Complications	Same - Serious Complications	Memo
Better - Serious Complications	Better - Serious Complications	Memo
Too few - Serious Complications	Too few - Serious Complications	Memo
Worse - Death after surgery to repair a weakness	Worse - Death after surgery to repair a	weakness Memo
in the abdominal aorta	in the abdominal aorta	
Same - Death after surgery to repair a weakness	Same - Death after surgery to repair a v	veakness Memo
in the abdominal aorta	in the abdominal aorta	
Better - Death after surgery to repair a weakness	Better - Death after surgery to repair a	weakness Memo
in the abdominal aorta	in the abdominal aorta	
Hospital Docx		Page 32 of 76

Table Name (Back to Table Listing)	Physical: Revised CSV F File	'lat	Physical: Data.Medicare.gov	Business	
	Agency for Healthcare		Serious Complications and	AHRQ PS	I and IQI State
	Research and Quality - State		Deaths (AHRQ) - State	Results	
Description	AHRQ PSI and IQI measu	ires sta	ate-level results		
CSV Revised File Co	lumn Name	Data	a.Medicare.gov Column Name		DDB Data Type
Too few - Death after	surgery to repair a	Тоо	few - Death after surgery to repair	'a	Memo
weakness in the abdon	ninal aorta	weakness in the abdominal aorta			
Worse - Deaths after a	dmission for broken hip	Worse - Deaths after admission for broken hip			Memo
Same - Deaths after ad	lmission for broken hip	Same - Deaths after admission for broken hip		Memo	
Better - Deaths after a	dmission for broken hip	Better - Deaths after admission for broken hip		Memo	
Too few - Deaths after	admission for broken hip	Too few - Deaths after admission for broken hip		Memo	
Worse - Deaths from (Certain Conditions	Worse - Deaths from Certain Conditions		Memo	
Same - Deaths from C	Same - Deaths from Certain Conditions		Same - Deaths from Certain Conditions		Memo
Better - Deaths from Certain Conditions		Better - Deaths from Certain Conditions		ıs	Memo
Too few - Deaths from	n Certain Conditions	Тоо	Too few - Deaths from Certain Conditions		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Agency for Healthcare		Serious Complications and	AHRQ PS	I and IQI Hospital
	Research and Quality		Deaths (AHRQ) - Provider	Results	
Description	AHRQ PSI and IQI measured	sures ho	spital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provid	ler Number		Memo
Hospital Name		Hospi	tal Name		Memo
Address 1		Addre	ess 1		Memo
Address 2		Addre	ess 2		Memo
Address 3		Addre	ess 3		Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name		County Name			Text(25)
Phone Number		Phone Number			Text(10)
Death from serious tre	eatable complications	Death from serious treatable complications after			Memo
after surgery		surgery			
Footnote - Death from		Footnote - Death from serious treatable			Memo
complications after su		complications after surgery			
Collapsed lung due to		Collapsed lung due to medical treatment			Memo
Footnote - Collapsed l	ung due to medical	Footnote - Collapsed lung due to medical		Memo	
treatment		treatment			
Breathing failure after			ning failure after surgery		Memo
	Footnote - Breathing failure after surgery		ote - Breathing failure after surger	y	Memo
Serious blood clots aft		Serious blood clots after surgery			Memo
Footnote - Serious blo		Footnote - Serious blood clots after surgery			Memo
A wound that splits op	<u> </u>	A wound that splits open after surgery			Memo
Footnote - A wound the	nat splits open after	Footn	ote - A wound that splits open after	er surgery	Memo
surgery					

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
(<u>Buck to Tuble Listing</u>)	Agency for Healthcare		Serious Complications and	AHRQ PS	I and IQI Hospital
	Research and Quality		Deaths (AHRQ) - Provider Results		
Description	AHRQ PSI and IQI measured	sures ho			
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
	Accidental cuts and tears from medical		ental cuts and tears from medical	treatment	Memo
treatment					
Footnote - Accidental	cuts and tears from	Footn	ote - Accidental cuts and tears fro	m medical	Memo
medical treatment		treatm	nent		
Serious Complications	S	Seriou	as Complications		Memo
Footnote - Serious Co			ote - Serious Complications		Memo
	repair a weakness in the		after surgery to repair a weakness	s in the	Memo
abdominal aorta			ninal aorta		
Footnote - Death after	surgery to repair a		ote - Death after surgery to repair	а	Memo
weakness in the abdor			tess in the abdominal aorta		
Deaths after admission			s after admission for broken hip		Memo
	er admission for broken		ote - Deaths after admission for b	roken hin	Memo
hip		1 000		onon mp	
Deaths from Certain C	Conditions	Death	s from Certain Conditions	Memo	
Footnote - Deaths fro			ote - Deaths from Certain Conditi	Memo	
Number of Patients - I			per of Patients - Death from seriou	Memo	
treatable complication			lications after surgery		
Rate - Death from serious treatable			Death from serious treatable com	plications	Memo
complications after surgery			surgery		
	th from serious treatable		r Estimate - Death from serious tro	eatable	Memo
complications after su			lications after surgery		
	ath from serious treatable		r Estimate - Death from serious tr	Memo	
complications after su			lications after surgery		
Number of Patients - (per of Patients - Collapsed lung du	Memo	
medical treatment	1 6		al treatment		
Rate - Collapsed lung	due to medical treatment	Rate -	Collapsed lung due to medical tro	Memo	
Lower Estimate - Coll			r Estimate - Collapsed lung due to	Memo	
medical treatment		treatment			
Higher Estimate - Col	lapsed lung due to	Higher Estimate - Collapsed lung due to medical			Memo
medical treatment		treatm	1 0		
Number of Patients - I	Breathing failure after	Number of Patients - Breathing failure after			Memo
surgery		surger			
Rate - Breathing failu	re after surgery	<u> </u>	Breathing failure after surgery		Memo
Lower Estimate - Brea	<u> </u>		r Estimate - Breathing failure after	r surgery	Memo
surgery			0		
Higher Estimate - Bre	athing failure after	Highe	r Estimate - Breathing failure afte	r surgery	Memo
surgery			6		
Number of Patients - Serious blood clots after			er of Patients - Serious blood clot	s after	Memo
surgery		surger			
Rate - Serious blood c	lots after surgery		Serious blood clots after surgery		Memo
Lower Estimate - Seri			r Estimate - Serious blood clots af	ter surgerv	Memo
surgery				J	
		I			I

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
(<u></u>	Agency for Healthcare		Serious Complications and	AHRQ PS	I and IQI Hospital
	Research and Quality		Deaths (AHRQ) - Provider		
Description	AHRQ PSI and IQI meas		.		
CSV Revised File Co	lumn Name		Medicare.gov Column Name		DDB Data Type
Higher Estimate - Seri	ious blood clots after	Highe	r Estimate - Serious blood clots at	fter	Memo
surgery		surger			
Number of Patients - A	A wound that splits open	Numb	er of Patients - A wound that spli	ts open	Memo
after surgery			urgery		
Rate - A wound that s	plits open after surgery	Rate -	A wound that splits open after su	rgery	Memo
Lower Estimate - A w	ound that splits open	Lower	r Estimate - A wound that splits of	pen after	Memo
after surgery		surger			
Higher Estimate - A w	ound that splits open	Highe	r Estimate - A wound that splits o	pen after	Memo
after surgery		surger			
	Accidental cuts and tears		er of Patients - Accidental cuts ar	nd tears	Memo
from medical treatmer			medical treatment		
Rate - Accidental cuts	and tears from medical	Rate -	Accidental cuts and tears from m	edical	Memo
treatment		treatm			
Lower Estimate - Acc			Estimate - Accidental cuts and te	ears from	Memo
from medical treatmer			al treatment		
Higher Estimate - Acc		-	r Estimate - Accidental cuts and t	Memo	
from medical treatment			al treatment		
Number of Patients - Serious Complications			er of Patients - Serious Complica	tions	Memo
Rate - Serious Complications			Serious Complications		Memo
Lower Estimate - Serious Complications		Lower Estimate - Serious Complications			Memo
Higher Estimate - Seri	<u> </u>	Higher Estimate - Serious Complications			Memo
Number of Patients - I	.	Number of Patients - Death after surgery to repair			Memo
repair a weakness in th		a weakness in the abdominal aorta			
-	gery to repair a weakness	Rate - Death after surgery to repair a weakness in			Memo
in the abdominal aorta			dominal aorta		
	th after surgery to repair		Estimate - Death after surgery to	Memo	
a weakness in the abd		weakness in the abdominal aorta			
C	th after surgery to repair	Higher Estimate - Death after surgery to repair a			Memo
a weakness in the abd		weakness in the abdominal aorta			
Number of Patients - I	Deaths after admission	Number of Patients - Deaths after admission for			Memo
for broken hip	1 1 1.	broken hip			
	mission for broken hip		Deaths after admission for broke		Memo
	ths after admission for		Estimate - Deaths after admissio	n Ior	Memo
broken hip	the often admission for	broke	<u> </u>	n for	Mama
-	ths after admission for	-	r Estimate - Deaths after admissio	DII IOF	Memo
broken hip Number of Patients	Deaths from Contain	broke	n nip er of Patients - Deaths from		Memo
Number of Patients - Deaths from Certain Conditions			nConditions		IVIEIIIO
			Deaths from Certain Conditions		Memo
Rate - Deaths from Certain Conditions Lower Estimate - Deaths from Certain			Estimate - Deaths from Certain	Conditions	Memo
Conditions		Lower	Estimate - Deaths from Certain (Conditions	IVIEIIIO
	the from Cortain	Licho	r Estimate Deaths from Contain	Conditions	Memo
Higher Estimate - Dea Conditions		Figue	r Estimate - Deaths from Certain	Conditions	IVIEIIIO
Conunions		L			

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Emergency Department		Timely and Effective Care -		Care—Emergency
	Throughput		Emergency Dept Care - Provider	Departmer	nt Hospital Results
Description	Process of Care—Emerge	ency D	epartment measure hospital-level	results	
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Hospital Name		Hospi	ital Name		Memo
Address 1	Address 1		ess 1	Memo	
Address 2			ess 2	Memo	
Address 3		Addre	Address 3		Memo
City		City			Memo
State		State		Text(2)	
ZIP Code		ZIP C	ZIP Code		Text(5)
County Name		Coun	County Name		Text(25)
Phone Number		Phone	Phone Number		Text(10)
Measure	Measure Me		Measure		Memo
Rate	R		Rate		Memo
Sample		Samp	le		Memo
Footnote		Footn	ote		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
	Emergency Department Throughput - National		Timely and Effective Care - Emergency Dept Care - National		f Care—Emergency nt National Results
Description	Process of Care—Emerge	ency De	epartment Hospital Results measur	re national	results
CSV Revised File Col	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provider ID			Memo
Measure		Measure			Memo
Rate (per 1,000 Discharges)		Rate (per 1,000 Discharges)			Memo
Footnote		Footnote			Memo

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
	Emergency Department		Timely and Effective Care -	Process of Care—Emergency	
	Throughput - State		Emergency Dept Care - State	Department State Results	
Description	Process of Care—Emergency Department state-level results				
CSV Revised File Column Name		Data.Medicare.gov Column Name		DDB Data Type	
Provider ID		Provider ID		Memo	
Measure		Measure		Memo	
Rate (per 1,000 Discharges)		Rate (per 1,000 Discharges)		Memo	
Footnote		Footnote		Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
	HCAHPS Measures - Na	tional	Survey of Patients' Hospital Experiences (HCAHPS) – National Average	HCAHPS	National Results
Description	HCAHPS measures natio	nal res	8		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
HCAHPS Question	HCAHPS Question		HCAHPS Question		Memo
HCAHPS Answer Description		HCAHPS Answer Description			Memo
HCAHPS Answer Per	cent	HCAI	HPS Answer Percent		Text(50)

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	HCAHPS Measures - Sta	nte	Experiences (HCAHPS) – State Average		State Results
Description	HCAHPS measures state	-level r	esults		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
State		State			Text(50)
Percent of patients wh nurses 'Sometimes' or well.			nt of patients who reported that the etimes" or "Never" communicated		Memo
Percent of patients wh nurses 'Usually' comm			nt of patients who reported that th ally" communicated well.	eir nurses	Memo
Percent of patients wh nurses 'Always' comm			nt of patients who reported that th ays" communicated well.	eir nurses	Memo
Percent of patients who reported that their doctors 'Sometimes' or 'Never' communicated well.		Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.			Memo
Percent of patients who reported that their doctors 'Usually' communicated well.		Percent of patients who reported that their doctors "Usually" communicated well.			Memo
Percent of patients who doctors 'Always' comm		Percent of patients who reported that their doctors "Always" communicated well.			Memo
Percent of patients wh 'Sometimes' or 'Never' they wanted.	o reported that they received help as soon as	Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.			Memo
Percent of patients wh 'Usually' received help	o reported that they as soon as they wanted.	Percent of patients who reported that they "Usually" received help as soon as they wanted.			Memo
Percent of patients wh		Percent of patients who reported that they "Always" received help as soon as they wanted.			Memo
was 'Sometimes' or 'Ne		Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.			Memo
Percent of patients who reported that their pain was 'Usually' well controlled.			nt of patients who reported that th Usually" well controlled.	Memo	
Percent of patients who reported that their pain was 'Always' well controlled.			nt of patients who reported that th Always" well controlled.	Memo	
Percent of patients wh 'Sometimes' or 'Never' medicines before givin	explained about	Percer "Some	nt of patients who reported that sta etimes" or "Never" explained abor ines before giving it to them.	Memo	

Page 37 of 76

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
(<u>Buck to Fuble Listing</u>)	HCAHPS Measures - State		Survey of Patients' Hospital Experiences (HCAHPS) – State Average	HCAHPS	State Results
Description	HCAHPS measures state	-level r	esults		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Percent of patients wh 'Usually' explained abo giving it to them.	out medicines before	"Usua giving	nt of patients who reported that sta ally" explained about medicines be g it to them.	efore	Memo
Percent of patients wh 'Always' explained abo giving it to them.	out medicines before	"Alwa giving	nt of patients who reported that sta ays" explained about medicines be g it to them.	efore	Memo
Percent of patients wh room and bathroom we 'Never' clean.	ere 'Sometimes' or	and backets		ever"	Memo
Percent of patients wh room and bathroom we	ere 'Usually' clean.	and b	nt of patients who reported that th athroom were "Usually" clean.		Memo
Percent of patients where room and bathroom we	ere 'Always' clean.	and b	nt of patients who reported that th athroom were "Always" clean.		Memo
around their room was quiet at night.	o reported that the area s 'Sometimes' or 'Never'	aroun quiet	nt of patients who reported that th d their room was "Sometimes" or at night.	"Never"	Memo
around their room was	o reported that the area s 'Usually' quiet at night.	aroun	nt of patients who reported that th d their room was "Usually" quiet a	at night.	Memo
	o reported that the area 'Always' quiet at night.		nt of patients who reported that th d their room was "Always" quiet a		Memo
Percent of patients at e reported that YES they about what to do durin	y were given information	were	nt of patients who reported that Y given information about what to d recovery at home.		Memo
	o reported that they were about what to do during	not gi	nt of patients who reported that th ven information about what to do recovery at home.		Memo
to 10 (highest).	a scale from 0 (lowest)	Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).			Memo
Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).			nt of patients who gave their hosp of 7 or 8 on a scale from 0 (lowes est).	st) to 10	Memo
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).			nt of patients who gave their hosp of 9 or 10 on a scale from 0 (lowe est).	est) to 10	Memo
Percent of patients who reported NO they would not recommend the hospital.			nt of patients who reported NO,the commend the hospital.	2	Memo
Percent of patients who would probably recom			nt of patients who reported YES,tl bly recommend the hospital.	hey would	Memo
Patients who reported definitely recommend	YES they would		nt of patients who reported YES,tl tely recommend the hospital.	hey would	Memo

Table Name (Back to Table	Physical: Revised CSV Flat File	t	Physical: Data.Medicare.gov	Business		
<u>Listing</u>)	HCAHPS Measures		Survey of Patients' HospitalHCAHPS HExperiences (HCAHPS) -Provider		Hospital Results	
Description	HCAHPS measures hospital-	-level	results			
CSV Revised File	e Column Name	Dat	a.Medicare.gov Column Name		DDB Data Type	
Provider Number		Pro	vider Number		Memo	
Hospital Name		Hos	spital Name		Memo	
Address 1		Ado	dress 1		Memo	
Address 2		Add	lress 2		Memo	
Address 3		Ado	dress 3		Memo	
City		City	ý		Memo	
State		Stat	te		Text(2)	
ZIP Code		_	Code		Text(5)	
County Name			inty Name		Text(25)	
Phone Number			one Number		Text(10)	
nurses "Sometime well.	s who reported that their es" or "Never" communicated		cent of patients who reported that t metimes" or "Never" communicate		Memo	
Percent of patients who reported that their nurses "Usually" communicated well.			cent of patients who reported that t ually" communicated well.	Memo		
Percent of patients who reported that their nurses "Always" communicated well.			cent of patients who reported that t ways" communicated well.	Memo		
Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.		Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.			Memo	
	s who reported that their communicated well.	Percent of patients who reported that their doctors "Usually" communicated well.			Memo	
Percent of patient	s who reported that their communicated well.	Percent of patients who reported that their doctors "Always" communicated well.			Memo	
	s who reported that they Never" received help as soon	"So	cent of patients who reported that t metimes" or "Never" received help y wanted.	Memo		
	s who reported that they d help as soon as they	Percent of patients who reported that they "Usually" received help as soon as they wanted.			Memo	
Percent of patients who reported that they "Always" received help as soon as they wanted.		Percent of patients who reported that they "Always" received help as soon as they wanted.		Memo		
	s who reported that their pain or "Never" well controlled.	Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.			Memo	
	s who reported that their pain	Percent of patients who reported that their pain was "Usually" well controlled.			Memo	
	s who reported that their pain	Percent of patients who reported that their pain was "Always" well controlled.			Memo	
Percent of patient	s who reported that staff Never" explained about	Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.			Memo	

Table Name (Back to Table)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business	
(<u>Listing</u>)	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS) - Provider	Experiences (HCAHPS) -	
Description	HCAHPS measures hospital-	level results		
CSV Revised File		Data.Medicare.gov Column Name		DDB Data Type
	s who reported that staff	Percent of patients who reported that	staff	Memo
	ed about medicines before	"Usually" explained about medicines		
giving it to them.		giving it to them.		
	s who reported that staff	Percent of patients who reported that	staff	Memo
	ed about medicines before	"Always" explained about medicines		
giving it to them.		giving it to them.		
	s who reported that their	Percent of patients who reported that	their room	Memo
	m were "Sometimes" or	and bathroom were "Sometimes" or "		Wiemo
"Never" clean.	in were sometimes of	clean.		
	s who reported that their	Percent of patients who reported that	their room	Memo
	m were "Usually" clean.	and bathroom were "Usually" clean.		
	s who reported that their	Percent of patients who reported that	their room	Memo
	m were "Always" clean.	and bathroom were "Always" clean.	then room	NICIIIO
	s who reported that the area	Percent of patients who reported that	the area	Memo
	was "Sometimes" or	around their room was "Sometimes"	NICIIIO	
"Never" quiet at m		quiet at night.		
	s who reported that the area	Percent of patients who reported that	the erec	Memo
-	was "Usually" quiet at night.	around their room was "Usually" quie		IVICIIIO
	s who reported that the area	Percent of patients who reported that		Memo
	was "Always" quiet at night.	around their room was "Always" quie		IVICIIIO
	s at each hospital who	Percent of patients who reported that		Memo
	they were given information	were given information about what to	IVICIIIO	
about what to do d	•	their recovery at home.		
	s who reported that they were	Percent of patients who reported that	thay wara	Memo
	tion about what to do during	not given information about what to c		IVICIIIO
their recovery at h	÷	their recovery at home.		
	s who gave their hospital a	Percent of patients who gave their ho	enital a	Memo
-	er on a scale from 0 (lowest)	rating of 6 or lower on a scale from 0	•	INTELLIO
to 10 (highest).	i on a scale from 0 (lowest)	10 (highest).		
	s who gave their hospital a	Percent of patients who gave their ho	enital a	Memo
-	a scale from 0 (lowest) to 10	rating of 7 or 8 on a scale from 0 (low		
(highest).		(highest).		
	their hospital a rating of 9 or	Patients who gave their hospital a rati	ng of 9 or	Memo
	10 (lowest) to 10 (highest).	10 on a scale from 0 (lowest) to 10 (h		
	s who reported NO they	Percent of patients who reported NO,	<u> </u>	Memo
would not recomm	1 V	not recommend the hospital.	incy would	1,101110
	s who reported YES they	Percent of patients who reported YES	they would	Memo
	commend the hospital.	probably recommend the hospital.	, mey would	1,101110
·	rted YES they would	Percent of patients who reported YES	they would	Memo
definitely recomm		definitely recommend the hospital.	, mey would	1,101110
Number of comple		Number of Completed Surveys		Memo
Survey Response		Survey Response Rate Percent		Memo
Survey Response	mait	Survey Response Rate Feletill	INICITIO	

Table Name (Back to Table	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business
<u>Listing</u>)	HCAHPS Measures	Survey of Patients' Hospital Experiences (HCAHPS) - Provider	HCAHPS Hospital Results
Description	HCAHPS measures hospital-	evel results	
CSV Revised File Column Name		Data.Medicare.gov Column Name	DDB Data Type
Hospital Footnote		Hospital Footnote	Memo

Table Name (Drock to Table Listing)	•		Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File	<u> </u>		XX 1.1	
	Healthcare_Associated_I	nfecti	Healthcare Associated		e-Associated
	ons		Infections - Provider	Infections	Hospital Results
Description	Healthcare-Associated In	fection	s measures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Hospital Name		Hospi	ital Name		Memo
Address 1	Address 1		ess 1		Memo
Address 2	Address 2		ess 2		Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP C	Code		Text(5)
County Name		County Name			Text(25)
Phone Number	Phone Number Ph		Phone Number		Text(10)
Measure		Measure			Memo
Score		Score			Memo
Footnote		Footn	ote		Memo

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File				
	Healthcare_Associated_Infecti		Healthcare Associated	Healthcare-Associated	
	ons_National		Infections – National Measures	Infections National Results	
Description	Healthcare-Associated Infections measures national results				
CSV Revised File Col	lumn Name	Data.Medicare.gov Column Name			DDB Data Type
Provider ID (Defaults	to NATION)	Provider ID (Defaults to NATION)			Memo
Measure		Measure			Memo
Rate (per 1,000 Discharges)		Rate (per 1,000 Discharges)			Memo
Footnote		Footn	ote		Memo

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File				
	Healthcare_Associated_Infecti		Healthcare Associated	Healthcare-Associated	
	ons_State		Infections – State Measures	Infections State Results	
Description	Healthcare-Associated In	fection	s measures state-level results		
CSV Revised File Col	lumn Name	Data.Medicare.gov Column Name			DDB Data Type
Provider ID (Two digi	t state abbreviation)	Provider ID (Two digit state abbreviation)			Memo
Measure	Measure		ure		Memo
Score		Score			Memo
Footnote		Footn	ote		Memo

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File				
	Hospital Acquired Condition - H		Hospital Acquired Condition –	Hospital-Acquired Conditions	
	national		National Measures	National Results	
Description	Hospital-Acquired Condi	tions m	easures national results		
CSV Revised File Col	lumn Name	Data.Medicare.gov Column Name		Γ	DDB Data Type
Measure		Measure		Ν	/Iemo
Score		Score		Ν	Aemo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Hospital Acquired Condi	tion	Hospital Acquired Conditions	Hospital-Acquired Condition	
			- Provider	Hospital R	Results
Description	Hospital-Acquired Condi	tions n	neasures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Hospital Name		Hospital Name			Memo
Address 1	Address 1		ess 1		Memo
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State	State		State		Text(2)
ZIP Code		ZIP Code			Text(5)
County Name C		County Name			Text(25)
Phone Number		Phone	e Number		Text(10)

Table Name (Back to Table Listing)	Physical: Revised CSV I File	Flat	Physical: Data.Medicare.gov	Business
	Hospital Acquired Condit	tion	Hospital Acquired Conditions	Hospital-Acquired Conditions
			- Provider	Hospital Results
Description	Hospital-Acquired Condi	tions m	easures hospital-level results	
CSV Revised File Col	lumn Name	Data.Medicare.gov Column Name		DDB Data Type
Measure		Measure		Memo
Rate (per 1,000 Discharges)		Rate (per 1,000 Discharges)		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV I File	Flat	Physical: Data.Medicare.gov	Business	
	Immunization		Timely and Effective Care - Preventive Care - Immunization - Provider	Process of Immuniza	f Care— tion Hospital Results
Description	Process of Care-Immun	ization	measures hospital-level results		
CSV Revised File Co	lumn Name Data	a.Med	icare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Hospital Name		Hosp	ital Name		Memo
Address 1		Addre	ess 1		Memo
Address 2		Addre	ess 2		Memo
Address 3		Addre	ess 3		Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP C	Code		Text(5)
County Name		Coun	ty Name		Text(25)
Phone Number		Phone	e Number		Text(10)
Measure		Meas	ure		Memo
Rate		Rate			Memo
Sample		Samp	le		Memo
Footnote		Footn	note		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
	Immunization-National		Timely and Effective Care - Preventive Care - National	Process of Immuniza	f Care— tion National Results
Description	Process of Care—Immunization measures national results				
CSV Revised File Col	lumn Name	Data.Medicare.gov Column Name			DDB Data Type
Provider ID		Provider ID			Memo
Measure	Measure Measure		ure		Memo
Rate (per 1,000 Discharges)Rate		Rate ((per 1,000 Discharges)		Memo
Footnote		Footn	ote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Immunization-State		Timely and Effective Care -	Process of	Care—
			Preventive Care - Immunization - State	Immunizat	tion State Results
Description	Process of Care-Immun	ization	measure state-level results		
CSV Revised File Co	lumn Name	Data.Medicare.gov Column Name			DDB Data Type
Provider ID (Two char	cacter state abbreviaton)	Provider ID (Two character state abbreviaton)			Memo
Measure	Measure Meas		Measure		Memo
Rate (per 1,000 Discharges) Rate ((per 1,000 Discharges)		Memo	
Footnote		Footn	ote		Memo

Table Name	Physical: Revised CSV Fl	'lat	Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File Detec		Heanital Company Data	Magguna D	Data Collection
	Measure_Dates		Hospital Compare - Data Collection Periods (Measure	Periods	
			Dates)	Terrous	
Description	Current collection dates for avai		able measures included in the Do	wnloadable	Database
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Measure Name]	Measu	ire Name		Memo
Measure Start Quarter]	Measu	are Start Quarter		Memo
Measure Start Date	Measure Start Date Mea		Measure Start Date		Memo
Measure End Quarter]	Measu	are End Quarter		Memo
Measure End Date]	Measu	re End Date		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Medicare Spending Per Patient-National		Medicare Payment/Spending per Hospital Patient with	Medicare S National R	Spending Per Patient
	r attent-ivational		Medicare - National	National N	esuits
Description	Medicare Spending Per Patient measures national results				
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Measure		Meas	ure		Memo
Score	e Score				Memo
Footnote		Footn	ote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV I File	Flat	Physical: Data.Medicare.gov	Business	
	Medicare Spending Per		Medicare Payment/Spending	Medicare S	Spending Per Patient
	Patient-State		per Hospital Patient with Medicare - State	State Resu	lts
Description	Medicare Spending Per Patient		neasures state-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provider ID			Memo
Measure	Measure		Measure		Memo
Score	Score Score				Memo
Footnote		Footn	ote		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
			Medicare Payment/Spending per Hospital Patient with Medicare	Medicare S Hospital R	Spending Per Patient esults
Description	Medicare Spending Per H	Patient 1	neasures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider ID		Provi	der ID		Memo
Hospital Name	Hos		ital Name		Memo
Address 1	A		ess 1		Memo
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name		Coun	County Name		Text(25)
Phone Number	mber Phon		hone Number		Text(10)
Measure	Meas		leasure		Memo
Spending per Hospital	Spending per Hospital Patient with Medicare S		ling per Hospital Patient with Mec	licare	Memo
Footnote		Footn	ote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business	
Hospital.Docx				Page 45 of 76

			Hospital Medicare Volume		Volume National	
	National		Measures – National Average	Results		
Description	Medicare Volume measur	Medicare Volume measures national results				
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type	
Diagnosis Related Group Dia		Diagn	osis Related Group		Text(25)	
Number Of Cases		Numb	per Of Cases		Text(50)	

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File				
	Medicare Volume Measures - H		Hospital Medicare Volume	Medicare V	Volume State
	State		Measures – State	Results	
Description	Medicare Volume measures state results				
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
State		State			Text(50)
Diagnosis Related Gro	oup	Diagn	Diagnosis Related Group		Text(25)
Number Of Cases Num		Numb	per Of Cases		Text(50)
Footnote		Footn	ote		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Medicare Volume Measu	ires	Hospital Medicare Volume	Medicare Y	Volume Hospital
			Measures – Provider	Results	
Description	Medicare Volume measu	res hos	pital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	ital Name		Memo
Address 1	Address 1		ess 1	Memo	
Address 2		Address 2			Memo
Address 3		Addre	dress 3		Memo
City		City		Memo	
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name		County Name			Text(25)
Phone Number		Phone	one Number		Text(10)
Diagnosis Related Group Diag		Diagr	agnosis Related Group		Text(25)
Number Of Cases Nu		Numb	umber Of Cases		Text(50)
Footnote		Footn	Footnote		Memo

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File				
	Outcome of Care Measures - H		Hospital Outcome Of Care	30-Day Mortality and	
	National		Measures – National	Readmission National Results	
Description	30-Day Mortality and Re	admiss	ion measures national results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Condition		Condition			Text(13)
Measure Name		Meas	Measure Name		Memo
National Mortality/Rea	admission Rate	National Mortality/Readmission Rate			Text(50)

Page 46 of 76

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File				
	Outcome of Care Measur	es -	1		ortality and
	State		Measures – State	Readmissi	on State Results
Description			on measures state-level results		
CSV Revised File Co	lumn Name		Medicare.gov Column Name		DDB Data Type
State		State			Text(2)
Number of Hospitals			tal 30-Day Death (Mortality) Rate		Memo
	n Heart Attack are Better	Heart	Attack - Better than U.S. Nationa	l Rate	
than U.S. National Ra					
Number of Hospitals			tal 30-Day Death (Mortality) Rate		Memo
(Mortality) Rates from			Attack - No different than U.S. N	ational	
different than U.S. Na		Rate			
Number of Hospitals			tal 30-Day Death (Mortality) Rate		Memo
•	n Heart Attack are Worse	Heart	Attack - Worse than U.S. Nationa	ll Rate	
than U.S. National Ra					
Number of Hospitals			tal 30-Day Death (Mortality) Rate		Memo
(Mortality) Rates from		Heart	Attack - Number of Cases Too Sr	nall	
Number of Cases Too					
Number of Hospitals		Hospital 30-Day Death (Mortality) Rates from			Memo
	n Heart Failure are Better	Heart Failure - Better than U.S. National Rate			
than U.S. National Ra					
Number of Hospitals	•	· ·	tal 30-Day Death (Mortality) Rate		Memo
(Mortality) Rates from		Heart Failure - No different than U.S. National			
different than U.S. Na		Rate			
Number of Hospitals	•	Hospital 30-Day Death (Mortality) Rates from			Memo
•	n Heart Failure are Worse	Heart Failure - Worse than U.S. National Rate			
than U.S. National Ra					
Number of Hospitals		Hospital 30-Day Death (Mortality) Rates from			Memo
(Mortality) Rates from		Heart Failure - Number of Cases Too Small			
Number of Cases Too					
Number of Hospitals		Hospital 30-Day Death (Mortality) Rates from			Memo
•	n Pneumonia are Better	Pneumonia - Better than U.S. National Rate			
than U.S. National Ra					
Number of Hospitals		Hospital 30-Day Death (Mortality) Rates from			Memo
(Mortality) Rates from		Pneumonia - No different than U.S. National Rate		ional Rate	
different than U.S. Na					
Number of Hospitals	-	Hospital 30-Day Death (Mortality) Rates from			Memo
	n Pneumonia are Worse	Pneumonia - Worse than U.S. National Rate			
than U.S. National Ra					
Number of Hospitals	•	Hospital 30-Day Death (Mortality) Rates from			Memo
(Mortality) Rates from Pneumonia are Number		Pneumonia - Number of Cases Too Small			
of Cases Too Small					
Number of Hospitals	•	-	tal 30-Day Readmission Rates fro	m Heart	Memo
Readmission Rates fro		Attack - Better than U.S. National Rate			
Better than U.S. Natio	onal Rate				

(Back to Table Listing) File					
			20 D M	. 1'. 1	
Outcome of Care Me	easures -	Hospital Outcome Of Care		lortality and	
State	10 1 '	Measures – State	Readmissi	on State Results	
		ion measures state-level results			
CSV Revised File Column Name		Medicare.gov Column Name		DDB Data Type	
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro		Memo	
Readmission Rates from Heart Attack are N	o Attac	k - No different than U.S. Nationa	I Rate		
different than U.S. National Rate			**		
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro		Memo	
Readmission Rates from Heart Attack are	Attac	k - Worse than U.S. National Rate			
Worse than U.S. National Rate					
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro	m Heart	Memo	
Readmission Rates from Heart Attack are	Attac	k - Number of Cases Too Small			
Number of Cases Too Small			**		
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro		Memo	
Readmission Rates from Heart Failure are	Failur	e - Better than U.S. National Rate			
Better than U.S. National Rate					
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro		Memo	
Readmission Rates from Heart Failure are N	lo Failur	e - No different than U.S. Nationa			
different than U.S. National Rate			**		
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro	Memo		
Readmission Rates from Heart Failure are	Failur	e - Worse than U.S. National Rate			
Worse than U.S. National Rate			**		
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro	Memo		
Readmission Rates from Heart Failure are Number of Cases Too Small	Failur	e - Number of Cases Too Small			
Number of Hospitals whose 30-Day	Hospi	tal 30-Day Readmission Rates fro	Memo		
Readmission Rates from Pneumonia are Bet		Pneumonia - Better than U.S. National Rate			
than U.S. National Rate			luio		
Number of Hospitals whose 30-Day	Hospi	Hospital 30-Day Readmission Rates from		Memo	
Readmission Rates from Pneumonia are No		nonia - No different than U.S. Nat			
different than U.S. National Rate					
Number of Hospitals whose 30-Day	Hospi	tal 30-Day Readmission Rates fro	m	Memo	
Readmission Rates from Pneumonia are Worse		nonia - Worse than U.S. National			
than U.S. National Rate					
Number of Hospitals whose 30-Day		tal 30-Day Readmission Rates fro	Memo		
Readmission Rates from Pneumonia are		nonia - Number of Cases Too Sma			
Number of Cases Too Small					

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
			Hospital Outcome Of Care Measures – Provider	30-Day Mortality and Readmission Hospital Results	
Description	30-Day Mortality and Re	admiss	ion measures hospital-level results	3	•
CSV Revised File Co	lumn Name	Data.Medicare.gov Column Name			DDB Data Type
Provider Number		Provider Number			Memo
Hospital Name	Hospital Name		Hospital Name		Memo
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Page 48 of 76

Outcome of Care Measure Hospital Outcome Of Care Measures – Provider 30-Day Mortality and Readmission Hospital Results Description 30-Day Mortality and Readmission measures hospital-level results DDB Data Type Address 2 Address 3 Memo Address 3 Address 3 Memo City City Memo State ZIP Code Text(2) County Name County Name Text(2) County Name County Name Text(2) Phone Number Phone Number Text(2) Phone Number Phone Number Text(2) Phone Number Heart Attack Memo Comparison to U.S. Rate - Hospital 30-Day Comparison to U.S. Rate - Hospital 30-Day East (Mortality) Rates from Heart Attack Lower Mortality Estimate - Hospital 30-Day Upper Mortality Estimate - Hospital 30-Day Memo Death (Mortality) Rates from Heart Attack Death (Mortality) Rates from Heart Attack Memo Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack Memo Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack <t< th=""><th>Table Name (Back to Table Listing)</th><th>Physical: Revised CSV File</th><th>Flat</th><th>Physical: Data.Medicare.gov</th><th>Business</th><th></th></t<>	Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
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Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File			20 5	r . 11
	Outcome of Care Measur	e	1 2		lortality and
	20 Dars Martalitar and Da		Measures – Provider		ion Hospital Results
Description			on measures hospital-level results		
CSV Revised File Co			Medicare.gov Column Name	TT 4	DDB Data Type
Hospital 30-Day Read	mission Rates from		tal 30-Day Readmission Rates fro	m Heart	Memo
Heart Attack	ata Usanital 20 Day	Attack		Dari	Mama
Comparison to U.S. R Readmission Rates fro			arison to U.S. Rate - Hospital 30- nission Rates from Heart Attack	Day	Memo
				20 Davi	Memo
Lower Readmission E	-		r Readmission Estimate - Hospital nission Rates from Heart Attack	50-Day	Memo
Day Readmission Rate				20 Davi	Mama
Readmission Rates fro	stimate - Hospital 30-Day	. .	Readmission Estimate - Hospital nission Rates from Heart Attack	50-Day	Memo
Number of Patients - I			er of Patients - Hospital 30-Day		Memo
			· · ·		Memo
Readmission Rates fro	D-Day Readmission Rates		nission Rates from Heart Attack	n Datas	Memo
from Heart Attack	Day Readinission Rates		ote - Hospital 30-Day Readmissio Heart Attack	in Rates	Memo
Hospital 30-Day Read	mission Patas from			m Ugart	Memo
Heart Failure	mission Rates from	Hospital 30-Day Readmission Rates from Heart Failure			WICHIO
Comparison to U.S. R	ata Hospital 30 Day	Comparison to U.S. Rate - Hospital 30-Day			Memo
Readmission Rates fro	¥ •	Readmission Rates from Heart Failure			Wiemo
Lower Readmission E		Lower Readmission Estimate - Hospital 30-Day			Memo
Day Readmission Rate	-	Readmission Rates from Heart Failure			WICHIO
	stimate - Hospital 30-Day	Upper Readmission Estimate - Hospital 30-Day			Memo
Readmission Rates fro	1	Readmission Rates from Heart Failure			wiemo
Number of Patients - I		Number of Patients - Hospital 30-Day			Memo
Readmission Rates fro		Readmission Rates from Heart Failure			wienio
	-Day Readmission Rates	Footnote - Hospital 30-Day Readmission Rates			Memo
from Heart Failure		from Heart Failure			
Hospital 30-Day Read	mission Rates from	Hospital 30-Day Readmission Rates from			Memo
Pneumonia		Pneumonia			
Comparison to U.S. R	ate - Hospital 30-Day	Comparison to U.S. Rate - Hospital 30-Day		Memo	
Readmission Rates fro		Readmission Rates from Pneumonia		-	
Lower Readmission E		Lower Readmission Estimate - Hospital 30-Day		30-Day	Memo
Day Readmission Rates from Pneumonia		Readmission Rates from Pneumonia		5	
Upper Readmission Estimate - Hospital 30-Day		Upper Readmission Estimate - Hospital 30-Day			Memo
Readmission Rates from Pneumonia		Readmission Rates from Pneumonia			
Number of Patients - Hospital 30-Day		Number of Patients - Hospital 30-Day			Memo
Readmission Rates from Pneumonia		Readmission Rates from Pneumonia			
	-Day Readmission Rates	Footnote - Hospital 30-Day Readmission Rates			Memo
from Pneumonia		from l	Pneumonia		
		Locat	ion		Memo

Table Name	Physical: Revised CSV Flat	Physical: Data.Medicare.gov	Business				
(<u>Back to Table Listing</u>)	File						
	Outpatient Imaging Efficiency	Use Of Medical Imaging -	Outpatient Imaging Efficiency				
	Measures - National	National National Results					
Description	Outpatient Imaging Efficiency measures national results						

CSV Revised File Column Name	Data.Medicare.gov Column Name	DDB Data Type
Measure Name	Measure Name	Memo
Score	Score	Text(50)

Table Name(Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov Business		
	Outpatient Imaging Effic	iency	Use Of Medical Imaging -	Outpatient	Imaging Efficiency
	Measures - State		State	State Resu	lts
Description	Outpatient Imaging Effic	iency n	neasures state-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
State		State			Text(50)
Outpatients with low b	back pain who had an	Outpa	tients with low back pain who had	d an MRI	Memo
MRI without trying re-	commended treatments	witho	ut trying recommended treatments	s first such	
first such as physical t	herapy	as physical therapy.			
Outpatients who had a	follow-up mammogram	Outpatients who had a follow-up mammogram or			Memo
or ultrasound within 4	5 days after a screening	ultrasound within 45 days after a screening			
mammogram		mammogram.			
Outpatient CT scans o	f the abdomen that were	Outpatient CT scans of the abdomen that were			Memo
"combination" (double	e) scans	"combination" (double) scans.			
Outpatient CT scans o	f the chest that were	Outpatient CT scans of the chest that were			Memo
"combination" (double	e) scans	"combination" (double) scans.			
Outpatients who got cardiac imaging stress		Outpatients who got cardiac imaging stress tests			Memo
tests before low-risk o	utpatient surgery	before low-risk outpatient surgery.			
Outpatients with brain CT scans who got a		Outpatients with brain CT scans who got a sinus			Memo
sinus CT scan at the sa	ame time	CT sc	an at the same time.		

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov Business		
	Outpatient Imaging Effic	iency	Use Of Medical Imaging	Outpatient	Imaging Efficiency
	Measures	-	Measures - Provider	Hospital R	esults
Description	Outpatient Imaging Effic	iency n	neasures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	ital Name		Memo
Address 1		Addre	ess 1		Memo
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name		County Name			Text(25)
Phone Number		Phone Number		Text(10)	
Outpatients with low b	back pain who had an	Outpatients with low back pain who had an MRI		Memo	
MRI without trying re	commended treatments	without trying recommended treatments first, such			
first such as physical therapy		as physical therapy.			
Number of Patients 1		Number of Patients			Memo
Footnote 1		Footnote			Memo
Outpatients who had a	follow-up mammogram	Outpatients who had a follow-up mammogram or			Memo

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Outpatient Imaging Effic	iency	Use Of Medical Imaging	Outpatient	Imaging Efficiency
	Measures		Measures - Provider	Hospital R	esults
Description	Outpatient Imaging Effic	iency n	neasures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
or ultrasound within 4	5 days after a screening	ultras	ound within 45 days after a screen	ing	
mammogram		mamr	nogram.		
Number of Patients 2		Numb	er of Patients Who Had a Follow-	-up	Memo
Footnote 2		Footn	ote (2)		Memo
Outpatient CT scans o	f the abdomen that were	Outpa	tient CT scans of the abdomen that	at were	Memo
"combination" (double	e) scans	"com	pination" (double) scans.		
Number of Patients 3		Number of Patients Who Had Combination Scans			Memo
Footnote 3		Footnote (3)			Memo
Outpatient CT scans o	f the chest that were	Outpatient CT scans of the chest that were			Memo
"combination" (double	e) scans	"combination" (double) scans.			
Number of Patients 4		Number of Outpatients Who Had Combination			Memo
		Chest Scans			
Footnote 4		Footnote (4)			Memo
Outpatients who got ca	ardiac imaging stress	Outpatients who got cardiac imaging stress tests			Memo
tests before low-risk o	utpatient surgery	before low-risk outpatient surgery			
Number of Patients 5		Number of Patients 5			Memo
Footnote 5		Footnote (5)			Memo
Outpatients with brain CT scans who got a		Outpatients with brain CT scans who got a sinus			Memo
sinus CT scan at the same time		CT scan at the same time			
Number of Patients 6		Number of Patients 6			Memo
Footnote 6		Footnote (6)			Memo

Table Name(Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Process of Care Measure	s -	Timely and Effective Care -	Process of	Care—Children's
	Children		Children's Asthma - Provider	Asthma Ca	are Hospital Results
Description	Process of Care-Childre	en's As	thma Care measures hospital-leve	l results	
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	tal Name		Memo
Address 1		Addre	ess 1		Memo
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP C	Code		Text(5)
County Name		County Name			Text(25)
Phone Number		Phone Number			Text(10)
Percent of Children W	ho Received Reliever	Percent of Children Who Received Reliever		ever	Memo
Medication While Hos	spitalized for Asthma	Medication While Hospitalized for Asthma		nma	
Number of Patients 1		Number of Patients			Memo
Footnote 1		Footn	Footnote		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Process of Care Measure	s -	Timely and Effective Care -	Process of	Care—Children's
	Children		Children's Asthma - Provider	Asthma Ca	are Hospital Results
Description	Process of Care—Childre	en's Ast	thma Care measures hospital-level	results	
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Percent of Children W	ho Received Systemic	Perce	nt of Children Who Received Syst	emic	Memo
Corticosteroid Medica	tion While Hospitalized	Corticosteroid Medication While Hospitalized for			
for Asthma		Asthma			
Number of Patients 2		Number of Patients-2		Memo	
Footnote 2		Footnote-2			Memo
Percent of Children an	d their Caregivers Who	Percent of Children and their Caregivers Who		Memo	
Received a Home Mar	nagement Plan of Care	Received a Home Management Plan of Care			
Document While Hosp	Document While Hospitalized for Asthma		Document While Hospitalized for Asthma		
Number of Patients 3		Number of Patients-3		Memo	
Footnote 3		Footnote-3		Memo	

Table Name(Back to Table Listing)	Physical: Revised CSV File		Physical: Data.Medicare.gov	Business	
	Process of Care Measure	s –	Timely and Effective Care -		Care—Heart Attack
	Heart Attack		Heart Attack - Provider	Hospital R	Results
Description			neasures hospital-level results		
CSV Revised File Co	lumn Name		Medicare.gov Column Name		DDB Data Type
Provider Number			der Number		Memo
Hospital Name			tal Name		Memo
Address 1		Addre			Memo
Address 2		Addre			Memo
Address 3		Addre	ess 3		Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP C			Text(5)
County Name			ty Name		Text(25)
Phone Number		Phone Number			Text(10)
	k Patients Given Aspirin	Percent of Heart Attack Patients Given Aspirin at			Memo
at Discharge		Discharge			
Number of Patients 2		Number of Patients-2			Memo
Footnote 2		Footn			Memo
Percent of Heart Attac Fibrinolytic Medicatio Arrival	k Patients Given n Within 30 Minutes Of		nt of Heart Attack Patients Given olytic Medication Within 30 Min al	utes Of	Memo
Number of Patients 6		Numb	per of Patients-6		Memo
Footnote 6		Footn	ote-6		Memo
Percent of Heart Attac Within 90 Minutes Of			nt of Heart Attack Patients Given n 90 Minutes Of Arrival	PCI	Memo
Number of Patients 7		Numb	per of Patients-7		Memo
Footnote 7		Footn	ote-7		Memo
	inutes before outpatients sible heart attack got an		ge number of minutes before outpendent of minutes before outpendent of possible heart attack		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Process of Care Measures	s –	Timely and Effective Care -	Process of	Care—Heart Attack
	Heart Attack		Heart Attack - Provider	Hospital F	Results
Description			neasures hospital-level results		
CSV Revised File Co	lumn Name		Medicare.gov Column Name		DDB Data Type
Number of Patients 8			per of Patients 8		Memo
Footnote 8		Footn			Memo
	inutes before outpatients		ge number of minutes before outp		Memo
with chest pain or pos			chest pain or possible heart attack	were	
transferred to another	hospital		erred to another hospital		
Number of Patients 9			per of Patients 9		Memo
Footnote 9		Footn			Memo
	pain or possible heart	Outpatients with chest pain or possible heart			Memo
attack who got aspirin arrival	within 24 hours of	attack	who got aspirin within 24 hours of	of arrival	
Number of Patients 11		Numb	per of Patients-11		Memo
Footnote 11		Footn	ote-11		Memo
Outpatients with chest	pain or possible heart	Outpa	tients with chest pain or possible	heart	Memo
attack who got drugs t	o break up blood clots	attack	who got drugs to break up blood	clots	
within 30 minutes of a	rrival	withir	n 30 minutes of arrival		
Number of Patients 12		Numb	per of Patients-12		Memo
Footnote 12		Footn	ote-12		Memo
Heart Attack Patients	Given a Prescription for a	Heart	Attack Patients Given a Prescript	ion for a	Memo
Statin at Discharge			at Discharge		
Number of Patients 13	}	Numb	per of Patients-13		Memo
Footnote 13		Footn	ote-13		Memo
Median Time to Fibrir	nolysis	Media	an Time to Fibrinolysis		Memo
Number of Patients 10)	Numb	per of Patients 10		Memo
Footnote 10		Footn	ote 10		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Fla File		Physical: Data.Medicare.gov	Business	
	Process of Care Measures	s —	Timely and Effective Care -	Process of	Care—Heart
	Heart Failure		Heart Failure - Provider	Failure Ho	spital Results
Description	Process of Care—Heart H	Failure	measures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provider Number			Memo
Hospital Name		Hospital Name			Memo
Address 1		Address 1		Memo	
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name		County Name			Text(25)
Phone Number		Phone Number			Text(10)

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
	Process of Care Measures –		Timely and Effective Care - Heart Failure - Provider	Process of Care—Heart Failure Hospital Results	
Description	Process of Care—Heart I	Failure	measures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Percent of Heart Failur Evaluation of Left Ver Function	re Patients Given an htricular Systolic (LVS)		nt of patients who were given an e ft Ventricular Systolic Dysfunction		Memo
Number of Patients 1	Number of Patients 1		per of Patients	Memo	
Footnote 1		Footnote			Memo
	re Patients Given ACE Left Ventricular Systolic	Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)			Memo
Number of Patients 2		Number of Patients-2			Memo
Footnote 2		Footnote-2			Memo
Percent of Heart Failur Discharge Instructions			nt of Heart Failure Patients Given ctions	Discharge	Memo
Number of Patients 3		Numb	per of Patients-3		Memo
Footnote 3		Footn	ote-3		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>such to There Shiring</u>)	Process of Care Measures –		Timely and Effective Care - National	Process of Care National Results	
Description	Process of Care measures national results				
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Measure name		Measure name			Memo
Condition		Cond	Condition		Memo
Category Cate		Categ	gory		Memo
National Process of Ca	are Rate	Natio	National Process of Care Rate		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Process of Care Measures	s —	Timely and Effective Care -	Process of	Care—Pneumonia
	Pneumonia		Pneumonia - Provider	Hospital R	esults
Description	Process of Care—Pneum	onia m	easures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospital Name			Memo
Address 1		Address 1		Memo	
Address 2		Address 2			Memo
Address 3		Addre	Address 3		Memo
City		City			Memo
State		State			Text(2)
ZIP Code Z		ZIP Code			Text(5)
County Name C		County Name			Text(25)
Phone Number		Phone Number			Text(10)

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Process of Care Measure	s –	Timely and Effective Care -	Process of	Care—Pneumonia
	Pneumonia		Pneumonia - Provider	Hospital R	esults
Description	Process of Care—Pneum	onia me	easures hospital-level results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Percent of Pneumonia	Patients Whose Initial	Percent of Pneumonia Patients Whose Initial ER			Memo
ER Blood Culture Was	s Performed Prior To	Blood Culture Was Performed Prior To			
Administration Of First	st Dose Of Antibiotics	Admi	nistration Of First Dose Of Antibi		
Number of Patients 2		Numb	Number of Patients 2		Memo
Footnote 2		Footn	Footnote 2		Memo
Percent of Pneumonia	Patients Given the Most	Percent of Pneumonia Patients Given the Most		ne Most	Memo
Appropriate Initial Antibiotic(s) Appropriate Initial Antibiotic		Appro	Appropriate Initial Antibiotic(s)		
Number of Patients 4 Num		Numb	per of Patients 4		Memo
Footnote 4		Footn	ote 4		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
(<u>Buentie Puere Bioting</u>)	Process of Care Measure	s –	Timely and Effective Care -	Process of	Care—Surgical
	SCIP	5	Surgical Care Improvement		ovement Project
			Project - Provider	Hospital R	
Description	Process of Care—Surgica	al Care	Improvement Project measures ho	.	
CSV Revised File Co			Medicare.gov Column Name	1	DDB Data Type
Provider Number			der Number		Memo
Hospital Name		Hospi	tal Name		Memo
Address 1		Addre	ess 1		Memo
Address 2		Addre	ess 2		Memo
Address 3		Addre	ess 3		Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP C	lode		Text(5)
County Name		Count	ty Name		Text(25)
Phone Number		Phone	e Number		Text(10)
	were given an antibiotic	Perce	nt of Surgery Patients given an an	tibiotic at	Memo
at the right time (withi			ght time (within one hour before s	urgery) to	
surgery) to help preven	nt infection		prevent infection		
Number of Patients 1		Numb	per of Patients-1		Memo
Footnote 1		Footn			Memo
	e preventive antibiotics		nt of Surgery Patients whose preve		Memo
	ght time (within 24 hours		otics were stopped at the right tim	e (within	
after surgery)			urs after surgery)		
Number of Patients 2			per of Patients-2		Memo
Footnote 2		Footn			Memo
	were given the right kind		nt of Surgery Patients who were g		Memo
of antibiotic to help pr	event infection		kind of antibiotic to help prevent i	nfection	
Number of Patients 3			per of Patients-3		Memo
Footnote 3		Footn	ote-3		Memo

Table Name(Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business	
(<u>Duck to Tuble Listing</u>)	Process of Care Measure	20	Timely and Effective Care -	Process of	Care—Surgical
	SCIP		Surgical Care Improvement		ovement Project
	ben		Project - Provider	Hospital R	
Description	Process of Care—Surgio	cal Care	Improvement Project measures ho		
CSV Revised File Co			Medicare.gov Column Name	spiter it (th	DDB Data Type
Patients who got treat			nt of Surgery Patients who got trea	atment at	Memo
	e or after their surgery)		time (within 24 hours before or aft		
to help prevent blood	U		ry) to help prevent blood clot		
Number of Patients 4			per of Patients-4		Memo
Footnote 4		Footn			Memo
Surgery patients whos	e doctors ordered		nt of Surgery Patients whose docto	ors ordered	Memo
	blood clots after certain		nents to prevent blood clots after c		ivienito.
types of surgeries			of surgeries	vi tuili	
Number of Patients 5			ber of Patients-5		Memo
Footnote 5		Footn			Memo
Heart surgery patients	whose blood sugar		nt of all Heart Surgery Patients wh	ose blood	Memo
	t under good control in		is kept under good control in the c		INICITIO
the days right after sur	6	•	Surgery	iays fight	
Number of Patients 6	gery		ber of Patients-6		Memo
Footnote 6		Footn			Memo
	patients whose urinary		nt of Surgery Patients whose urina	Memo	
	d on the first or second		ters were removed on the first or s	Ivienio	
	a on the first of second			econd day	
day after surgery Number of Patients 11			surgery per of Patients 11		Marra
					Memo
Footnote 11	. 1 . 1 . 1		ote 11	1	Memo
	were taking heart drugs		ry patients who were taking heart		Memo
called beta blockers be			l beta blockers before coming to th	ie hospital	
hospital who were kep	t on them		were kept on them		
Number of Patients 8			per of Patients 8		Memo
Footnote 8		Footn			Memo
Outpatients having sur			atients having surgery who got an		Memo
antibiotic at the right t			right time - within one hour befor	e surgery	
before surgery (higher	numbers are better)		er numbers are better)		
Number of Patients 9			per of Patients 9		Memo
Footnote 9	<u> </u>	Footn			Memo
	gery who got the right		atients having surgery who got the		Memo
	ner numbers are better)		ibiotic (higher numbers are better)		
Number of Patients 10			per of Patients 10		Memo
Footnote 10			ote 10		Memo
Patients having surger			nts having surgery who were active	-	Memo
-	ng room or whose body		ed in the operating room or whose	body	
temperature was near		0	erature was near normal		
Number of Patients 13			per of Patients 13		Memo
Footnote 13		Footn	ote 13		Memo

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File	Physical: Data.Medicare.gov	Business	
Hospital.Docx				Page 57 of 76

	Process of Care Measure State	s –	Timely and Effective Care - State	Process of	Care State Results
Description	Process of Care measures	s state-l			
CSV Revised File Co			Medicare.gov Column Name		DDB Data Type
State					Text(2)
	k Patients Given Aspirin	State Perce	nt of Heart Attack Patients Giver	Aspirin at	Memo
at Discharge		Disch			
Percent of Heart Attac	ck Patients Given		nt of Heart Attack Patients Giver	1	Memo
	on Within 30 Minutes Of		olytic Medication Within 30 Min		
Arrival		Arriv	-		
Percent of Heart Attac	k Patients Given PCI	Perce	nt of Heart Attack Patients Giver	n PCI	Memo
Within 90 Minutes Of			n 90 Minutes Of Arrival		
Percent of Heart Failu			nt of Heart Failure Patients Giver	n an	Memo
	ntricular Systolic (LVS)		ation of Left Ventricular Systolic		
Function		Funct			
	re Patients Given ACE		nt of Heart Failure Patients Given	n ACE	Memo
Inhibitor or ARB for I	Left Ventricular Systolic		tor or ARB for Left Ventricular		
Dysfunction (LVSD)			unction (LVSD)	2	
Percent of Heart Failu	re Patients Given		nt of Heart Failure Patients Given	n Discharge	Memo
Discharge Instructions		Instru	ctions	C	
	Patients Whose Initial	Perce	nt of Pneumonia Patients Whose	Initial ER	Memo
ER Blood Culture Wa	s Performed Prior To	Blood	Culture Was Performed Prior Te	0	
Administration Of Fir	st Dose Of Antibiotics	Admi	nistration Of First Dose Of Antik		
Percent of Pneumonia	Patients Given the Most	Perce	nt of Pneumonia Patients Given t	the Most	Memo
Appropriate Initial An	tibiotic(s)	Appro	opriate Initial Antibiotic(s)		
Surgery patients who	were given an antibiotic	Surge	ry patients who were given an ar	Memo	
at the right time (with	in one hour before		ght time (within one hour before		
surgery) to help preve	nt infection	help p	prevent infection		
Surgery patients whos	e preventive antibiotics	Surge	ry patients whose preventive ant	Memo	
were stopped at the rig	ght time (within 24 hours	were	stopped at the right time (within 1	24 hours	
after surgery)		after s	surgery)		
Surgery patients who	were given the right kind	Surge	ry patients who were given the ri	Memo	
of antibiotic to help pr	revent infection	antibi	otic to help prevent infection		
Patients who got treat	ment at the right time	Patier	nts who got treatment at the right	Memo	
(within 24 hours before	re or after their surgery)	(with	in 24 hours before or after their s	urgery) to	
to help prevent blood			prevent blood clots		
Surgery patients whose		Surge	ry patients whose doctors ordere	d treatments	Memo
	blood clots after certain	-	vent blood clots after certain type	es of	
types of surgeries		surger			
Heart surgery patients	÷		surgery patients whose blood su	-	Memo
	t under good control in	-	se) is kept under good control in		
the days right after sur			after surgery		
The percent of surgery patients whose urinary			ercent of surgery patients whose	•	Memo
catheters were removed on the first or second			ters were removed on the first or		
day after surgery			surgery		
	were taking heart drugs	-	ry patients who were taking hear	-	Memo
called beta blockers be	÷		beta blockers before coming to		
hospital, who were ke	pt on them	who w	vere kept on them		

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(Buck to Tuble Listing)	Process of Care Measures State	s —	Timely and Effective Care - State	Process of	Care State Results
Description	Process of Care measures	s state-l	evel results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Percent of Children W Medication While Hos			nt of Children Who Received Reli cation While Hospitalized for Astl		Memo
	Tho Received Systemic		nt of Children Who Received Syst		Memo
	tion While Hospitalized		costeroid Medication While Hospi		IVICIIIO
for Asthma	uton while Hospitalized	Asthn	_	talizeu 101	
	d their Caregivers Who		nt of Children and their Caregiver	s Who	Memo
	nagement Plan of Care		ved a Home Management Plan of		
Document While Hosp			ment While Hospitalized for Asth		
Outpatients having sur	rgery who got an	Outpa	tients having surgery who got an	antibiotic	Memo
antibiotic at the right t		at the right time - within one hour before surgery			
before surgery (higher		(higher numbers are better)			
Outpatients having sur	rgery who got the right	Outpatients having surgery who got the right kind			Memo
	her numbers are better)	of antibiotic (higher numbers are better)			
	inutes before outpatients	Average number of minutes before outpatients			Memo
	sible heart attack got an	with chest pain or possible heart attack got an			
ECG		ECG			
	inutes before outpatients	Average number of minutes before outpatients			Memo
with chest pain or pos		with chest pain or possible heart attack were			
transferred to another		transferred to another hospital			
Median Time to Fibrir			an Time to Fibrinolysis		Memo
Outpatients with chest		Outpatients with chest pain or possible heart			Memo
attack who got aspirin	within 24 hours of	attack who got aspirin within 24 hours of arrival			
arrival		_		_	
Outpatients with chest			tients with chest pain or possible		Memo
attack who got drugs to break up blood clots			who got drugs to break up blood		
within 30 minutes of arrival			a 30 minutes of arrival		
Heart Attack Patients Given a Prescription for a		Heart Attack Patients Given a Prescription for a			Memo
Statin at Discharge	1 .1 1		at Discharge	1	M
Patients having surger			ts having surgery who were activ		Memo
	ng room or whose body		ed in the operating room or whose	e body	
temperature was near	normal	tempe	erature was near normal		

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	iness	
	READMISSION_REDU	CTIO	Hospital Readmission	Readmission	n Reduction	
	Ν		Reduction	Hospital Res	sults	
Description	Readmission Reduction r	neasure	es hospital-level results			
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name]	DDB Data Type	
Hospital Name		Hospi	ital Name]	Memo	
Provider Number		Provi	der Number]	Memo	
State		State			Text(2)	
Measure Name		Measure Name			Memo	
Number of Discharges	6	Number of Discharges]	Memo	
Footnote		Footnote]	Memo	
Excess Readmission R	Ratio	Excess Readmission Ratio			Memo	
Predicted Readmission	n Rate	Predicted Readmission Rate]	Memo	
Expected Readmission	n Rate	Expected Readmission Rate]	Memo	
Number of Readmissions		Number of Readmissions]	Memo	
Start Date		Start Date]	Memo	
End Date		End Date			Memo	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	Structural Measures		Hospital Structural Measures – Cardiac Surgery Registry	Structural	Hospital Results
Description	Structural measures hosp	ital-lev	el results		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospital Name			Memo
Address 1		Address 1			Memo
Address 2		Address 2			Memo
Address 3		Address 3			Memo
City		City			Memo
State		State			Text(2)
ZIP Code		ZIP Code			Text(5)
County Name	County Name Co		County Name		Text(25)
Phone Number Pl		Phone Number			Text(10)
Measure Name		Measure Name			Memo
Measure Response		Measure Response			Memo

Table Name (Back to Table Listing)	Physical: Revised CSV File	Flat	Physical: Data.Medicare.gov	Business
	hvbp_pn_02_07_2013		Hospital Value-Based Purchasing (HVBP) – Pneumonia Scores	HVBP Process of Care— Pneumonia Results
Description	Hospital Value-Based Pu	ırchasin	g Process of Care—Pneumonia m	easure results
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name	DDB Data Type
Provider Number		Provi	der Number	Memo
Hospital Name		Hospi	tal Name	Memo
Address		Addre	ess	Memo
City		City		Memo
State		State		Memo
ZIP Code		ZIP C	lode	Memo
County Name		Count	ty Name	Memo
PN-3b Performance R	ate	PN-31	Performance Rate	Memo
PN-3b Achievement P	oints	PN-31	o Achievement Points	Memo
PN-3b Improvement P	Points	PN-31	o Improvement Points	Memo
PN-3b Measure Score		PN-31	D Measure Score	Memo
PN-6 Performance Rat	te	PN-6 Performance Rate		Memo
PN-6 Achievement Po	ints	PN-6	Achievement Points	Memo
PN-6 Improvement Points		PN-6 Improvement Points		Memo
PN-6 Measure Score		PN-6	Measure Score	Memo
PN Condition/Procedu	ire Score	PN C	ondition Procedure Score	Memo
		Locat	ion	

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
			Hospital Value-Based Purchasing (HVBP) – Surgical Care Improvement Project Scores	HVBP Process of Care— Surgical Improvement Care Program Results	
Description	Hospital Value-Based Pu	rchasin	g Process of Care—Surgical Impr	ovement Ca	re Program results
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	tal Name	Memo	
Address		Address			Memo
City		City			Memo
State		State			Memo
ZIP Code		ZIP Code		Memo	
County Name		County Name			Memo
SCIP-Card-2 Performa	ance Rate	SCIP-Card-2 Performance Rate		Memo	
SCIP-Card-2 Achiever	ment Points	SCIP-Card-2 Achievement Points		Memo	
SCIP-Card-2 Improve	ment Points	SCIP-Card-2 Improvement Points			Memo
SCIP-Card-2 Measure Score SC		SCIP	SCIP-Card-2 Measure Score		Memo
SCIP-VTE-1 Performance Rate SCI		SCIP	CIP-VTE-1 Performance Rate		Memo
SCIP-VTE-1 Achievement Points SC		SCIP	CIP-VTE-1 Achievement Points		Memo
SCIP-VTE-1 Improve	ment Points	SCIP	SCIP-VTE-1 Improvement Points		Memo

Page 61 of 76

Table Name(Back to Table Listing)	•		Physical: Data.Medicare.gov	Business	
	hvbp_scip_02_07_2013		Hospital Value-Based	HVBP Pro	cess of Care—
			Purchasing (HVBP) – Surgical	Surgical In	nprovement Care
			Care Improvement Project	Program R	lesults
			Scores		
Description	Hospital Value-Based Pu	rchasin	g Process of Care-Surgical Impr	ovement Ca	re Program results
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
SCIP-VTE-1 Measure	Score	SCIP-VTE-1 Measure Score		Memo	
SCIP-VTE-2 Performa	ance Rate	SCIP-VTE-2 Performance Rate		Memo	
SCIP-VTE-2 Achieven	ment Points	SCIP-	SCIP-VTE-2 Achievement Points		Memo
SCIP-VTE-2 Improve	ment Points	SCIP-	SCIP-VTE-2 Improvement Points		Memo
SCIP-VTE-2 Measure Score SCIP-		CIP-VTE-2 Measure Score		Memo	
SCIP Condition/Procedure Score SCIP		SCIP	IP Condition Procedure Score		Memo
		Locat	ion		

Table Name(Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
	hvbp_ tps _02_07_2013		Hospital Value-Based Purchasing (HVBP) – Total Performance Scores	HVBP To Score Res	tal Performance ults
Description	Overall performance score	re for H	lospital Value-Based Purchasing		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	ital Name		Memo
Address		Addre	ess		Memo
City		City			Memo
State		State			Memo
ZIP Code		ZIP Code			Memo
County Name		County Name			Memo
Unweighted Normaliz Care Domain Score	ed Clinical Process of	Unweighted Normalized Clinical Process of Care Domain Score			Memo
Weighted Clinical Pro Score	cess of Care Domain	Weighted Clinical Process of Care Domain Score		Memo	
Unweighted Patient Ex	xperience of Care	Unweighted Patient Experience of Care Domain		Memo	
Domain Score	-	Score			
Weighted Patient Experience of Care Domain		Weighted Patient Experience of Care Domain		Memo	
Score		Score			
Total Performance Sco	ore	Total Performance Score			Memo
		Locat	ion		

Table Name	Physical: Revised CSV Flat	Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File			
	hvbp_ ami _02_07_2013	Hospital Value-Based	HVBP Process of Care—AMI	
	_	Purchasing (HVBP) – Acute	Results	
		Myocardial Infarction Scores		
Description	Hospital Value Based Purchasing Acute Myocardial Infarction results			
CSV Revised File Column Name Data		Medicare.gov Column Name	DDB Data Type	

Table Name (Back to Table Listing)	Physical: Revised CSV Flat File		lat Physical: Data.Medicare.gov		Business	
			Hospital Value-Based Purchasing (HVBP) – Acute Myocardial Infarction Scores	HVBP Process of Care—AMI Results		
Description	Hospital Value Based Pu	rchasin	g Acute Myocardial Infarction res	ults		
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type	
Provider Number		Provi	der Number		Memo	
Hospital Name		Hospi	tal Name		Memo	
Address		Addre	ess		Memo	
City		City			Memo	
State		State			Memo	
ZIP Code		ZIP Code			Memo	
County Name		County Name			Memo	
AMI-7a Performance	Rate	AMI-	7a Performance Rate		Memo	
AMI-7a Achievement	Points	AMI-7a Achievement Points			Memo	
AMI-7a Improvement	Points	AMI-7a Improvement Points			Memo	
AMI-7a Measure Scor	e	AMI-7a Measure Score			Memo	
AMI-8a Performance	Rate	AMI-8a Performance Rate			Memo	
AMI-8a Achievement	Points	AMI-8a Achievement Points			Memo	
AMI-8a Improvement Points		AMI-8a Improvement Points			Memo	
AMI-8a Measure Score		AMI-8a Measure Score			Memo	
AMI Condition/Proceed	AMI Condition/Procedure Score		Condition Procedure Score		Memo	
		Location				

Table Name(Back to Table Listing)	Physical: Revised CSV Flat File		Physical: Data.Medicare.gov	Business	
			Hospital Value-Based Purchasing (HVBP) – Healthcare-Associated Infection Scores	HVBP Healthcare-Associated Infections Results	
Description		ırchasin	g Healthcare-Associated Infection	is results	
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	der Number		Memo
Hospital Name		Hospi	ital Name		Memo
Address		Addre	Address		Memo
City		City			Memo
State		State			Memo
ZIP Code		ZIP C	ZIP Code		Memo
County Name		County Name			Memo
SCIP-Inf-1 Performan	ce Rate	SCIP-Inf-1 Performance Rate			Memo
SCIP-Inf-1 Achieveme	ent Points	SCIP-Inf-1 Achievement Points			Memo
SCIP-Inf-1 Improvem		SCIP-Inf-1 Improvement Points			Memo
SCIP-Inf-1 Measure S	core	SCIP	SCIP-Inf-1 Measure Score		Memo
SCIP-Inf-2 Performance Rate		SCIP	SCIP-Inf-2 Performance Rate		Memo
SCIP-Inf-2 Achievement Points		SCIP	SCIP-Inf-2 Achievement Points		Memo
SCIP-Inf-2 Improvement Points		SCIP-Inf-2 Improvement Points			Memo
SCIP-Inf-2 Measure S	core	SCIP	SCIP-Inf-2 Measure Score		Memo

Page 63 of 76

Table Name	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File				
	hvbp_hai_02_07_2013		Hospital Value-Based	HVBP Hea	althcare-Associated
			Purchasing (HVBP) –	Infections	Results
			Healthcare-Associated		
			Infection Scores		
Description	Hospital Value-Based Pu	rchasin	g Healthcare-Associated Infection	is results	
CSV Revised File Col	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
SCIP-Inf-3 Performan	ce Rate	SCIP-Inf-3 Performance Rate			Memo
SCIP-Inf-3 Achieveme	ent Points	SCIP	SCIP-Inf-3 Achievement Points		Memo
SCIP-Inf-3 Improveme	ent Points	SCIP	CIP-Inf-3 Improvement Points		Memo
SCIP-Inf-3 Measure S	core	SCIP	-Inf-3 Measure Score		Memo
SCIP-Inf-4 Performan	ce Rate	SCIP	Inf-4 Performance Rate		Memo
SCIP-Inf-4 Achieveme	ent Points	SCIP	CIP-Inf-4 Achievement Points		Memo
SCIP-Inf-4 Improveme	ent Points	SCIP	CIP-Inf-4 Improvement Points		Memo
SCIP-Inf-4 Measure S	core	SCIP	-Inf-4 Measure Score		Memo
HAI Condition/Proced	lure Score	HAI	Condition Procedure Score		Memo
		Locat	ion		

Table Name(Back to Table Listing)	Physical: Revised CSV	Flat	Physical: Data.Medicare.gov	Business	
(<u>Back to Fable Listing</u>)	hvbp_hcahps_02_07_2013		Hospital Value-Based Purchasing (Hospital VBP) – Patient Experience of Care Domain Scores (HCAHPS)	HVBP HCAHPS Results	
Description	Hospital Value-Based Pu				
CSV Revised File Co	lumn Name	Data.	Medicare.gov Column Name		DDB Data Type
Provider Number		Provie	der Number		Memo
Hospital Name		Hospi	tal Name		Memo
Address		Addre	ess		Memo
City		City			Memo
State		State			Memo
ZIP Code		ZIP C	Code		Memo
County Name		County Name			Memo
Communication with Points	Nurses Achievement	Communication with Nurses Achievement Points			Memo
Communication with Points	Nurses Improvement	Communication with Nurses Improvement Points			Memo
Communication with	Nurses Dimension Score	Communication with Nurses Dimension Score			Memo
Communication with Points	Doctors Achievement	Comr	nunication with Doctors Achieven	nent Points	Memo
Communication with Points	Doctors Improvement	Comm	nunication with Doctors Improver	nent Points	Memo
Communication with Doctors Dimension Score		Communication with Doctors Dimension Score		Memo	
Responsiveness of Hospital Staff Achievement Points		Responsiveness of Hospital Staff Achievement Points			Memo
Responsiveness of Ho Points	spital Staff Improvement	Respo Points	onsiveness of Hospital Staff Impro	vement	Memo

Table Name(Back to Table Listing)	Physical: Revised CSV F		Physical: Data.Medicare.gov	Business		
(<u>Back to Table Listing</u>)	hvbp_hcahps_02_07_2013		Hospital Value-Based HVBP HO		CAHPS Results	
	nvop_ncanps_02_07_201	15	Purchasing (Hospital VBP) –		AHPS Results	
			Patient Experience of Care			
			Domain Scores (HCAHPS)			
Description	Hospital Value-Based Pu	rchasin				
CSV Revised File Co			Medicare.gov Column Name		DDB Data Type	
	spital Staff Dimension		onsiveness of Hospital Staff Dimer	nsion	Memo	
Score	spital Start Diffension	Score		151011	ivienito	
Pain Management Ach	nievement Points		Management Achievement Points		Memo	
Pain Management Imp			Management Improvement Points		Memo	
Pain Management Din			Management Dimension Score		Memo	
	Medicines Achievement		nunication about Medicines Achie	vement	Memo	
Points		Points		venient	ivicino.	
	Medicines Improvement	Communication about Medicines Improvement			Memo	
Points	rr	Points				
Communication about	Medicines Dimension	Comn	nunication about Medicines Dime	nsion	Memo	
Score		Score				
Cleanliness and Quiet	ness of Hospital	Clean	liness and Quietness of Hospital		Memo	
Environment Achieven	ment Points		onment Achievement Points			
Cleanliness and Quiet	ness of Hospital	Cleanliness and Quietness of Hospital			Memo	
Environment Improve	ment Points	Environment Improvement Points				
Cleanliness and Quiet	ness of Hospital	Cleanliness and Quietness of Hospital			Memo	
Environment Dimensi		Environment Dimension Score				
Discharge Information	Achievement Points	Discharge Information Achievement Points		oints	Memo	
Discharge Information			arge Information Improvement Po		Memo	
Discharge Information			arge Information Dimension Scor		Memo	
	pital Achievement Points		ll Rating of Hospital Achievemen		Memo	
	Overall Rating of Hospital Improvement Points		Il Rating of Hospital Improvemen		Memo	
Overall Rating of Hospital Dimension Score		Overall Rating of Hospital Dimension Score		Score	Memo	
HCAHPS Base Score		HCAHPS Base Score			Memo	
HCAHPS Consistency	Score		HPS Consistency Score		Memo	
		Locat	ion			

Table Name	Physical: Revised CSV Flat		Physical: Data.Medicare.gov	Business	
(<u>Back to Table Listing</u>)	File		Hegnital Value Deced	IIVDD Duo	cess of Care—Heart
	hvbp_hf_02_07_2013		Hospital Value-Based Purchasing (HVBP) – Heart	Failure Re	
			Failure Scores		suits
Description	Hospital Value-Based Pur	rchasir	ng Process of Care—Heart Failure	results	
CSV Revised File Col	umn Name	Data	.Medicare.gov Column Name		DDB Data Type
Provider Number		Provi	ider Number		Memo
Hospital Name		Hosp	ital Name		Memo
Address		Addr	ess		Memo
City		City			Memo
State		State			Memo
ZIP Code		ZIP 0	Code		Memo

Table Name	Physical: Revised CSV Flat		Physical: Data.Medicare.gov	Business	
(Back to Table Listing)	File				
	hvbp_hf_02_07_2013		Hospital Value-Based	HVBP Pro	cess of Care—Heart
	·		Purchasing (HVBP) – Heart	Failure Res	sults
			Failure Scores		
Description	Hospital Value-Based Pur	rchasir	ng Process of Care—Heart Failure	results	
CSV Revised File Col	umn Name	Data	.Medicare.gov Column Name		DDB Data Type
County Name		Coun	ity Name		Memo
HF-1 Performance Rate		HF-1	Performance Rate		Memo
HF-1 Achievement Points		HF-1	Achievement Points		Memo
HF-1 Improvement Points		HF-1	Improvement Points		Memo
HF-1 Measure Score		HF-1	Measure Score		Memo
HF-1 Condition/Procedure Score		HF-1	Condition Procedure Score		Memo
		Loca	tion		Memo

Appendix A – Hospital Compare Measures

Timely and Effective Care Acute Myocardial Infarction

Measure ID	Measure Description
AMI-2	Heart Attack Patients Given Aspirin at Discharge
AMI–7a	Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival
AMI–8a	Heart Attack Patients Given PCI Within 90 Minutes Of Arrival
AMI-10	Heart Attack Patients Given a Prescription for a Statin at Discharge
OP-1	Median Time to Fibrinolysis
OP-2	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
OP–3b	Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
OP-4	Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival
OP-5	Average number of minutes before outpatients with chest pain or possible heart attack got an ECG

Heart Failure

1104111 444410	
Measure ID	Measure Description
HF–1	Patients Given Discharge Instructions
HF–2	Patients Given An Evaluation of Left Ventricular Systolic (LVS) Function
HF–3	Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)

Pneumonia

Measure ID	Measure Description
PN-3b	Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the
	Administration of the First Hospital Dose of Antibiotics
PN-6	Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s)

Surgical Care Improvement

Measure ID	Measure Description
SCIP–Inf–1a	Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision
SCIP–Inf–2a	Percent of Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their
	Surgery
SCIP–Inf–3a	Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery
SCIP–Inf–4	Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the
	days right after surgery
SCIP–Inf–9	Surgery patients whose urinary catheter was removed on the first or second day after surgery.
SCIP–Inf–10	Patients having surgery who were actively warmed in the operating room or whose body
	temperature was near normal by the end of surgery.
SCIP-VTE-1	Surgery Patients Whose Doctors Ordered Treatments to Prevent Blood Clots (Venous
	Thromboembolism) For Certain Types of Surgeries
SCIP-VTE-2	Surgery Patients Who Received Treatment To Prevent Blood Clots Within 24 Hours Before or
	after Selected Surgeries to Prevent Blood Clots

Measure ID	Measure Description
SCIP-Card-2	Percent of surgery patients who were taking heart drugs called beta blockers before coming to
	the hospital, who were kept on the beta blockers during the period just before and after their
	surgery
OP-6	Outpatients having surgery who got an antibiotic at the right time – within one hour before
	surgery
OP-7	Outpatients having surgery who got the right kind of antibiotic

Emergency Department

Measure ID	Measure Description
ED–1b	Average (median) time patients spent in the emergency department, before they were admitted
	to the hospital as an inpatient
ED–2b	Average (median) time patients spent in the emergency department, after the doctor decided to
	admit them as an inpatient before leaving the emergency department for their inpatient room
OP–18b	Average time patients spent in the emergency department before being sent home
OP-20	Average time patients spent in the emergency department before they were seen by a healthcare
	professional
OP-21	Average time patients who came to the emergency department with broken bones had to wait
	before receiving pain medication
OP-22	Percentage of patients who came to the emergency department with stroke symptoms who
	received brain scan results within 45 minutes of arrival.
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who
	received brain scan results within 45 minutes of arrival

Preventative Care

Measure ID	Measure Description
IMM–1a	Pneumococcal Immunization
IMM-2	Influenza Immunization

Children's Asthma Care

Measure ID	Measure Description
CAC–1a	Percent of Children Who Received Reliever Medication While Hospitalized for Asthma
CAC–2a	Percent of Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma
CAC-3	Percent of Children and their Caregivers Who Received a Home Management plan of Care Document While Hospitalized for Asthma

Readmissions, Complications, and Deaths - 30–Day Mortality and Readmissions		
Measure ID	Measure Description	
MORT-30-AMI	Acute Myocardial Infarction 30–Day Mortality Rate	
MORT-30-HF	Heart Failure 30–Day Mortality Rate	
MORT-30-PN	Pneumonia 30–Day Mortality Rate	
READM-30-AMI	Acute Myocardial Infarction 30–Day Readmission Rate	
READM-30-HF	Heart Failure 30–Day Readmission Rate	
READM-30-PN	Pneumonia 30–Day Readmission Rate	

AHRQ Patient Safety Indicators (PSIs) and Inpatient Quality Indicators (IQIs)Measure IDMeasure Description

PSI-04	Death Among Surgical Patients with Serious, Treatable Complications
PSI-06	Iatrogenic Pneumothorax
PS-12	Post–Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)
PSI-14	Postoperative Wound Dehiscence
PSI-15	Accidental Puncture or Laceration
PSI-90	Complication/Patient Safety for Selected Indicators
IQI-11	Abdominal Aortic Aneurysm (AAA) Mortality Rate
IQI–19	Hip Fracture Mortality Rate
IQI–91	Mortality for Selected Medical Conditions

Hospital-Acquired Conditions (HACs)

Measure ID	Measure Description
HAC-1	Foreign Object Retained After Surgery
HAC-2	Air Embolism
HAC-3	Blood Incompatibility
HAC-4	Pressure Ulcer Stages III & IV
HAC-5	Falls and trauma (Includes Fracture, dislocation, intracranial injury, crushing injury, burn, other
	injuries)
HAC-6	Vascular catheter-associated infections
HAC-7	Catheter-associated urinary tract Infection (CAUTI)
HAC-8	Manifestations of Poor Glycemic Control

Healthcare-Associated Infections (HAIs)

Measure ID	Measure Description
HAI-1	Central-line associated bloodstream infection (CLABSI)
HAI-2	Catheter-associated urinary tract infection (CAUTI)
HAI-3	Surgical site infections from colon surgery (SSI: Colon)
HAI-4	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)

Outpatient Imaging Efficiency

Measure ID	Measure Description
OP-8	Outpatients with low back pain who had an MRI without trying recommended treatments first,
	such as physical therapy. (If a number is high, it may mean the facility is doing too many
	unnecessary MRIs for low back pain.)
OP-9	Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening
	mammogram. (A number that is much lower than 8% may mean there's not enough follow-up.
	A number much higher than 14% may mean there's too much unnecessary follow-up.)
OP-10	Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for
	this measure is 0 to 1. A number very close to 1 may mean that too many patients are being
	given a double scan when a single scan is all they need.)
OP-11	Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this
	measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a
	double scan when a single scan is all they need.)
OP-13	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery.
OP-14	Outpatients with brain CT scans who got a sinus CT scan at the same time.

Structural Measures

Measure ID	Measure Description
SM_PART_CARD	Participation in a systematic database for cardiac surgery
SM_PART_STROKE	Participation in a systematic database for stroke care
SM_PART_NURSE	Participation in a systematic database for nursing sensitive care
ACS_REGISTRY	Participation in a multispecialty surgical registry
OP-12	The ability for providers with HIT to receive laboratory data electronically directly into their
	qualified/certified EHR system as discrete searchable data
OP-17	Tracking clinical results between visits

Number of Medicare Patients and Medicare Payment

Measure Description
Number of Medicare patient discharges for selected MS–DRGs
Spending per hospital patient with Medicare: Medicare spending per beneficiary

Hospital Readmissions Reduction Program

Measure Description
Acute Myocardial Infarction 30–Day Readmission Rate
Heart Failure 30–Day Readmission Rate
Pneumonia 30–Day Readmission Rate

Hospital Value-Based Purchasing

Measure Description
HVBP Acute Myocardial Infarction Score
HVBP Healthcare Associated Infection Score
HVBP HCAHPS Score
HVBP Heart Failure Score
HVBP Pneumonia Score
HVBP Surgical Care Improvement Project Score
HVBP Clinical Process of Care Domain Score
HVBP Patient Experience of Care Domain
HVBP Total Performance Score

Appendix B – HCAHPS Survey Question Listing

Composite Topics

- Nurse Communication (Questions 1, 2, 3)
- Doctor Communication (Questions 5, 6, 7)
- Responsiveness of Hospital Staff (Questions 4, 11)
- Pain Management (Questions 13, 14)
- Communication About Medicines (Questions 16, 17)
- Discharge Information (Questions 19, 20)

Individual Topics

- Cleanliness of Hospital Environment (Question 8)
- Quietness of Hospital Environment (Question 9)

Overall Ratings

- Overall Rating of Hospital (Question 21)
- Willingness to Recommend Hospital (Question 22)

#	Question
Q1	During this hospital stay how often did nurses treat you with courtesy and respect?
Q2	During this hospital stay how often did nurses listen carefully to you?
Q3	During this hospital stay how often did nurses explain things in a way you could understand?
Q4	During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
Q5	During this hospital stay, how often did doctors treat you with courtesy and respect?
Q6	During this hospital stay, how often did doctors listen carefully to you?
Q7	During this hospital stay, how often did doctors explain things in a way you could understand?
Q8	During this hospital stay, how often were your room and bathroom kept clean?
Q9	During this hospital stay, how often was the area around your room quiet at night?
Q10	During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using
	a bedpan?
Q11	How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
Q12	During this hospital stay, did you need medicine for pain?
Q13	During this hospital stay, how often was your pain well controlled?
Q14	During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?
Q15	During this hospital stay, were you given any medicine that you had not taken before?
Q16	Before giving you any new medicine how often did hospital staff tell you what the medicine was for?
Q17	Before giving you any new medicine how often did hospital staff describe possible side effects in a way you could understand?
Q18	After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
Q19	During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
Q20	During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

#	Question
Q21	Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what
	number would you use to rate this hospital during your stay?
Q22	Would you recommend this hospital to your friends and family?
Q23	During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding
	what my health care needs would be when I left?
Q24	When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
Q25	When I left the hospital, I clearly understood the purpose for taking each of my medications.
Q26	During this hospital stay, were you admitted to this hospital through the Emergency Room?
Q27	In general, how would you rate your overall health?
Q28	In general, how would you rate your overall mental or emotional health?
Q29	What is the highest grade or level of school that you have completed?
Q30	Are you of Spanish, Hispanic or Latino origin or descent?
Q31	What is your race? Please choose one or more.
Q32	What language do you mainly speak at home?

Appendix C – Footnote Crosswalk

Hospital Compare Footnote Values

The letter footnotes below are associated with the Hospital Compare quality measures, and the number footnotes in italics below are associated with the Hospital Compare quality measures:

ID	Footnote Text
a	Source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.
b	This is the middle range of payments for the most typical cases treated in this geographic area for this
	condition or procedure.
c	Number of Medicare Patients Treated: The number of discharges the hospital treated for each MS-DRG for the
	current data collection period. The United States and state average of Medicare Patients does not include
	hospitals with zero cases.
d	The payment and volume information is for acute care hospitals. Critical Access Hospitals (CAH) are not
	included because they are paid using another method.
e	Payment cannot be computed as there were no Medicare discharges for this MS-DRG for the current data
	collection period.
f	An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due
	to the small number of Medicare patients (fewer than 11).
g	This hospital is currently not submitting data for Hospital Process of Care, Hospital Outcome of Care
	Measures and/or the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) Patient Survey.
h	This column shows the number of patients with Original Medicare who were admitted to the hospital for heart
11	attack, heart failure or pneumonia conditions. The hospital may also have treated additional Medicare patients
	in Medicare health plans (like an HMO or PPO).
i	The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.
j	Medicare requires hospitals to have at least 25 qualifying cases to have their results reported. This hospital had
J	less than 25 cases.
1	The number of cases is too small to reliably tell how well a hospital is performing.
	For each measure, the rate is the percent of patients for whom the treatment is appropriate. Where these
	numbers are small (fewer than 25 patients), the calculated rate may not accurately predict the hospital's future
	performance. As the quality data base is expanded to a full rolling four quarters of data for each measure, the
	number of cases used to determine hospitals' rates will likely increase, thereby increasing the reliability and
	stability of the rates. Note: This footnote does not necessarily reflect hospital size or overall patient volume.
2	The hospital indicated that the data submitted for this measure were based on a sample of cases.
	A rate may be based upon the total number of eases treated by a basnital, or for a facility with a large assolated
	A rate may be based upon the total number of cases treated by a hospital, or for a facility with a large caseload, a rate may be based on a random sample of the cases the hospital treated. This footnote indicates that a
	hospital chose to submit data for a sample of its total cases (following specific rules for how to the select the
	cases).
3	Data were collected during a shorter time period (fewer quarters) than the maximum possible time for this
č	measure.
	Each rate reflects the care given over a specific time period, up to a maximum of four quarters during a 12
	month period. The number of quarters of data available is determined by when hospitals first began to report
	data using a specific measure. This footnote indicates that the hospital's rate was based on data from fewer
	than the maximum possible number of quarters that the measure was generally collected.

ID	Footnote Text
4	Suppressed for one or more quarters by CMS.
	Hospitals are required to submit accurate, reportable data to the Centers for Medicare and Medicaid Services
	(CMS). The rates for these measures were calculated by excluding data that had been suppressed for one or more quarters because they were identified as inaccurate.
5	No data are available from the hospital for this measure.
5	no una ure avanable from me nospital for mis measure.
	Hospitals volunteer to provide data for reporting on Hospital Compare. This footnote is applied when the
	hospital did not submit any cases for a measure.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of
	surveys may be too low to reliably assess hospital performance.
	The number of completed surveys the bospital or its yander provided to CMS is less than 100
7	The number of completed surveys the hospital or its vendor provided to CMS is less than 100. Survey results are based on less than 12 months of data.
'	Survey results are based on less than 12 months of adda.
	This footnote is applied when HCAHPS results are based on less than 12 months of survey data.
8	Survey results are not available for this reporting period.
	This footnote is applied when a hospital did not participate in HCAHPS, did not collect sufficient HCAHPS
0	data for public reporting purposes, or chose to suppress their HCAHPS results.
9	No or very few patients were eligible for the HCAHPS Survey.
	This footnote is applied when a hospital has no patients eligible to participate in the HCAHPS survey.
10	A state average was not calculated because too few hospitals in the state submitted data.
	This footnote is applied when too few hospitals submitted data.
11	There were discrepancies in the data collection process.
	This footnote is applied when there have been deviations from HCAHPS data collection protocols. CMS is
12	 working with survey vendors and/or hospitals to correct this situation. Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed
14	surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital
	performance.
	This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is
	less than 50.
13	These measures are included in the composite measure calculations but Medicare is not reporting them at this
14	time. No data are available for publication from the hospital for this measure because there were zero central line
14	days.
15	No data are available for publication from the hospital for this measure because this hospital does not have
	<i>ICU locations.</i>
16	The number of cases is too small (fewer than 10) to reliably tell how well the hospital is performing.
17	No data are available from the hospital for this measure.
18	Number of cases is too small (fewer than 25) to report and excess readmission ratio.
19	The hospital is not included in the Hospital Readmissions Reduction Program.
20	Data aren't available for this reporting as the hospital is a new member of the surgical registry and didn't
	have an opportunity to submit any cases for the measure.

ID	Footnote Text
21	Data aren't available for the voluntary public reporting of this measure.
Ť	"0 patients" The notation "0 patients" is applied when no patients met the criteria for inclusion in that particular measure's calculation.